RAINY RIVER DISTRICT

HEALTH CARE SURVEY

Rainy River District Ontario Health Team

Distance shouldn't decide your health.

Your voice matters! Share your experiences and tell us what health care looks like here. Your input will help shape the future of health-care services across the Rainy River District.

SECTION 1

ACCESS & AVAILABILTY

How and where you use health care in your district and region.

1. To access the health care you need most often, how far do you usually have to travel?

Please check one box.

☐ Less than 15 minutes ☐ 15-30 minutes ☐ 30-60 minutes ☐ 60 minutes - 2 hours ☐ More than 2 hours

2. Do you have a dependable way to get to health services in your community?

Circle the most appropriate rating below.

0	1	2	3	4	5	6

Never Always

3. In the past 12 months, how often have you travelled outside the Rainy River District for health care?

Please check one box.

☐ Never ☐ 1-2 times ☐ 3-5 times ☐ 6-10 times ☐ More than 10 times

4. Do you have a dependable way to get to health services outside your community (such as in Thunder Bay)?

Circle the most appropriate rating below.

0	1	2	3	4	5	6

Never Always

5. What types of care have you travelled outside the Rainy River District for?

Please check all boxes that apply.

☐ Specialist Appointments (heart, kidney, eyes, lung, brain, etc.)
☐ Mental Health or Addictions Services
☐ Surgery or other procedures
☐ Other (please specify): _____
☐ Diagnostic Tests (MRI, CT, etc.)
☐ Renal Services (dialysis)
☐ Prenatal or Maternity Care
☐ Children's Health Care
☐ Cancer Care

ACCESS & AVAILABILTY

6. How does travelling for health care affect your everyday life?

Please check all boxes that apply.

- ☐ Time away from work
- ☐ Time away from friends and family
- ☐ Physical discomfort due to travel
- ☐ Difficulty managing responsibilities at home
- ☐ Other (please specify): _____
- ☐ Lost income
- ☐ Travel costs
- ☐ Stress or worry
- ☐ Difficulty arranging transportation
- ☐ Increased caregiver responsibilities

7. What problems or challenges do you face when trying to get care or services?

_____

_____

_____

_____

_____

8. Do you feel that everyone in your community has the same access to health-care services?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Strongly Disagree						Strongly Agree

9. Please share any thoughts or opinions related to question #8 (above).

_____

_____

_____

_____

10. Do you have a digital device, such as a smartphone (iPhone, etc) or computer?

Please check one box.

☐ Yes ☐ No

11. Do you have internet access that works well most of the time?

Please check one box.

☐ Yes ☐ No

SECTION 2 — NAVIGATING THE SYSTEM

Rating how easy or difficult is it for you to find the care you need.

12. How confident do you feel about finding the health-care services you need?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Not Very						Very

13. When you need medical care, how easy is it for you to know where to go (like a doctor or hospital)?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Not Very						Very

SECTION 3 — FINDING AND UNDERSTANDING INFORMATION

Determining how easy or difficult it is for you to understand your health-care options.

14. How easy is it for you to find reliable information about local and regional health-care services, like locations, hours, or who can use them?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Not Very						Very

15. Have you ever waited to get care or avoided it because the health system was hard to understand?

Please check one box.

☐ Yes ☐ No

16. What are the biggest problems you face when trying to get health care?

Please check all boxes that apply.

- ☐ Not knowing where to go
- ☐ Long wait times
- ☐ Too hard to get an appointment
- ☐ Other (please specify): _____
- ☐ Cost or insurance issues
- ☐ Transportation or location issues

SECTION 4 QUALITY OF CARE

Feedback on how the local health-care system is or is not meeting your needs.

17. How would you rate the overall quality of the health-care services you get?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Not Very						Very

18. Do you feel that the health-care services you get meet your needs?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Not Very						Very

19. How respected do you feel when you talk to health care staff?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Not Very						Very

20. How important is access to cultural, spiritual, or traditional healing supports as part of your health care?

Please check one box.

- ☐ Very important
- ☐ Somewhat important
- ☐ Not very important
- ☐ Not important at all
- ☐ Unsure

FINDING AND UNDERSTANDING INFORMATION

21. Have your cultural, spiritual, or traditional healing needs been respected when receiving care?

Please check one box.

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Not applicable to me

22. What cultural, spiritual, or traditional healing supports would you like to have access to?

Please check all boxes that apply.

- ☐ Language or interpretation service
- ☐ Spiritual or faith-based supports
- ☐ Indigenous traditional healing or cultural supports
- ☐ Other (please specify): _____
- ☐ Cultural community supports
- ☐ Elders or knowledge keepers
- ☐ I do not need these supports

23. How well do different parts of the health system (like your doctor, hospital, or specialist) work together for your care?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Not Very						Very

24. After receiving care outside the Rainy River District, what challenges did you experience when you returned home?

Please check all boxes that apply.

- ☐ I do not have a local health care provider for follow-up
- ☐ My local health care provider did not have information about my visit
- ☐ I did not get the follow-up care I needed
- ☐ I was not sure what to do next
- ☐ Follow-up appointments or tests took too long
- ☐ I had to travel again for follow-up care
- ☐ I did not experience any challenges
- ☐ Other (please specify): _____

SECTION 4

FINDING AND UNDERSTANDING INFORMATION

25. What could be done to make your health care feel more connected when you need services outside the Rainy River District?

_____

_____

_____

_____

_____

26. How easy is it for you to give feedback about the services you receive?

Please check one box.

- ☐ Very difficult
- ☐ Difficult
- ☐ Somewhat difficult
- ☐ Not too easy, not too hard
- ☐ Somewhat easy
- ☐ Very Easy
- ☐ Easy

SECTION 5

PERSONAL & FAMILY SUPPORT

Understanding your support system to assist with your health care needs.

27. Do you have a support network, like family or friends, that you can rely on?

Please check one box.

☐ Yes ☐ No

28. Do you have someone you can turn to for help with health care, like making appointments, finding information, or getting to a clinic?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Never						Always

PERSONAL & FAMILY SUPPORT

29. Who usually helps you when you need health care?

Please check all boxes that apply.

- ☐ I manage on my own
- ☐ Friends or neighbours
- ☐ Community or volunteer groups
- ☐ Health care professionals, such as doctor or nurse
- ☐ Other (please specify): _____
- ☐ Family members
- ☐ Carers or support workers
- ☐ Social services or local council staff

30. What kinds of help do you usually get from your support network when using health care?

Please check all boxes that apply.

- ☐ Help understanding medical information
- ☐ Help booking appointments
- ☐ Emotional support or encouragement
- ☐ Help communicating with health professionals
- ☐ Financial or practical support, such as childcare or time off work
- ☐ Other (please specify): _____

SECTION 6

PERSONAL DEMOGRAPHICS & HOUSING (PART ONE)

The following questions require an answer. Your responses will help us understand who is taking part and ensure the survey reflects the experiences and needs of people across the Rainy River District.

31. Please choose your age range *(Please check one box):*

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

32. Which area do you live in?

Please check one box.

- ☐ Fort Frances
- ☐ Rainy River
- ☐ Emo
- ☐ Atikokan
- ☐ Nestor Falls
- ☐ **Rural /** Unorganized Township (ex. Watten, Halkirk, Alberton, La Vallee, Chapple, Morley, Lake of the Woods, Mine Centre etc.)
- ☐ **Indigenous Communities /** (Ojibways of Onigaming, Rainy River First Nations, Couchiching First Nation, Mishkosiminiziibing First Nation (Big Grassy River), Nigigoonsiminikaaning First Nation, Gakijiwanong Anishinaabe Nation, Anishinaabeg of Naongashiing (Big Island First Nation), Mitaanjigaming First Nation, Naicatchewenin First Nation (Northwest Bay), Seine River First Nation)

33. What is your current housing situation?

Please check all boxes that apply.

- ☐ I own my home
- ☐ I rent my home
- ☐ I live with family or friends to share costs
- ☐ I live in supportive housing
- ☐ I live in long-term care
- ☐ I live in assisted living or senior housing
- ☐ I'm currently un-housed
- ☐ I'm preparing to enter the housing market
- ☐ Other (please specify): _____

SECTION 7 — PERSONAL DEMOGRAPHICS & HOUSING (PART TWO)

The following questions are **optional**. Your responses are confidential, reported only in summary form, and help us understand who we are hearing from across the Rainy River District. You can skip any question in this section.

34. Which of the following options best describes your gender?

Please check one box.

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ A gender not listed here
- ☐ Prefer not to answer

35. People identify their heritage, culture, or race in different ways. How do you describe yourself?

Please check one box.

- ☐ First Nations
- ☐ Métis
- ☐ Inuit
- ☐ Black or African descent
- ☐ Asian
- ☐ Middle Eastern or North African
- ☐ South Asian (East Indian)
- ☐ Latin American
- ☐ White
- ☐ Prefer not to say
- ☐ Other (please specify): _____

*****If you do not identify as an indigenous person, you can skip to Question #38*****

36. If you identify as an Indigenous person, have you been offered Indigenous supports, services, or cultural care as part of your health care?

Please check one box.

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ I have not wanted Indigenous supports or services

PERSONAL DEMOGRAPHICS & HOUSING (PART TWO)

37. If you identify as an Indigenous person, how welcomed and respected do you feel when receiving health care?

Please check one box.

- ☐ Very welcomed and respected
- ☐ Somewhat welcomed and respected
- ☐ Neither welcomed nor disrespected
- ☐ Somewhat unwelcome or disrespected
- ☐ Very unwelcome or disrespected
- ☐ Prefer not to answer

38. Please share any related thoughts and experiences to question #36 (above).

_____

_____

_____

_____

_____

39. What's your household's main source of income?

*(Please check the **one main** source that provides the largest share of income for your household)*

- ☐ Employment income
- ☐ Self-employment income
- ☐ Ontario Works
- ☐ Ontario Disability Support Program (ODSP)
- ☐ Employment Insurance (EI)
- ☐ Canada Pension Plan (CPP), Old Age Security (OAS), or other pension/retirement income
- ☐ Child and family benefits
- ☐ Workers' compensation or other disability benefits
- ☐ Support from family, friends, or a partner
- ☐ No income
- ☐ Prefer not to answer
- ☐ Other (please specify): _____

40. What is your household type?

Please check one box.

- ☐ Single adult
- ☐ Single parent family
- ☐ Couple
- ☐ Family (Couple) with children
- ☐ Youth on own
- ☐ Senior household

41. Have you had to make any of the following sacrifices due to housing costs?

Please check all boxes that apply.

- ☐ Skipped meals or reduced food
- ☐ Delayed medical care
- ☐ Postponed education or training
- ☐ Took on more work or debt
- ☐ Other (please specify): _____
- ☐ Kids missed activities
- ☐ Couldn't afford clothing or essentials
- ☐ None of the above

SECTION 8 PRIMARY CARE: FAMILY DOCTOR SERVICES

Your ability to make appointments with a family doctor.

42. In the past 12 months, have you gone to the emergency room for something you think you could have seen your regular doctor about?

Please check one box.

☐ Yes ☐ No

***** If you answered Yes to Question #42, answer Question #42.a. Otherwise, skip to Question #43*****

42. a) How likely would you have been to see your regular doctor instead of going to the emergency room?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Not Very						Very

43. Do you have a family doctor or another primary care provider?

Please check one box.

☐ Yes ☐ No

*****If you answered YES to Question #43, answer questions a) through d)*****

*****If you answered NO to Question #43, answer question e) only*****

43. a) In the past 12 months, have you seen your doctor or primary care provider?

Please check one box.

☐ Yes ☐ No

PRIMARY CARE: FAMILY DOCTOR SERVICES

43. b) In your experience, how long does it take to get an appointment with your family doctor or primary care provider for an urgent problem, like an ear infection, sore throat, or medication concern?

Please check one box.

- ☐ Same day
- ☐ Next day
- ☐ Less than 1 week
- ☐ 1-2 weeks
- ☐ 3-8 weeks
- ☐ More than 2 months

43. c) In your experience, how long does it take to get an appointment with your family doctor or primary care provider for a less urgent problem, like a checkup, prescription refill, or managing a stable chronic condition?

Please check one box.

- ☐ Same day
- ☐ Next day
- ☐ Less than 1 week
- ☐ 1-2 weeks
- ☐ 3-8 weeks
- ☐ More than 2 months

43. d) Overall, how satisfied are you with the care you get from your family doctor or primary care provider when you are able to see them?

Circle the most appropriate rating below.

0	1	2	3	4	5	6

Not Very — Very

43. e) Are you on a waitlist to get a permanent family doctor or primary care provider?

Please check one box.

☐ Yes ☐ No ☐ I did not know there is a waitlist option

SECTION 9 HOME CARE SERVICES

Your experience with support through home care providers

44. Have you ever helped someone who used home care services?

Please check one box.

☐ Yes ☐ No

45. Have you ever used district home care services?

Please check one box.

☐ Yes ☐ No

*****If you answered No to Question #45, skip to Question #46*****

45. a) How would you rate the home care services you receive?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Very Poor						Excellent

45. b) Was it easy to apply for home care services?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Very Difficult						Easy

45. c) Did the services help you stay independent and live at home?

Please check one box.

☐ Yes ☐ No

45. d) Please tell us how home care services affected your daily life.

45. e) Did staff, family members, and caregivers work with you to decide what care you needed?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Not at All						Very Much

45. f) Are home care services scheduled at times that work well for you?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Never						Always

45. g) Is there enough time for the home care worker to provide the care you need?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Never						Always

45. h) Please tell us how home care services affected your daily life.

SECTION 10

MENTAL HEALTH & ADDICTION SERVICES

Your awareness of mental health and addictions supports available to you.

46. Do you know what mental health and addictions services are available in your community or in the Rainy River District?

Please check one box.

☐ Yes ☐ Somewhat ☐ No

47. If you or someone you care about needed mental health or addictions support, how confident are you that you would know where to go?

Please check one box.

☐ Very confident ☐ Somewhat confident ☐ Not very confident ☐ Not at all confident

48. Which of the following best describes you?

Please check one box and follow the instructions next to the answer you choose.

☐ I have received mental health or addictions support **(answer 48a & 48b, then go to 49)**

☐ I tried to get support but could not get the help I needed **(answer 48c, then go to 49)**

☐ I have not needed mental health or addictions support **(go to question 49)**

☐ I would not know where to go for support **(answer 48c, then go to 49)**

48. a) How happy are you with the mental health and addictions services you have received?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Not at All						Very

MENTAL HEALTH & ADDICTIONS SERVICES

48. b) When you get mental health or addictions services support, how well do the people helping you work together?

Circle the most appropriate rating below.

0	1	2	3	4	5	6
Not Well			Unsure			Very

48. c) What made it hard for you to get mental health and addictions help?

Please check one box.

- ☐ Not knowing where to go
- ☐ I had to wait too long
- ☐ Services were not available in my community
- ☐ I had trouble getting to appointments
- ☐ I was worried about privacy or what others might think
- ☐ Services were not available when I needed them
- ☐ Cost
- ☐ I had trouble getting a referral from a provider
- ☐ Services do not meet my spiritual & cultural needs
- ☐ Other (please specify): _____

49. What would make it easier for you or others in your community to find and get mental health or addictions support?

_____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION 11

PERSONAL INFORMATION (OPTIONAL)

PRIVACY NOTICE:

Participation in this survey is **voluntary**. The personal information you choose to provide may be used to support placement on a district waitlist for attachment to a primary care provider, to share updates about Rainy River District health care services, and to inform district and provincial health-care decision-making. All information will be collected, used, and protected in accordance with the Personal Health Information Protection Act (PHIPA).

50. Full name: _____

51. Main phone number: _____

52. Email address: _____

53. Would you like to get updates from the Rainy River District Ontario Health Team about local health care services, programs, and community activities?

Please check one box.

☐ Yes, I would like to receive updates.

☐ No, I would not like to receive updates.

SECTION 11

YOUR PRIORITIES & FEEDBACK

Your thoughts on improving local health care.

54. What services do you think are missing in your community?

_____

_____

_____

_____

SECTION 11 YOUR PRIORITIES & FEEDBACK

Your thoughts on improving local health care.

55. What would make it easier for you to access health care?

56. What programs or services have helped you in a positive way?

SECTION 12 NORTHERN HEALTH TRAVEL GRANT PROGRAM

Your knowledge of available supports for health care travel.

57. Have you heard about the Northern Health Travel Grant for people who need to travel distances for health care?

Please check one box.

☐ Yes ☐ No

58. Please share any other feedback you have about the Northern Health Travel Grant Program.