



Shared Care Final Project Report

Project Title	The 4 C's of Health Emergency Preparedness (EOI)
Project Timeline	March 2023 – June 2024
Fundholder / Organization	Surrey-North Delta Division of Family Practice
Physician Leads	Dr. Sujatha Nilavar
Project Lead	April Bonise
Date of Submission	September 30, 2024





ABSTRACT

At the end of 2022, two influential projects in the Surrey-North Delta (SND) community were wrapping up: the Shared Care 'Admission & Discharge Communication (ADC)' project and the HEM BC 'Health Emergency Management Planning" project. Both had identified ongoing yet overlapping opportunities to build on the foundational concepts of collaboration, communication, collegiality, and connection within health emergency preparedness. Thus, the two working groups merged with the intention of utilizing lessons learned for the development of educational resources and templates aimed at family medicine and emergency room physicians that would support the flow of health information during a health emergency in the community.

While the initial learning session demonstrated achievement of the session goals and created resources have been well-utilized over time, a key takeaway from the project as a whole was that emergency preparedness is not a one-size fits all approach and can be difficult to both implement and maintain momentum, due to conflicting priorities or perceived relevance.





INTRODUCTION

Aim Statement

The aim of this project is to better-align family physicians, specialist physicians, emergency medicine, and community partners' efforts for emergency response planning, using the 4 Cs as our guiding values, in order to create opportunities to connect and build relationships with one another so that, in the event of a community-wide healthcare emergency, we will be able to have a united response that effectively and efficiently provides patient care that supports the community's evolving needs during the crisis.

Project Objectives

The project team endeavored to achieve the following objectives via the completion of various project activities:

- **Engagement w. Community Partners** to ascertain what the different Emergency Management processes are within the community. Identify areas of opportunity for collaboration and improved communication back to family physicians.
- Gap identification and analysis of available care and services for at-risk individuals during community health emergencies.
- Creation of an E.W.E Community Services Resource Map that can be utilized by family physicians during extreme weather events, beginning with extreme heat, due to the impending summer months.
- Refine and develop communication templates based on the previously completed Surrey-North
 Delta Emergency Management workbook that can be utilized in other EWE circumstances, such
 as extreme cold.
- Interdisciplinary Physician Education Prevention of Heat-Related Illnesses. This module will be
 the-first next step to Health Emergency Planning and 4 Cs alignment amongst community FPs,
 hospitalists, and Emergency Medicine physicians, focused on preventative care to patients and
 how to work together during an extreme heat event.
- **PCN Integration:** Explore how the PCN team and network of physicians that have been fostered through PCN development and implementation can be leveraged in the event of an emergency.





METHODS

Building off of previous work done in both the ADC Project and the HEM project, the 4C's project team took a three-part approach to building a recurring Health Emergency Management plan that could be utilized at any time of year and for any local health emergency. This three-part approach included:

- A. **Stakeholder Engagement & involvement:** Community partner stakeholders were identified based on their perceived involvement in either direct care to patients during a health emergency OR direct communication with patients during a health emergency. Stakeholders engaged included Family physicians within the Surrey-North Delta Division of Family Practice, Emergency Medicine physicians at Surrey Memorial Hospital, HEM BC, Fraser Health Authority, Pathways BC, Deltaassist, Surrey Firefighters, City of Surrey, City of Delta, Mosaic BC, and DiverseCity. Methods used for stakeholder engagement included: working group meetings and/or 1:1 interviews via Zoom.
- B. Current Communication Pathway: Existing communication pathways amongst the various community partners was identified within the context of how health information flows to the patient. Types of health information that is shared to the patient was also examined, within the context of which community partner or stakeholder shares what type of health information. Standard document review and content evaluation via community partner websites or direct document sharing were the primary methods used for data collection during this portion of the EOI project.
- C. **Communication Gap Analysis:** The working group reviewed the various communication channels with an aim of identifying ease of communication flow, gaps in communication flow, frequency of communication, and barriers to receiving communication. Two key gaps were identified by the working group as being highly influential in the patient's likelihood of receiving health information: language and/or digital literacy levels of the receiver (patient) as well as how closely connected to the family physician the sender (community partner / stakeholder) is.

This engagement approach occurred between March and April of 2023 and was the foundation for the two primary deliverables identified by the project team: An education webinar for family medicine and emergency medicine physicians with a focus on both the clinical tools to help prevent heat-related illnesses in the advance of a pending heat dome, as well as the creation of physician resources that could be shared with patients for where to seek health-related illness prevention services in the community, such as in the cases of extreme weather events.

Interventions, Activities, and Deliverables

Deliverable 1: Annual Physician Education (Heat-Related Illness Prevention webinar- Summer season/ Where 4 Care Digital Communication Campaign- Fall season)

- Target audience: FPs, ERPs, NPs,
- Session Goals for Heat-Related Illness Prevention:
 - Attendees will have a better understanding of how to identify their patients who may be at risk of suffering from heat-related illness(s)





- Attendees will have a better understanding of how heat-related illness is managed in a hospital setting versus a family medicine setting
- Attendees will have a better understanding of where to access patient resources for management of heat-related illness prevention
- **Session 1:** Held on June 12,2023
- Session 2: Scheduled on June 24, 2024. Canceled due to lack of RSVPs.
- Resources Created:
 - 'Know The Signs' campaign- English (Appendix 1)
 - 'Know The Signs' campaign- Punjabi (Appendix 2)
 - 'Stay Cool' campaign- English (Appendix 3)
 - 'Stay Cool' campaign- Punjabi (Appendix 4)
 - Communication campaign included Community Partner newsletter, printed posters for physician offices, inclusion on SND Pathways home page, sharing on SND social media (Instagram, Facebook, Physician WhatsApp group)
- Where 4 Care Campaign: September 2023
 - Goal: That patients would know where to go to obtain flu-related care, rather than attending the SMH emergency department with their flu symptoms.
 - o **Resource Created:** 'Where 4 Care' one-pager (Appendix 5)
 - Communication campaign included Community Partner newsletter, printed posters for physician offices, inclusion on SND Pathways home page, sharing on SND social media (Instagram, Facebook, Physician WhatsApp group)
 - Annual resource review by SND staff to ensure links remain current and updated.

Deliverable 2: Creation of an Extreme Weather Event Resource Directory:

- Resource Created: 'Extreme Heat Community Resource Directory for Surrey-North Delta'
 (Appendix 6)
- **Communication campaign** included SND physician-MOA newsletter, physician & MOA WhatsApp groups, SND Pathways home page,
- Annual resource review by SND staff to ensure health information remains current and updated.

Engagement Strategy

The working group consisted of representatives from the following groups and community organizations:

STAKEHOLDER	TITLE	PROJECT ROLE
April Bonise	SND DoFP Project Manager	Project Manager
Jody Friesen	SND Director of Strategic Initiatives	SND Director representative
Dr. Sujatha Nilavar	Family Physician	FP Lead





Dr. Sanjay Khandelwal	SMH Dept Head- Hospitalist Pgm	SP Lead
Dr. Brianna Noon	Family Physician w/LTC & Hospitalist specialty	FP partner
Dr. Sally Barrio	SMH Department Head- Emergency Medicine	SP Partner
Dr. Amol Lail	SMH ER Physician	SP Partner
Dr. LeeAnn Martin	DoBC Physician Co-Lead, SQI (spread quality improvement)	DoBC & Regional HA Partner
Catherine Barnardo	Home Health- Director of Clinical Operations	HA Project Partner
Dr. Graham Dodd	Medical Director for Health Emergency Management	Health Emergency Management Advisor
Chelsea Brookes	EM Project Manager- Thompson Region	EM Project Advisor





RESULTS

The intention of this EOI phase was to create a sustainable and replicable model for communication flow amongst family physicians, emergency room physicians, and community partners in the event of a community-level health emergency, such as in the instances of extreme weather events. This model consisted of the implementation of an annual physician webinar and community resource directory.

The initial physician education webinar, held in June 203, was well-attended and well-received by the attendees. Some of the key evaluation findings included:

- 53 family physicians attended the webinar
- 56% of participants feeling more confident in their ability to prevent heat-related illnesses
- 69% feeling much more confident in their ability to have proactive conversations with their patients about heat
- 58% of attendees feeling much more confident in their ability to connect their patients with the appropriate community partners.

Resource Created: 'Heat Dome CME Summary', includes link to the YouTube webinar & shared education slide deck (*Appendix 7*)

Unfortunately, when the project team endeavored to recreate a similar education webinar in June 2024, there was a lack of interest in attending and therefore, the webinar had to be canceled.

The **Community Resource Directory** that was created to support family physicians was posted to the SND Pathways home page for increased awareness. Evaluation to assess the utility of this resource was conducted via an analytics review of the Pathways Community Services Directory. During the month of July 2023 there were 2,337 page views, which included the Pathways home page (*Appendix 8: Analytics Pathways Stat_July 2023*). Compared to June 2024, at project closure, there was an increase in page views up to 2,880 (*Appendix 9: Analytics Pathways Stat_June 2024*).

While the webinars may not have achieved its goal of continued interest and attendance, it appears that the educational content and resource directory remain a valuable tool for the family physicians for the prevention of heat-related illness prevention.

Lessons Learned

A. Emergent competing healthcare emergencies (competing priorities): While the initial aim of this EOI was to create templates and communication workflows that would aid healthcare providers in the delivery of care amidst a community healthcare crisis, the reality was that these very emergencies ended up competing with both the availability of time that our working group had to participate in project work, as well as the availability and interest that our broader community of family physicians had to learn about such things. Through the late-Fall of 2023 and early Spring of





2024, Surrey-North Delta experienced a simultaneous ER-volume crisis in conjunction with a maternity care crisis that drew time and attention away from planning for future-state health emergency management and directly onto immediate crisis management and diversion of physician resource support. This had a negative impact on the project team's ability to maintain momentum during the EOI phase, as well as having a negative impact on ongoing health emergency management education efforts for our family physician community.

- B. **Education & Communication Preferences for Family Physicians**: The project team came to learn that ongoing CMEs were not an ideal approach for a family physician to receive recurrent medical education about health emergency management planning. Rather, the perceived preference was to obtain bite-sized pieces of pertinent information via WhatsApp message groups, followed up with relevant resource sharing via newsletters and Pathways.
- C. **Resource Maps**: While the concept of creating a resource map was a good idea, it was soon realized that maintenance of such a map would require a high degree of time and effort with a low likelihood of value-add to a family physician's experience of care. The project team pivoted in their thinking and opted to create a directory that could be housed on Pathways and updated annually.





CONCLUSION

Between the Spring of 2023 and the Spring of 2024, the Surrey-North Delta Division of Family Practice embarked on an EOI journey with an aim of improving communication alignment between family physicians, specialist physicians, emergency medicine, community partners, and patients for emergency response planning. Building off of previously completed work, and using the 4 Cs as our guiding values, the project team endeavored to build a framework for a united response that would effectively and efficiently support the provision of patient care amidst a community health emergency. This framework consisted of the creation of an annual physician webinar on the topic of heat-related illness prevention, a digital campaign targeted at patients and family physicians on where to go to receive flu-related care during flu season, and the creation of a digital community resource directory to assist family physicians in knowing where to send their patients to receive care during extreme weather events such as extreme heat or extreme cold.

A key takeaway from this EOI was that emergency preparedness is not a one-size fits all approach and can be difficult to both implement and maintain momentum, due to conflicting priorities, perceived relevance, and emergent health crises. While the webinars may not have achieved their goal of continued interest and attendance, it appears that the created educational content and resource directory remains a valuable tool in the support of care delivery during extreme weather events and related health emergencies. Sustainment of these resources will be maintained by the SND Division of Family Practice and will be updated for distribution to the family physicians on an annual basis.





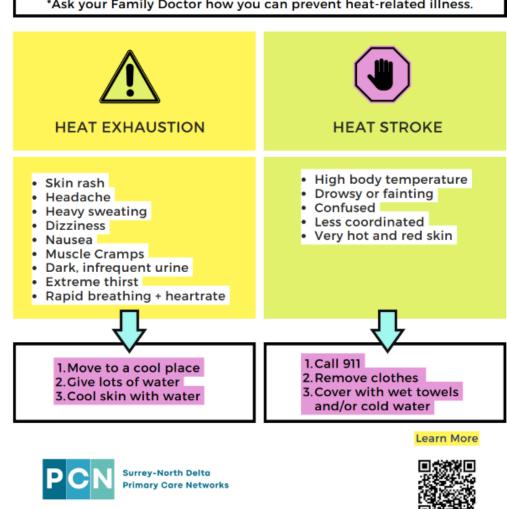
APPENDICES

1. Know The Signs' campaign- English (Appendix 1)

KNOW THE SIGNS

HEAT-RELATED ILLNESS

*Ask your Family Doctor how you can prevent heat-related illness.







2. 'Know The Signs' campaign- Punjabi (Appendix 2)

ਨਿਸ਼ਾਨੀਆਂ ਜਾਣੋ

ਗਰਮੀ ਨਾਲ ਸੰਬੰਧਿਤ ਬੀਮਾਰੀ ਦੀਆਂ

*ਆਪਣੇ ਫੈਮਿਲੀ ਡਾਕਟਰ ਤੋਂ ਪੁੱਛੋ ਕਿ ਤੁਸੀਂ ਗਰਮੀ ਨਾਲ ਸੰਬੰਧਿਤ ਬੀਮਾਰੀ ਤੋਂ ਰੋਕਥਾਮ ਕਿਵੇਂ ਕਰ ਸਕਦੇ ਹੋ।



ਹੀਟ ਐਗਜ਼ੌਸਚਨ (ਗਰਮੀ ਦੀ ਥਕਾਵਟ)

- ਚਮੜੀ 'ਤੇ ਧੱਫੜ ਪੈਣਾ
- ਸਿਰਦਰਦ
- ਬਹਤ ਜ਼ਿਆਦਾ ਪੁਸੀਨਾ ਆਉਣਾ
- ਚੱਕਰ ਆਉਣਾ
- ਚਿੱਤ ਕੱਚਾ ਹੋਣਾ
- ਪੱਠਿਆਂ ਵਿਚ ਜਕੜ
- ਗੂੜ੍ਹੇ ਰੰਗ ਦਾ ਅਤੇ ਘੱਟ ਪਿਸ਼ਾਬ ਆਉਣਾ
- ਬਹੁਤ ਜ਼ਿਆਦਾ ਪਿਆਸ ਲੱਗਣਾ
- ਸਾਹ + ਦਿਲ ਦੀ ਧੜਕਣ ਤੇਜ਼ ਹੋਣਾ



ਹੀਟ ਸਟਰੋਕ

- ਸਰੀਰ ਦਾ ਜ਼ਿਆਦਾ ਤਾਪਮਾਨ
- ਸੁਸਤ ਜਾਂ ਬੇਹੋਸ਼ ਹੋਣਾ
- ਭੌਬਲਭੁਸੇ ਵਿਚ ਹੋਣਾ
- ਤਾਲਮੌਲ ਦੀ ਘਾਟ
- ਬਹਤ ਗਰਮ ਅਤੇ ਲਾਲ ਚਮੜੀ



- 1. ਕਿਸੇ ਠੰਢੀ ਥਾਂ 'ਤੇ ਜਾਉ
- 2. ਬਹੁਤ ਜ਼ਿਆਦਾ ਪਾਣੀ ਦਿਉ
- 3. ਚਮੜੀ ਨੂੰ ਪਾਣੀ ਨਾਲ ਠੰਢੀ ਕਰੋ



- 1. 911 ਨੂੰ ਫੋਨ ਕਰੋ
- 2. ਕੱਪੜੇ ਲਾਹੋ
- ਗਿੱਲੇ ਤੌਲੀਏ ਅਤੇ/ਜਾਂ ਠੰਢੇ ਪਾਣੀ ਨਾਲ ਕਵਰ ਕਰੋ

ਜ਼ਿਆਦਾ ਜਾਣੋ









3. 'Stay Cool' campaign- English (Appendix 3)



EXTREME HEAT



KEEP YOURSELF COOL

- Drink plenty of water
- Place your feet in cold water
- Take cool showers or apply damp cloths to your skin
- Relocate to a cooler spot



- Check on your elderly family members and neighbours who live alone
- know the signs of heat stroke



Call 911 immediately If someone is showing signs of heat stroke, such as:

- red, hot skin
- signs of confusion
- fainting







Surrey







4. 'Stay Cool' campaign- Punjabi (Appendix 4)

ਠੰਢੇ ਰਹੋ

ਬਹੁਤ ਜ਼ਿਆਦਾ ਗਰਮੀ ਦੌਰਾਨ



ਆਪਣੇ ਆਪ ਨੂੰ ਠੰਢੇ ਰੱਖੋ

- ਬਹੁਤ ਸਾਰਾ ਪਾਣੀ ਪੀਉ
- ਆਪਣੇ ਪੈਰ ਠੰਢੇ ਪਾਣੀ ਵਿਚ ਰੱਖੋ
- ਠੰਢੇ ਸ਼ਾਵਰ ਲਉ ਜਾਂ ਆਪਣੀ ਚਮੜੀ ਉੱਪਰ ਗਿੱਲੇ ਕੱਪੜੇ ਰੱਖੋ
- ਕਿਸੇ ਠੰਢੀ ਥਾਂ 'ਤੇ ਜਾਉ



ਹੋਰਨਾਂ ਨੂੰ ਠੰਢੇ ਰੱਖੋ

- ਆਪਣੇ ਪਰਿਵਾਰ ਦੇ ਬਜੁਰਗ ਮੈਂਬਰਾਂ ਅਤੇ ਗੁਆਂਢੀਆਂ ਨੂੰ ਚੈੱਕ ਕਰੋ ਜਿਹੜੇ ਇਕੱਲੇ ਰਹਿੰਦੇ ਹਨ
- ਹੀਟ ਸਟਰੋਕ ਦੀਆਂ ਨਿਸ਼ਾਨੀਆਂ ਜਾਣੋ



911 ਨੂੰ ਕਦੋਂ ਫੋਨ ਕਰਨਾ ਹੈ ਫੌਰਨ 911 ਨੂੰ ਫੋਨ ਕਰੋ ਜੇ ਕਿਸੇ ਵਿਚ ਹੀਟ ਸਟਰੋਕ ਦੀਆਂ ਨਿਸ਼ਾਨੀਆਂ ਦਿਖਾਈ ਦਿੰਦੀਆਂ ਹਨ, ਜਿਵੇਂ ਕਿ:

- ਲਾਲ, ਗਰਮ ਚਮੜੀ
- ਭੰਬਲਭੂਸੇ ਦੀਆਂ ਨਿਸ਼ਾਨੀਆਂ
- ਬੇਹੋਸ਼ ਹੋਣਾ







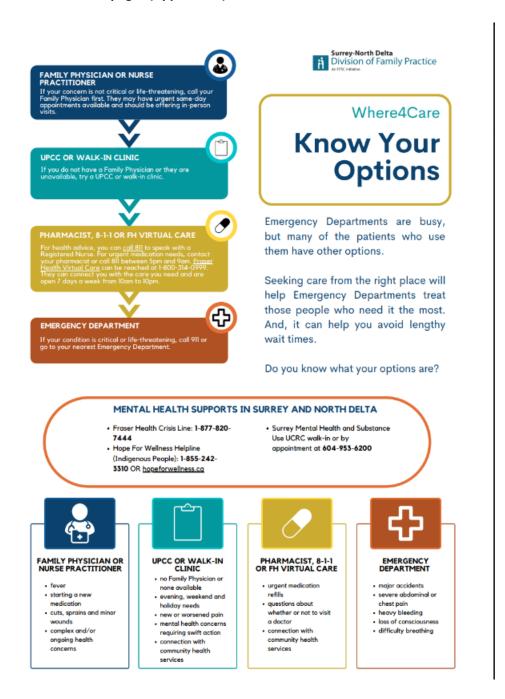


ਸਰੀ





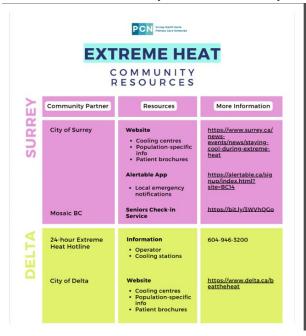
5. Where 4 Care' one-pager (Appendix 5)







6. 'Extreme Heat Community Resource Directory for Surrey-North Delta' (Appendix 6)









- 7. 'Heat Dome CME Summary', includes link to the YouTube webinar & shared education slide deck (Appendix 7)
 - Heat Dome CME Summary (6).pdf
 - YouTube Link: https://www.youtube.com/watch?v=CD2yS8fe_ms
 - Education slide deck link: HEAT RELATED ILLNESS 0.pptx

CME:

Preventing and Managing Heat-Related Illness

June 12, 2023 • Event Summary

On June 12, Family Physicians, ER Physicians, Hospital Physicians and Nurse Practitioners gathered to collaborate on a community approach to preventing and managing heat-related illness in Surrey-North Delta.

Topics discussed included:

- How heat-related illness is managed in the hospital and in our community

 • Extreme heat resources for Family Physicians and patients
- Approaches to identify and communicate with vulnerable patients



that the education portion was a highlight of the

SESSION EVALUATION

100% of participants left the session feeling much more confident or somewhat more confident in several key areas:

Felt much more confident in their ability to prevent heat-related illness.

Felt much more confident in their ability to have proactive conversations with their patients and their families about heat.

Felt much more confident in their ability to connect their patients with appropriate Community Partners.

SESSION EVALUATION

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8. Analytics Pathways Stat_July 2023 (Appendix 8)



Surrey - North Delta

There was a total of **2,337** page views in **July 2023**; this includes the home page, service categories and specific services. The page views for specific services were **1,074**. The breakdown of page views for each service category is as follows:

Service Category	Page Views
Food	63
Mental Health - Adult	51
Pregnancy Care	50
Immigrant and Refugee Services	45
Housing / Shelter	43
Disability Services	40
Healthcare Providers	39
Addictions / Substance Use	33
LGBT2Q+ Community	22
Seniors Services	20
Indigenous Services	19
Child Services	19
Caregiver Support	16
Home Care	12
Family / Parenting	11
Mental Health - Child & Youth	10
Employment	9
Financial	8
Volunteering	8
Sexual Health	7
Abuse / Neglect	6
Public Health	6
Transportation	5
Medication	4
Social / Recreational	4
Multicultural Services	3
End of Life Care / Palliative Care	3
Youth Services	3
Education	3
Legal	1
Medical Equipment	1
Advocacy	1
Victim Services	1
Condition Specific Support	1





9. Analytics Pathways Stat_June 2024 (Appendix 9)



Surrey North Delta

There was a total of **2,880** page views in **June 2024**; this includes the home page, service categories and specific services. The page views for specific services were **1,696**. The breakdown of page views for each service category is as follows:

Disability Services Mental Health - Adult & Senior Food Youth Services Addictions / Substance Use Indigenous Services Pregnancy Care Immigrant and Refugee Services Family / Parenting Seniors Services Housing / Shelter Employment Caregiver Support Pain Management LGBT2Q+ Community Transportation Financial Health - Child & Youth Volunteering Advocacy Child Services Pemergency Room Info Home Health Care Cancer Care Medication Sexual Health Medical Equipment End of Life Care / Palliative Care Public Health Veteran Services Veteran Services Juggery Preparation Legal Surgery Preparation Legal Surgery Preparation Legal	Service Category	Page Views
Food Youth Services Addictions / Substance Use Indigenous Services Indigenous Services Indigenous Services Inmigrant and Refugee Services Inmigrant and Refugee Services Insmig / Parenting Seniors Services Insmig / Shelter Insmi	Disability Services	81
Youth Services 46 Addictions / Substance Use 15 Indigenous Services 41 Pregnancy Care 41 Immigrant and Refugee Services 40 Family / Parenting 32 Seniors Services 29 Housing / Shelter 26 Employment 18 Caregiver Support 17 Pain Management 15 LGBT2Q+ Community 14 Transportation 14 Financial 13 Healthcare Providers 11 Mental Health - Child & Youth 10 Volunteering 9 Advocacy 8 Child Services 7 Emergency Room Info 7 Home Health Care 7 Cancer Care 6 Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care Public Health 3 Veteran Services 3 Victim Services 3 Victim Services 3 Surgery Preparation 2 Surgery Preparation 22	Mental Health - Adult & Senior	62
Addictions / Substance Use Indigenous Services Indigenous Services Indigenous Services Immigrant and Refugee Services Immigr	Food	50
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Housing / Shelter 26 Employment 18 Caregiver Support 17 Pain Management 15 LGBT2Q+ Community 14 Transportation 14 Financial 13 Healthcare Providers 11 Mental Health - Child & Youth 10 Volunteering 9 Advocacy 8 Child Services 7 Emergency Room Info 7 Home Health Care 7 Cancer Care 6 Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Family / Parenting	32
Employment 18 Caregiver Support 17 Pain Management 15 LGBT2Q+ Community 14 Transportation 14 Financial 13 Healthcare Providers 11 Mental Health - Child & Youth 10 Volunteering 9 Advocacy 8 Child Services 7 Emergency Room Info 7 Home Health Care 7 Cancer Care 6 Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Seniors Services	29
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Healthcare Providers 11 Mental Health - Child & Youth 10 Volunteering 9 Advocacy 8 Child Services 7 Emergency Room Info 7 Home Health Care 7 Cancer Care 6 Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Transportation	14
Mental Health - Child & Youth 10 Volunteering 9 Advocacy 8 Child Services 7 Emergency Room Info 7 Home Health Care 7 Cancer Care 6 Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Financial	13
Volunteering 9 Advocacy 8 Child Services 7 Emergency Room Info 7 Home Health Care 7 Cancer Care 6 Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Healthcare Providers	11
Advocacy 8 Child Services 7 Emergency Room Info 7 Home Health Care 7 Cancer Care 6 Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Mental Health - Child & Youth	10
Child Services 7 Emergency Room Info 7 Home Health Care 7 Cancer Care 6 Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Volunteering	9
Emergency Room Info 7 Home Health Care 7 Cancer Care 6 Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Advocacy	8
Home Health Care 7 Cancer Care 6 Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Child Services	7
Cancer Care 6 Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Emergency Room Info	7
Medication 5 Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Home Health Care	7
Sexual Health 5 Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Cancer Care	6
Medical Equipment 4 End of Life Care / Palliative Care 3 Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Medication	5
End of Life Care / Palliative Care 3	Sexual Health	5
Public Health 3 Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Medical Equipment	4
Veteran Services 3 Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	End of Life Care / Palliative Care	3
Victim Services 3 Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Public Health	3
Abuse / Neglect 2 Social / Recreational 2 Surgery Preparation 2	Veteran Services	3
Social / Recreational 2 Surgery Preparation 2	Victim Services	3
Surgery Preparation 2	Abuse / Neglect	2
	Social / Recreational	2
Legal 1		2
	Legal	1