

Door-to-Door Outreach Toolkit

*A Strategy For Building
Community Connections
& Wellness Post-Disaster*



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Introduction

The toolkit is based on lessons learned from four different Door-to-Door outreach initiatives completed within three different communities following the southern Alberta 2013 flooding. There were two larger scale campaigns held in High River, and two smaller campaigns held in Bragg Creek and the Townsite of Redwood Meadows.

These campaigns provided an opportunity to make a personal one-on-one connection with residents which allowed for candid conversations about their personal wellness and the community's health. Through doorstep conversations with residents, the community support programs were able to connect directly with households that were experiencing the continued psychosocial effects from the disaster.

The extensive resources needed for a successful Door-to-Door campaign relied on the collaborative efforts of community agencies, government services, and municipalities. This helped strengthen relationships, build trust, and improved overall communication.

The toolkit was developed to help preserve information so that some of the lessons learned after a disaster would be of benefit to future post-disaster efforts. It's intended to act as a guide that will encourage you to think about your own community and adapt what worked for southern Alberta in 2013 to your own context and goals.

The toolkit outlines the steps to consider for a Door-to-Door campaign from the initial planning and preparation phase through to reporting, and dissemination. Templates, checklists and sample documents have been provided for each phase. Information about what resources are required and how to build a foundation for a successful campaign is also included.

Questions

If you have questions about this resources or would like to speak with one of the authors please contact us.

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The Value of a Door-to-Door Outreach Post-Disaster

In the 2013 Southern Alberta Campaign, the following items were noted to be of value:

- Re-establishing, creating, or strengthening psychosocial networks of support due to the large number of agencies that participated in the outreach.
- Moving community partnerships towards integration in the Collaborative Continuum
- Strengthening of the community and increasing social connection across all demographic categories.
- Addressing barriers and bringing psychosocial services to the people.
- Connecting with people in a caring but casual way.
- A “check in” with residents to gain a better understanding of their needs and priorities - allowing fears and frustrations to be heard.
- Therapeutic value in supporting and listening to residents share their story.
- Direct intervention and support for those individuals / families who are struggling.
- Improving access to healthcare.
- To reduce the stigma around accessing mental health or counselling services.
- Ability to respond immediately to individuals and families experiencing crisis.
- Obtaining clarity on identified needs of the community in terms of emotional and wellness support.
- Obtaining accurate baseline data/statistics on demographics, including housing status, remediation / renovations and funding, services accessed.
- Gathering information on services / supports that may be helpful in recovery, as well as barriers encountered.
- Possibility of uncovering previously unidentified community needs.
- Learning from residents and capturing and sharing of people’s stories—stories of community and individual resiliency.
- Sharing information on relevant resources.
- Improving wellbeing of residents through sharing of resources and conveying messages of compassion and understanding.



Tips for success

- ✓ Collaborate, communicate, and coordinate!
- ✓ Engage local organizations in both the development and implementation stages. This will help to build stronger relationships, and commitment to actioning recommendations.
- ✓ Provide alternative options such as online or phone-in surveys for residents to complete and share their stories. This provides options for individuals who were missed at the door, or who are not comfortable in sharing on the doorstep.
- ✓ Select the right time. Campaigns should be conducted long after the initial frenzy of post-disaster physical recovery has settled which will allow you to be focused primarily on psychosocial recovery.
- ✓ Provide a concise and up-to-date summary of available resources within the community including specific disaster related resources (try to limit it to 1 page).
- ✓ Pair a mental health professional with a disaster professional when possible for door-knocking. Having these dedicated resources available to respond to any urgent concerns that come up, whether it be connecting people to services to meet basic needs or an immediate response to an individual in crisis is a huge value to the community.
- ✓ Remember, the surveys are the secondary objective. Encourage canvassers to go 'off script' and use their own mental health training to ask additional questions about wellbeing and recovery.
- ✓ Schedule door knocking shifts in 2-3 hour blocks—any shorter and there is too much transition time—any longer and your canvassers will become exhausted.
- ✓ Have dedicated resources and partners in place to respond to cultural and language needs of individuals/families.
- ✓ Provide the canvassing teams with a clipboard that has a laminated map and a laminated survey in case it rains.
- ✓ Enlist the assistance of experts in research design and data analysis during the planning phase as well as the reporting and dissemination phases.
- ✓ Stay calm and listen.

Important Considerations

- Team Leaders use their personal vehicles to transport teams to designated outreach areas. There is generally no budget consideration for fuel and mileage.
- Committee members donate their time and resources (e.g., printing of materials, etc.).
- Utilize existing agency support or approach local business for in-kind contributions for food and material resources (e.g., food, name tags, clipboards, pens, etc.).
- Look into making grant applications (e.g., Red Cross) to assist with outreach expenses (e.g., food, etc.).

Phase 1: Community Engagement

The first phase in any successful community initiative is collaboration and communication. This is particularly true in Door-to-Door campaigns which require partnership between many different groups in order to succeed. In both High River and Bragg Creek these partnerships took the form of committees which brought together all major partners in the recovery efforts.



Key Connections

Healthcare: Local family physicians, mental health counsellors, addictions counsellors, and health promotion staff are often an integral part of your planning group as well as assisting during canvassing. They have a thorough understanding of confidentiality and can often provide mental health support and interventions at the door.

Government: The support and endorsement of municipal and provincial governments are vital during a campaign, allowing for use of government buildings, advertising through their media channels, administrative support, obtaining current community maps, etc. When the findings from the report are being disseminated the relationship with government is especially important as it can help inform and influence policy change, decisions regarding program funding, address gaps and reinforce directions that are taken.

Business: Partnerships with local businesses such as grocery stores, office supply stores, restaurants and cafés can often be a great source of in kind donations. Local business owners often have relevant knowledge about community needs which is important during the planning stages. It's critical to recognize that this may be a vulnerable group who is also recovering from the disaster and longer term may be impacted themselves by economic factors.

Non-profit: Collaboration with non-profit groups in the community is likely one of your biggest tasks. Building relationships with diverse non-profit organizations such as the faith community, social service sector, housing, youth services, and others is essential to completing a successful campaign.

Community: Connecting with schools, community groups, community associations, recreation centres, and service groups (e.g., rotary clubs, lions, etc.) can provide significant insight into community needs and can assist in planning. They often have access to meeting space and other resources that are helpful during the campaign. These groups can be a valuable partner in communicating and engaging with the community both before and after the campaign.

Goals

- » Build trust and relationships.
- » Assess whether a Door-to-Door might benefit the community or if another intervention is more appropriate.
- » Work on other community development initiatives as appropriate.

Helpful Documents & Resources

- » Collaboration Continuum

Phase 2: Leadership & Planning

Leadership

The second phase in completing a successful Door-to-Door campaign is establishing a planning committee, identifying the project manager(s) and assigning the key roles needed for phase 2 (e.g., Volunteer Coordinator, Resource Coordinator, Issues Manager and Trainers).

The number of people on the planning committee should reflect the size of the community where you will be implementing the Door-to-Door campaign.

For example a community the size of Redwood Meadows (approximately 500 households) had 5 members where as in the Town of High River (approximately 5000 households) had 10 members.



Planning Committee Members

Committee members would ideally be representatives from healthcare, non-profit disaster recovery agencies, school-based mental health, immigrant services, government (provincial and local) and business services. Members of this core committee take on the lead roles and responsibilities in all phases of the outreach to ensure continuity. It's important for continuity that the same individuals fill the roles which crossover into each phase of the outreach.

Planning

Depending on the scale of the campaign, planning with weekly or bi-weekly meetings should begin at least 2-3 months prior to the launch of the Door-to-Door. The first couple of meetings will be focused on defining the vision and scope of the outreach. Recruiting volunteers for canvassing should begin within the first 2 weeks of planning.

Key Considerations

Vision: Defining and reaching committee agreement of your outreach vision and goals is an important first step in the process.

Volunteers: When recruiting volunteers try to target individuals with experience in either mental health counselling or in disaster response. In smaller communities you will need to carefully consider whether or not to you use community service organizations or local residents as volunteers—this may have an impact on confidentiality or the respondents willingness to share information.

Confidentiality: Confidentiality statements can be provided to canvassers with the intention that they will be read to respondents at the door. In 2013 in Southern Alberta these statements were not always read verbatim by the canvassers however it was encouraged. Many canvassers had professional experience with confidentiality statements due to their jobs and so speaking about the topic came naturally. Confidentiality was highlighted in any advertisements or promotional materials.

Advertise: Advertising for the Door-to-Door campaigns will prepare residents to have 'strangers' approach their home and ask personal questions about their wellbeing. Try to advertise in community newsletters, local newspapers, social media, billboards, and other locations around the community.

Tip!
Develop a logo for your campaign to use on advertisements, canvasser identification badges and any documents that may be left with respondents at the time of the survey.

Where: As part of the planning process you will need to determine where you will canvass—this decision will be based on the resources you have available and the scope of the disaster or emergency. For example in Bragg Creek canvassing was contained to the most heavily affected, and densely populated portion of the community. Due to lack of resources the rural homes on acreages surrounding the hamlet were not surveyed.

When: Consider running your campaign in either the late spring or early fall, people are more likely to be home and the days are long enough so that canvassers will not be approaching homes in the dark. Try to have a mix of weekend, weekday, daytime and evening hours to reach a more diverse section of the population. The timing of the Door-to-Door should be carefully considered. For example in High River anxieties among the residents began to rise as the one year anniversary of the flood approached. Many residents were still dealing with trying to meet basic needs of housing, food and clothing. As a result, emotional recovery was delayed for many individuals.

Door packages: Decide whether you would like the packages to be left at every home that canvassers approach or only homes where there is no answer. Examples of what to include in your door package: a letter explaining the campaign, a one page disaster resource sheet for the residents, a phases of disaster postcard, optional online survey information, and contact information if they needed further assistance.

Surveys: Your campaign should include a short survey to be completed with residents at the door. The survey is not the goal of the campaign but can act as a tool to help guide conversations. It should include a combination of open ended questions and closed-ended questions such as rating scales. Surveys should be developed in partnership with a research consultant and tested with a smaller group of community members before you start your campaign. Consider having online and phone-in survey options for those missed at the door or those not comfortable with a home visit.

TIP!

Many agencies or programs have standards of practice for survey & evaluations, this may include a standard consent statement.

Tip!

Partner with a local utility provider (e.g., water, electric etc.) so that a copy of the campaign notice can be mailed out with customers monthly bill.

Goals

- » Develop roles and assign responsibilities for all phases
- » Design the vision and scope
- » Budget planning— source out and apply for grants*
- » Risk assessment and issues management plan
- » Survey development, confidentiality statements and data collection process
- » Develop and print resource materials
- » Recruit Volunteers
- » Advertising/ marketing plan
- » Development of volunteer training materials

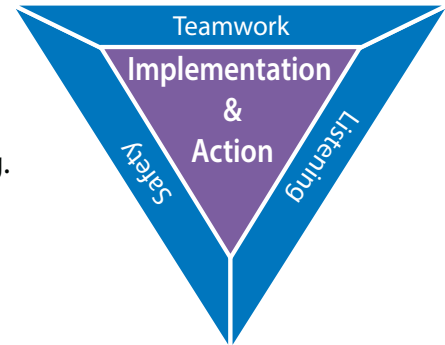
Helpful Documents & Resources

- » Roles and responsibilities
- » Defining the outreach vision and Scope
- » Planning checklist examples
- » Time-line
- » Risk assessment and issues management process
- » Volunteer call-outs
- » Advertising & promotion
- » Door Package documents
- » Confidentiality statements and survey examples

* most campaigns rely on in-kind funding or donations

Phase 3: Implementation and Action

During this phase of the Door-to-Door campaign you are implementing your plan and completing the door knocking portion of the campaign. There can be several last minute logistics to coordinate and organize which can be tiring and frustrating. Take your time—remember that slow is smooth and smooth is efficient.



Key Considerations

Safety: Ensuring the safety of your canvassers is important!

- Always send canvassers out in pairs
- Ensure that both canvassers have working fully charged cell phone before they start their shift.
- At the beginning of each shift provide all volunteers with contact numbers for shift leaders, team leaders and the issues manager in case they needed assistance.
- Canvassers should always be visible from the roadway—never approach homes that are behind locked gates or that is set too far back in the trees.
- Canvassers should honour their instincts—if they feel uncomfortable or unsafe then they should not approach the home.

Teamwork: Canvassers will need to work together to support residents.

- Canvass teams should have a person with a counselling background and a person with a community resource or disaster response background, for example: a mental health clinician (social worker, psychologist, etc.) and a disaster responder (Red Cross worker, Samaritan's purse, etc.).
- Take turns—alternate between who will lead the conversation with the resident and who will take notes.
- Debrief after each home— take a couple minutes to review the notes to ensure the accuracy of information.
- Encourage self care.

Listening: Active listening is key for both canvassers and supervisors! Listening is a skill, hearing is a biological ability.

- Listen attentively to the residents without judgement—regardless if their experiences have been good or bad
- Stay calm, listen attentively and carefully so you fully understand the person's story and what their concerns are
- Acknowledge their grief, tears, sense of loss or other feelings they may share

When to refer someone for help? For a small number of people, their reactions can become debilitating e.g., develop PTSD and may require clinical interventions.

- It's important to know your own limits of helping.
- If the person with intense emotions becomes threatening or intimidating and does not respond to your attempts to calm them, seek immediate assistance.

Goals

- » Implement the plan
- » Implement volunteer training
- » Maintain safety
- » Ensuring a positive experience for canvasser and residents

Helpful Documents & Resources

- » Volunteer schedule example
- » Training/resource materials

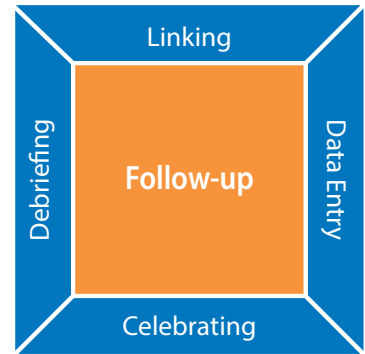
Phase 4: Follow up

You did it! The campaign is complete however there are still a few loose ends to tie up before you can rest.

The first priority is to ensure that you provide an opportunity to debrief the campaign for the canvassers—it may have been difficult to talk with so many people in distress.

The second priority is to ensure that any residents who requested extra assistance are contacted and linked with the appropriate supports.

The third is to celebrate! Conducting a Door-to-Door campaign can be an exhausting process—it's important to celebrate all of that work.



Key Considerations

Debriefing: Providing an opportunity for canvassers to debrief with team leads and their colleagues is a valuable part of the Door-to-Door campaign as it serves to further build relationships, identify emerging themes, and ensure that any particularly challenging encounters are talked about.

Linking: After the campaign is concluded, there will be homes which will need additional support in linking with resources. This may require a targeted outreach visit or phone call to see if there has been engagement with follow-up services. In some cases team members would physically accompany the residents to appointments and provide a 'warm transfer' to ongoing support services.

Data Entry: At this stage you need to transfer the data that was collected by canvassers to a computer program such as Microsoft Excel for analysis and interpretation in the next phase. This process can be tedious at times and having a well-organized structure for how the data is recorded is essential to being able to easily identify themes when writing the reports.

Celebrating: Completing a Door-to-Door campaign is a significant undertaking in any community. Celebrating the hard work of volunteers and team members is important in developing relationships and social capital. Take the time to recognize your accomplishment!

Goals

- » Link residents who requested extra support with that help
- » Debrief the process with your volunteers
- » Data entry and recording

Celebrate a successful campaign

Helpful Documents & Resources

- » Volunteer feedback questionnaire
- » Data Entry spread sheets

Phase 5: Reporting and Dissemination

This is the last step in your campaign. This involves assembling all of the data you have gathered into a meaningful report that can be distributed back to the community by way of presentations, news articles, social media, infographics, etc.

Depending on the scope of your campaign, be prepared for the report preparation to take at least three months or more. This will require regular meetings to work on the report before it will be ready for release. The dissemination of the findings is an ongoing process that may last for a year or longer.



Key Considerations

Reflecting: It's important to reflect on the findings and consult with the planning and leadership team to ensure that the findings you report on are as accurate as possible.

Writing: Before you start the writing process, consider who the target audience is for your final report. For example, if the report is intended for the general public, then the format should be less formal. It should be written in plain language, contain engaging graphics, and highlight key points from the survey results. Detailed charts and tables should be included in an appendix rather than throughout the report. The final draft should be sent to various managers, stakeholders and committee members for review and feedback. Be sure to give a deadline for their feedback.

Consider creating a separate executive summary, infographic or a one-pager that highlights some of the key pieces. This can be used for media articles, presentations or as a take-away at community events.

Media Articles: Sharing your findings with the public is a key part of the Door-to-Door process. One of the best ways to accomplish this is through a series of articles in the local newspaper. The articles could highlight each of the different themes from the campaign results.

Presentations: A good way to share the findings from the campaign is to have a public presentation during a community open house. After the initial launch, consider offering more specialized presentations to community partners such as, local social service organizations, schools, businesses and municipal government. These presentation help initiate discussions about the recommendations contained in the report and can serve as a way to create buy-in from community partners around making recommended changes.

TIP!

When considering the key themes that emerge from D2D, have a small team (subcommittee) identify potential areas for action while incorporating the feedback and suggestions from the community residents. This team can take accountability for priority areas, proposed actions and monitor progress/results.

Goals

- » Work with the organizing committee to interpret the data and develop a set of recommendations or priorities for the community
- » Work with decision makers to ensure that the findings are understood by the appropriate governmental entities
- » Complete a report and presentations for the community
- » Share learnings, insights and new ideas gained from the campaign as broadly as possible, coordinate with local media and news outlets to share the findings.

Helpful Documents & Resources

- » Sample media articles
- » Dissemination strategy example
- » Shared Learning
- » Redwood Meadows Door-to-Door report
- » High River Door-to-Door report

Building a Strong Foundation: Collaboration

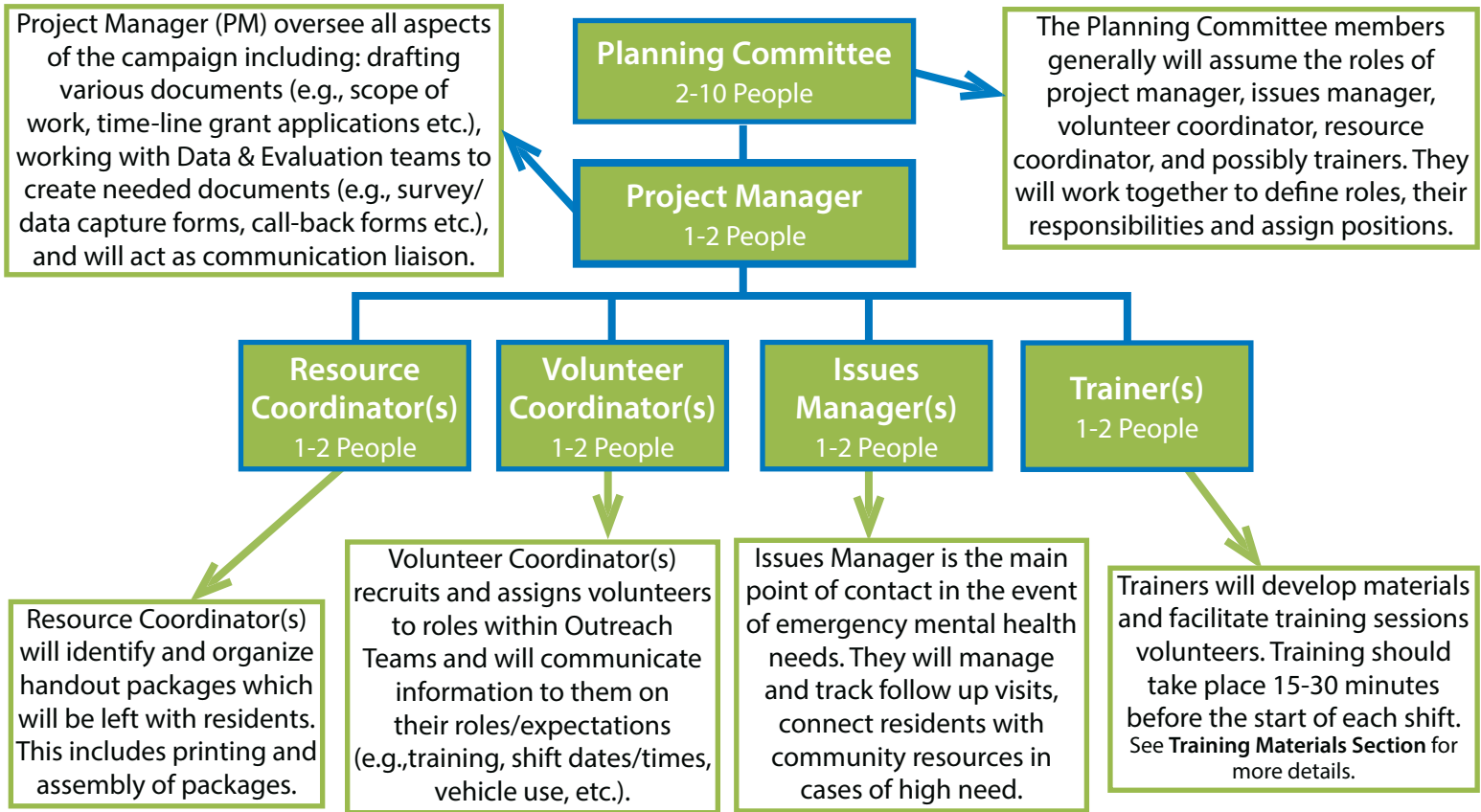
The 'Collaboration Continuum' as shown below provides one model to examine the level of engagement and interaction existing between organizations in a project or community initiative. This model is used here as a framework for discussion of the outcomes.

A key factor that led to the success of the 2013 Southern Alberta Door-to-Door campaign was the degree of collaboration demonstrated in the community partnerships. For High River and Bragg Creek, the level of interaction between the partners was towards the right of the Continuum at the level of 'collaborate'.

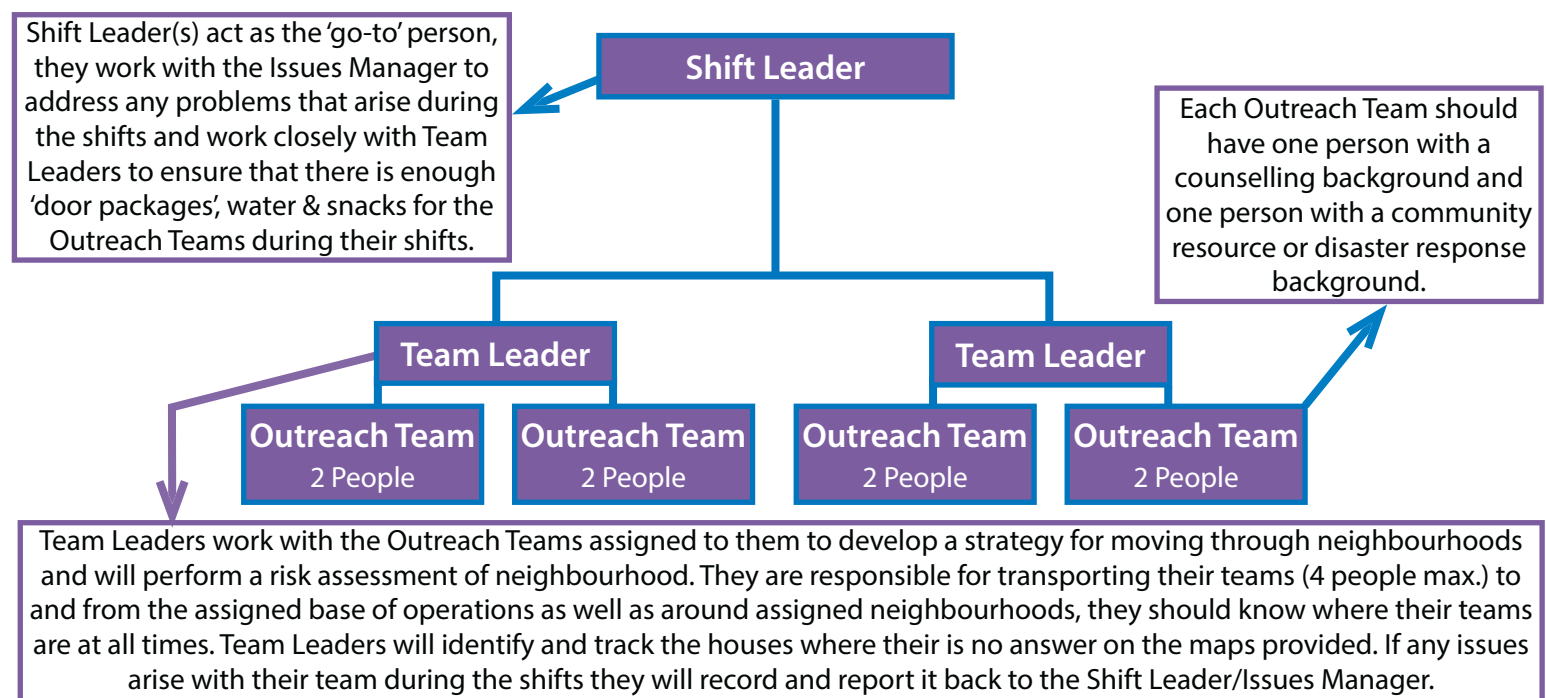
Compete	Co-exist	Communicate	Cooperate	Coordinate	Collaborate	Integrate
Competition for clients, resources, partners, public attention	No systematic connection between agencies	Inter-agency information sharing (e.g. networking)	As needed, often informal, interaction, on discrete activities or projects	Organizations systematically adjust and align work with each other for greater outcomes.	Longer term interaction based on shared mission, goals; shared decision-makers and resources	Fully integrated programs, planning, funding.

Reference: From the Collaboration for Impact website - <http://www.collaborationforimpact.com/collaborative-approaches/ca-subpage-2/>

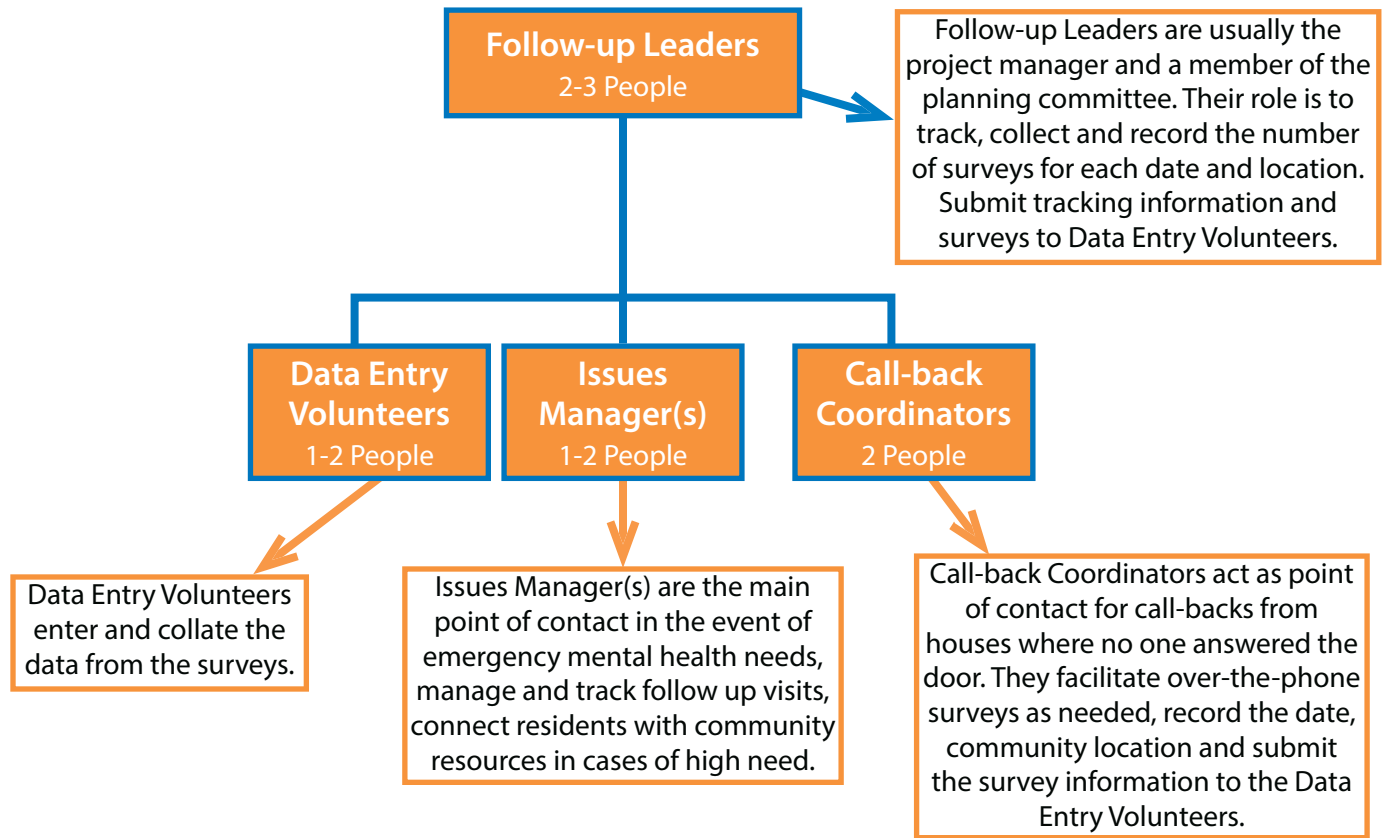
Leadership & Planning Phase



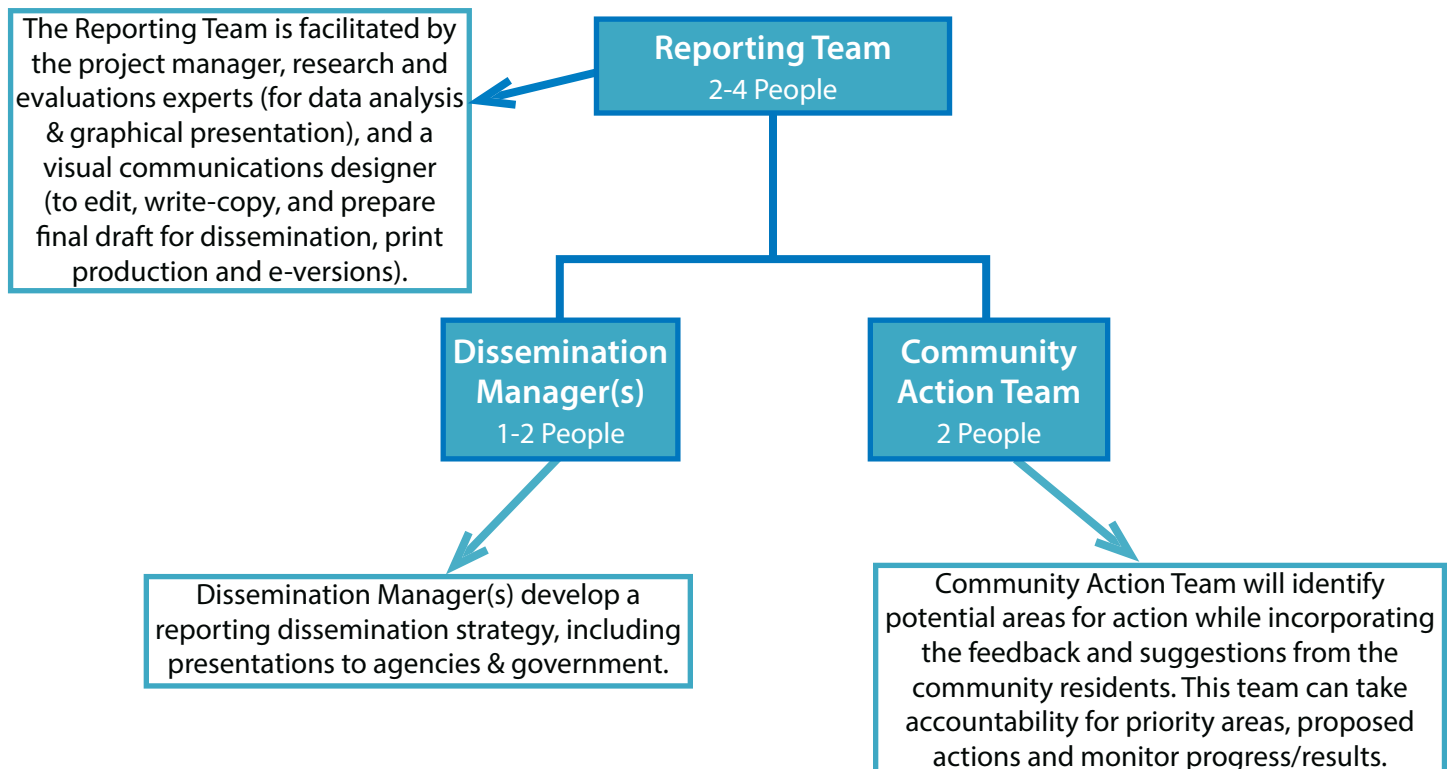
Implementation & Action Phase



Follow-up Phase



Reporting & Dissemination Phase



Defining the Outreach Vision and Scope

Vision

Defining the vision (or purpose) of the outreach is somewhat based on the goals, anticipated learnings and expected outcomes of the campaign. A clearly defined vision statement is needed in order to move forward in identifying the scope of the campaign.

High River 2014 Campaign Vision and Goals

Vision Statement

“To make personal connections and to offer emotional wellness and support to the residents of High River post-flood and to determine needs community members have with respect to areas of psychological, social, housing and financial issues.”

Campaign Goals

- Connect with Residents; get a pulse on the community to identify and prioritize needs.
- Gather baseline information as to who is back in their home, access to financial supports and community demographics; gain understanding of communities perception of needs regarding emotional and wellness supports; services they have accessed and their experience (helpful or barriers to accessing services).
- Provide residents with Information on key resources in the community and when requested, connect individuals with services.

Redwood Meadows 2015 Campaign Vision and Goals

Vision Statement

“To engage with residents and demonstrate that the Bragg Creek and Area Wellness Committee cares what happened, what is happening and what will happen to residents as they recreate themselves in the wake of the 2013 flood and to assess community needs and inform resident of resources available to support their psychological wellbeing.”

Campaign Goals

- Demonstrate that we care for the wellbeing of area residents
- Assess local health and wellness needs
- Inform residents of available wellness resources

Scope

The scope identifies and outlines the resources needed, the geographical area being covered, a time-line of activities before and during implementation (action phase), and details about specific requirements that will influence key pieces of the outreach. For example detailed community maps with house numbers are needed in order to identify the duration and the number of volunteers needed during the action phase.

Project Check List Examples

Every Door-to-Door campaign is different, these checklist are only intended to be an example of some key pieces to consider. It's important to note that many of the items within each check list may rely on the facilitation and/or the completion of tasks which are overseen by other areas. Ongoing communication between these areas is imperative to ensuring smooth and timely implementation.

Project Manager(s)/Planning Committee Checklist

Item	Assigned To	Issues	Deadline
Obtain support from Psychosocial Committee, Town, etc.			
Defining the vision and goals			
Define positions/ roles and responsibilities for all phases out of outreach e.g., Planning Phase —Planning Committee, Project Manager(s), Issues Manager, Volunteer Coordinator, Resource Coordinator, Trainers. Implementation Phase —Shift Leaders, Team Leaders. Follow-Up Phase —Follow-Up Leaders, Data Entry Volunteers, Call-back Coordinators. Dissemination & Reporting Phase — Reporting Team, Dissemination Managers			
Develop scope and time-line			
Budget			
Obtain community maps and identify areas to be surveyed			
Identify resource requirements			
Prepare grant applications			
Develop survey content and data collection process			
Develop online survey option e.g., Survey Monkey, Survey Select etc. (If applicable)			
Development of issues management process- issue tracking, issue follow-up process			
Develop and share Leadership Contact List (cell numbers)			
Assign roles for all other phases—email role description and expectations			

Volunteer Coordinator Checklist

Item	Issues	Deadline
Recruit Volunteer Canvassers		
Establish a shift cancellation process e.g., who to contact, how much notice to give, 'last minute' fill-in contact list		
Purchase supplies for Outreach teams e.g., name tags, labels, pens, highlighters, clipboards etc. (reach out to vendors for donations or materials)		
Create shift schedule		
Communicate/ email schedules		
Email Outreach Information Package to Shift and Team Leaders (e.g., Data Collection Form, Call-Back Form, Community Resource Information etc.) at least 1 week prior to the start of the campaign		

Resource Coordinator Checklist

Item	Issues	Deadline
Development of resource materials		
Develop Outreach Info Sheet/Call-Back Form		
Obtain community maps (including house numbers)		
Divide maps into manageable outreach areas for teams (take into consideration housing density, severity of disaster damage, etc.)		
Print detailed maps for Shift and Team Leaders, include a break down into outreach areas (min. 11x17" printouts)		
Translate Materials for ESL residents		
Obtain in-kind vendor for printed materials and bags for door packages		
Submit files to vendor for printing (if applicable) or print all resource in house for packages and assemble		

Trainers Checklist

Item	Issues	Deadline
Identify types of training needed e.g., Volunteer training , Shift Leader training, emotional response training, active listening, conflict resolution etc.		
Develop training documents e.g., history and context, goal of outreach, implementation, confidentiality, safety, occupational hazards, identification of individuals who may be highly stressed/emotional concern, explanation of issues management process, strategies for moving through neighbourhoods, walk through resource materials		
Secure training venue		
Set training schedule		
Establish registration process for training (for large scale training e.g., volunteer canvassers)		
Send out training communication with date, time, venue and RSVP information		
Order catering and make arrangements for delivery/pick-up		
Assemble training document packages (including issue management process, leadership contact list, confidentiality agreement etc..)		

Time-line

During the planning phase monitoring all of the things that need to happen can be overwhelming especially when there are several pieces which are reliant on the completion of other tasks before they can be started. Using time management tool such a Gantt¹ chart, PERT² Chart or similar time-line template to track all of these pieces is a very helpful.

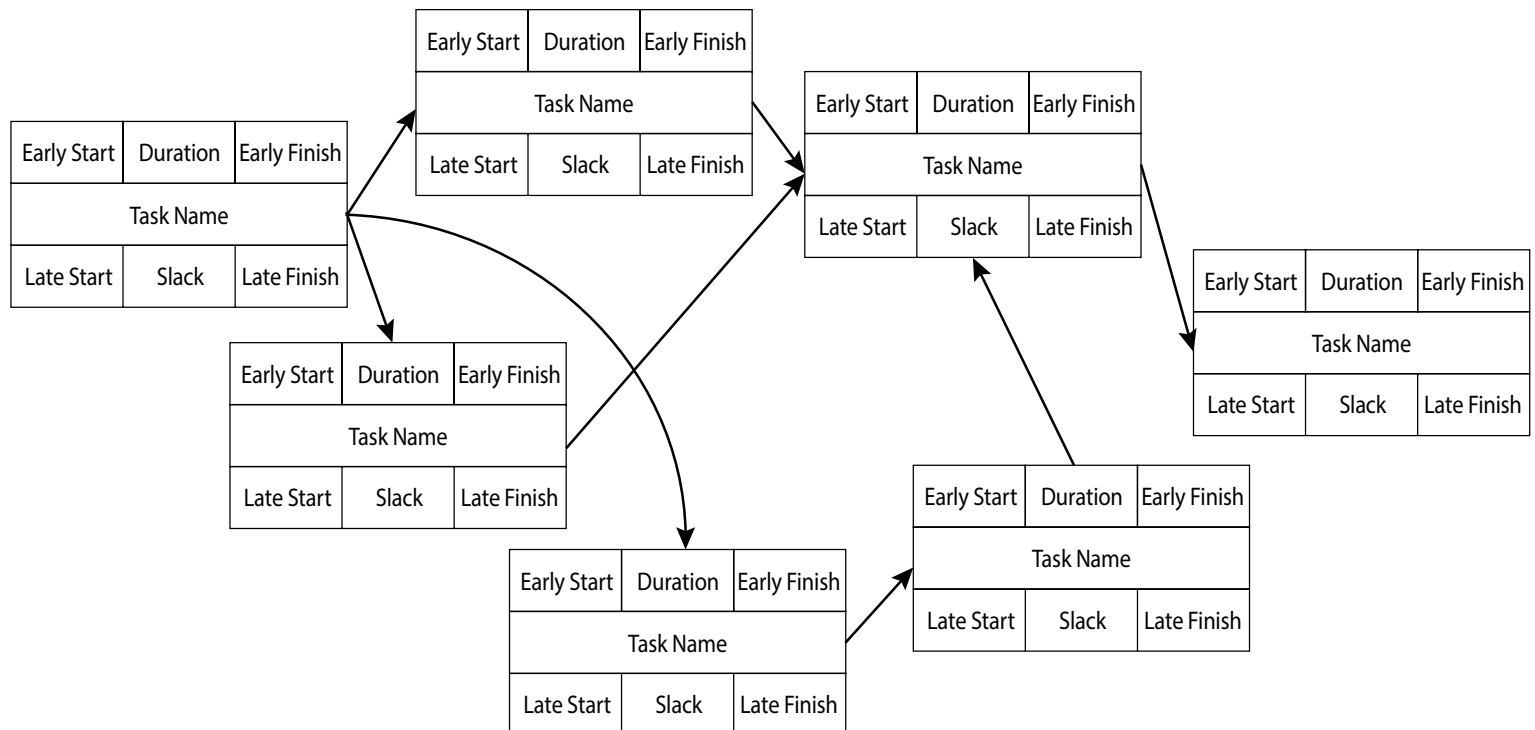
During the implementation or action phase, there are many factors that can influence the time-line. These factors include the number of volunteers available for each shift and the estimated amount of time spent at each residence. When projecting the time needed to complete the canvassing, be sure to calculate values based on the least number of volunteers available and longer time spent at each door.

For example: The time projected for the 2014 High River campaign to canvass an estimated 5500 homes and survey approximately 1500 households was four days. This calculation was based on 10 teams of four people going Door-to-Door during each outreach shift. The reality was that due to lack of volunteers and longer time spent on the doorstep, many outreach shifts only had 4-5 teams of four people. Therefore campaign ended up taking a total of 16 days this included day and evening shifts as well as two Saturdays.

The number of time-line management tools and templates are endless. You can create your own or download a template online. If you are downloading a template be sure that it's from a reliable source such as Microsoft or google Docs. Select a template that can be easily understood by everyone on the planning committee and doesn't require any specialized program or software.

For free templates from Microsoft go to: templates.office.com

PERT Chart



¹ Gantt Chart: similar to time scheduling chart, indicates dependencies, completion status and achieved milestones.

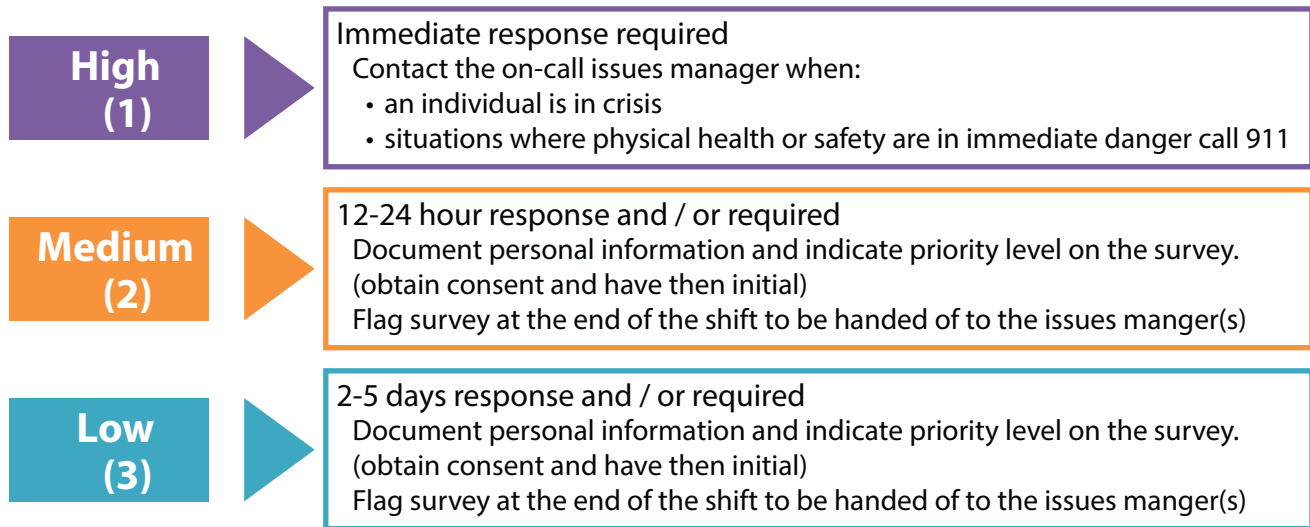
² PERT (Program Evaluation Review Technique) Chart: identifies dependencies, critical path for completion and indicates each tasks early start, late start, and slack time.

Risk Assessment and Management

- Community hazards assessments done daily by Team Leaders to assess variable such as weather, icy streets, dogs, construction, etc.
- Individuals with mental health concerns will be connected immediately with resources through an Issues Management/escalation/follow-up process.
- Volunteer Canvassers were trained so there is an understanding of history and context of community outreach, clear processes, instructions on identifying signs of stress and communication with emotionally stressed individuals, and an explanation of issues management process.
- Personal safety was also addressed (e.g., always going to the door in teams of 2)

Issues Management

The issues management process allows for an immediate response for families or individuals in crisis. It also allows for individuals seeking follow up support ranging from basic needs to emotional counselling.

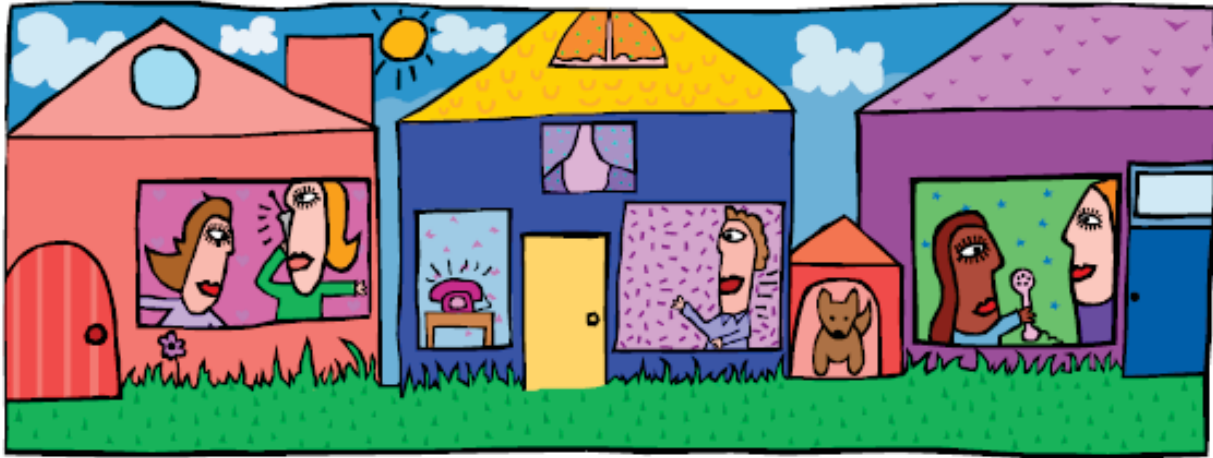


Issues Log

Issues manager(s) are to record each respond/ follow-up request using an issues log which should be sorted by response code.

Priority	Date Logged	Name	Address	Phone	Response Needed	Referral (if applic.)	Date of Response or Referral	Comments	Issues Manager
1	June 18, 2014	John Doe	333 Riverfront Ave	555-1234	Crisis Counselling	Urgent Mental Health Intake	June 18, 2014	Provided intervention at the door, over the phone by issues manager and made referral to urgent MH for ongoing support	Jane Smith
3	June 19, 2014	Jane Doe	334 Cowboy Ave	555-1235	Information-Financial		June 22, 2014	Individual has not heard back from DRP and is struggling financially to pay bills and buy food.	Jane Smith
2									

Volunteer call-outs



We Could Really Use Your Help!

VOLUNTEERS NEEDED

High River Cares: DOOR TO DOOR OUTREACH – ROUND II

When? Sign Up for One Shift or Multiple Shifts from May 20 – 24 (see page 2 for shift info)

Where? Going Door to Door as a Team to assigned residences in High River. Teams are assigned areas from a map by a Team Leader.

Why? The goal is to gain an understanding of what the community needs in terms of ongoing support and services. The information gathered from the community will be helpful in responding to our town's present and future needs. The high-level results will be collated and shared.

This outreach campaign is being done with the support of organizations like AHS, Red Cross, Town of High River, FCSS (Family & Community Support Services) and a number of other organizations as a way to connect directly and personally with residents

And ... it's a wonderful opportunity to reach out to individuals in the community! During Round 1 of the Outreach, the overall response from the community was been very appreciative and the feedback from Volunteers was very positive.

"I really enjoyed it. I found that most people were very receptive and willing to answer questions and that many would really open up and tell you about their experiences. Many of them were thankful for the pamphlets and FCSS information and even if they weren't planning on contacting the agencies listed, many of them knew someone else who they planned to share the information with." (Volunteer Feedback from Round 1 Outreach)

How? To volunteer or get more information, contact (Volunteer Coordinators name) by email at (volunteer coordinators email) or call (volunteer coordinators phone number) and let him know what shift(s) you would be available to work. We especially need help for evening and Saturday shifts. Marc will then send you a confirmation and further information.

Also, training and support is provided! Volunteers go to the door with teams of 2 people (one being a mental health professional) and ask a series of questions from a printed survey and record the answers. Additional resources are handed out if required.

Available Shifts for Door to Door Outreach May 20-24:

Tuesday, May 20 (Headquarters at High River United Church, 123 Macleod Trail SW)

Shift #1 9:30am – 10am *Training | 10am – 2pm Outreach | 2pm – 2:30pm *Lunch

Shift #2 2:30pm – 3pm *Training | 3pm – 7pm Outreach

Wednesday, May 21 (Headquarters at High River United Church, 123 Macleod Trail SW)

Shift #1 9:30am – 10am *Training | 10am – 2pm Outreach | 2pm – 2:30pm *Lunch

Shift #2 2:30pm – 3pm *Training | 3pm – 7pm Outreach

Thursday, May 22 (Headquarters at High River United Church, 123 Macleod Trail SW)

Shift #1 9:30am – 10am *Training | 10am – 2pm Outreach | 2pm – 2:30pm *Lunch

Shift #2 2:30pm – 3pm *Training | 3pm – 7pm Outreach

Friday, May 23 (Headquarters at The Salvation Army Church, 117 2 Ave SE)

Shift #1 9:30am – 10am *Training | 10am – 2pm Outreach | 2pm – 2:30pm *Lunch provided

Shift #2 2:30pm – 3pm *Training | 3pm – 7pm Outreach

Saturday, May 24 (Headquarters at The Salvation Army Church, 117 2 Ave SE)

Shift #1 10:30am – 11am *Training (Snacks provided) | 11am – 4pm Outreach

*** Training and Lunch will be at the assigned Headquarters**

Advertising & Promotion Examples

Mail out slips included in residents monthly water bill.

BRAGG CREEK AND AREA WELLNESS COMMITTEE

Redwood Meadows Door-to-Door Campaign

June 1-5, 6:00PM - 8:00PM

June 8-12, 6:00pm - 8:00pm

During these dates and time representatives of the Bragg Creek and Area Wellness Committee will be visiting each home in Redwood Meadows to connect personally with residents about their health and wellness. This campaign is conducted in partnership with the townsite of Redwood Meadows, Alberta Health Services, Calgary Rural Primary Care Network, Cochrane FCSS, Canadian Red Cross and Mount Royal University.

Participation is voluntary and all responses all confidential. Results and themes from the survey will be shared with the community. Contact Eric Howey (eric.howey@ahs.ca) if you have questions.

Announcement in local newspaper

WE CARE! Bragg Creek Door to Door Campaign: September 22 - 26, 2014



Representatives of the Red Cross, Alberta Health Services, and Calgary Rural Primary Care Network will be visiting each residence in the flood affected core of the Bragg Creek hamlet to connect personally with residents about their wellness and recovery from the 2013 flood.

We will be visiting homes in pairs between 5:30pm – 7:30pm and ask for your responses to a short survey. All information provided is anonymous and confidential. The results of the survey will be presented to the community later this winter.

For more information please contact Eric Howey at 403 851 6100 or eric.howey@albertahealthservices.ca

Bragg Creek and Area Wellness Committee

Door package examples

'Sorry we missed you' Call-back request



Sorry that we have missed you,
we want to hear from you.

We will be asking a few brief ques-
tions at the door. If you are not
home, could you please contact us?
We would also appreciate you pass-
ing this on to anyone that you know
who has not yet returned to town.

You can call:

Family and Community Support

Services: 403 652 8620

Or go to

highriver.ca and select "Door to
Door Survey" to complete the sur-
vey. This survey will be available
from April 25 to May 12.



Printing Services Provided By:
Highwood Printing & Signs
www.highwoodprinting.com

High River Cares








April Door to Door

From April 25-29, excluding Sunday,
April 27, representatives from the
Town of High River, Family &
Community Support Services Alberta
Health Services, Red Cross, and a
number of other organizations will be
visiting each residence in High River
to support flood-affected individuals.

This outreach campaign will connect
directly and personally with residents
and we would appreciate a few
minutes of your time.

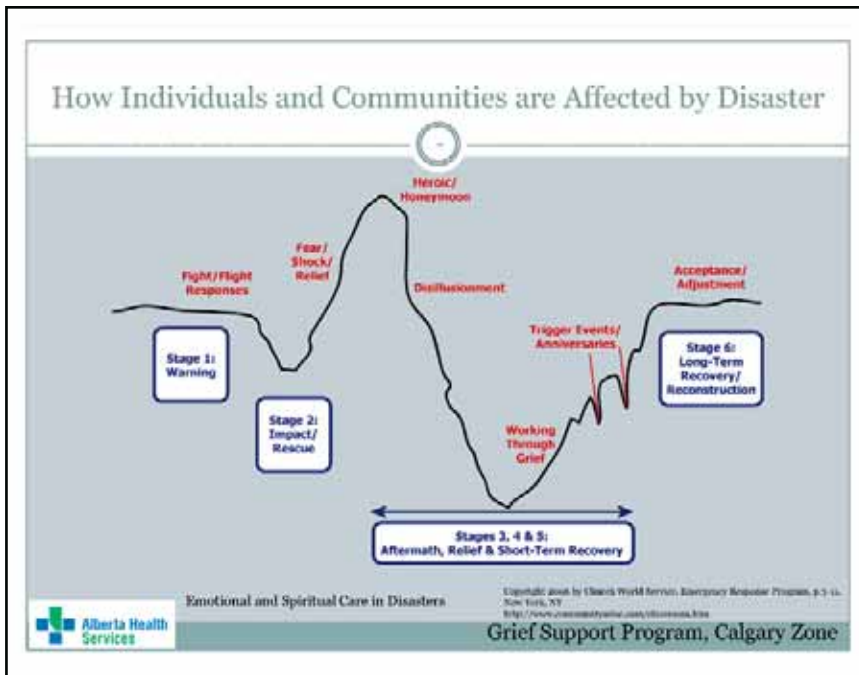
Our goal is to better understand what
you feel the community needs in terms
of support and services. The
information that we gather from the
community will be very helpful in
responding to our town's present and
future needs.

We thank you in advance for taking
the time to speak to us. The results
will be shared.

 Basic Needs	Foothills Foundation 403-652-8600	 Household Goods	 Community Resources
The Salvation Army 119 Centre Street 403-652-2195	AHS- Environmental Public Health 403-943-2295	The Salvation Army 403-652-2195	Family and Community Support Services (FCSS) Charles Clark Medical Centre 403-652-8620
Red Cross 117 Macleod Trail SW 403-652-3689	 Crisis	Neighbourhood Link 403-209-1930	Foothills Community Immigrant Services 609 Centre Street 403-652-5325
Room In A Box roominabox.hr@gmail.com	Distress Centre 403-266-4357	Salvage Centre 403-921-7847	High River Human Services Collective Contact FCSS: 403-652-8620
Outreach for High River 587-316-5895	Suicide Crisis Hotline 403-266-0700	 Mental Health	Parent Link Centre 403-652-8633
 Housing	Alberta Information Hotline 211	High River Counselling Centre 403-691-8633	Volunteer Opportunities Contact FCSS: 403-652-8620
Temporary Housing Municipal Affairs 403-310-4455	 Renewal Office	Rural Addictions and Mental Health 1-877-652-4700	Hearts and Minds Program High River Schools 403-471-1307
Help to Rebuild: Samaritan's Pulse; Habitat for Humanity; World Renew; Mennonite Disaster Services 403-603-3582	Human Impact Services Sprung Structures by Co-op (various needs for residents) 403-336-1726 403-336-3529	Hull Services Located at Saddlebrook	High River Hospital Social Workers 403-603-5745

"Courage doesn't always roar, sometimes it's the
quiet voice at the end of the day whispering
'I will try again tomorrow'" M Radmacher

Phases of disaster postcard



It is normal for people to experience the following reactions 1-2 years following trauma and disaster:

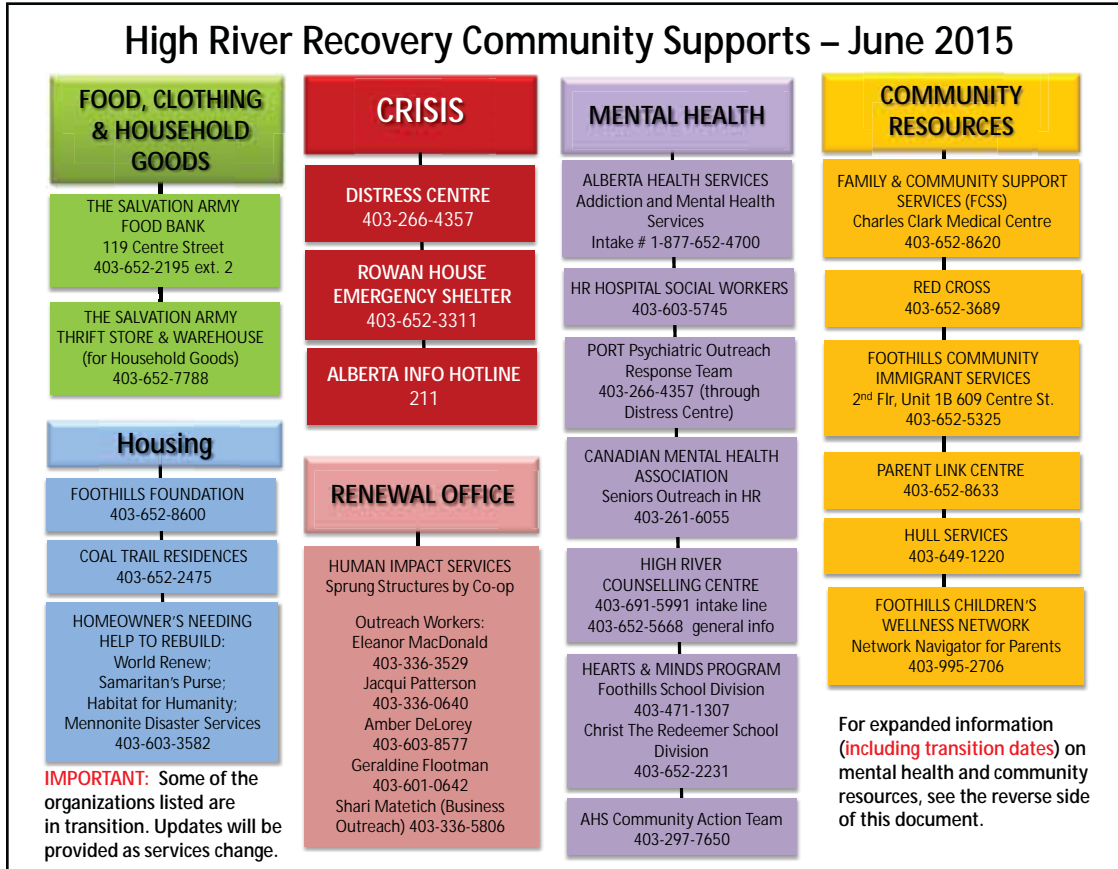
- Distress symptoms (sleep issues, headaches, fear and anxiety, a feeling of numbness or disconnection from reality, shock).
- Not sure how to deal with stress and possible unhealthy coping choices (alcohol, drug use, overconsumption of food, isolation and avoidance).
- Increased pain because numbness has subsided and a new reality has presented itself.
- Feeling like everyone else has moved forward and you are stuck.
- The need for support when previously you felt you could manage.

You are not the only person who may be experiencing some of these reactions and what you are feeling is a normal response to trauma and disaster. Some people may even feel a little worse than they did during the first year, but with support and over time you will find that:

- Your symptoms of distress will decrease and you will be able to gain some understanding and acceptance of your loss.
- Your pain and numbness will decrease.
- The new normal will be easier to adjust to.
- Your need for some supports will decrease.
- You will have more helpful and healthy expectations of yourself.



Available services



MENTAL HEALTH RESOURCES

- AHS (Alberta Health Services Addictions & Mental Health) phone the intake line 1-877-652-4700
Therapy, outreach, geriatric, addiction services and psychiatric consultation. Services provided free of charge through Alberta Health Services.
- AHS Community Action Team (CAT) phone 403-297-7650
Community-based counselling and/or consultative services to support school-aged children (ages 5 through 18) and their families who have been directly or indirectly affected by the 2013 flood.
- High River Hospital Social Workers phone 403-603-5745 | Niels Hansen and Janice Farr-Jones (part-time) (Transitioning out of High River end of August 2015)
Walk-in assessment, emotional support, information and referrals for people of all ages. Hours 11am–7pm, Monday–Sunday.
- PORT (Psychiatric Outreach Response Team – South Health Campus)
Professional consultations and mobile response in the community. Available 7 days per week 9:30am–8:00pm.
Seek support by calling the Distress Centre 403-266-4357 and they can transfer to the PORT team.
- Distress Centre phone 403-266-4357
24 hour crisis support, professional counselling and 211 referrals.
- CMHA (Canadian Mental Health Association) phone 403-261-6055 | Patricia Davidson & Lynette Gillanders (Transitioning out of High River end of June 2015)
2 outreach coordinators in place to support High River seniors (age 55+).
- Hearts & Minds Program Foothills School Division phone 403-471-1307 | Christ The Redeemer School Division phone 403-652-2231 (Transitioning out of High River end of June 2015)
Mental health therapists and wellness coaches that are based in the schools to promote mental health.
- High River Counselling Centre phone 403-691-5991 for intake call centre or 403-652-5668 for general information
Free counselling to all High River residents including individuals, couples, youth and families. Late afternoon and Saturday appointments available.
- Rowan House Emergency Shelter, 24 hr. crisis line phone 403-652-3311
Shelter and resources for women and children experiencing domestic violence.

OTHER COMMUNITY RESOURCES

- Alberta Info Hotline phone "211"
Connections to a variety of resources in the province including housing; health care; social services agencies.
- Coal Trail Residences phone 403-652-2475
Safe and affordable housing opportunities and services
- FCSS (Family & Community Support Services) phone 403-652-8620
Connects residents to a large variety of social-based services in the community (i.e., disability services; children's services)
- Foothills Children's Wellness Network phone 403-995-2706
Joyce Koolstra is a Network Navigator that helps parents connect with services and/or supports. For more info go to www.foothillsnetwork.ca
- Foothills Community Immigrant Services phone 403-652-5325
Settlement and integration services to all immigrants in High River.
- Foothills Foundation phone 403-652-8600
Provides safe and affordable lodge care and public housing opportunities and services.
- Hull Services phone 403-649-1220 (Transitioning out of High River in June 2015 with the possibility of continued capacity building support)
Community Outreach
- Human Impact Services phone Eleanor MacDonald 403-336-3529 or Jacqui Patterson 403-336-0640, Amber DeLorey 403-603-8577
3 outreach workers connect residents with services (support/assistance/advocacy)
- ParentLink phone 403-652-8633
Support and resources for parents, caregivers and their children 0-6 yrs. All programs and services are free.
- Red Cross phone 403-652-3689
Flood recovery assistance as needed/appropriate (may include services such as housing assistance, household goods etc.).
- Salvation Army Food Bank phone 403-652-2195, ext. 2; for Salvation Army Thrift Store phone 403-652-7788
Food Bank and a Thrift Store
- World Renew, Samaritan's Purse, Habitat for Humanity, Mennonite Disaster Services phone 403-603-3582 (Samaritan's Purse Transitioning out of High River beginning of August 2015) Assist residents with repairs to their home (resident provides the supplies and these agencies provide the labour).

Redwood Meadows Survey Sample

Redwood Meadows Door to Door Campaign <i>Bragg Creek and Area Wellness Committee</i>								
Date: June ____, 2015				Canvassers:				
<p>Confidentiality: The information we are collecting will be kept confidential and private. You will not be identified and information will only be used for the purposes of planning and evaluation of programs and services. Broad themes that emerge from this door to door campaign will be shared with the community. Your participation is voluntary and you are not required to answer any question you are not comfortable answering. Do I have your consent to go ahead?</p> <p style="text-align: center;">YES NO (circle one)</p>								
<p>Introduction: We represent the townsite of Redwood Meadows, Alberta Health Services, Western Rocky View Family and Community Resource Centre, Calgary Rural Primary Care Network and a number of other organizations that are working together in Redwood Meadows. We are conducting a door to door outreach campaign to connect directly and personally with residents, and we would appreciate a few minutes of your time. Our goal is to ensure your health and wellness needs are met and to gain an understanding of what you feel the community needs in terms of support and services. The information that we gather from the community will be collated and will be helpful in responding to the townsite's present and future needs. Once complete the general themes resulting from this campaign will be shared with the community.</p>								
Household Demographics (please include all household members)								
	0-6	6-12	13-24	25-45	46-64	65-74	75+	
Female								
Male								
Health and Wellbeing							Y / N	
I or a member of my household continues to be affected (health, finances, etc.) by the 2013 flood.								
I and my household have a personal emergency plan (72 hour kit, document backups, etc).								
I know where my household can access local community supports (i.e. parenting, addictions, health).								
Everyone in my household has a family doctor or other primary healthcare provider.								
Where do you most commonly learn about community news?								
Rocky View Weekly				Bulletin Boards (Grocery store, mailboxes, etc)				
High Country News				Neighbours/Word of Mouth				
Chatter Newsletter				Road Signs				
Social Media				Online (i.e. town website)				
Cochrane Newspapers				Liz Breakey's Newsletter				
Other (Please specify):								

Redwood Meadows Survey Sample Cont'd.

What do you see the community needing for health and wellness support now and in the long term?	
Now (short term):	Long-term:
Is there anything else you would like to share with us?	
Canvasser Notes:	Permission to share contact information? YES
	Signature: _____ Date: _____
	Name: _____ Address: _____ Phone: _____
	Follow up requested: <input type="checkbox"/> AHS <input type="checkbox"/> Red Cross <input type="checkbox"/> FCSS

High River Survey Sample



High River Door to Door 2015				Date	
Community		Canvassers			
Introduction (who, what, why): We are with High River Cares and represent the town, FCSS, AHS, Red Cross, and a number of organizations that are working together in High River. Our purpose is to connect directly with residents to see how they are doing emotionally and we would appreciate a few minutes of your time. You can also contact FCSS by phone to take part in this survey. Their phone number is on this information sheet (point it out)					
Confidentiality and Consent: The information we are collecting will be kept confidential and private. You will not be identified and information will only be used for the purposes of planning and evaluation of programs and services. Broad themes that emerge from this door to door will be shared with the community. Your participation is voluntary and you are not required to answer any question you are not comfortable answering. Do I have your consent to go ahead? <input type="checkbox"/> Yes <input type="checkbox"/> No					
1. Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	2. Age Group	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
3. In general, would you say your emotional health is: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Prefer not to say			4. Compared to one year ago, how would you say your emotional health is now? Is it: <input type="checkbox"/> Much better now than 1 year ago → [Go to Q5] <input type="checkbox"/> Somewhat better now than 1 year ago → [Go to Q5] <input type="checkbox"/> About the same → [Skip to Q6] <input type="checkbox"/> Somewhat worse now than 1 year ago → [Skip to Q6] <input type="checkbox"/> Much worse now than 1 year ago → [Skip to Q6] <input type="checkbox"/> Prefer not to answer → [Skip to Q6]		
5. What would you say helped you the most (1-2 things) to improve your emotional health?			5a. Check off services/supports accessed that helped improve their emotional health <input type="checkbox"/> Financial support (financial assistance, DRP, insurance) <input type="checkbox"/> Emotional support (counselling, group therapy, addiction and mental health services) <input type="checkbox"/> Physical support (medical services, GP) <input type="checkbox"/> Spiritual support (connected to faith-based organizations) <input type="checkbox"/> Social support (friends, family, community events, recreational activities) <input type="checkbox"/> Basic needs (food, clothing, housing)		
6. What do you think might help you to improve your emotional health and wellness moving forward?			6a. Check off services/supports needed: <input type="checkbox"/> Financial (DRP/insurance challenges, job loss) <input type="checkbox"/> Emotional (anxiety, stress, worry, addiction, despair, relationship issues, sleep issues) <input type="checkbox"/> Physical (medical issues) <input type="checkbox"/> Spiritual (losing faith and hope) <input type="checkbox"/> Social (social isolation, disconnected with community, not doing activities) <input type="checkbox"/> Basic needs (housing, food, clothing)		
[Refer appropriate services and supports]			7a. Would you like some help with accessing any of these services?		

High River Survey Sample Cont'd.

7. What services/supports were referred to the resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No 7b. If yes, what kind of help was requested?
8. Is there anything else you would like to share with us?	9. Where is the best place for you to learn about community news and events? <input type="checkbox"/> Town Crier/or High River Times <input type="checkbox"/> Radio <input type="checkbox"/> Billboards/Posters <input type="checkbox"/> Bulletin boards (grocery, post office, etc) <input type="checkbox"/> Neighbours/word of mouth <input type="checkbox"/> Social Media <input type="checkbox"/> Online <input type="checkbox"/> Other _____
10. Check off if resident would like follow-up or are in a crisis situation 10a. If checked off any of the above, take down contact information Name: _____ Phone: _____ Email: _____	<input type="checkbox"/> Follow-up <input type="checkbox"/> Crisis
11. Record the approximate time spent at the door:	<input type="checkbox"/> 5 mins <input type="checkbox"/> 10 mins <input type="checkbox"/> 15 mins <input type="checkbox"/> 20 mins <input type="checkbox"/> 30 mins <input type="checkbox"/> 45 mins <input type="checkbox"/> 1hr +
12. Canvasser notes/comments [Please use this space to record any stories that you think would be valuable to capture]	

Volunteer schedule

When setting your volunteer schedule you should allow approximately 5-7 homes per hour for each team

Weekday-Evening Schedule

Date 6:00pm- 8:00pm		* Be sure arrive 15-20minutes prior to your start time			
Location [start Address - End Address]	Team 1: [NAME, NAME]	Team Leader [NAME]	Shift Leader [NAME]	Issues Manager [NAME]	
	Team 2: [NAME, NAME]				
Location [start Address - End Address]	Team 3: [NAME, NAME]				
	Team 4: [NAME, NAME]				
Location [start Address - End Address]	Team 5: [NAME, NAME]	Team Leader [NAME]			
	Team 6: [NAME, NAME]				
Location [start Address - End Address]	Team 7: [NAME, NAME]				
	Team 8: [NAME, NAME]				

Weekend or Daytime Schedule

Date 9:00am-11:00am		* Be sure arrive 15-20minutes prior to your start time			
Location [start Address - End Address]	Team 1: [NAME, NAME]	Team Leader [NAME]	Shift Leader [NAME]	Issues Manager [NAME]	
	Team 2: [NAME, NAME]				
Location [start Address - End Address]	Team 3: [NAME, NAME]				
	Team 4: [NAME, NAME]				
Location [start Address - End Address]	Team 5: [NAME, NAME]	Team Leader [NAME]			
	Team 6: [NAME, NAME]				
Location [start Address - End Address]	Team 7: [NAME, NAME]				
	Team 8: [NAME, NAME]				

Date 12:00pm-2:00pm		* Be sure arrive 15-20minutes prior to your start time			
Location [start Address - End Address]	Team 9: [NAME, NAME]	Team Leader [NAME]	Shift Leader [NAME]	Issues Manager [NAME]	
	Team 10: [NAME, NAME]				
Location [start Address - End Address]	Team 11: [NAME, NAME]				
	Team 12: [NAME, NAME]				
Location [start Address - End Address]	Team 13: [NAME, NAME]	Team Leader [NAME]			
	Team 14: [NAME, NAME]				
Location [start Address - End Address]	Team 15: [NAME, NAME]				
	Team 16: [NAME, NAME]				

Training Materials

Volunteer Training Handout

Vision

The Vision for the campaign is to go Door-to-Door in outreach as another way to make personal connections and to offer emotional wellness and support for the residents of High River post-flood and to determine needs community members have with respect to areas of psychological, social, housing and financial issues.

Safety

- Be mindful of any hazards, always scan your immediate environment for any potential dangers (e.g., persons, broken steps, obstructions to walkways, animals/dogs etc.).
- Always approach homes with 2 people and ensure that the Team Leader knows where you are at all times.
- Carry your cell phone with you in case of emergency and ensure you Team Leader has the number.
- Emotional Responses—we don't know what we will get when someone answers the door. We may see anger, discouragement or other emotions—many of which are normal as we discuss things with people.
- Some of the worries we might deal with are anger and despair an example may be with DRP or losses. (We can review or role play these).

Issues Management

- None of us are alone in doing this outreach. Two Canvassers, Team Leaders, Issues Managers and Project Leaders are always available for support.
- There may be situations where you are concerned about a person's immediate mental, emotional state.
- This could include any statements of risk to self or others. We are all trained to some degree to work with individuals struggling more intensively. However, if there is concern you can let the person know your concerns and that you would like to consult and seek help from other support workers. Then you call and consult with your Team Leader and/or Issues Manager.
- Ensure you fill out the Issues Management portion of the Questionnaire
- Get the persons consent (verbal) to share their contact information
- The Issues Manager will then coordinate follow-up
- If you're not sure—call!

Disaster Recovery Program Enquiries

"If you have concerns about the DRP process I would encourage you to go visit the DRP office at 124 – 4 Ave SW and speak with one of the Recovery Coordinators".

Flood Mitigation Enquiries

In the past 10 months the Town of High River and the Government of Alberta have succeeded in the installation of a dyke program (effective May 15, 2014) that will protect HR from the effects of high water events. This infrastructure is based on historical data (see page 3 of Flood Mitigation at a Glance). For more information on this dyking system please call the Town of High River at 403-652-2110.

This outreach would not be possible however without caring individuals like you who have volunteered your time and possibly other resources to knock on each door, to make a caring connection and to gather valuable data! Thank YOU!

Door-to-Door Survey

- Intent and purpose of the survey – this may be the ONLY Psychosocial intervention this resident ever has. Make it count.
- Bring your full presence (silence cells), listen, validate, I invite you to set aside your own agenda, and focus on connecting being there on their time. Use effective listening skills. We'll talk more about these a little later.
- Always – care for your own safety
- Validate, normalize, acknowledge reactions as we approach 2nd year anniversary. See article and handouts on disaster support. Distinguish between “normal” reactions and then troubling reactions. Not functioning with some aspect of life is a good referral.

Go through the survey

- Guidelines for how to fill it out. Conversation is more important than accurate data. This is not a census – again, our focus and priority is to connect with people, listen, inform and resource.

Role play with the survey so that the questions get asked with some continuity

- Role play with participants

Guidelines for asking people about their emotional wellness

- Neutral empathy (avoid surprise, judgment, jokes, etc.)
- Effective listening – ask, listen, let them know you heard them / clarify, respond; repeat.
- Be prepared to hear the answer. Story of “there was a death in the family last night...”
- Resources – do you need me to help you make the call?
- Professional Boundaries. Know your own personal limits, know when to call for help and remember Responsible to / for.

Responding to a resident in distress.

- Protocols and contacts. Have team lead on your phone – text or call for support.
- Safety planning – listen to your own instincts, if it doesn't feel safe, don't go in. If you see a dog growling at you don't go there. If you simply have a funny feeling, trust it.
- Resource – do you need me to help you make a call?
- What support do you need? How can I help? Professional Boundaries.
- Call for support – **stay with your partner**, know how to contact your team lead.
- Attend to your own well-being – Debrief, ask for support. Tune into your own reaction and access support if needed.

Skills for Psychological Recovery

- 5 key skills that support disaster survivors. Foundations of safety, hope, connectedness, calm and self / community efficacy. See handout and 5 empirically supported early intervention principles.
- Positive Activities
- Helpful Thinking
- Managing Reactions
- Rebuilding Healthy Social Connections
- Problem Solving

Agency Overview

- Support Sheet

Volunteer Feedback Survey

Thank you for supporting the [name] Outreach. We have been gathering feedback from volunteers about their experiences with the outreach and also what they've learned etc. If you can answer the following and send it back that would be great. Please return your feedback to *[name and email of Volunteer Coordinator]*

1. From your visiting with residents what do you see as some of the community needs and themes?
2. Were there any stories or conversations which impacted your understanding of the community needs?
3. What was your experience being a volunteer?
4. Are there recommendations for improving the Door-to-Door outreach in the future?
5. Would you volunteer again and encourage others to do so?
6. Please write or share one or two meaningful experiences you had with talking with residents. We would love some stories we can share.

Thanks again!

[name and contact info of Volunteer Coordinator]

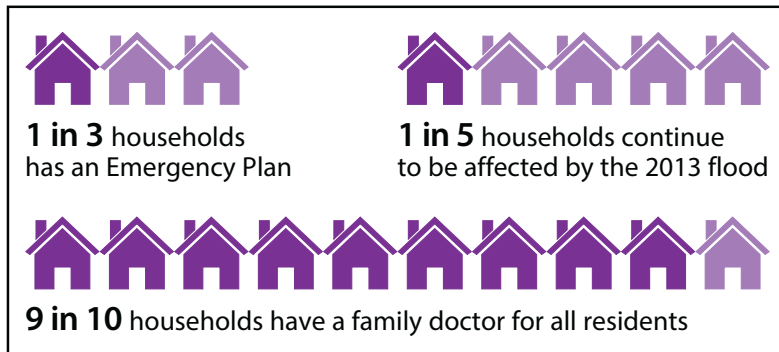
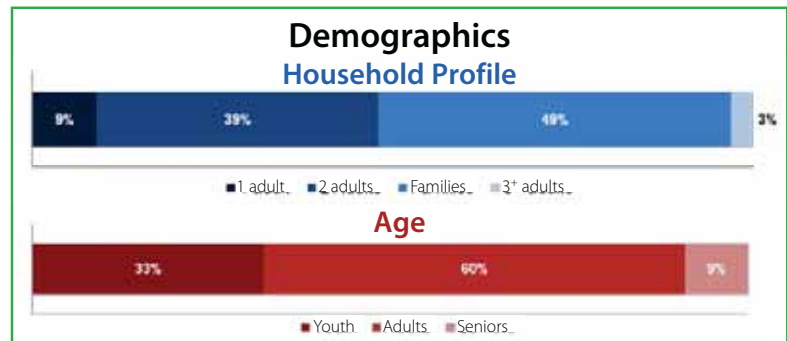
Redwood Meadows Media Release

Highlight from the June 2015

Redwood Meadows Door to Door Campaign

In June 2015 volunteers and representatives of the Bragg Creek and Area Wellness Committee launched a door to door campaign in the Townsite of Redwood Meadows. The campaign was intended to reinforce our commitment to the community and continue to demonstrate that we care what has happened, what is happening and what will happen to the residents. The response to the campaign was tremendously positive with our volunteers being able to reach nearly 50% of the population.

Copies of the report can be requested through the Bragg Creek and Area Wellness Committee.



Three Cs: Connected, Content, and Caring

80% of residents regularly read The Chatter newsletter

53% of residents expressed contentment and/or happiness with at least one aspect of life in the Townsite of Redwood Meadows

31% of residents expressed support and care for Bragg Creek as it continues to recover from the 2013 floods

3 Priorities

- 1 Celebrate the success and wellbeing of the Townsite of Redwood Meadows
- 2 Ensure services remain sustainable, accessible and useful
- 3 Continue developing regional partnerships and collaboration

“What do you see the community needing for health and wellness?”

Signing of a new lease with Tsuut’ina Nation: This was the most frequently discussed sub-theme in the survey and is an important part of the economic sustainability of the Townsite of Redwood Meadows. Signing a new lease will provide certainty and safety for residents.

Improved access to services: This was the most frequently discussed topic in the survey with residents advocating for better access to services ranging from doctors to swimming pools to groceries and shopping. Residents want more local services so they can spend more time at home with their loved ones and less time travelling.

Continued Community Events and Activities: Residents love living in the Townsite of Redwood Meadows and take pride in the sense of connection and belonging that is fostered through local events whether it is a bike parade for families or a community café for seniors.

High River Media Release

High River Cares Door-to-Door Outreach Campaign:

We care, we're listening and we're taking action

Submitted by the High River Cares team

This week we are focusing on emotional and wellness supports and what we heard from residents as a result of the Door-to-Door campaign. One of our main goals of the campaign was to understand your emotional and wellness support needs, including your experiences with services you accessed and the barriers to accessing those services.

During the campaign we asked, 'what do you see the community needing in the way of emotional and wellness support now, and in the long-term?' Of the approximately 1,500 survey responses, 98 per cent of you gave feedback of which a considerable portion was positive, with expressions of appreciation for the outpouring of support received following the flood. Areas related to emotional and wellness needs included: mental health and addiction concerns such as stress, anxiety, depression and PTSD in the community; the need for free counselling services and support groups; education and workshops on stress, suicide and survivorship; and mental health education and promotion to reduce the stigma of seeking help.

Based on the feedback, we are addressing priority areas, including ensuring residents are aware of existing services. Some of the priorities include:

- Bring support services to people through outreach. This means offering support by being present in the community or going to the people.
- Reduce stigma around seeking help through a combination of normalizing and validating individual's experiences and helping them to feel comfortable to get the help they need.
- Promote and raise awareness of services through improved communication. Raise awareness through the Town Crier, High River Times and social media.
- Continue to consult with High River residents, and community based organizations/service providers on services available.
- Initiate further supports for first responders, support and community workers to manage the potential for burn-out, or overcare.
- Provide workshops, support groups and other opportunities for individuals and organizations to receive education and support.

Moving forward, the High River Cares Door-to-Door committee will review and evaluate current and planned projects to further assist residents in obtaining and strengthening emotional and wellness support in the community. There are many flood recovery agencies currently operating in High River and over time many of the programs and services offered by these agencies may be transitioned out of the community. A collective transition approach, guided by long-term community agencies is in place and will continue forward with efforts in acting on recommendations.

It is important to help residents find appropriate resources and supports. The Town of High River's Family and Community Support Services (FCSS) continues to be the community hub in guiding and referring residents to the most appropriate services.

Outreach and community development workers have been hired by several agencies to support residents including but not limited to: Alberta Health Services, Hearts & Minds, Hull Services, Canadian Mental Health Association and Samaritan's Purse. More counselling focused services are available through High River Counselling Services and Alberta Health Services including the Rural Addiction & Mental Health High River Clinic.

There is no right way to experience mental and social struggles. Grief and emotional pain due to natural disasters are often delayed. It can be difficult to reach out for supports. Whether it's ourselves, family, friends or community members we need to pay attention to how those around us are functioning and managing. We can be a voice of support and if needed guide others to support. A great place to start would be to call FCSS at 403-652-8620. **Also, every Tuesday you can participate in the High River Cares: Information and Conversation sessions at the Culture Centre. Contact Hull Services at 403-649-1220 for more information [or click here](#)**

In the next article, we will report on restoration of homes and environment.

Dissemination Strategy Example

Target Group	Purpose	Method / Vehicle	Timing	Responsibility (list individuals by name)
Public	Raise awareness and share findings and information on resources	Series of Articles in Town Crier (deadline is Thursday's by 4:30pm)	Seven articles: (list dates)	1. 1 st Article (name) – Submit by (date)Deadline (done) 2. 2 nd Article (name) - Submit by (date) Deadline (submitted) 3. Psychosocial Support Theme (name) – Submit by Dec 4 deadline 4. Restoration of Homes & Environment Theme (name) – Submit by (date)Deadline 5. Community Engagement (name) – Submit by (date) deadline (published Jan 16) 6. Communication Theme Article – (name) – Submit by (date) deadline (published on Jan 30) 7. Legacy of Resiliency (name) – Submit by (date) deadline
Local Government: Town of High River FCSS	Share findings and recommendations	Presentation to Town Council. Meeting to discuss	Nov 24, 2014 (done) To be scheduled	
Door-to-Door Volunteers	Share findings and recommendations	Email	November 25 (completed)	
MLA MP	Share findings and recommendations	Email and ask if they want a printed copy	December 5	
Government – Alberta Health	Share findings and results to inform future planning of disaster response.	Email report to Executive stakeholders	November 18 (completed)	
AHS Leadership (Directors and Flood Team Managers)	Share findings and results to inform future planning of disaster response.	Email PIC meeting	November 17 (completed) December 15	
AHS Flood Evaluations Leadership Team	Share findings and results to inform future planning of disaster response	Email Presentation (?) - Flood Evaluation Leadership meeting	November (completed)	
Mount Royal University	Share and integrate research findings	Email	November 18 (completed)	
Conference Board of Canada	Share findings and recommendations	Email to (Town of High River) to forward to	November 20 (completed)	

Shared Learnings

During the recovery phase of the 2013 Alberta Floods Door-to-Door campaigns were conducted in High River, Bragg Creek and Redwood Meadows between 1 and 2 years after the initial event. These campaigns improved the wellbeing of the each community by enhancing local collaboration, sharing resources and conveying messages of compassion and understanding. We learned by listening with an open heart to people's stories – remarkable stories of community and individual resiliency. Some of the key lessons we learned about the impact of 'doorstep conversations' are as follows:

- Residents wanted to open their doors and share their unique experiences, hopes and ideas.
- Although a snapshot in time, these conversations allowed us to get a pulse on the community while also identifying and prioritizing needs.
- There is direct intervention and therapeutic value in supporting individual's resilience and natural ability to cope through listening, validating and normalizing as residents shared their story.
- The Door-to-Door campaigns strengthened inter-agency partnerships as agencies worked together to achieve a common vision and goal. The building of respect and understanding through these mutual experiences resulted in a more efficient, coordinated and effective response to the identified psychosocial needs.
- Development and implementation of a communication plan was critical in all phases of the outreach initiative. Specific approaches were developed to inform residents, community and local politicians. Information was shared through diverse avenues, to ensure all demographics were able to access this information and have options as to how they wanted to be involved. Examples include local newspapers, newsletters, websites, presentations, radio, social media, language translations, and word of mouth. Widely disseminating the results of the campaign to decision makers, agencies and residents was important in order to create dialogue about collectively supporting and rebuilding the community.
- Volunteer management was a key component, including recruitment strategies, training, debriefing, and a process for capturing their feedback.
- There are several limitations in the data collection process and the results of our Door-to-Door campaigns. While informative, they don't meet the rigorous standards of academic research. For instance, volunteers were instructed to focus on conversations and not on a mechanical question/answer process. As a result the responses recorded on the survey were not always consistently based on the survey questions. The surveys were always a secondary goal with the primary goal being, engaging conversation with residents.
- Often further consultation and investigation was necessary after the campaigns to accurately define issues that are complex and interdependent. It's important that there is commitment and resources to complete these investigations.

The project team and many volunteers passionately believe that the findings from these Door-to-Door initiatives can serve as a foundation for upon which future community action can be built. Strategically offering a Door-to-Door outreach initiative in year one, two and potentially year three following a major disaster can help to define issues that are often complex and unique to each community.



The Townsite of Redwood Meadows Door to Door Campaign

Bragg Creek and Area Wellness Committee

November 18, 2015

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With Support Of:

- Townsite of Redwood Meadows
- Bragg Creek and Area Wellness Committee
- Western Rocky View Family and Community Resource Centre
- Alberta Health Services
- Calgary Rural Primary Care Network
- Hull Services
- Community Helpers
- Canadian Mental Health Association
- Canadian Red Cross

Acknowledgements

This door to door campaign would not have been possible without the support and collaboration of many individuals and agencies however there are a few special thank-yous we need to say. The first thank-you is for the enthusiasm and support of Pat, Renate, and Peggy in the town office who helped with every aspect of this campaign. Kathy, Lynette and Patricia (Canadian Mental Health Association) who all travelled from High River to support the Townsite of Redwood Meadows—not just for one evening but four! Brian (Alberta Health Services) and Ginger (Canadian Red Cross) were our all star volunteers dedicating six of their evenings to the Townsite of Redwood Meadows out of a possible eight. Our biggest thank-you is saved for the residents of the Townsite of Redwood Meadows who shared their ideas, hopes and concerns with us—none of this would be possible without your open doors and open minds!

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Redwood Meadows Door to Door Campaign

2015

Introduction

The Townsite of Redwood Meadows is a resilient, connected, and beautiful community that is nestled in the foothills of the Rocky Mountains. In 2013 this tranquillity was disrupted and lives uprooted as the flood waters on the Elbow River threatened to breach berms protecting the townsite. Tsuut'ina Nation, Redwood Meadows Emergency Services and local volunteers worked tirelessly to protect the Townsite of Redwood Meadows and succeeded in preventing any substantial overland flooding. While thankfully the berm did not breach the psychological and financial impacts of a disaster such as this are real and we know from this report that the 2013 floods continue to affect approximately 1 in 5 homes in the Townsite of Redwood Meadows. In addition to this it is normal for individuals and families to experience stress and challenges as part of their everyday lives whether it is an aging relative, an unexpected job loss or a child that is being bullied at school. The purpose of the door to door campaign was to support these everyday struggles, whether they are related to the floor or not, and communicate a message that **we care—we care what has happened, what is happening and what will happen in your families and in your community as you plant deep roots, overcome obstacles and grow healthy relationships.**

The door to door campaign was jointly organized by the Bragg Creek and Area Wellness Committee and the Townsite of Redwood Meadows. The campaign was completed in the first two weeks of June 2015 and involved 17 canvassers from 7 different organizations. We were able to survey 137 homes representing 39% of households. Canvassers often met with residents for upwards of 10 minutes listening to their hopes, experiences, and ideas. We hope that the information we have captured in this report will serve as a reference for ongoing discussions and planning.

What is the Bragg Creek and Area Wellness Committee?

The Bragg Creek and Area Wellness Committee began in the spring of 2014 as a partnership between social service providers, local organizations and residents to enhance the social wellbeing of residents in the Townsite of Redwood Meadows and Bragg Creek area. Our mission statement is: **Supporting the social wellness of Bragg Creek and surrounding area.** The committee meets once per month in either Bragg Creek or the Townsite of Redwood Meadows.

The committee has representation from the following areas:

- Bragg Creek Community Association
- Bragg Creek and Area Chamber of Commerce
- Townsite of Redwood Meadows administration
- Banded Peak School
- Bragg Creek Community Church
- Mountain Woods Health Services Board
- Alberta Health Services
- Calgary Rural Primary Care Network
- Canadian Red Cross
- Western Rocky View Family & Community Resource Centre
- Community Helpers Program
- Cochrane and Area Victim Services

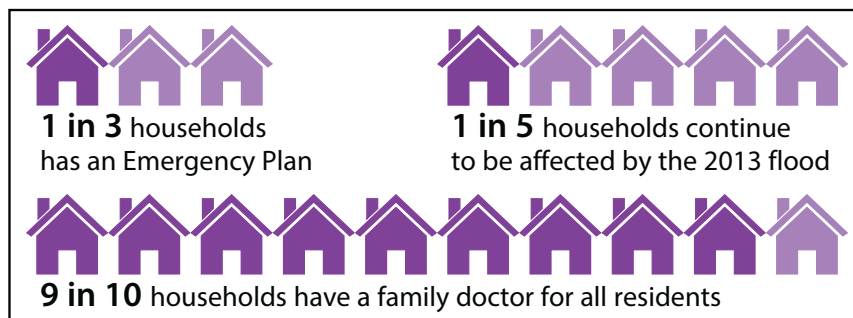
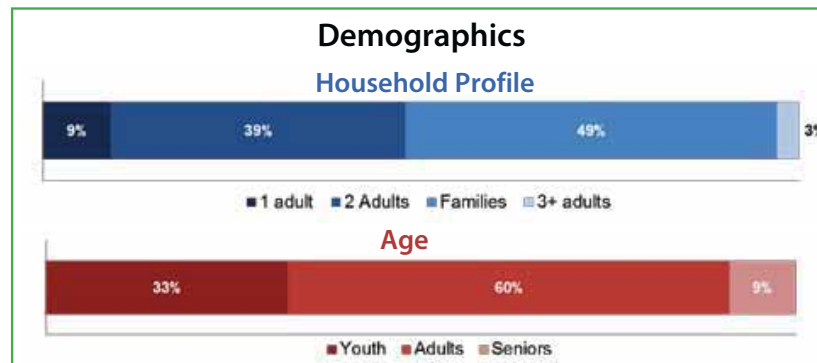
Since our inception we have worked on a number of exciting community development projects including gratitude postcards, resource lists, and door to door campaigns.

If you are interested in becoming involved or want more information contact Eric Howey (eric.howey@ahs.ca) or Debbie Maclean (dmaclean.crpcn@davincibb.net).

Redwood Meadows Door to Door Campaign

2015

Snapshot of what we learned



Three Cs: Connected, Content, and Caring

80% of residents regularly read The Chatter newsletter

53% of residents expressed contentment and/or happiness with at least one aspect of life in the Townsite of Redwood Meadows

31% of residents expressed support and care for Bragg Creek as it continues to recover from the 2013 floods

3 Priorities

- 1 Celebrate the success and wellbeing of the Townsite of Redwood Meadows
- 2 Ensure services remain sustainable, accessible and useful
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“What do you see the community needing for health and wellness?”

Signing of a new lease with Tsuut’ina Nation: This was the most frequently discussed sub-theme in the survey and is an important part of the economic sustainability of the Townsite of Redwood Meadows. Signing a new lease will provide certainty and safety for residents.

Improved access to services: This was the most frequently discussed topic in the survey with residents advocating for better access to services ranging from doctors to swimming pools to groceries and shopping. Residents want more local services so they can spend more time at home with their loved ones and less time travelling.

Continued Community Events and Activities: Residents love living in the Townsite of Redwood Meadows and take pride in the sense of connection and belonging that is fostered through local events whether it is a bike parade for families or a community café for seniors.

Redwood Meadows Door to Door Campaign

2015

Methodology

Purpose

The purpose of the Townsite of Redwood Meadows door to door campaign was to engage with residents and demonstrate that the Bragg Creek and Area Wellness Committee cares; we care what has happened, what is happening and what will happen to residents as they build healthy families and healthy communities. Additionally the campaign served to assess local needs and inform residents of resources available in the Townsite of Redwood Meadows area to support their psychosocial wellbeing.

Process

The survey was completed over the course of eight days from June 1 – June 11, 2015. There were a total of 17 canvassers from 8 different organizations who helped complete the campaign. Canvassers worked in teams of two and there were 2-4 teams each evening. If a resident was home canvassers typically spent 10-20 minutes at each home however there were instances where canvassers met with residents for up to an hour. Safety was managed by 1-2 supervisors who were roving in vehicles and monitoring the location of all teams and providing support as necessary. RCMP in Cochrane was notified of the campaign and advertisements were placed in The Chatter, utility bills and at local billboards.

Confidentiality

Responses to the survey are confidential and identifying information was only collected from residents if they requested further follow up from the Canadian Red Cross, Alberta Health Services or Western Rocky View Family and Community Resource Centre. Confidentiality was explained verbally to the residents, a copy of the script used regarding confidentiality is located in Appendix B. The survey was entirely voluntary and was only completed if residents provided verbal consent to complete it. The completed surveys are being safeguarded by Alberta Health Services.

Data Analysis

The data from each survey was inputted into a spreadsheet including a word for word transcription of the long answer section of the survey. The spreadsheet allowed for easy tabulation of the demographic data and the yes/no questions used to ask about health and wellbeing. When analyzing the long answer portion of the survey about community needs a thematic approach was used to assign major themes and sub-themes to a resident's response. Not all themes had sub-themes assigned to them.

For example when responding to the first question about present needs in the community for health and wellness a resident may have discussed a gymnasium, the lease with Tsuut'ina and housing development. This response would have resulted in two sub-themes (Recreation Facilities, Housing Diversity) and three major themes (Recreation, Lease, and Infrastructure). These major themes and sub-themes were then tabulated using the spreadsheet to provide the empirical data used in the 'What we heard' section of this report. The major themes and sub-themes used in this report were agreed upon in consultation with the Bragg Creek and Area Wellness Committee and the Townsite of Redwood Meadows Town Council.

The themes were further organized in this report and grouped according to similar responsibilities into three overarching topic areas; Service Access, Governance, and Community.

Redwood Meadows Door to Door Campaign

2015

Accuracy

Based on a total of 351 homes and a sample size of 137 the margin of error for this survey is 6.6%, with a confidence level of 95%.

Participating Organizations

Western Rocky View Family and Community Resource Centre, Community Helpers, Alberta Health Services, Hull Services, Calgary Rural Primary Care Network, Canadian Mental Health Association, Canadian Red Cross.

This Land

This survey took place in the Townsite of Redwood Meadows, a townsite located on land leased from the Tsuut'ina Nation. During the recent flood Tsuut'ina Nation reinforced the berm and worked tirelessly to protect the Townsite of Redwood Meadows from potential devastation.

Limitations

There are some notable limitations to the survey process that need to be acknowledged.

The first and most significant limitation is in how the data from the surveys was recorded. The responses from the residents were recorded in writing by the canvassers and the canvassers made decisions about what they deemed important enough to write down and what could be excluded. This decision to include and exclude information impacts the veracity of the data collected as it is possible that what canvassers perceived as important was not an accurate reflection of what residents perceived as important.

The second limitation is inherent in the goals of the door to door campaign. One of our key goals was to engage residents in a meaningful conversation about their wellbeing and the wellbeing of the Townsite of Redwood Meadows and so we instructed canvassers to be focused on conversations and not on a mechanical question and answer process. The surveys were presented as a foundation for deeper discussions and not as a rigid step by step form that had to be followed. This means that the responses recorded on the surveys could potentially be from questions other than those specifically included on the printed sheets.

A further limitation is in the timing of the door knocking. All surveys were completed between the hours of 6:00pm and 8:00pm as we felt these represented the hours during which we were mostly likely to find someone at home however this would exclude residents who are regularly absent from their home during this time.

The survey did not ask residents to rank health and wellness needs in terms of relative importance and this may potentially skew the data as we simply analyzed the frequency with which topics were discussed. For example if a resident talked with us about a recreation centre, recycling and senior's housing these would all be count for '1' mention of those themes however we have no way of telling from the survey if senior's housing or a recreation centre is more important to that specific resident. The assumption we make in the report is that if a theme is more frequently discussed it must be more important than other themes.

The last identified limitation is in the data analysis process which has been primarily completed by Eric Howey who is not a resident of the Townsite of Redwood Meadows. Efforts have been made to limit this impact by checking the findings and process with other stakeholders and with the Bragg Creek and Area Wellness Committee.

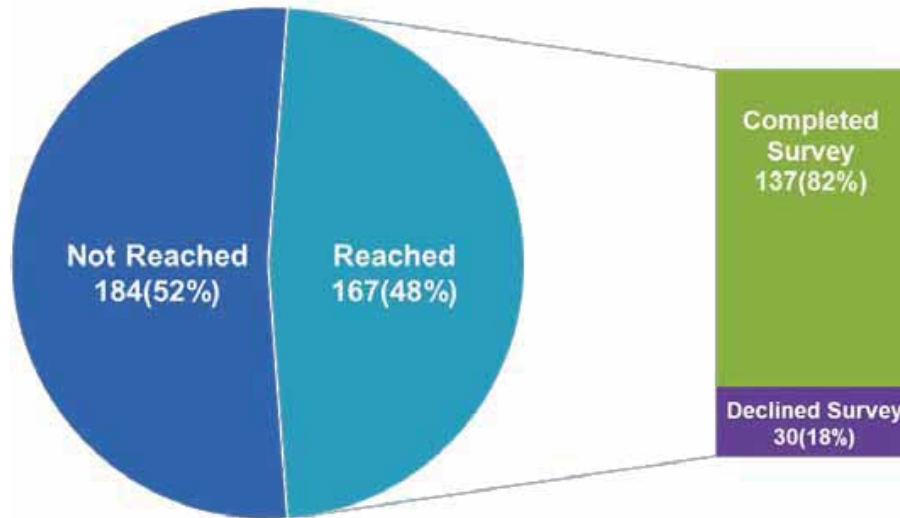
Redwood Meadows Door to Door Campaign

2015

Survey Sample

Households Reached in Redwood Meadows

Survey captured **39%** of the community.



Homes Approached (n=351*)

Available	167(48%)
Unavailable (no answer)	184(52%)

Survey Offered (n=167*)

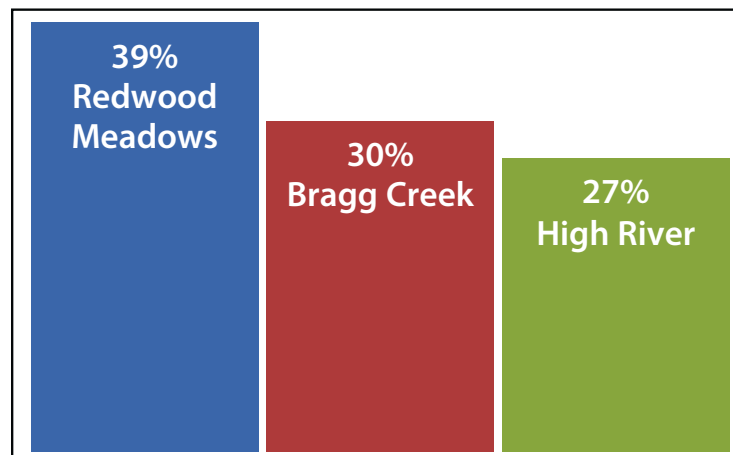
Completed	137(82%)
Declined	30(18%)

* Canvassers knocked on 336 (96%) doors. Canvassers only left information and did not knock on 15(4%) doors.

** Spoke with the resident but did not complete a survey (e.g., they declined, were busy, didn't consent to recording the information).

Household Survey Response Rate Comparison

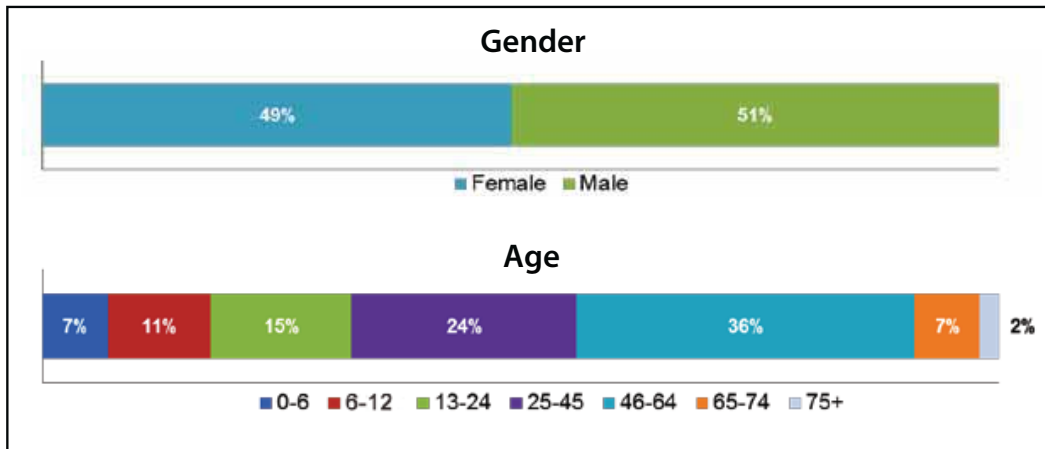
The following graph shows a comparison of survey completion rates between three communities in which door to door campaigns were completed in 2014 and 2015. As you can see demonstrated here the Townsite of Redwood Meadows had a very high response rate when compared to both Bragg Creek and High River.



Redwood Meadows Door to Door Campaign

2015

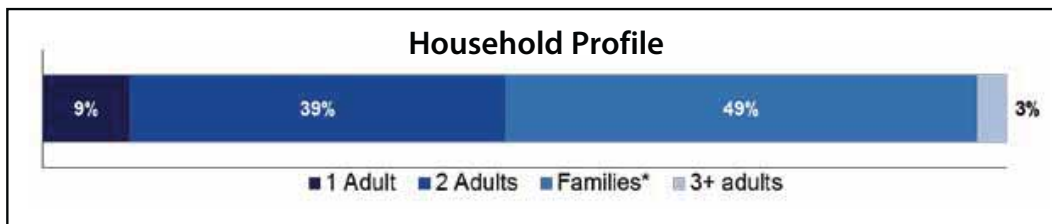
Survey Sample Demographics



33% Youth (0-24)

60% Middle Age (25-64)

9% Seniors (65+)



2.9 people per household on average

Table 1: Survey Sample Demographics

Age	Gender		Total (n=399)
	Female (n=197)	Male (n=202)	
0-6	15	11	26
6-12	19	25	44
13-24	24	36	60
25-45	53	41	94
46-64	72	70	142
65-74	12	14	26
75+	2	5	7

Table 2: Survey Sample Household Profiles

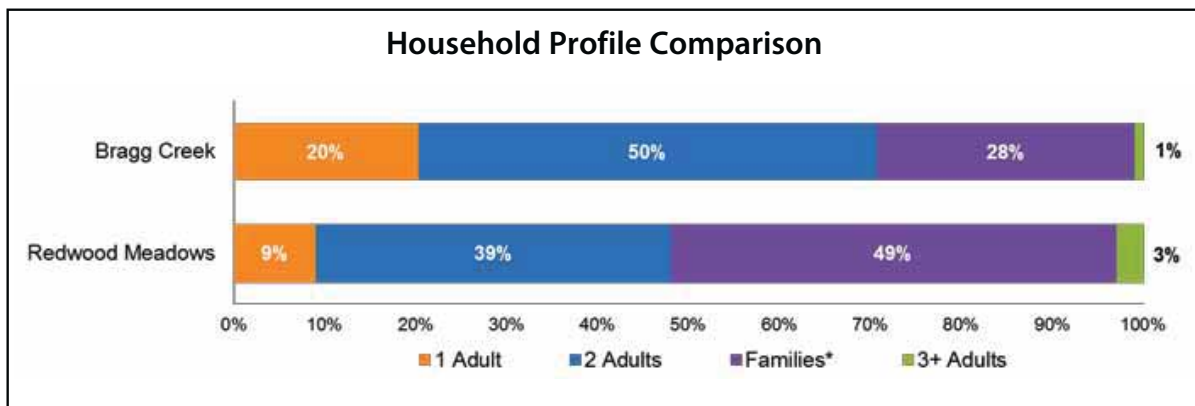
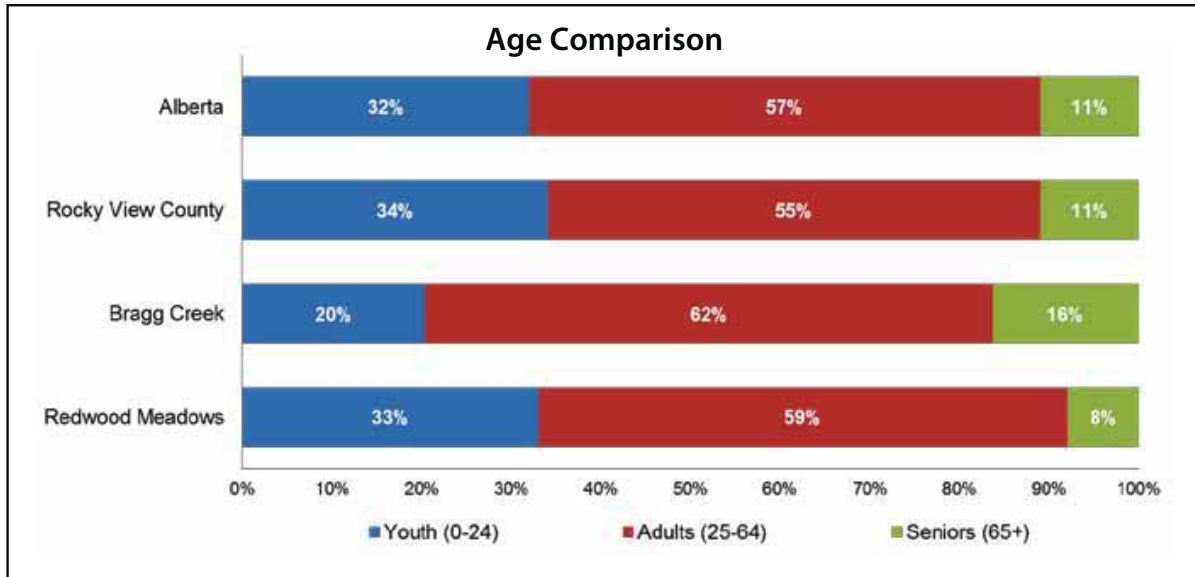
Occupants per Household	Households Surveyed
1	12
2	57
3	25
4	24
5+	19
	137

Redwood Meadows Door to Door Campaign

2015

Demographic comparison

Numbers for Rocky View County and Alberta are from the 2011 Statistics Canada national census. Numbers for Bragg Creek are from the 2014 door to door campaign in the hamlet.



*Families is interpreted from the data as one or two adults and at least one other person below the age of 24

Redwood Meadows Door to Door Campaign

2015

Findings: Health and Wellbeing

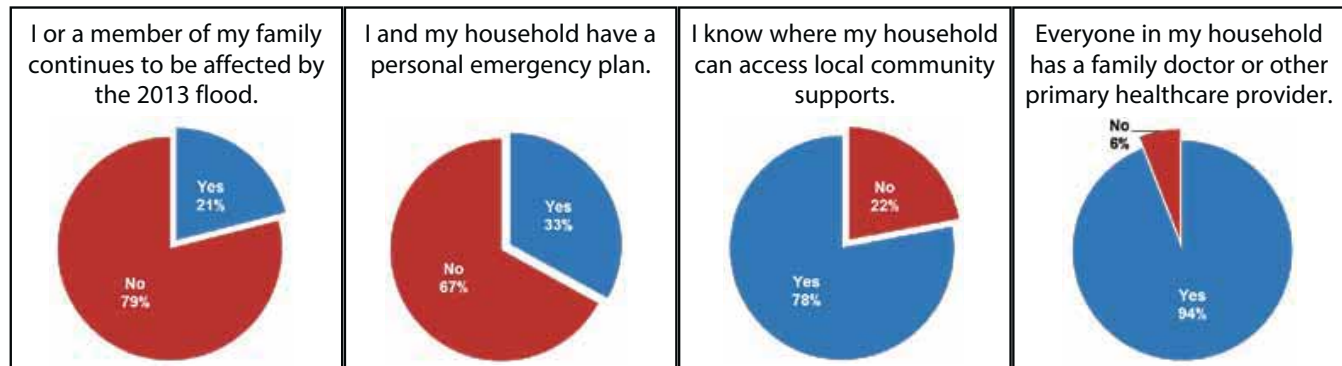
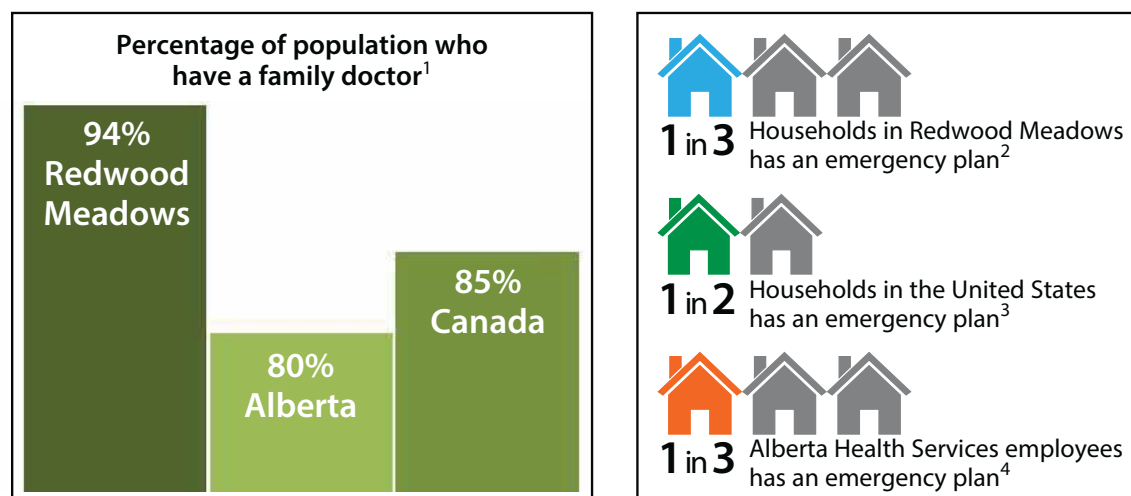


Table 3: Health and Wellbeing Questions

	Yes	No	No Answer
I or a member of my family continues to be affected (health, finances, etc.) by the 2013 flood.	29	107	1
I and my household have a personal emergency plan (72 hour kit, document backups, etc.).	45	91	1
I know where my household can access local community supports (i.e. parenting, addictions, health).	105	29	3
Everyone in my household has a family doctor or other primary healthcare provider.	125	8	4

Health and Wellbeing Comparison



¹ Canadian Community Health Survey, Statscan (2014)

² Redwood Meadows Door to Door Campaign (2015)

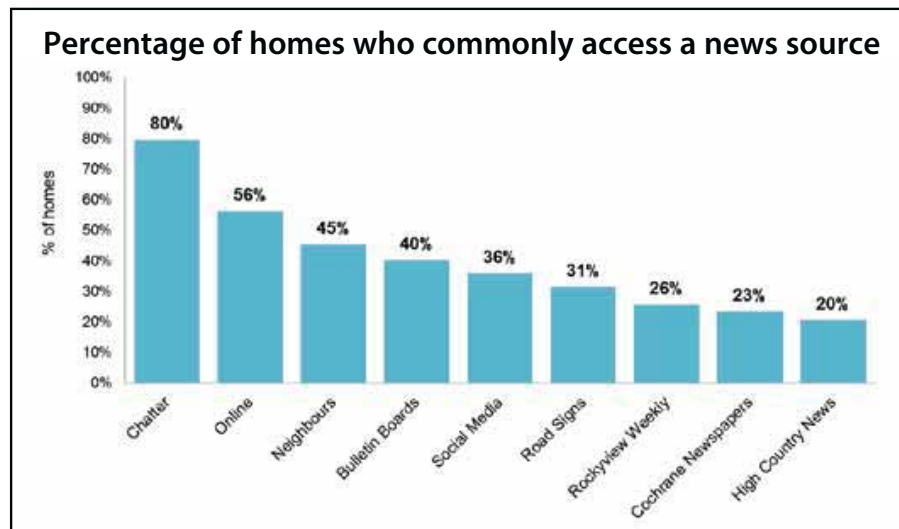
³ Personal Preparedness in America: Findings from the 2012 FEMA National Survey, FEMA (July 2014)

⁴ AHS Personal Disaster Preparedness Staff Survey Report, AHS (October 2011)

Redwood Meadows Door to Door Campaign

2015

Findings: Community News

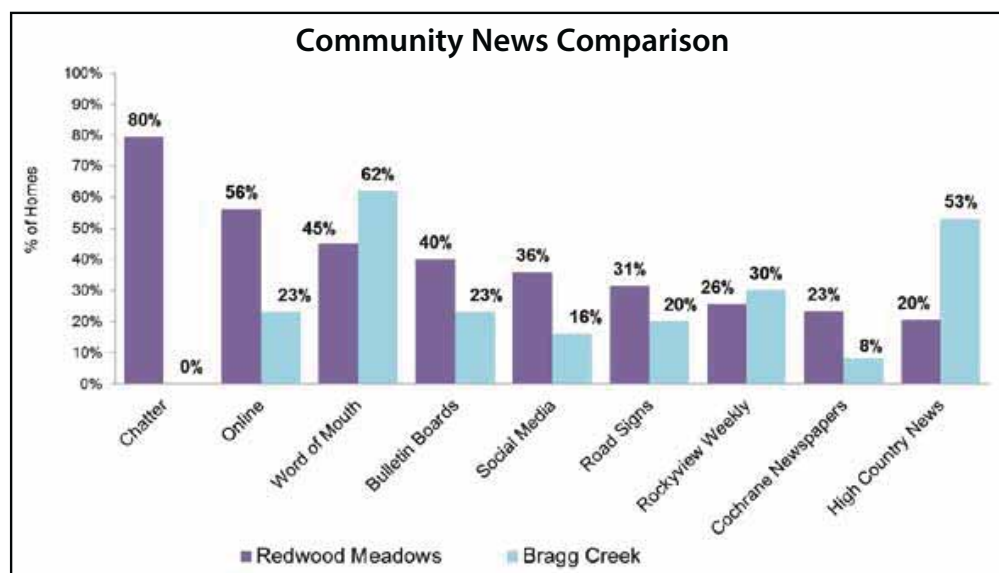


3.6 news sources per home on average

4 in 5 homes read the Chatter Newsletter

Table 4: News sources as a number and as a percentage of homes

Source	# times selected	Percentage of homes
Chatter	109	79.56%
Online	77	56.20%
Neighbours	62	45.26%
Bulletin Board	55	40.15%
Social Media	49	35.77%
Road Signs	43	31.39%
Rocky View Weekly	35	25.55%
Cochrane Newspapers	32	23.36%
High Country News	28	20.44%



Redwood Meadows Door to Door Campaign

2015

What we heard

The following section is based on a thematic analysis of the long answer portion of the survey. Due to fewer than expected responses in the long answer portion of the survey we have aggregated the feedback provided by residents into one question—"What do you see the community needing for health and wellness?". For instance there were some households who identified a gymnasium as a short term need in the community. Other households identified a gymnasium as a long term need. While still other homes discussed the need for a gymnasium when asked if there was anything else they wanted to share with us. Rather than trying to ascertain whether a gymnasium is a short term need or a long term need we decided to simply present a macro perspective on what we heard from residents and then allow town council, residents, and administration decide how to proceed based on this information.

In both Bragg Creek and the Townsite of Redwood Meadows 95% of residents surveyed provided a response to at least one of the three long answer questions we asked. However when you drill down into this number some interesting differences in how residents responded to these questions emerges.

For instance in the Townsite of Redwood Meadows only 24% of residents provided a constructive answer regarding long term needs in their community whereas in Bragg Creek 58% of residents provided a constructive answer to this question. In the Townsite of Redwood Meadows 32% of the responses received were either positive, blank or unrelated to a community need. Compare this to Bragg Creek where only 10% of responses were positive, blank or unrelated to a community need. This low constructive response rate for the long form portion of this survey means that the responsible course of action in analyzing the survey is to consider the big picture. What are the health and wellness priorities for residents in the Townsite of Redwood Meadows regardless of whether these are short term or long term needs? What were the common themes discussed by residents? What are most common barriers to health and wellness in the Townsite of Redwood Meadows? What solutions do residents see to these barriers?

The following sections will try to answer some of these questions by looking at the frequency with which residents discussed topics such as service access, governance, and community.

Word Heat Map

These images were produced by analyzing the number of times a word was used in the long form answers on both the Townsite of Redwood Meadows and Bragg Creek surveys. It includes all responses across all three questions. It is noteworthy that the biggest word in each heat map is "Community". What other similarities and differences do you notice?

The Townsite of Redwood Meadows



Bragg Creek

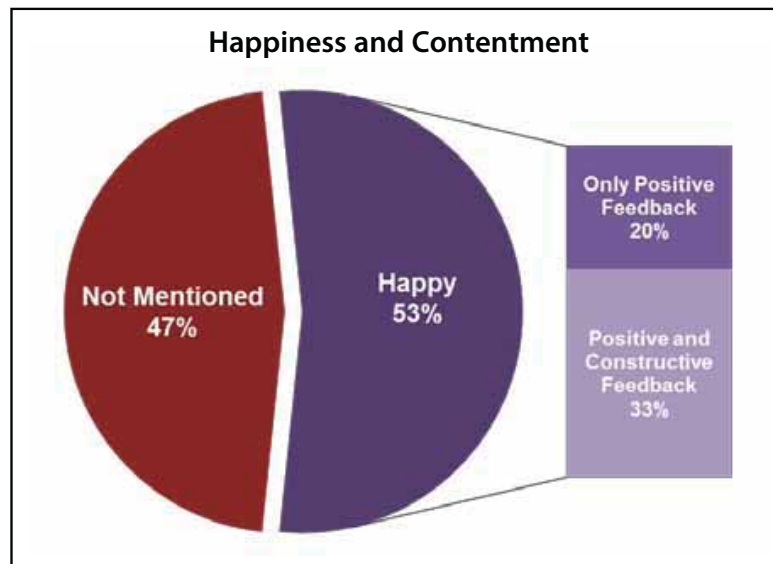


Redwood Meadows Door to Door Campaign

2015

Happiness in the Townsite of Redwood Meadows

The single most discussed topic in our door to door canvassing was the contentment and happiness of residents living in the Townsite of Redwood Meadows. 53% of residents expressed contentment or happiness with at least one aspect of living in the Townsite of Redwood Meadows. This can be further broken down to show that fully 20% of respondents to the survey had only positive feedback about the health and wellness of the Townsite of Redwood Meadows and their families.

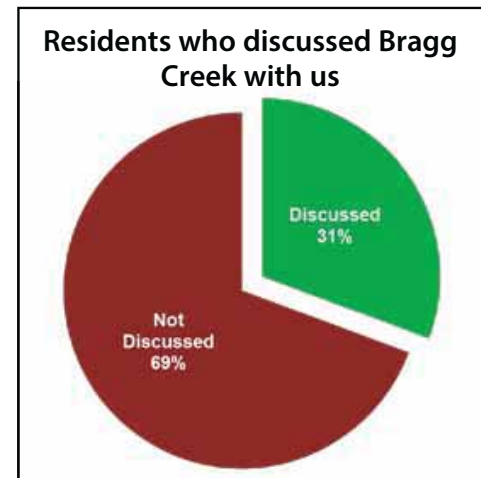


53% of residents expressed contentment and/or happiness with at least one aspect of life in the Townsite of Redwood Meadows

The Townsite of Redwood Meadows Supports Bragg Creek

One of the common topics brought up by residents in the Townsite of Redwood Meadows was their connection with Bragg Creek and their concern for the wellbeing of individual homeowners and businesses in the core of the hamlet. This was an unexpected outcome in the survey as we did not ask any specific questions about Bragg Creek nor were the canvassers directed to ask about Bragg Creek in any way. While not specifically a health and wellness need we felt it was important to report the frequency with which residents discussed Bragg Creek as it reflects the close connection residents of the Townsite of Redwood Meadows feel with their neighbours. One has to wonder how big of a number this might have been if we had specifically asked a question about Bragg Creek on the survey.

1 in 3 homes surveyed discussed the wellbeing of Bragg Creek

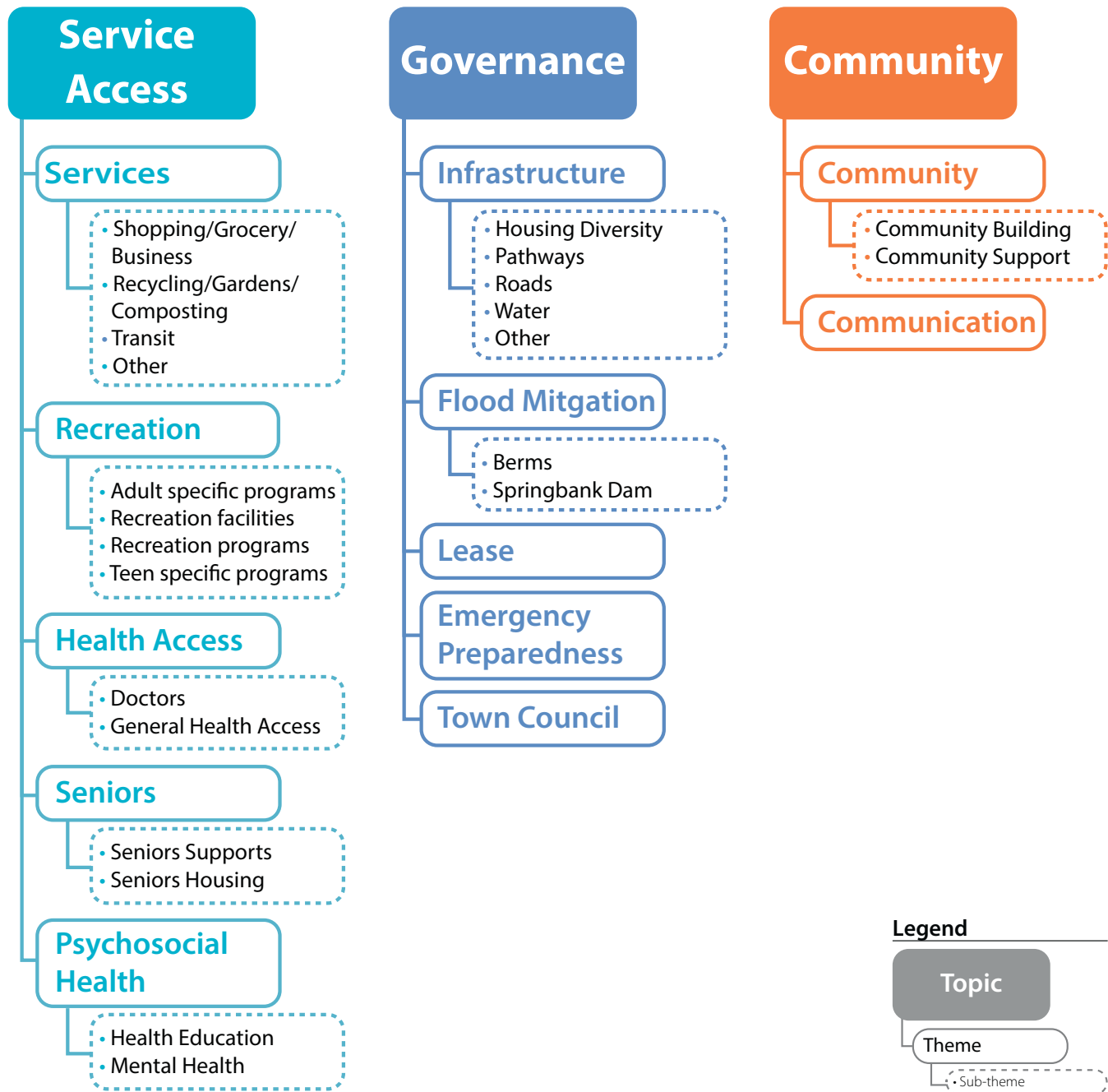


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Topics and Themes

The following chart demonstrates the topics, themes and sub-themes which were used to thematically analyze the long form portion of the survey. These themes were decided upon in consultation with the Bragg Creek and Area Wellness Committee and the Townsite of Redwood Meadows Town Council. Note that not every theme has sub-themes assigned to it. These themes were chosen as they best represent what we heard from residents.

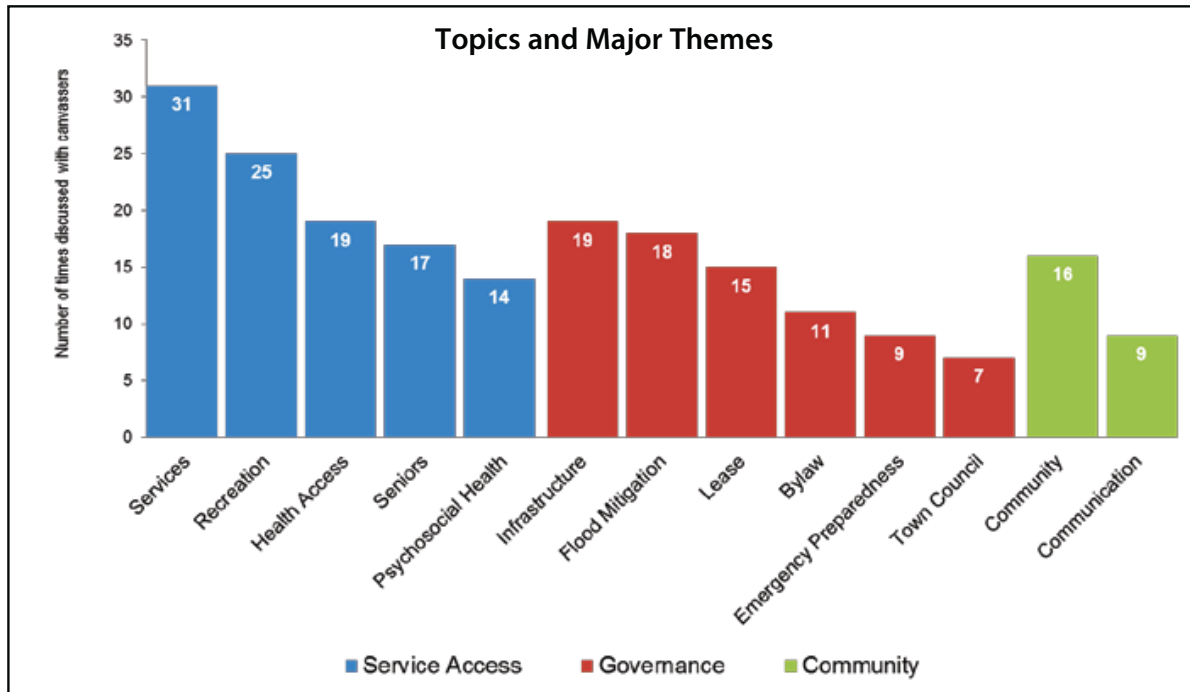


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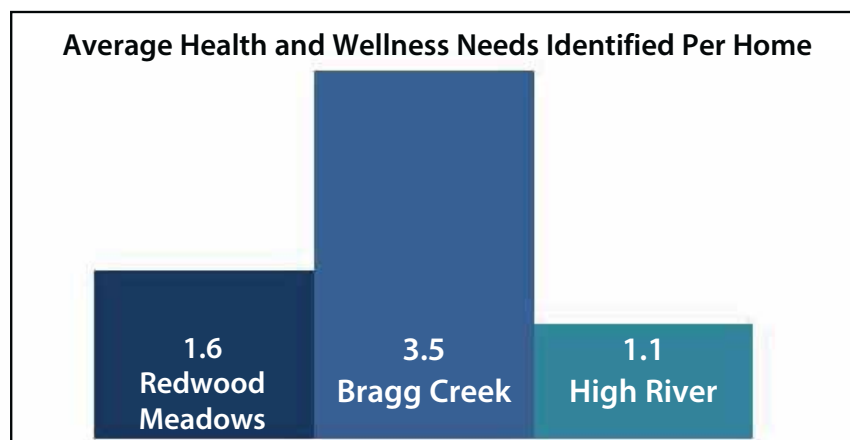
Topics and Major themes

The following graph shows the number times a specific theme was discussed by residents. This is not a graph of percentages or relative significance but rather shows a raw comparison of the actual number of times each theme was mentioned across all three questions. The graph also shows the themes grouped together into three topics; Service Access, Governance and Community. Note that the themes of happiness and Bragg Creek are not represented here.



Needs per home comparison

The following graph was created by averaging the number of health and wellness needs identified per home in the long answer portion of the survey. For instance there were a total of 219 needs identified in the Townsite of Redwood Meadows in a total of 137 surveys which is an average of 1.6 needs per home. In Bragg Creek there were 258 needs identified in 74 surveys. It is important to note that the Bragg Creek and High River door to door campaigns were both completed in 2014 approximately 1 year post-flood while the Townsite of Redwood Meadows survey was completed in 2015 approximately 2 years post-flood so the comparison while interesting is not equitable.

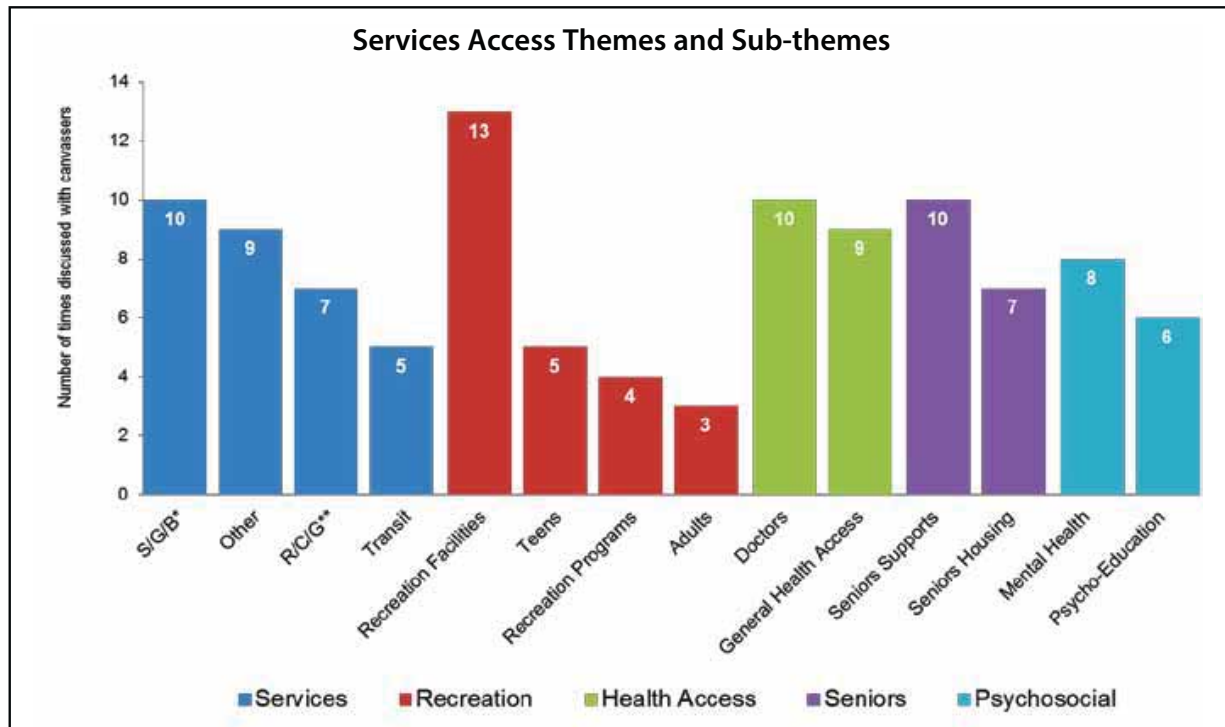


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Service Access

This was by far the single most discussed topic from a health and wellness perspective by residents. There were a variety of needs identified by residents whether it was increased access to healthcare, improved recreational facilities or recycling service. The graph below charts all of the themes and sub-themes within this topic to provide a more detailed perspective on what we heard from residents and what the relative interests were.



*S/G/B = Shopping/Grocery/Business **R/C/G = Recycling/Compost/Community Garden

Discussion

The preceding graph demonstrates the frequency with which sub-themes were identified in the survey responses however at this detailed level of analysis the margin of error is a significant factor and so the results must be interpreted with a degree of caution.

What can be said with confidence is that residents in the Townsite of Redwood Meadows would like more local services whether that is a convenience store, a public health nurse or a recreation centre. These responses speak to one of the fundamental challenges faced by living in the Townsite of Redwood Meadows—geographic isolation. The Townsite of Redwood Meadows is a small urban community in a rural setting and residents have no choice but to travel for many core services. Unsurprisingly residents would prefer to access these services in the Townsite of Redwood Meadows or in Bragg Creek. Local access to services is an important factor in both individual and communal wellness and the results of this survey reinforce the value placed on this. The less time individuals have to spend travelling for work or services the more time they have for themselves, their families and their community.

The other sub-theme in Service Access includes ideas such as improved childcare, a local library, and hotel style accommodations. These were not broken out into their own category because the frequency with which they were mentioned did not warrant it.

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The Recreation Facilities sub-theme within Recreation seemed to reflect a desire for a multi-use recreational space that included a gym and pool both of which are not currently available in either the Townsite of Redwood Meadows or Bragg Creek. The Bragg Creek Community Centre has a gymnasium however this space is more orientated towards the performing arts and is not suitable for some sports. This sub-theme also included ideas such as a water park for children and a permanent skateboard park. We cannot comment on whether a multi-use facility such as this would be economically viable in the Townsite of Redwood Meadows and the Bragg Creek area however it would without a doubt be a significant asset for residents as many younger families currently have to travel to Cochrane for activities such as swimming lessons.

The Doctors sub-theme within Health Access is primarily focused on the sustainability and stability of the local services that currently exist (Care in the Creek). It seemed that residents were pleased by the ability to access doctors locally however continued to be concerned about whether this service would be maintained in the long term. The General Health Access sub-theme includes services such as laboratory services and a mobile child/infant clinic. At this time residents in the Townsite of Redwood Meadows have to travel to Cochrane for many healthcare services including basic blood work.

Seniors housing and supports is another area of interest for residents in the Townsite of Redwood Meadows as there currently are no alternative housing options for older residents who want to downsize or access supportive accommodations such as a seniors residence. Further information on seniors in the Townsite of Redwood Meadows and Bragg Creek communities can be found via the Rocky View Foundation webpage www.rockyviewfoundation.org which recently completed a seniors housing assessment in the area.

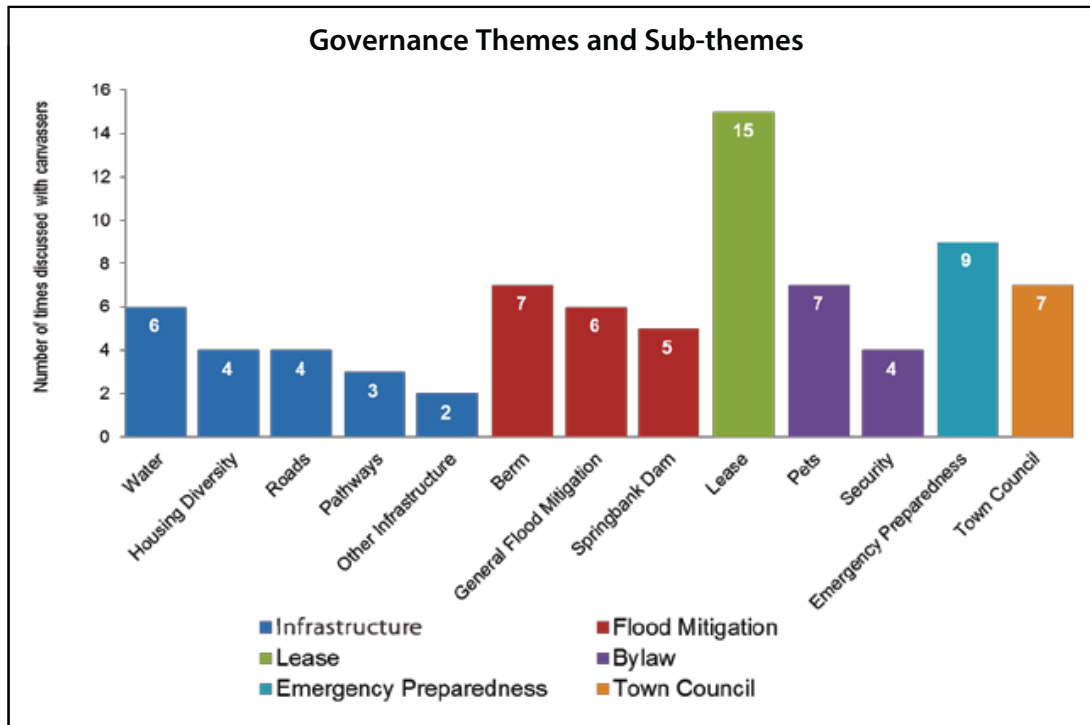
Finally psychosocial health was the least frequently discussed topic with canvassers which may be reflective of the increased mental health services and overall sense of wellbeing within the Townsite of Redwood Meadows. Residents seem to recognize the value of both individual counselling and health promotion/prevention (e.g. the recent workshop on childhood anxiety).

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Governance

Governance is a broad topic that includes sub-themes ranging from roads and pathways to animal bylaws. These themes were grouped together because they are the responsibility of municipal governance. The graph below charts all of the themes and sub-themes within this topic to provide a more detailed perspective on what we heard from residents and what the relative interests were.



Discussion

The preceding graph demonstrates the frequency with which sub-themes were identified in the survey responses however at this detailed level of analysis the margin of error is a significant factor and so the results must be interpreted with a degree of caution.

The two significant priorities that emerge from this graph are the importance of resolving the lease and the importance of flood mitigation and emergency preparedness. While the theme of Infrastructure was technically discussed more than Flood Mitigation it includes a number of unrelated sub-themes such as Water and Housing Diversity which obscure the data. At a micro level when you examine the frequency of the sub-themes a more accurate perspective emerges that highlights the land lease, flood mitigation and emergency preparedness. If the themes of Flood Mitigation and Emergency Preparedness are amalgamated they become the number one theme within governance by a significant margin.

It is important to provide some context for these numbers, particularly flood mitigation and emergency preparedness. In Bragg Creek 31% of homes surveyed discussed flood mitigation in some capacity. In the Townsite of Redwood Meadows 13% of homes surveyed discussed flood mitigation. To put it simply; 1 in 3 homes in Bragg Creek discussed flood mitigation compared to 1 in 10 homes in the Townsite of Redwood Meadows. This is a substantial difference that may be part of the explanation for why the community seems to be recovering so well. Again with emergency preparedness in Bragg Creek this topic was discussed by

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approximately 1 in 4 homes while in the Townsite of Redwood Meadows it was discussed by approximately 1 in 20. As we reported above when comparing the needs per home between Bragg Creek and the Townsite of Redwood Meadows it is important to note that some of this difference must be attributed to the timing of the surveys with the Bragg Creek survey occurring 1 year post-flood and the Townsite of Redwood Meadows survey occurring 2 years post-flood.

One outcome which surprised us in the survey was the relatively infrequency with which people discussed the Springbank Dam given the degree to which this issue was covered in local and regional news in the spring of 2015. One potential explanation for this finding was the election of a new provincial government and the hope that the Springbank Dam would be reconsidered by this new government.

Within the Bylaw theme the number one concern we heard about from residents was off leash dogs and dog waste. While other topics came up such as property maintenance, noise and parking, dogs seemed to be the unifying concern when it came to bylaw enforcement.

Town Council was by and large a concern regarding the effectiveness of the Townsite of Redwood Meadows Town Council with no particular commonalities between what we heard from residents other than the fact that some residents felt town council could be improved. As with flood mitigation it is important to provide some context to this number. Seven responses related to town council equals 5% of the survey respondents which means that 95% of respondents did not mention the town council as an area for improvement. This not the same as a 95% approval rating however it would seem to reflect at least a moderate degree of satisfaction with town council and their actions at the time of the survey.

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Community Development

This was the least discussed topic area in the door to door campaign. We view this as a positive outcome, residents are largely satisfied with their community and so unsurprisingly enhanced community development is not perceived as a priority at this time. This is not to say there aren't areas for improvement however the strength of both community and communication in the Townsite of Redwood Meadows is a core outcome of this survey.

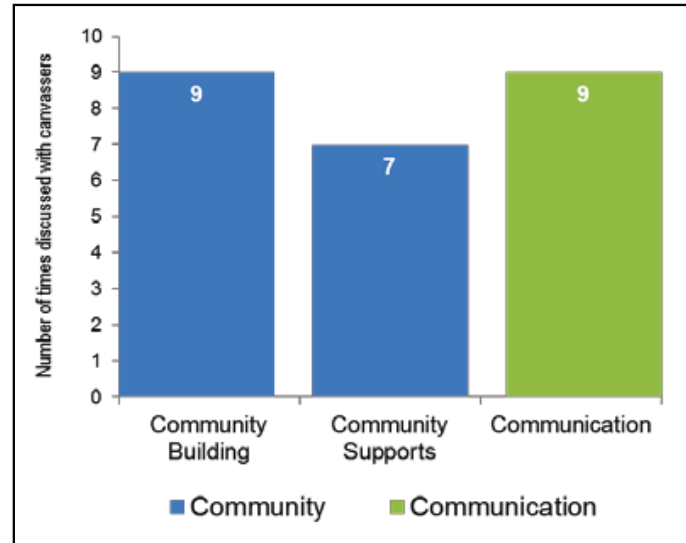
Discussion

The Community-Building sub-theme within the Community theme includes a variety of ideas such as encouraging more volunteering, having a welcome committee, and a local movie night. These ideas were all directed towards improving community cohesion and engagement.

The Community Supports sub-theme within the Community theme includes ideas such as feedback from this survey, child protective services, improved services for teens and support for flood affected households.

There did not appear to be a consistent need that was expressed within the Community theme. Again this not a negative as it supports the idea that residents are by and large happy with the level of community development that happens in the Townsite of Redwood Meadows.

The Communication theme did not have any common sub-themes within it as residents expressed a variety of different ideas ranging from a community phone list to wanting more information about the berm. Similar to the Community theme we view this as a positive; communication can always be better however the communication that is already happening within the Townsite of Redwood Meadows is regular, dependable and accurate. The primary form of communication is The Chatter as approximately 80% of residents read this monthly newsletter.



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Recommendations

Priorities

1. Celebrate the success and wellbeing of the Townsite of Redwood Meadows

This priority was set in response to the degree of satisfaction expressed by residents in the Townsite of Redwood Meadows. While there are needs that emerged from this survey perhaps the most important one is to commend the Townsite of Redwood Meadows for all of the planning and work that has gone into creating a vibrant and connected community.

2. Ensure services remain sustainable, accessible and useful

This priority was set in response to the concerns residents have about accessing services locally in their community whether that is a family doctor or a barber. We recognize there are practical limitations to what a small rural community can economically sustain however innovative solutions for local service delivery should be pursued and encouraged.

3. Continue developing regional partnerships and collaborations

This priority was set to bring attention to the interconnectedness of the Townsite of Redwood Meadows and its neighbours; Tsuut'ina Nation and Bragg Creek. As this area of the greater Calgary region inevitably grows it will pay dividends for these communities to collaborate on events, infrastructure and facilities.

Proposed Actions

Volunteer appreciation for the region

A yearly event to celebrate volunteers and community leaders in the Townsite of Redwood Meadows, Tsuut'ina, and Bragg Creek. This event would serve to celebrate local successes and also to continue building connection between communities.

Signing of a new lease with Tsuut'ina Nation

This remains an important task in the year ahead for council and townsite administration. The signing of a new lease will provide some economic certainty for homeowners in the Townsite of Redwood Meadows and resolve any lingering doubts which people may be experiencing regarding the lease.

Completion of an updated emergency disaster management plan for the Townsite of Redwood Meadows

Updating and renewal of an emergency disaster management plan for the Townsite of Redwood Meadows is currently underway. Completion of this plan and communicating it with residents when complete will help further cultivate a sense of safety in the Townsite of Redwood Meadows.

Mock disaster scenario in Redwood Meadows and Bragg Creek to test response systems and demonstrate capacity to residents

Conducting a mock disaster scenario in cooperation with Tsuut'ina Nation and Rocky View County would be a valuable training for responders in the area and help to further strengthen regional partnerships. This would also serve to promote emergency preparedness and resiliency.

Delivery of the E-Prep program in the Townsite of Redwood Meadows in 2016

The E-Prep program is an emergency preparedness program which helps residents develop emergency plans and create 72 hour kits for their homes. This program would increase the level of emergency preparedness within the Townsite of Redwood Meadows.

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Continued collaboration with Bragg Creek

Over the past year there have been a several events jointly organized and promoted between the Townsite of Redwood Meadows and the Bragg Creek Community Centre including summer camps and fundraising. This kind of collaboration builds trust and relationships between the two communities.

Development of a community wellness hub

There is a need in both the Townsite of Redwood Meadows and Bragg Creek for a space that could be used by a variety of social service and healthcare organizations to have a physical presence in the region. At this point the services that are regularly travelling to the Townsite of Redwood Meadows area include the Parent Link Centre, Family and Community Support Services (FCSS), Alberta Health Services, and Rocky View County. A physical space would allow for innovative service delivery models to be pursued for infant immunizations, laboratory work, homecare, parenting courses, health prevention, etc. It is likely this kind of hub would be located in Bragg Creek.

Community gardens

With fundraising, support from town council, and in kind donations it is conceivable to create a small local community garden in the Townsite of Redwood Meadows that would benefit residents and meet community needs. The garden would need proper protection from deer and other wildlife.

Mixed use housing development

Based on this survey it appears some kind of mixed use development would succeed in the Townsite of Redwood Meadows if done tastefully and in a way that enhances the existing residential milieu. This would likely involve having a ground floor with some business/retail space and an accessible second floor with a few condo spaces to meet the needs of seniors. It would be important to do this in a way that augments the services already available in Bragg Creek.

Joint communication source to serve the Townsite of Redwood Meadows, Bragg Creek and western Tsuut'ina Nation.

A local newsletter and communication strategy with a specific focus on the Townsite of Redwood Meadows, Bragg Creek and Tsuut'ina Nation would continue building the relationship between these communities and enhance local partnerships. The Chatter specifically focuses on the Townsite of Redwood Meadows while the High Country News focuses on Bragg Creek and a larger region including Black Diamond, Turner Valley and Longview. It appears that there is a gap here for a news source broader than The Chatter but more local than the High Country News.

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Actions Taken

Over the past few years there have been numerous actions taken by residents, the town and organizations to support the wellbeing of the Townsite of Redwood Meadows. We wanted to briefly highlight some of what has already happened to address the health and wellness needs in the Townsite of Redwood Meadows.

- **Bragg Creek and Area Wellness Committee:** Creation and ongoing operation of a committee made up of health professionals, organizations, and citizens that are dedicated to improving the health and wellness of the Townsite of Redwood Meadows and the surrounding area.
- **Community Helpers program through Family and Community Support Services:** Training delivered to residents on the topic of health and wellness to improve capacity and resilience within the community. Funded by the provincial government.
- **Addiction and Mental Health Counselling:** Free and confidential addiction and mental health counselling is provided locally at Care in the Creek via Alberta Health Services.
- **Childhood Anxiety Workshop:** Presentation to the community provided by Alberta Health Services on the topic of childhood anxiety.
- **Redwood Meadows Community Association:** Organized a variety of events and activities to support the community including open houses and new resident evenings.
- **Redwood Meadows Emergency Services:** Provide excellent emergency medical and fire services in the Townsite of Redwood Meadows and the surrounding area. Have purchased special inflatable dams to augment the existing berms should the community have another high water event.
- **Gratitude Postcards:** Distributed by the Bragg Creek and Area Wellness Committee for free including postage in the Townsite of Redwood Meadows and Bragg Creek to help celebrate the gratitude residents have for each other.
- **Redwood Meadows Emergency Management Advisory Group:** A group of local residents and organizations updating disaster response plans for the Townsite of Redwood Meadows in consultation with town council.
- **Care in the Creek:** Provides primary healthcare for residents with two physicians available Monday-Friday.
- **Calgary Rural Primary Care Network:** Provides a part-time Community Development coordinator for the Townsite of Redwood Meadows and Bragg Creek Area.

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Appendix A: Themes and Numerical Results

The chart below includes all of the assigned themes and sub-themes with the numbers representing the total number of times each theme was mentioned in the surveys and the corresponding percentage this equates to. For instance the theme of the Tsuut'ina land lease was mentioned 15 times in 137 surveys which equates to 11% of the survey sample.

- 137 surveys completed
- 351 total homes in the Townsite of Redwood Meadows
- 73/137 surveys were at least partially positive regarding health and wellness in the Townsite of Redwood Meadows
- 27/137 surveys were only positive regarding health and wellness in the Townsite of Redwood Meadows
- 42/137 surveys mentioned Bragg Creek and its wellbeing

Bylaw	11	8%
Pets	7	5%
Security	4	3%
Community	16	12%
Community Building	9	7%
Community Support	7	5%
Communication	9	7%
Emergency Preparedness	9	7%
Flood Mitigation	18	13%
Berms	7	5%
General Flood Mitigation	6	4%
Springbank Dam	5	4%
Town Council	7	5%
Health Access	19	14%
Doctors	10	7%
General Health Access	9	7%
Infrastructure	19	14%
Housing Diversity	4	3%
Pathways	3	2%
Roads	4	3%
Water	6	4%
Other	2	1%

Lease	15	11%
Psychosocial Health	14	10%
Health Education	6	4%
Mental Health	8	6%
Recreation	25	18%
Adult specific programs	3	2%
Recreation facilities	13	10%
Recreation programs	4	3%
Teen specific programs	5	4%
Seniors	17	12%
General Seniors Supports	10	7%
Seniors Housing	7	5%
Services	31	23%
Recycling/Compost/Community Garden	7	5%
Shopping/Grocery/Business	10	7%
Transit	5	4%
Other	9	7%

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Appendix B: Townsite of Redwood Meadows Survey

Redwood Meadows Door to Door Campaign <i>Bragg Creek and Area Wellness Committee</i>							
Date: June ____, 2015		Canvassers:					
<p>Confidentiality: The information we are collecting will be kept confidential and private. You will not be identified and information will only be used for the purposes of planning and evaluation of programs and services. Broad themes that emerge from this door to door campaign will be shared with the community. Your participation is voluntary and you are not required to answer any question you are not comfortable answering. Do I have your consent to go ahead?</p> <p style="text-align: center;">YES NO (circle one)</p>							
<p>Introduction: We represent the townsite of Redwood Meadows, Alberta Health Services, Western Rocky View Family and Community Resource Centre, Calgary Rural Primary Care Network and a number of other organizations that are working together in Redwood Meadows. We are conducting a door to door outreach campaign to connect directly and personally with residents, and we would appreciate a few minutes of your time. Our goal is to ensure your health and wellness needs are met and to gain an understanding of what you feel the community needs in terms of support and services. The information that we gather from the community will be collated and will be helpful in responding to the townsite's present and future needs. Once complete the general themes resulting from this campaign will be shared with the community.</p>							
Household Demographics (please include all household members)							
	0-6	6-12	13-24	25-45	46-64	65-74	75+
Female							
Male							
Health and Wellbeing Y / N							
I or a member of my household continues to be affected (health, finances, etc.) by the 2013 flood.							
I and my household have a personal emergency plan (72 hour kit, document backups, etc).							
I know where my household can access local community supports (i.e. parenting, addictions, health).							
Everyone in my household has a family doctor or other primary healthcare provider.							
Where do you most commonly learn about community news?							
Rocky View Weekly				Bulletin Boards (Grocery store, mailboxes, etc)			
High Country News				Neighbours/Word of Mouth			
Chatter Newsletter				Road Signs			
Social Media				Online (i.e. town website)			
Cochrane Newspapers				Liz Breakey's Newsletter			
Other (Please specify):							

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Appendix B *Cont'd.*

What do you see the community needing for health and wellness support now and in the long term?	
Now (short term):	Long-term:
Is there anything else you would like to share with us?	
Canvasser Notes:	Permission to share contact information? YES
	Signature: _____ Date: _____
	Name: _____ Address: _____ Phone: _____
	Follow up requested: <input type="checkbox"/> AHS <input type="checkbox"/> Red Cross <input type="checkbox"/> FCSS

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Appendix C: Bragg Creek Survey

Bragg Creek Door to Door Campaign <i>Bragg Creek and Area Wellness Committee</i>							
Date: September ____, 2014				Canvassers:			
<p>Confidentiality: The information we are collecting will be kept confidential and private. You will not be identified and information will only be used for the purposes of planning and evaluation of programs and services. Broad themes that emerge from this door to door campaign will be shared with the community. Your participation is voluntary and you are not required to answer any question you are not comfortable answering. Do I have your consent to go ahead?</p> <p style="text-align: center;">YES NO (circle one)</p>							
<p>Introduction: We represent Alberta Health Services, Canadian Red Cross, Western Rocky View Family & Community Resource Centre and a number of organizations that are working together in Bragg Creek. We are conducting a door to door outreach campaign to connect directly and personally with Bragg Creek residents, and we would appreciate a few minutes of your time. Our goal is to ensure your health and wellness needs are met and to gain an understanding of what you feel the community needs in terms of support and services. The information that we gather from the community will be collated and will be helpful in responding to our hamlet's present and future needs. Once complete the general themes resulting from this campaign will be shared with the community.</p>							
Household Demographics (please include all household members)							
	0-6	6-12	13-24	25-45	46-64	65-74	75+
Female							
Male							
What services/programs have you accessed since the flood?							
Habitat for Humanity		Red Cross		Healthcare provider		Financial	
Household goods		Salvation Army		School-based		DRP	
Non-local services		Rocky View County		Samaritan's Purse		Counselling	
World Renew/NGO		Faith based program	Other:				
Where do you most commonly learn about community news?							
Rocky View Weekly				Bulletin Boards (Grocery store, post office, etc)			
High Country News				Neighbours/Word of Mouth			
Chatter Newsletter				Road Signs and Advertisements			
Social Media				Online (i.e. RVC Website, Bragg Updater)			
Other (Please specify):							

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Appendix C *Cont'd.*

What do you see the community needing for health and wellness support now and in the long term?	
Now (short term):	Long-term:
Is there anything else you would like to share with us?	
Canvasser Notes:	Permission to share contact information? YES
	Signature: _____ Date: _____
	Name: _____
	Address: _____
	Phone: _____
	Follow up requested:
	<input type="checkbox"/> AHS <input type="checkbox"/> Red Cross <input type="checkbox"/> FCSS
	Notes/Urgency: _____

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Appendix D: Bragg Creek Door to Door Report Executive Summary

The purpose of the Bragg Creek door to door campaign was to engage with residents and demonstrate that the Bragg Creek and Area Wellness Committee cares; we care what has happened, what is happening and what will happen to residents and the hamlet as they recreate themselves in the wake of the 2013 flood. The campaign took place from September 22-25, 2014 and involved 25 canvassers from 7 different organizations. Over the course of 4 nights we were able to reach 74 homes and 161 residents representing 30% of households and 35% of the population. 95 times out of 100 this survey is accurate to a margin of error of 6%. Canvassers often met with residents for upwards of 20 minutes listening to their hopes, experiences, and ideas. Here is some of what we learned:

Demographics

- Lower percentage of youth when compared to regional statistics (21% in Bragg Creek vs. 34% in Rocky View County)
- Higher percentage of seniors when compared to regional statistics (16% in Bragg Creek vs. 11% in Rocky View County)
- Fewer residents per household when compared to regional statistics (2.2 residents per household in Bragg Creek versus 3.0 residents per household in Rocky View County)

Service Access Rates

- Significantly less use of formal services in Bragg Creek post-flood when compared to findings from High River. The average number of services accessed per household in Bragg Creek was 0.9; the average number of services accessed per household in High River was 2.4.
- Canadian Red Cross support was accessed by 16% of households in Bragg Creek and 61% of households in High River.
- Disaster Recovery Program (DRP) was accessed by 18% of households in Bragg Creek and 43% of households in High River.

Community News and Communication

- The number one way residents learn about community news is through word of mouth (62% of respondents).
- The number two way residents learn about community news is through the High Country News which is a monthly newspaper that serves Bragg Creek and the surrounding rural communities (53% of respondents).
- There are another 12 sources of news (i.e. Social Media, Rocky View Weekly, posters, etc) in the community which are accessed less commonly.

Identified Short Term Needs

- Strengthen community and increase social connection across all demographic categories
- Improved access to healthcare, in particular mental health
- Improved communication with the municipality and province on the topics of flood mitigation, emergency preparedness, regional planning, and infrastructure
- Completion of water and sewer upgrades
- Financial relief for residents and businesses that continue to be impacted by the costs of recovery
- Implementation of an emergency notification system for the region

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Appendix D *Cont'd.*

Identified Long Term Needs

- Flood mitigation and emergency preparedness work completed, continued communication with the residents on these topics as work is done by the municipality and province
- Continued work to strengthen and build community

Priorities

1. Enhance the real and perceived safety of individuals, families and property
2. Improve communication locally and regionally
3. Strengthen and build community

Proposed Actions

- Regular monthly meetings with Rocky View County administration held locally in Bragg Creek to improve both communication and the relationship between the county and residents
- Increased community building initiatives such as dinners, concerts, and events which are promoted and attended locally
- Deployment of an emergency notification system
- Further research to understand barriers to accessing mental health care
- Increased Canadian Red Cross presence for ongoing financial relief
- Local website/publication to provide a reliable, timely, and local news source
- Continued support for Recreate the Creek
- Financial and insurance workshops presented locally with a focus on the particulars of living in a flood affected community

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Appendix E: High River Door to Door Report Executive Summary

The Vision of the 2014 [High River] Door to Door Outreach Campaign was to make personal connections and to offer emotional wellness and support for the residents of High River post-flood and to determine needs community members have with respect to areas of psychological, social, housing and financial issues.

Between the months of April and June 2014, outreach teams were assembled and reached out to 5500 homes in High River. This was a collaboration among 25 plus agencies, organizations and volunteers. There was a total of 16 outreach days that included day and evening shifts as well as two Saturdays.

Over 1500 households were surveyed. Information on general household demographics as well as services and supports accessed was collected for almost one third (27%) of the High River households. In addition, the residents shared their story and provided their perspective and feedback on the issues and needs in community at the time.

Highlights of Survey Results

- The survey sample was generally representative of all the communities in High River.
- Majority (86%) of the respondents own their home.
- 94% have returned back to their home with 10% returning in June 2013 and 59% returning in July 2013.
- The average number residents per household was 2.5 (range 1-15).
- About one third (28%) of the households had residents 18 years or under and two thirds (66%) were between 18 and 64 years, and 39% of the households consisted of residents 65 years or older.
- 44% of the households accessed one to two services.
- About one in five households (18%) did not report accessing any service or support.
- The services accessed most included Red Cross (61%), Government of Alberta Disaster Recovery Program (DRP) (43%), and Salvation Army or related services (26%).

What We Heard

The Door to Door survey included asking High River residents to identify important needs in community related to emotional or wellness support and other supports and services. Residents were also asked to share their story about successes and provide feedback on opportunities for action or improvement.

Almost all (98%) of the residents surveyed provided comments or feedback. A thematic analysis was completed to identify significant themes that were most frequently mentioned. A considerable portion of the feedback from the High River residents was positive. Generally, the residents expressed appreciation for the outpouring of support received. Most frequently mentioned were the Volunteers and the Mayor/Town Council. The respondents also noted that they were pleased with the progress of many flood related remediation activities including the new alert system, mitigation projects, community events, and improvements to communication.

Opportunities for Action

The survey respondents provided their perspective on needs in community that are important to them. The top four priority themes included:

- Psychosocial support (e.g., education, counselling, support groups, information)
- Restoration of environment and homes
- Community engagement (e.g., community events, activities, gatherings)
- Communication (e.g., coordinated and consistent messages, more and better communication)



The Town of High River 2015 Door to Door Campaign

February 2, 2016

Acknowledgements

We would like to acknowledge all of the agencies that helped support the High River Door to Door Outreach by supplying volunteers, administrative assistance and training. A special thanks to Hull Services for entering the data collected from the surveys.

Thank you to: AHS Addiction and Mental Health (Cathy McFee), the Town of High River Human Impact Services (Doug Munn), Hull Services (Krista Tincher, Kelly Fredell, Kira Schaal), Canadian Red Cross (Matt Baden), Foothills Community Immigrant Services (Lisa Degenstein), Canadian Mental Health Association (Patricia Davidson), and Samaritan's Purse (Tim Neubauer).

We would also like to extend a sincere thank you to the 25 volunteers who took time out of their busy schedules to reach out to the residents of High River in a personal way. Without their help this community outreach would not have been possible. Their enthusiasm, willingness to serve and love for the residents of High River was clearly evident at every shift and made a lasting impact within the community.

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Background

The flood that occurred on June 20, 2013 was the largest natural disaster ever experienced in Alberta and one of the worst in Canada. Nowhere was the impact felt more severely than in the community of High River as 59% of the town was covered in water and over 70% of town structures were directly affected by water. By June 22, 2013 the flood had caused two fatalities in High River.

In the immediate aftermath, approximately 13,400 people, 5,400 homes and a total of 6,300 structures were evacuated; thousands of businesses, homes, vehicles and Town facilities were damaged or lost. The flood had a devastating impact on people, property, infrastructure, health and education services, and businesses. There were prolonged communications and power interruptions; extensive damage to private and public buildings, roads, lift stations, sewer and water lines, parks, playgrounds, schools, churches and the local hospital. Over the ensuing weeks, temporary neighbourhoods were developed by the Government of Alberta (Saddlebrook and Great Plains). Saddlebrook housed more than 1000 people. A temporary business park was also set up in the downtown area. Hundreds of residents were not able to return to their homes due to mould and structural issues.¹

Since the flood the Town has made great strides in rebuilding the community. The majority of roadways and underground utilities have been repaired or replaced. Miles of dykes have been constructed which will prevent any flooding above the levels that were seen in 2013. In the downtown core there have been several upgrades made to attract business including new hardscaping, landscaping and parking.

Many of the homes that were affected in the flooding have been demolished and rebuilt. The province has purchased 147 homes that were on the floodway, this land will be turned into an environmental reserve.

An extensive plan was developed to ensure that clients could make a smooth transition from the services being provided by temporary external agencies to existing permanent services within High River.

¹ Excerpts from Town of High River: After Action Report (July 28, 2014)

Introduction

The vision and focus of the 2015 Door to Door Outreach Campaign was to make personal and meaningful connections with the residents of High River in the communities which have been identified as having ongoing significant physical impacts from the 2013 flood. Our intent was to 'check-in' with residents and through the use of a survey take a snapshot of their emotional wellness, capture what helped residents move forward on their journey, identify gaps where additional supports are still needed, and when appropriate linking residents to community services.

This was similar to the 2014 Door to Door Outreach Campaign which also focused in part on: a resident connection, assessment of emotional health and wellness, identification of needs and referral to relevant community resources and supports. One of the key findings from the 2014 outreach was the meaningful "therapeutic" value of the 15-20 minute conversation that took place on the doorstep between volunteers and residents. The need for this type of outreach and paraprofessional support is well researched and has been reported in various publications.

The door to door campaign was organized by High River Cares, a subcommittee of the High River Psychosocial Committee. The campaign was completed in the last 2 weeks of May, and first week of June, with a total of 9 outreach days, including 25 canvassers from 8 organizations: Hull Services, Alberta Health Services (AHS), Canadian Mental Health Association (CMHA), Red Cross, Foothills Community Immigrant Services (FCIS), Literacy for Life, Town of High River Human Impact Services (HIS), and Samaritan's Purse.

Canvassers were able to survey 207 residents, which represented 37% of the 559 doors that we knocked on within selected communities. Canvassers often met with residents for 15 to 20 minutes listening to their hopes, experiences, ideas, and stories of community and individual resiliency. We hope that the findings from this initiative will serve as a reference in the development of community actions as well as a guide for ongoing psychosocial priorities.

Our Strategic objectives included:

- Connect with High River residents two years after the event and get a pulse on the emotional health and wellness of the community.
- Identify what helped residents to improve and/or build strong emotional health in the two years since the flood and understand where additional support is needed for those who reported a decline in personal emotional health since the event in 2013.
- Provide a mechanism (D2D outreach) that would celebrate successes, normalize experiences, and create an entry point for the provision of additional supports.

Expected results included:

- A "check-in" with residents to understand and learn about their current needs and priorities.
- Discovery of what individuals identify as being the key factors leading to improved personal emotional health and wellness.
- Continued improvement of emotional health and wellbeing through sharing of relevant resources specific to the needs that were self-identified at the door.
- Direct intervention and support for those individuals/families who are currently struggling.
- Creating a space to allow for the sharing of people's stories of resiliency/challenge and to capture common themes.
- Feedback in regards to how people access information and the most effective process for communication.

About The High River Cares & The High River Psychosocial Committee

The High River Psychosocial Committee began in August 2013 as a partnership and collaborative network between social service providers, local organizations, non-government organizations (NGO's), government(municipal and provincial) and business services. The vision of the committee was to "Accompany the High River community in its recovery and healing". The initial focus of the committee was to bring the psychosocial agencies together to understand what and how services were being provided in the community with the goal of reducing duplication, respond to current needs and provide an improved coordinated response in connecting individuals to services. Members of the committee identified the need to take action on the results of the first D2D conducted in Spring of 2014, and to respond to gaps in services. Subcommittees including the Senior Needs and High River Cares, 2nd year Engagement were formed to support vulnerable populations and to address identified needs. This multi agency collaboration built on the successes and connections that were established from the door to door campaign in spring of 2014. The committee identified three areas of focus: Assessing and addressing current issues and themes that would engage community members seeking flood recovery support; provide engagement educational/informational sessions that would help individuals to better understand second year psychosocial flood response and develop tools and resources to continue moving toward recovery; and a community outreach component that supported a continuity of care approach for residents.

The High River Cares committee has representation from the following areas:

- Samaritans Purse
- Hull Services
- Canadian Mental health Association (CMHA)
- Hearts and Minds (Foothill School Division and Christ The Redeemer School Division)
- The Town of High River Human Impact Services (HIS)
- Alberta Health Services (AHS) Addiction & Mental Health (A & MH) High River
- Alberta Health Services (AHS) Grief Support Program
- Foothills Community Immigrant Services (FCIS)
- Canadian Red Cross
- Family and Community Support Services (FCSS)

Since our inception we have worked on several community development and capacity building projects including outreach initiatives (e.g., informational/educational workshops, scarf and gratitude postcards, resiliency articles, innovative group/community programs and door to door campaigns).

Implementation

The Door to Door Outreach Campaign was achieved in three phases: 1) Planning; 2) Implementation; and 3) Follow-up and Reporting.

Planning Phase (April 2015)

The planning phase included resource identification, development of roles and responsibilities, logistics planning, development of materials, grant applications, issues management, process development, volunteer recruitment and coordination, printing of materials and assembly of resource handouts, training development and implementation.

Implementation Phase (May-June 2015)

The implementation phase included the following:

- Organizing outreach teams to work shifts for each of the outreach days.
- The public was informed of the outreach campaign through announcements that ran in the High River Crier as well as the Town's social media avenues.
- The survey was tested and revised prior to the official start-up date of the outreach.
- Teams of two went out together with every effort made for at least one person on the door to door team to have some mental health experience.
- There was a total of 9 outreach days that took place which included day and evening shifts.
- Volunteer canvassers were trained prior to their shifts and given information on the history and context, goals, and the outreach execution strategy. Confidentiality and safety protocols were also addressed.
- Detailed neighbourhood maps were provided by the Town of High River.
- Residents that revealed immediate high needs were quickly connected with the appropriate resources through an issues management referral process.
- Local resources were organized into an easy to navigate single page hand-out (see appendix B.1) which was used in conjunction with a 'High River Cares' connection card (see appendix B.2) enabling a 'warm hand-off' between resident and support agency.
- A disaster recovery card which addressed grief and loss and the normalization of common affects two years after a disaster was used to educate and equip residents to support neighbours who may still be struggling (see appendix B.3).
- Residents that we were not able to connect in person with teams had the opportunity for input through a phone in option facilitated by High River Family Community Support Services (FCSS).
- Volunteer canvassers participated in a group debriefing process following each shift and observations and experiences were recorded

Follow-Up and Reporting Phase (July-September 2015)

This phase included the coordination, data entry, amalgamation and sharing of the data that was collected. The AHS A & MH Decision Support Team took on the task of data analysis and reporting. Feedback from volunteer group debriefs was also collected. Three target groups were identified (High River Town Council, Social Sustainability Collective, and the general public) with whom the results should be shared and disseminated. We hope that the outreach data can be utilized in the following ways:

- A celebration of the resiliency and recovery journey of the town of High River.
- Implementing findings in future psycho-educational programs aimed at community emergency planning and recovery.
- Informing agencies in their development of "best practices" for community recovery and capacity building.
- Sharing information and advocating with various levels of government.

Confidentiality

Responses to the survey were confidential and identifying information was only collected from residents if they requested further follow up. Confidentiality was explained verbally to the residents (see appendix c).

The survey was entirely voluntary and was completed if residents provided verbal consent.

Limitations

Because this sample is not a random sample and the responses are self-reported, there may be potential biases and limitations to generalizing the findings to the entire population of High River. *Therefore, it's important to note that the results should be interpreted within the frame of the survey sample.*

Notable limitations

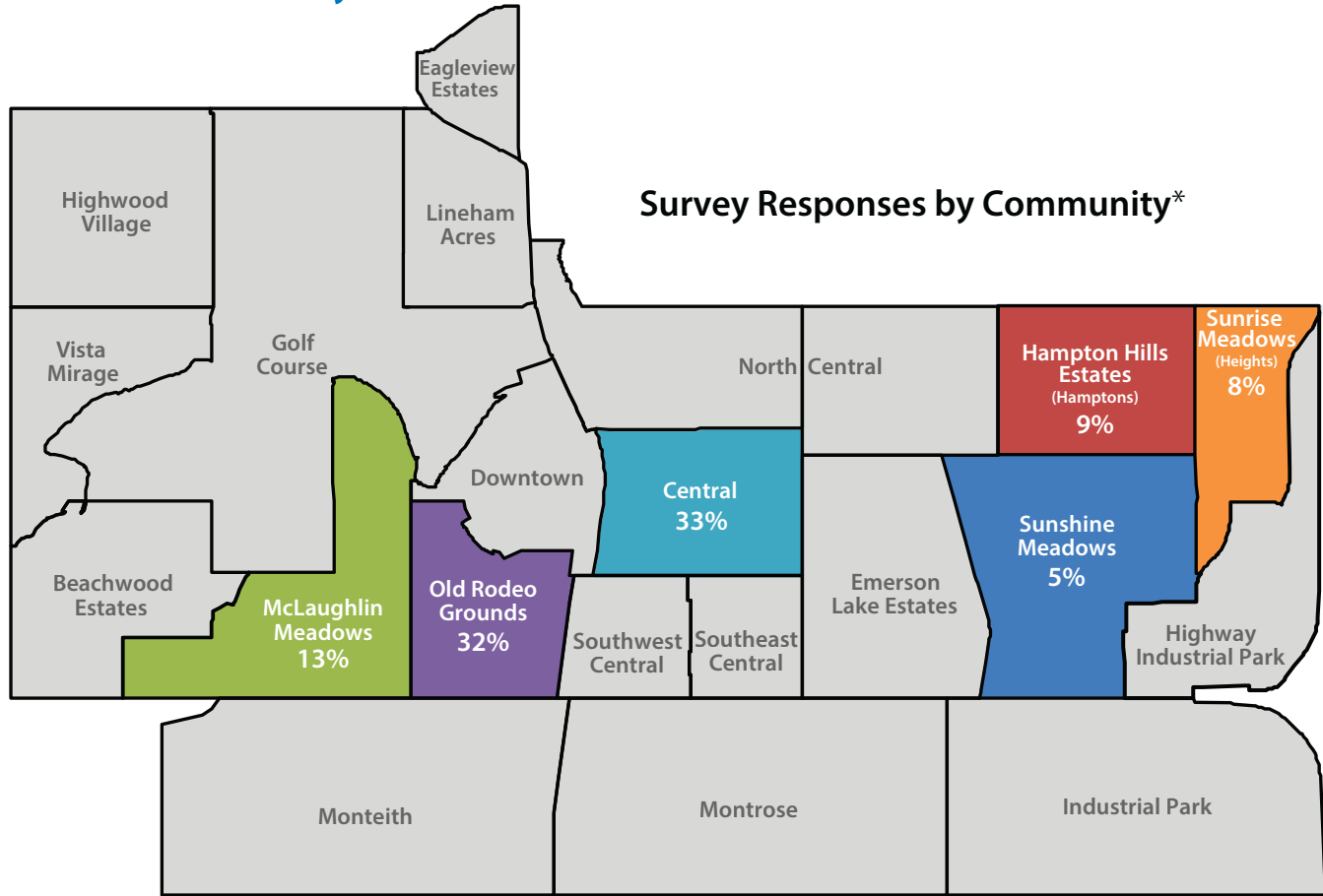
- Responses from the residents were recorded in writing by the canvassers. This decision to include and exclude information was left to the discretion of the canvasser which impacts the veracity of the data collected.
- The goal of the door to door campaign was to engage residents in a meaningful conversation about their wellbeing. The canvassers were instructed to focus more on conversations rather than a mechanical question and answer process. Therefore, the responses recorded on the survey could be from questions other than those included on the printed survey.

Results

The 2015 Door to Door Outreach Campaign knocked on the doors of 559 (20%) of the 2732 homes in selected communities in High River. A total of 207 (37%) respondents were surveyed. More than one individual could have been surveyed from each household. Residents who did not speak English were not able to be surveyed. As such, Foothills Catholic Immigrant Services (FCIS) were notified to follow up.

General resident demographics, current emotional health, as well as services and supports needed were collected. Through personal conversations, residents had an opportunity to share more about their present needs and concerns, receive information about what resources are available for them to access, and get connected to services and supports when requested.

Communities Surveyed

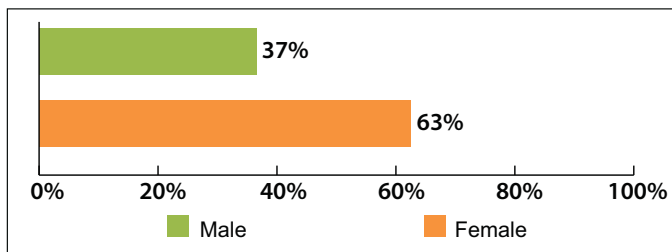


*Does not reflect the percentage of homes surveyed only the percentage of responses received within each community.

See appendix A, Table 1

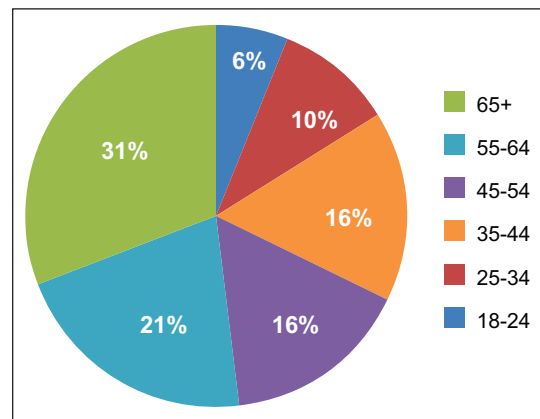
Survey Demographics

Gender



See appendix A, Table 3

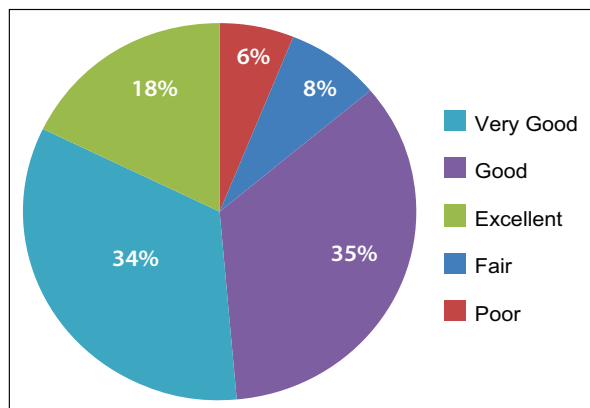
Age (Year)



See appendix A, Table 4

Emotional Health

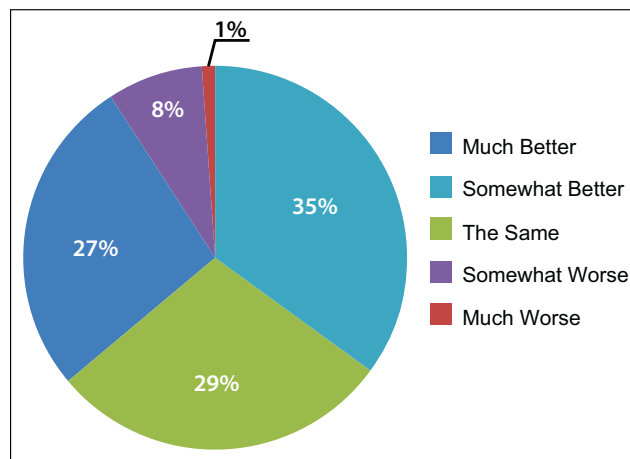
Current Emotional Health



See appendix A, Table 5

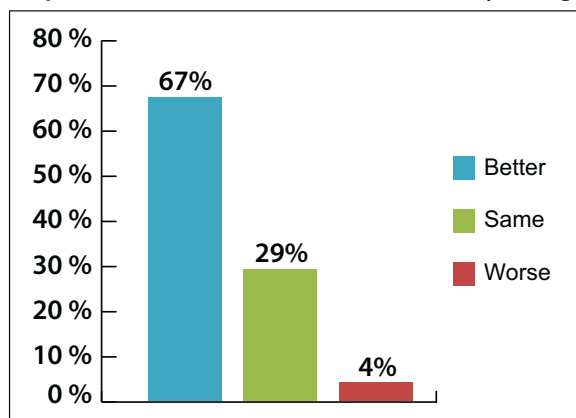
87% of residents survey rated their current emotional health between good to excellent.

Emotional Health One Year Ago



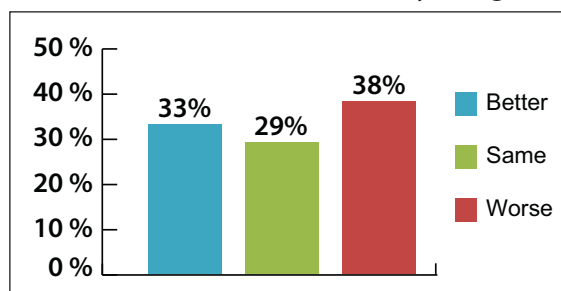
See appendix A, Table 6

Participants who rated their current emotional health as "good", "very good" or "excellent" compared to their emotional health one year ago.



See appendix A, Table 7

Participants who rated their current emotional health as "fair" or "poor" compared to their emotional health one year ago.



See appendix A, Table 7

Current emotional health	Emotional health one year ago (n=180)		
	Better	Same	Worse
Good, Very Good, Excellent	104 (67%)	46 (29%)	6 (4%)
Fair, Poor	8 (33%)	7 (29%)	9 (38%)

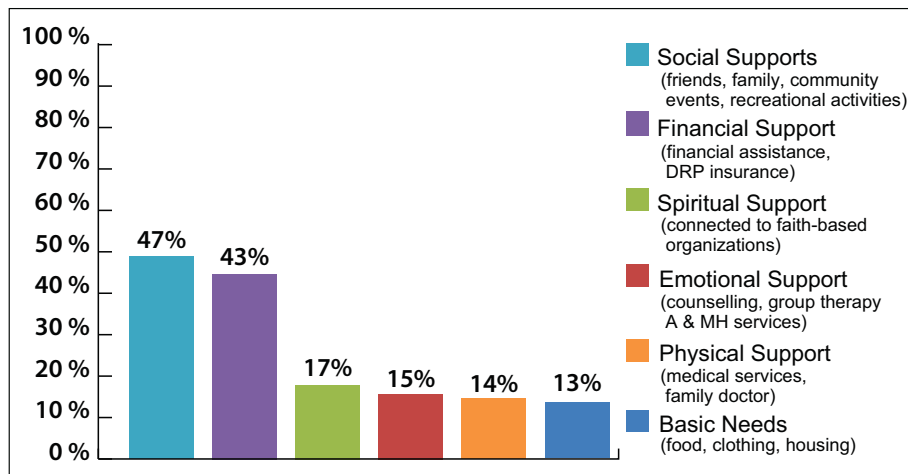
Improving Emotional Health

Respondents were asked to identify the top one or two things that helped most with improving their emotional health. The majority of respondents reported that the support received from family, friends, and neighbours helped most. A significant number of respondents also reported that maintaining a healthier lifestyle by pursuing leisure activities, exercising regularly and eating healthier was also helpful. Completing and/or making significant progress on home repairs and renovations, and the completion of town projects has also positively impacted their emotional health.

Residents were generally impressed with the progress on rebuilding the community and felt great about getting involved and helping the community. A fair number of respondents indicated that maintaining a positive attitude, enjoying life, and being grateful have been important. Some respondents indicated that therapy and/or counselling (AHS or private sector), ongoing treatment from their family doctor or psychiatrist has also been helpful as it has equipped them with tools to deal with trauma.

Other factors noted by respondents included: returning home and having stable housing, DRP (Disaster Relief Program) and insurance, being employed and/or starting up a business, taking some time, settling into a routine, taking a break from it all, financial assistance, and dykes that were built in town. A small number of residents reported that they were not doing well, while some indicated they weren't affected by the flood.

Services and Supports That Helped Improve Emotional Health



*more than one answer category may be selected

See appendix A, Table 8

Top things that helped most to improve emotional health

Social/community support and social connections

- Family, friends, neighbours
- Help from volunteers/strangers
- Community involvement e.g., events, church, connectedness
- Self-care
- Social connections
- Getting involved and helping others

Utilizing healthcare services and community programs

- Family doctor
- Psychiatrist
- Therapy/counselling (AHS, private counselling)
- Accessing supports e.g., NGOs Red Cross, FCSS, Samaritans Purse, Church organizations, Hearts & Minds, etc...

Maintaining a healthier/more active lifestyle

- Gardening, reading, and pursuing other hobbies
- Keeping busy
- Exercising regularly
- Eating healthy

Rebuilding of homes and the community

- Rebuilding home and completing repairs
- Completion of town projects
- Community improvements

Positive outlook going forward

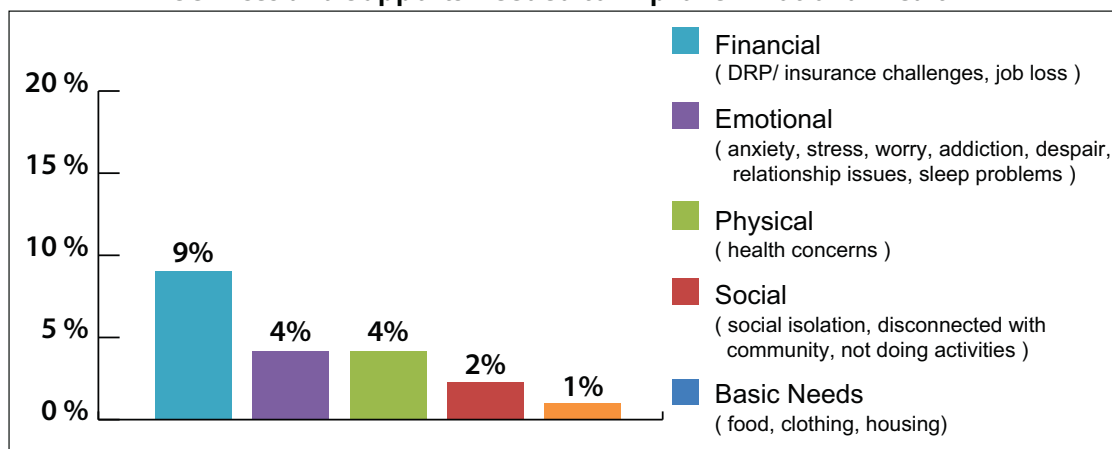
- Staying positive
- Learning to cope
- Spirituality and having faith
- Taking everything one day at a time

Respondents most frequently mentioned that community events and activities along with having social support and social connections would help improve their emotional health moving forward. Accessing community services and health services for counselling and medical care was also frequently mentioned as beneficial.

Residents reported that having financial assistance and better DRP support or DRP issues resolved is important. Finally, self-care activities such as staying active, having a positive mind-set, taking a break, and adjusting to the new norm would help improve their health and wellness.

Other things that were brought forward included seeing the town return to normal, clean-up, and rebuilding town and local businesses. A small number of respondents mentioned more communication about town rebuild and disaster prevention or relocating out of High River would be helpful.

Services and Supports Needed to Improve Emotional Health



*more than one answer category may be selected

See appendix A, Table 9

Improving Emotional Health and Wellness Going Forward

Community support & activities social supports

- Involved in community events and activities
- Community/social connections
- Family and friends and social support

Utilizing community services and health services

- Getting medical support
- Support from Red Cross, McBride, Salvation Army, Hull Services, World Renew, Hearts and Minds, Samaritans' Purse, Churches, Town of High River, etc.

DRP & financial assistance

- Financial support
- Better DRP support and resolving DRP issues.
- Insurance coverage

Self-Care/positive outlook

- Staying active and occupying self with leisure activities
- Getting away
- Positive mind-set
- Taking a break
- Adjusting to new norm

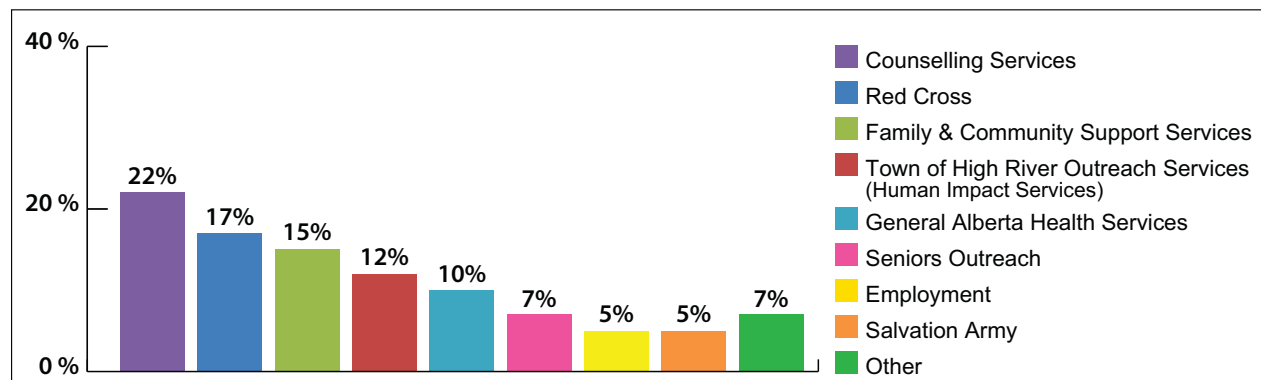
Ongoing clean-up & rebuilding

- Rebuilding of homes and beautify town and surrounding
- Clean-up and seeing things return to normal
- Rebuild and support local businesses

Follow-up and Referrals

If individuals required support, they were referred to one or more services. Counselling services includes AHS A & MH services, community or private sector counselling. General Alberta Health Services includes any AHS service except AHS A & MH services. Other services and supports that residents may have been referred to include: community programming, Foothills Foundation, CMHA Seniors Outreach and Hull Services.

Services and Supports Referred to Resident (n=28)*



*more than one service/support may have been referred to resident

See appendix A, Table 10

Individuals that were referred to services were asked if they wanted help with accessing services. About 3% indicated that they required help with access and help was offered to them.

A total of 10 individuals that were surveyed indicated that they required follow-up about services and supports. When follow-up resources were available through the canvassing team, services or information were provided at the time of the survey.

Information Shared With Us

The majority of respondents were mostly satisfied with the renewal efforts and post-flood activities in High River. Residents were generally doing well; slowly returning to their normal day to day lives.

A number of respondents indicated they were emotionally triggered by physical reminders of the flood, both in their homes and around town; while some noted they continue to face daily struggles including feeling apprehensive about future flooding, having to relocate, not seeing development proceed in a timely manner, and concerns about mold and the low rate of re-sale of homes. Respondents also shared feelings of guilt as not all residents have returned to their homes.

Many identified concerns regarding high property assessments and incomplete construction projects in neighbourhoods. Concerns were raised about not being consulted with for the downtown reconstruction project, specifically for the new parking system. A fair number of respondents shared that they've become more connected to the community as a result of the flood; it has brought them closer together; many felt the community is a source of support.

A few respondents stated the importance of utilizing various community services during this time. Other information shared by the respondents included: simplifying processes, requiring more support, maintaining a positive outlook, thoughts on rebuilding the town, focusing on self/health, finances, communication, showing appreciation/volunteer, hosting affordable events, struggling businesses, and relocating.

Additional Information Shared With Us

Mostly satisfied

- Satisfied with renewal efforts and activities post-flood
- Great mayor
- Generally doing well
- Love the town of High River
- Housing concerns resolving

Still struggling

- Emotions triggered by physical reminders
- Generally struggling
- Feelings of guilt
- Housing concerns
- Unreliable contractors
- Change in community members

General concerns

- Property projects
- Downtown re-construction
- Post-flood measures

Stronger sense of community

- More connected to community
- Community members a source of support
- Feel supported by the town

Utilizing community services

- Door to door outreach
- Community programs
- Addiction programs
- Hearts and Minds
- Salvation Army
- Canadian Red Cross
- Counselling
- DRP

Residents Comments

"High River is wonderful, each day is a blessing."

Resident of High River

"As much as you continue to heal at home, there continues to be reminders...trying to get your life back wears you down."

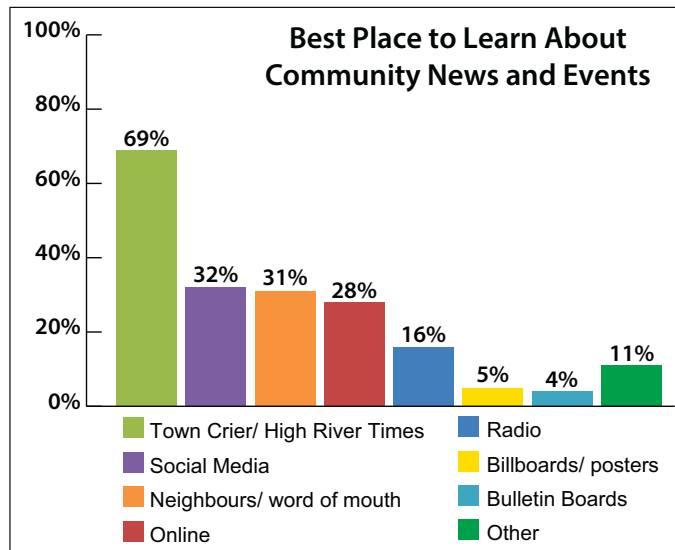
Resident of High River

"If you have a final goal in mind and want to keep moving forward it makes a world of difference to keep walking ahead."

Resident of High River

"If the town has not been able to repair everything in two years, why am I expected to be mentally and emotionally 'fixed' in two years."

Resident of High River



*more than one answer category may be selected

See appendix A, Table 13

Canvasser Comments

The canvassers had an opportunity to record their own personal observations and impressions about the residents through their conversations at the door. There were 84 responses completed for this section. Generally, the canvassers noted that overall the residents were doing better and people were recovering well. However, it was reported that a group of residents were still struggling emotionally and required support. Some of the emotional challenges included relationship issues, isolation, anxiety and worry, and dealing with grief and stress due to other events. It was also recorded that many of the residents were still dealing with property damages and that there was frustration or dissatisfaction with the re-building of their homes and the town. In addition, concerns about property value and diminishing home prices were expressed. Moreover, it was reported that a small number of residents were still struggling financially and some were looking for work. Lastly, a number of individuals were facing physical health issues and support for local businesses was also mentioned.

During the group debrief sessions following each shift, volunteer canvassers were asked to describe their experience using one or more words.



Lessons Learned, Considerations and Steps Moving Forward

The 2014 and 2015 “community connection” was part of a much bigger community outreach and engagement strategy. Knowledge was gained through these “assertive” outreach initiatives, and our goal is to share the lessons learned to help inform and improve psychosocial disaster response in the future.

A lesson is not learned unless something changes.

Research indicates that experiencing a disaster may result in many different psychological reactions, but the majority of people won't develop long term mental health issues.

Our experience in 2015 High River Door to Door outreach reflects similar statistics—with 13% of the residents assessing their emotional health as fair to poor. An interesting note is that when comparing current emotional health with emotional health one year ago, close to 87% assessed their emotional health as good or better. When we asked them what was most helpful, the majority of residents reported the support that they received from family, friends, and neighbours was most beneficial in improving their emotional health.

High River residents shared that maintaining a healthier lifestyle and taking care of themselves by pursuing leisure activities, exercising regularly and eating healthier was helpful. A third and important factor people identified was maintaining a positive attitude, enjoying life and being grateful has been important in strengthening their emotional health.

Following the “Best Practices” and well accepted Principles of Early Intervention after Disasters (Hobfell, 2007), the High River Cares committee implemented a multi-faceted disaster recovery continuum that included: compassionate support and presence; creation of space for people to tell their stories; a multi-agency team of professionals and para-professionals; assistance with social connecting and reconnecting; public educational events; local agency referrals; assisting residents with navigating systems, problem solving and developing action plans. The summation of these efforts provided a framework to allow people to move forward on their personal road to recovery leaving them with a legacy of knowledge and skills to face future obstacles in life both big and small.

In moving forward, and building upon lessons learned, we support the continuance of the important network that has been formed through the collaborative work of the Psychosocial Committee. Opportunities for ongoing relationship building, collaboration, and information sharing can be supported through the Human Services Social Sustainability collective that has been established in the town. This collective is uniquely positioned to take on this role during this time of transition with the goal of responding to the ongoing psychosocial recovery needs of residents. Ongoing assertive outreach initiatives with dedicated resources could continue to be maintained, with an emphasis of going to the people, taking every opportunity to listen, engage in meaningful conversation and connecting individuals to services and programs.

Consideration also needs to be given to the preparation for future disasters. ‘Investing in disaster risk reduction for resilience’ and to ‘build back better in recovery, rehabilitation and reconstruction’ are identified in the priorities for action within the United Nations Sendai Framework for Disaster Risk Reduction(2015-2030). Offering educational and interactive workshops, will help to build individual and community capacity by promoting personal preparedness, fostering connections and cultivating psychological resilience. Understanding the diversity within communities and having the community define what is needed and how to adapt service to reflect priorities is important as we develop a blueprint for psychosocial disaster response in the future.

Through the Door to Door 'community connection' and 'High River Cares' engagement strategy the following considerations have been identified:

- Continued support for those people who are struggling two to three years following the flood of 2013.
- Integration of resident identified health and wellness choices into future program planning and disaster preparedness education.
- Creative on-going engagement and outreach strategies that continue to reach out to residents on a regular basis and focus on community wellness, capacity building and social connection.
- Continue to support/foster relationships with organizations/government in the community and focus on collaboration and transition planning.
- Provide current, accurate and easily accessible information on resources, community activities, and mitigation/restoration updates.
- Provide opportunities for residents to be able to express their concerns and have current issues addressed.

Final Words

High River resident's personal stories, and experiences shared from both the 2014 and 2015 Door to Door outreach initiatives are snapshots in time; however it has been and will continue to be an important resource (tool) for future emergency preparedness, creating conversation around how we respond to and stay current with individual and community needs. It's our hope that the experience we gained will be used to inform future responses when disaster occurs. We also hope that the findings from these outreach initiatives will serve as a foundation for which future priorities and areas for community action can be built. The residents of High River have provided a guiding voice to how we continue to move forward, acknowledging the success and wellbeing initiatives that has contributed to improved emotional health, while recognizing that individual recovery time, or the time to establish a sense of 'new normal' is very personal, and can be a much longer process for some.



Appendix A— Data Tables

Table 1: Survey Responses by Community

Community	Count	Valid %
Central	67	33%
Old Rodeo Grounds	66	32%
McLaughlin	26	13%
Hamptons	19	9%
Sunrise Meadows (Heights)	16	8%
Sunshine Meadows	11	5%
Subtotal	205	100%
Not indicated/ left blank	3	
Total	208	

Table 2: Consent of respondents

	Consent (yes/no)
No	1
Yes	207
Total	208

Table 3: Gender of respondents

Gender	Count	Valid %
Female	126	63%
Male	74	37%
Subtotal	200	100%
Not indicated/ left blank	8	
Total	208	

Table 4: Age group of respondents

Age Group	Count	Valid %
18-24 years	12	6%
25-34 years	21	10%
35-44 years	33	16%
45-54 years	32	16%
55-64 years	43	21%
65+ years	62	31%
Subtotal	203	100%
Not indicated/ left blank	5	
Total	208	

Table 5: Current emotional health

Emotional Health Status	Count	Valid %
Excellent	36	18%
Very Good	66	34%
Good	68	35%
Fair	16	8%
Poor	11	6%
Subtotal	197	100%
Not indicated/ left blank	9	
Prefer not to answer	2	
Total	208	

Table 6: Emotional health one year ago

Current emotional health	Count	Valid %
Much better now than 1 year ago	50	27%
Somewhat better now than 1 year ago	62	35%
About the same	53	29%
Somewhat worse now than 1 year ago	14	8%
Much worse now than 1 year ago	1	1%
Subtotal	180	100%
Not indicated/ left blank	26	
Prefer not to answer	2	
Total	208	

Table 7: Comparing current emotional health with emotional health from one year ago

Current emotional health	Emotional health one year ago					Total
	Much better now than 1 year ago	Somewhat better now than 1 year ago	About the same	Somewhat worse now than 1 year ago	Much worse now than 1 year ago	
Excellent	14 (40%)	6 (17%)	15 (43%)	0	0	35
Very Good	22 (38%)	20 (34%)	15 (26%)	1 (2%)	0	58
Good	11 (17%)	31 (49%)	16 (25%)	5 (8%)	0	63
Fair	3 (19%)	4 (25%)	4 (25%)	5 (31%)	0	16
Poor	0	1 (13%)	3 (38%)	3 (38%)	1 (13%)	8
Total	50	62	53	14	1	180

- Not indicated/left blank (n =26),
- Prefer not to answer (n =2)

Table 8: Supports accessed to help improve emotional health (n=208)

Service/Support Accessed (more than one answer can be selected)	Yes	Valid %
Social support (friends, family, community events, recreational activities)	97	47%
Financial support (financial assistance, DRP, insurance)	89	43%
Spiritual support (connected to faith-based organizations)	36	17%
Emotional support (counselling, group therapy, A & MH services)	31	15%
Physical support (medical services, GP)	29	14%
Basic needs (food, clothing, housing)	26	13%

Table 9: Services/supports needed

Service/Support Needed (more than one answer can be selected)	Yes	Valid %
Financial support (DRP, insurance challenges, job loss) (n=207)	19	9%
Emotional support (anxiety, stress, worry, addiction, despair, relationship issues, sleep issues) (n=208)	9	4%
Physical support (medical issues) (n=208)	9	4%
Social support (social isolation, disconnected with community, not doing activities) (n=208)	4	2%
Basic needs (housing, food, clothing) (n=208)	2	1%
Spiritual support (losing faith and hope) (n=208)	0	0%

Table 10: Services and supports referred to (n=28)

Services/supports referred (more than one answer can be selected)	Count	Valid %
Counselling Services*	9	22%
Red Cross	7	17%
Family and Community Support Services	6	15%
High River Outreach	5	12%
Alberta Health Services**	4	10%
Seniors Outreach	3	7%
Employment	2	5%
Salvation Army	2	5%
Other***	3	7%

- Answered no (n = 128),
- Left blank (n = 50)

- Supports offered but declined (n=2)
- Referred to services (n=28)

*Counselling services includes AHS A & MH Services, non-profit and private sector counselling

** Alberta Health Services (AHS) includes any AHS service except AHS A & MH service

***Other services includes: creative events, Foothills Foundation, and Hull Services

Table 11: Help with accessing services (n=208)

Help needed	Count	Valid %
No	201	97%
Yes	7	3%
Total	208	100%

Table 12: Best place to learn about community news and events (n=183)

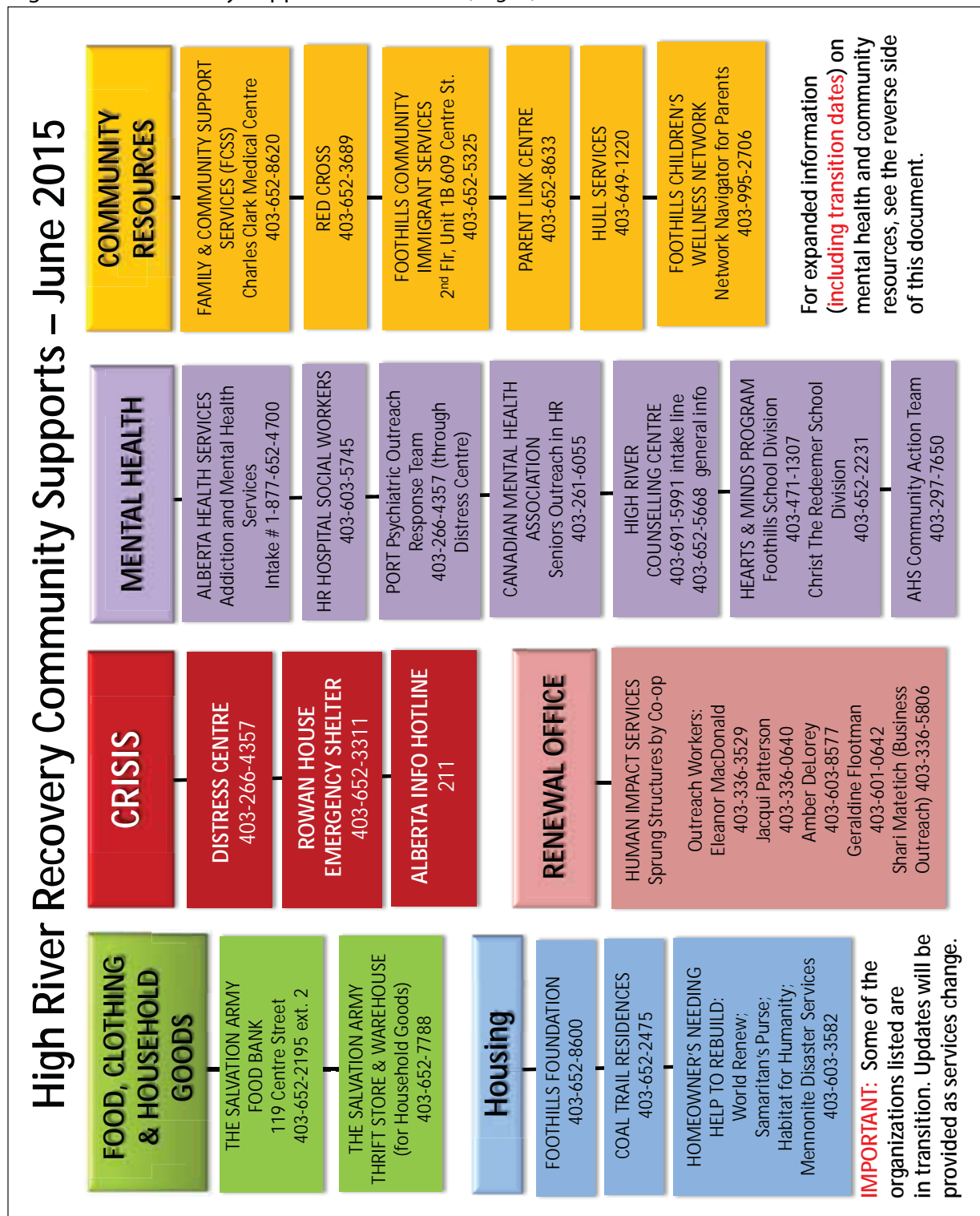
Communication Source (more than one answer can be selected)	Count	Valid %
Town Crier/High River Times	127	69%
Social Media	58	32%
Neighbours/word of mouth	57	31%
Online	52	28%
Radio	30	16%
Billboards/posters	10	5%
Bulletin Boards (grocery, post office, etc)	8	4%
Other (community groups, town council, TV, etc)	20	11%

Table 13: Time spent at door (n=175)

Minutes	Count	Valid %
5	34	19%
10	47	27%
15	40	23%
20	33	19%
30	16	9%
45	4	2%
1hr +	1	1%

Appendix B—Resources Used

B.1: High River Community Supports - June 2015 (Page1)



B.1: High River Community Supports - June 2015 (Page2)

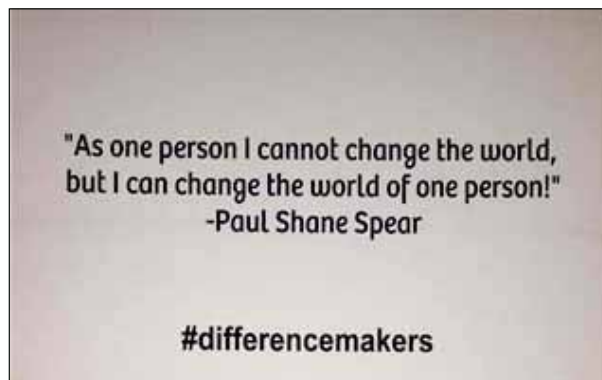
MENTAL HEALTH RESOURCES

- AHS (Alberta Health Services Addictions & Mental Health) phone the intake line 1-877-652-4700. Therapy, outreach, geriatric, addiction services and psychiatric consultation. Services provided free of charge through Alberta Health Services.
- AHS Community Action Team (CAT) phone 403-297-7650. Community-based counselling and/or consultative services to support school-aged children (ages 5 through 18) and their families who have been directly or indirectly affected by the 2013 flood.
- High River Hospital Social Workers phone 403-603-5745 | Nils Hansen and Janice Farr-Jones (part-time) **(Transitioning out of High River end of August 2015)**
- Walk-in assessment, emotional support, information and referrals for people of all ages. Hours 11am–7pm, Monday– Sunday.
- PORT (Psychiatric Outreach Response Team – South Health Campus). Professional consultations and mobile response in the community. Available 7 days per week 9:30am–8:00pm. Seek support by calling the Distress Centre 403-266-4357 and they can transfer to the PORT team.
- Distress Centre phone 403-266-4357. 24 hour crisis support, professional counselling and 211 referrals.
- CMHA (Canadian Mental Health Association) phone 403-261-6055 | Patricia Davidson & Lynette Gillanders **(Transitioning out of High River end of June 2015)**
- 2 outreach coordinators in place to support High River seniors (age 55+).
- Hearts & Minds Program Foothills School Division phone 403-471-1307 | Christ The Redeemer School Division phone 403-652-2231 **(Transitioning out of High River end of June 2015)**
- Mental health therapists and wellness coaches that are based in the schools to promote mental health.
- High River Counselling Centre phone 403-691-5991 for intake call centre or 403-652-5668 for general information.
- Free counselling to all High River residents including individuals, couples, youth and families. Late afternoon and Saturday appointments available.
- Rowan House Emergency Shelter, 24 hr. crisis line phone 403-652-3311. Shelter and resources for women and children experiencing domestic violence.

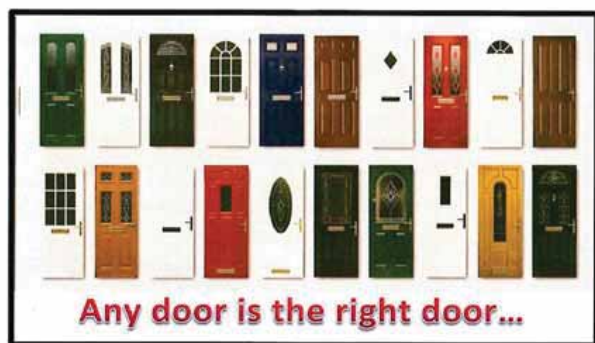
OTHER COMMUNITY RESOURCES

- Alberta Info Hotline phone "211". Connections to a variety of resources in the province including housing, health care, social services agencies.
- Coal Trail Residences phone 403-652-2475. Safe and affordable housing opportunities and services
- FCSS (Family & Community Support Services) phone 403-652-8620. Connects residents to a large variety of social-based services in the community (i.e., disability services; children's services)
- Foothills Children's Wellness Network phone 403-995-2706. Joyce Koolstra is a Network Navigator that helps parents connect with services and/or supports. For more info go to www.foothillsnetwork.ca
- Foothills Community Immigrant Services phone 403-652-5325. Settlement and integration services to all immigrants in High River.
- Foothills Foundation phone 403-652-8600. Provides safe and affordable lodge care and public housing opportunities and services.
- Hull Services phone 403-649-1220 **(Transitioning out of High River in June 2015 with the possibility of continued capacity building support)** Community Outreach
- Human Impact Services phone Eleanor MacDonald 403-336-3529 or Jacqui Patterson 403-336-0640, Amber DeLorey 403-603-8577. 3 outreach workers connect residents with services (support/assistance/advocacy)
- ParentLink phone 403-652-8633. Support and resources for parents, caregivers and their children 0-6 yrs. All programs and services are free.
- Red Cross phone 403-652-3689. Flood recovery assistance as needed/appropriate (may include services such as housing assistance, household goods etc.).
- Salvation Army Food Bank phone 403-652-2195, ext. 2; for Salvation Army Thrift Store phone 403-652-7788. Food Bank and a Thrift Store
- World Renew, Samaritan's Purse, Habitat for Humanity, Mennonite Disaster Services phone 403-603-3582 **(Samaritan's Purse Transitioning out of High River beginning of August 2015)** Assist residents with repairs to their home (resident provides the supplies and these agencies provide the labour).

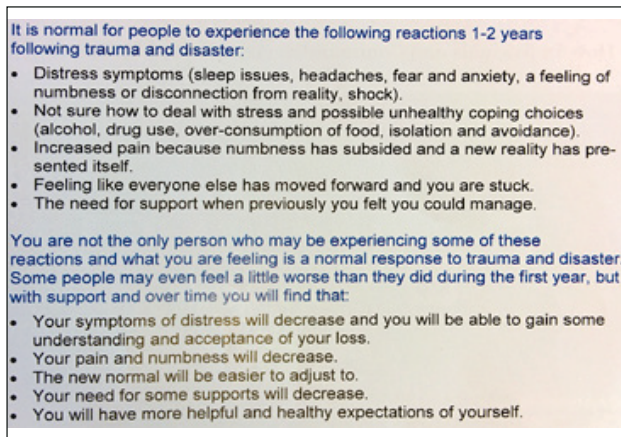
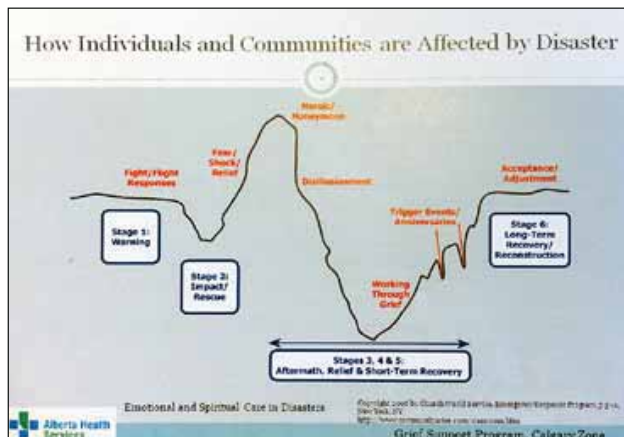
B.2: High River Cares Connection Card B.1: Disaster Recovery Card



B.3: Disaster Recovery Card



B.4: How Individuals and Communities are Affected by Disaster (Grief Support Program, AHS, Calgary Zone)



Appendix C—Survey



High River Door to Door 2015				Date			
Community				Canvassers			
Introduction (who, what, why): We are with High River Cares and represent the town, FCSS, AHS, Red Cross, and a number of organizations that are working together in High River. Our purpose is to connect directly with residents to see how they are doing emotionally and we would appreciate a few minutes of your time. You can also contact FCSS by phone to take part in this survey. Their phone number is on this information sheet (point it out)							
Confidentiality and Consent: The information we are collecting will be kept confidential and private. You will not be identified and information will only be used for the purposes of planning and evaluation of programs and services. Broad themes that emerge from this door to door will be shared with the community. Your participation is voluntary and you are not required to answer any question you are not comfortable answering. Do I have your consent to go ahead? <input type="checkbox"/> Yes <input type="checkbox"/> No							
1. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	2. Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	4. Compared to one year ago, how would you say your emotional health is now? Is it: <input type="checkbox"/> Much better now than 1 year ago → [Go to Q5] <input type="checkbox"/> Somewhat better now than 1 year ago → [Go to Q5] <input type="checkbox"/> About the same → [Skip to Q6] <input type="checkbox"/> Somewhat worse now than 1 year ago → [Skip to Q6] <input type="checkbox"/> Much worse now than 1 year ago → [Skip to Q6] <input type="checkbox"/> Prefer not to answer → [Skip to Q6]					
3. In general, would you say your emotional health is: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Prefer not to say		5a. Check off services/supports accessed that helped improve their emotional health <input type="checkbox"/> Financial support (financial assistance, DRP, insurance) <input type="checkbox"/> Emotional support (counselling, group therapy, addiction and mental health services) <input type="checkbox"/> Physical support (medical services, GP) <input type="checkbox"/> Spiritual support (connected to faith-based organizations) <input type="checkbox"/> Social support (friends, family, community events, recreational activities) <input type="checkbox"/> Basic needs (food, clothing, housing)					
6. What do you think might help you to improve your emotional health and wellness moving forward?		6a. Check off services/supports needed: <input type="checkbox"/> Financial (DRP/insurance challenges, job loss) <input type="checkbox"/> Emotional (anxiety, stress, worry, addiction, despair, relationship issues, sleep issues) <input type="checkbox"/> Physical (medical issues) <input type="checkbox"/> Spiritual (losing faith and hope) <input type="checkbox"/> Social (social isolation, disconnected with community, not doing activities) <input type="checkbox"/> Basic needs (housing, food, clothing)					
[Refer appropriate services and supports]		7a. Would you like some help with accessing any of these services?					

Appendix C—Survey Cont'd

<p>7. What services/supports were referred to the resident?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7b. If yes, what kind of help was requested?</p>
<p>8. Is there anything else you would like to share with us?</p>	<p>9. Where is the best place for you to learn about community news and events?</p> <p><input type="checkbox"/> Town Crier/or High River Times</p> <p><input type="checkbox"/> Radio</p> <p><input type="checkbox"/> Billboards/Posters</p> <p><input type="checkbox"/> Bulletin boards (grocery, post office, etc)</p> <p><input type="checkbox"/> Neighbours/word of mouth</p> <p><input type="checkbox"/> Social Media</p> <p><input type="checkbox"/> Online</p> <p><input type="checkbox"/> Other _____</p>
<p>10. Check off if resident would like follow-up or are in a crisis situation</p> <p><input type="checkbox"/> Follow-up <input type="checkbox"/> Crisis</p> <p>10a. If checked off any of the above, take down contact information</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>11. Record the approximate time spent at the door:</p> <p><input type="checkbox"/> 5 mins <input type="checkbox"/> 10 mins <input type="checkbox"/> 15 mins <input type="checkbox"/> 20 mins <input type="checkbox"/> 30 mins <input type="checkbox"/> 45 mins <input type="checkbox"/> 1hr +</p> <p>12. Canvasser notes/comments [Please use this space to record any stories that you think would be valuable to capture]</p>