

Giving Voice to Seniors' and Veterans' Home and Community Health Interests

Thank you for taking the time to complete this questionnaire. Our aim is to learn about your views and that of other seniors and Veterans on the issue of home care and community care supports and services in Canada. The information and answers you provide are valuable and important, and will form the basis of the report. This project is being performed by VON Canada as a result of funding provided under the Voluntary Sector Initiative and in partnership with Veterans Affairs Canada.

The research project has three primary objectives:

- 1 to develop recommendations to improve policy development in the area of present and future home and community care needs of Veterans and seniors across Canada
- 2 to identify factors limiting voluntary sector organizations' ability to assist Veterans and seniors
- 3 to provide recommendations to improve policy and public health programming for seniors and Veterans

Please Note: All information you provide will be held in strict confidentiality: no individual will be identified.

Please note cut off date for questionnaire - January 30, 2003

Upon completion, please submit this questionnaire to:

Project Manager:

Esther Roberts

VON Canada

110 Argyle Street

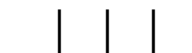
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Home Care and Community Health Care

This survey looks at Home Care and Community Health Care supports and services. What do we mean when we say “home care” or “community health care supports”? In this survey, “home care” or “community care” refer to health care services or homemaker services that are received either at home, or outside the home in the community. As well, the costs of these services must be covered entirely or partially by government, or by donations. So, home care and community care services can include, for example, home nursing care, help with personal care and housework, respite care, meal preparation or delivery services, or health rehabilitation services outside the home. Please keep this in mind as you answer the following questions.

1 – Do you feel home and community health care supports and services are important?

- Yes
 No

2 – Have you ever used home and community health care supports and services?

- Yes
 No

3 – Home and community health care supports and services are not covered under the Canada Health Act in the same way that doctor and hospital services are. Do you think home and community health care supports and services should be covered under the Canada Health Act?

- Yes
 No

Personal and Family Need

4 – Are you at the present time able to manage the activities of daily living on your own without the support of anyone else?

- Yes
 No

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8 – Is there anyone else in your home, such as a spouse/partner, or another senior or a Veteran, who requires help or care that you are not able to provide?

Yes

No

5 – The following is a list of activities of daily living. Which of these can you manage on your own without any help? Please check YES if you can manage on your own without help, or check NO if you need help.

	YES	NO
a) Food / meal preparation	<input type="checkbox"/>	<input type="checkbox"/>
b) Cleaning	<input type="checkbox"/>	<input type="checkbox"/>
c) Bathing	<input type="checkbox"/>	<input type="checkbox"/>
d) Taking prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>
e) Laundry	<input type="checkbox"/>	<input type="checkbox"/>
f) Shopping	<input type="checkbox"/>	<input type="checkbox"/>
g) Banking/finances	<input type="checkbox"/>	<input type="checkbox"/>
h) Driving a car	<input type="checkbox"/>	<input type="checkbox"/>

6 – If you need support with an activity of daily living, either for yourself or someone else, who helps you with the activity? (please check all that apply)

- a) Friend or neighbour
- b) Health care worker
- c) Family member
- d) Worker you pay directly
- e) Community volunteer
- f) Government agency worker
- g) Other - (please explain) _____

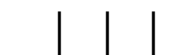
7 – Is this a satisfactory arrangement for you?

Very satisfactory

Satisfactory

Somewhat satisfactory

Not satisfactory



Health Care Access Issues

9 – If you needed home care and community care supports and services, would you know how to go about getting such services?

- Yes
 No

10 – Listed below are a number of supports and services. Which of these supports and services are convenient for you to use? Please check YES if you feel you can use a service conveniently, and NO if you feel you cannot use a service conveniently.

	YES	NO
a) Convenient use of health and hospital service?	<input type="checkbox"/>	<input type="checkbox"/>
b) Convenient use of social services?	<input type="checkbox"/>	<input type="checkbox"/>
c) Convenient use of community centre?	<input type="checkbox"/>	<input type="checkbox"/>
d) Convenient use of government offices?	<input type="checkbox"/>	<input type="checkbox"/>
e) Convenient use of respite services?	<input type="checkbox"/>	<input type="checkbox"/>
f) Convenient use of day care programs?	<input type="checkbox"/>	<input type="checkbox"/>
g) Convenient use of other services? [please explain] _____		

11 – Many people face problems when trying to use home and community care supports and services in their community. Which, if any, of the following problems apply to you? (check all of those that apply to you)

- a) Lack of programs and services in your community?
b) Financial restrictions (programs and services not covered)?
c) Lack of private transportation?
d) Lack of public transportation?
e) Live too far from services?
f) Other? (please explain) _____
g) None of the above apply

12 – Is it more convenient for you to use home and community care supports and services in a neighbouring community?

- Yes
 No

Opportunities for Voicing Concerns

13 – How concerned are you about being able to use home and community health care supports and services in your community?

- Very concerned
 Concerned
 Somewhat concerned
 Not concerned

14 – Have you ever met or talked with others, either in your community or another community, about similar concerns and problems regarding the use of home and community health care supports and services? (check all that apply)

- | | YES | NO |
|------------------------------------------------------|--------------------------|--------------------------|
| a) Met or talked with seniors groups | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Met or talked with Veterans groups | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Met or talked with community groups | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Met or talked with family, friends, or neighbours | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Met or talked with service clubs | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Met or talked with church groups | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Other [please explain] _____ | | |

15 – Have you ever voiced concerns to a government department, such as Veterans Affairs Canada, Health Canada, or a Provincial Health authority, about home and community health supports and services?

- Yes
 No

16 – Have you ever voiced concerns to any of the following elected officials in your community about home and community health supports and services? (check all that apply)

- | | YES | NO |
|------------------------------------------|--------------------------|--------------------------|
| a) City or community councillor? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Provincial Member of the Legislature? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Federal Member of Parliament? | <input type="checkbox"/> | <input type="checkbox"/> |

17 – Do you believe that seniors and Veterans can help to change how programs and services are provided to seniors and Veterans?

- Yes
 No

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18 – In general, what do you feel can be done by seniors and Veterans to make the government aware of their needs in your community? (check all that apply)

- a) Call or write directly to the organization's senior officers
- b) Call or write to a local representative of the organization
- c) Work with and through a local group
- d) Nothing can be done
- e) Other [please explain]_____

19 – In what way would you be willing to participate with government, health, or community officials if the opportunity arose? (please check all that apply)

- | | YES | NO |
|---------------------------------------------|--------------------------|--------------------------|
| a) Meet with them directly | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Write them a letter | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Phone them | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Plan a campaign | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Get involved with a local advocacy group | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Other (please explain) _____ | | |

Demographic Information

20 – Are you a Veteran?

- Yes
- No

21 – Are you married, or were you married, to a Veteran?

- Yes
- No

22 – In which province or territory do you live? (please write)

[_____]

23 – What is the approximate population of your community?

- Fewer than 10,000 persons
- 10,000 to 100,000 persons
- More than 100,000 persons

24 – Were you born in Canada?

- Yes
- No

25 – Gender

- Male
- Female

26 – What is your current marital status?

- Married/partner
- Single
- Widow/widower
- Other (please explain) _____

27 – Which age group applies to you?

- 65 - 69 years
- 70 - 74 years
- 75 - 79 years
- 80 - 84 years
- 85 years and over

29 – What type of accommodation do you live in?

- Private house or apartment?
- Supportive housing / assisted living?
- Seniors or Veterans complex?
- Residence or long term care facility?
- Veterans home?
- Boarding house / shelter / rented room?
- Other (please describe)

30 – What, approximately, was your total household income last year?

- less than \$15,000
- \$15,000 – \$29,999
- \$30,000 – \$39,999
- \$40,000 – \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 or more



31 – What is the highest level of education that you have completed? (check one)

- Grade school (grade 8 or lower)
- Some high school
- Completed high school
- Some post secondary (trade school, college, university)
- Completed post secondary (diploma or degree graduation)

28 – What is your current living arrangement?

- Live alone
- Live with spouse or partner only
- Live with family (includes extended family)
- Live with non-family (includes friends)
- Live with paid attendant
- Other (please describe) _____

32 – In general, how would you describe your health?

- Excellent
- Very good
- Good
- Fair
- Poor

33 – We would like to ask about any chronic health conditions you may have.

These are long term conditions such as diabetes, allergies, asthma, heart disease, or arthritis, that have lasted or are expected to last 6 months or more and have been diagnosed by a health professional. Do you have a long term, chronic health condition?

- Yes
- No

34 – We now would like to ask you about any activity limitations or restrictions you might have. These are long term health limitations lasting 6 months or more which affect or restrict your daily activities. As a result of a long term physical or mental condition or a health problem, are you limited or restricted in the amount of activity you can do?

- Yes
- No

If you have additional comments please add them on the blank sheet attached.

Thank you for taking the time to complete this survey.

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