



Transformation of Indigenous Primary Healthcare Delivery (FORGE AHEAD): Community-driven Innovations and Scale-up Toolkits

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COMMUNITY PROFILE SURVEY

GOAL: The Transformation of Indigenous Primary Healthcare Delivery (FORGE AHEAD) Research Program team invites you to participate in this national Community Profile Survey to learn more about the healthcare delivery, funding models, and diabetes programs currently available in First Nations communities. All First Nations communities across Canada are invited to participate in this survey, which is the first of many projects that are part of the five year FORGE AHEAD Research Program. FORGE AHEAD is designed with and for First Nations communities to improve care for people with diabetes. For more information about FORGE AHEAD, please visit our website at <http://www.tndms.ca/forgeahead.html>.

WHO SHOULD COMPLETE THIS SURVEY? The person who is most familiar with how healthcare is organized and operates in your community should fill in the survey. Typically, this can include the Health Director or Nurse-in-charge or band council leader. **Only one survey per community should be completed.** There are no right or wrong answers.

CONFIDENTIALITY: Survey responses are **confidential**. Community level data belongs to the respective community and the community will be given full access to their data. Only authorized team members will have access to the survey data for research purposes. Communities will receive the results of their individual data and a regional and national summary. Individual community results will NOT be shared with other communities, agencies, etc. The regional and national summary reports will not include names or other personal identifiers. Possession of the data will remain with the community and the FORGE AHEAD research team. Data will be stored in a password-protected database or stored in locked filing cabinet.

WHAT ARE THE BENEFITS? Communities can use the results of the survey to learn more about the current picture of healthcare delivery in their community, as well as in the region and nation. The results may help to inform decisions about maintaining what is being done well, to identify areas for improvement, and to assist communities and regions to re-allocate funding to address care gaps. The result will inform the design and implementation process of the rest of the FORGE AHEAD projects.

RISKS: There are no known risks to participating in this survey.

CONSENT: Participation in this survey is voluntary. You may refuse to participate and you may refuse to answer any questions. Completing the survey indicates your consent.

WHERE TO SEND YOUR COMPLETED SURVEY? Please send your completed survey to Meghan Fournie by scanning and attaching it to an **EMAIL** to Meghan.Fournie@schulich.uwo.ca or **FAX** (toll free) to **1-877-809-5108**.

CONTACT US: For questions about this survey, please contact Meghan Fournie (toll-free: **1-855-858-6872, ext #2**, email: Meghan.Fournie@schulich.uwo.ca). For questions about your participation in the study, please contact Dr. Stewart Harris (Principal Investigator), 519-858-5028. For questions about your rights as a research participant, or the conduct of the study, you may contact the Office of Research Ethics, 519-661-3036, ethics@uwo.ca.

SECTION 1: YOUR COMMUNITY PROFILE

Please complete your community's name and other information below.

1. **Community Name:** _____

2. Address: _____

3. **Total** estimated community population: a) Total _____

b) Male _____

c) Female _____

4. Estimated **on-reserve** population: a) Total _____

b) Male _____

c) Female _____

5. Estimated **off-reserve** population: a) Total _____

b) Male _____

c) Female _____

6. What is your community's isolation level?

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Non-isolated
(road access less
than 90 km from
nearest physician
services) | <input type="checkbox"/> Semi-isolated
(road access
greater than 90 km
from nearest
physician services) | <input type="checkbox"/> Isolated
(flights, good
telephone
service, no
road access) | <input type="checkbox"/> Remote isolated
(no scheduled flights,
no road access, and
minimal telephone
and radio) | <input type="checkbox"/> Don't
Know |
|---|---|---|--|--|

7. What type of health service centre(s) is available in your community? PLEASE MARK ALL THAT APPLY.

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Nursing
Station | <input type="checkbox"/> Health Office | <input type="checkbox"/> Health Centre | <input type="checkbox"/> Community
Hospital | <input type="checkbox"/> None: Go to
Question #10 |
|---|--|--|--|--|

8. Are there any other communities (e.g. satellite communities) that are served by your community's health service centre(s)?

- ☐ Yes ☐ No

If 'YES', please provide the names of each community served.

_____	_____
_____	_____

9. Does the health service centre(s) available in your community have any of the following? PLEASE MARK ALL THAT APPLY.
- ☐ Computer ☐ Internet access ☐ an electronic medical record (EMR) used for charting
10. Does your community have a searchable list of individuals with Type 2 diabetes (diabetes registry)?
- ☐ Yes ☐ No: Go to Question #14
11. When was the last time your community's diabetes registry was updated?
- Month _____ Year _____
12. What is the format of the diabetes registry in your community?
- ☐ Electronic-based ☐ Paper-based
13. Where is the community's diabetes registry housed?
- ☐ Within the Community ☐ Neighbouring Aboriginal Community ☐ Non-Aboriginal Urban Centre
14. Does your community have an electronic/computer system for tracking and monitoring patient's diabetes clinical information (diabetes surveillance system)?
- ☐ Yes ☐ No
15. What is the total estimated number of adults with type 2 diabetes in your community? _____
16. What is your current job title? _____

SECTION 2: HEALTHCARE PROFESSIONALS

1. Please check the appropriate box to indicate the **availability** (on-site, indirect, visiting, off-site) of **healthcare professionals** in your community. Where applicable, please provide the estimated **frequency of visits** for visiting healthcare professionals and **distance** for off-site healthcare professionals.

HEALTHCARE PROFESSIONALS	NOT APPLICABLE (i.e., not available on- or off-site)	USUALLY AVAILABLE ON-SITE (i.e., live and work in the community)	INDIRECTLY AVAILABLE (i.e., through phone/internet, Telehealth)	ONLY VISITING (e.g., fly-in, mobile truck)		ONLY AVAILABLE OFF-SITE (i.e., community members required to travel)					
				Estimated # of visits per (month OR year):		Neighbouring Aboriginal Community	Non- Aboriginal Town or Urban Centre	Estimated Distance:			
				month	year			<20km	20-40km	40-80km	>80km
Health Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse-in-charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Care Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Nurse Educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Diabetes Educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Healers / Elders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Coordinators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please check the appropriate box to indicate the **availability** (on-site, indirect, visiting, off-site) of **medical specialists** in your community. Where applicable, please provide the estimated **frequency of visits** for visiting specialists and **distance** for off-site specialists.

MEDICAL SPECIALISTS	USUALLY AVAILABLE ON-SITE (i.e., live and work in the community)	INDIRECTLY AVAILABLE (i.e., through phone/internet, Telehealth)	ONLY VISITING (e.g., fly-in, mobile truck)		ONLY AVAILABLE OFF-SITE (i.e., community members required to travel)					
			Estimated # of visits per (month OR year):		Neighbouring Aboriginal Community	Non- Aboriginal Town or Urban Centre	Estimated Distance:			
			month	year			<20km	20-40km	40-80km	>80km
Endocrinologist	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Care Specialist	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Podiatrist /Chiropractist	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optometrist	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmologist	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiologist/Internist	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephrologist	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurologist	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Surgeon	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Surgeon	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF THERE IS NO HEALTH CARE CENTER AVAILABLE IN YOUR COMMUNITY, PLEASE GO TO SECTION 3 ON PAGE 8.

3. Please indicate the number of available and filled FTE positions, and employment/funding details of all healthcare providers that are **available on-site or visiting** for members of your community. Please DO NOT indicate peoples' names – only their positions. NOTE - A FTE (Full-time equivalent) of 1.0 means that the person is a full-time worker; while a FTE of 0.5 means that the worker is half-time). Examples are provided below.

Position	Number of available FTE positions	Number of filled FTE positions	Funding Source					Pay Structure				
			Provincial	Federal	Community	Tribal Council	Other (specify):	Salary	Contract/Per diem	Fee-for-Service	Honorarium	Other (specify):
Example: Nurse-In-Charge	1.5	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Example: Dietitian	1	0.2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family physician			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse-in-charge			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Director			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioner			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Nurse			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Care Nurse			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Representative			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care Workers			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Diabetes Educator			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Nurse Educator			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Position	Number of available FTE positions	Number of filled FTE positions	Funding Source					Pay Structure				
			Provincial	Federal	Community	Tribal Council	Other (specify): _____	Salary	Contract/Per diem	Fee-for-Service	Honorarium	Other (specify): _____
Mental Health Therapist			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentist			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Hygienist			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Healers / Elders			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Coordinators			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: HEALTHCARE SERVICES AND DIABETES PROGRAMS

1. Please check the appropriate box to indicate the **availability** (on-site, indirect, visiting, off-site) of **healthcare services, diabetes programs and supports** in your community. Certain services may be available through multiple sources – PLEASE MARK ALL THAT APPLY. Where applicable, please provide the estimated **frequency of visits** for visiting services/program and **distance** for off-site services/programs.

HEALTHCARE SERVICES AND DIABETES PROGRAMS	USUALLY AVAILABLE ON-SITE (i.e., live and work in the community)	INDIRECTLY AVAILABLE (i.e., through phone/internet, Telehealth)	ONLY VISITING (e.g., fly-in, mobile truck)		ONLY AVAILABLE OFF-SITE (i.e., community members required to travel)					
			Estimated # of visits per (month OR year):		Neighbouring Aboriginal Community	Non-Aboriginal Town or Urban Centre	Estimated Distance:			
			month	year			<20km	20-40km	40-80km	>80km
CLINICAL SERVICES & PROGRAMS										
Dialysis treatment	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes care and management (treatment and screening of complications, e.g., foot care)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication prescription	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory services e.g. blood work, point of care testing, cultures	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinations e.g. immunization clinics	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes prevention program e.g. awareness and screening activities	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION AND COUNSELLING										
Education & counselling for nutrition, healthy weight, physical activity, behaviour modification (e.g. smoking cessation)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTHCARE SERVICES AND DIABETES PROGRAMS	USUALLY AVAILABLE ON-SITE (i.e., live and work in the community)	INDIRECTLY AVAILABLE (i.e., through phone/internet, Telehealth)	ONLY VISITING (e.g., fly-in, mobile truck)		ONLY AVAILABLE OFF-SITE (i.e., community members required to travel)					
			Estimated # of visits per (month OR year):		Neighbouring Aboriginal Community	Non- Aboriginal Town or Urban Centre	Estimated Distance:			
			month	year			<20km	20-40km	40-80km	>80km
Mental healthcare including psychosocial counselling	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse awareness activities; counseling for addictions	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Has your community implemented **innovative strategies** related to the following activities that have changed **diabetes care in your community**? PLEASE MARK ALL THAT APPLY.

- ☐ Training for community healthcare providers/professionals
- ☐ Other (specify): _____
- ☐ Community health programs or interventions
- ☐ Health Research projects

Thank you very much for taking the time to complete this survey