



### WHY A BE WELL SURVEY?

We are committed to the values, principles and practices of the *Model of Health and Wellbeing* and *Aboriginal Model of Wholistic Health and Wellbeing*. We believe that it is our model that contributes to a sustainable health system with better health outcomes, especially for the 3.5 million people living in Ontario with the greatest barriers.

During the next four years AOHC will gather and present evidence that evaluates and demonstrates the model of health and wellbeing to decision makers and those who influence them. Our intent is to show that to achieve better health outcomes, especially for communities facing barriers, investments need to be expanded across the province with appropriate resources allocated to poverty mitigation, health promotion and community development work.



Figure 1: AOHC Model of Health & Wellbeing

Currently, the indicators we use to measure performance of the model of health and wellbeing are clinical. Given our strong focus on keeping people and communities healthy, this creates a significant gap in our ability to ensure that we are successfully promoting health at both the individual and community level. We need to strengthen our ability to measure our performance in health promotion and community development work, and thus allow us to better demonstrate the positive impacts of this work over time. **We are testing meaningful measures to improve and demonstrate community health and wellbeing using the Be Well survey.**

### WHAT IS THE BE WELL SURVEY?

The Be Well survey is part of the larger Community Health and Wellbeing Strategy this is working to establish standardized measures and evidence that captures our contributions to better health outcomes from health promotion, community development and poverty mitigation work.

The Be Well survey data gives members new information about the health and wellbeing of clients and communities served. The survey data provides a baseline, with comparable results to provincial and national data, to use for evidence-based planning that can help to improve health and wellbeing and demonstrate the impacts of programs, services and initiatives over time.

The Be Well data can also be used for evidence-based advocacy for healthy public policies that improve access to the determinants of health and mitigate the impacts of poverty and other barriers to health such as mental health, social isolation and discrimination.

“Our Be Well data showed us that, compared with the other 4 CHCs in Ottawa who used the survey, our catchment area was more food insecure than we realized.”  
Larisa Cheshire, Health Promoter, Pinecrest Queensway CHC

## HOW CAN IT HELP YOUR ORGANIZATION?

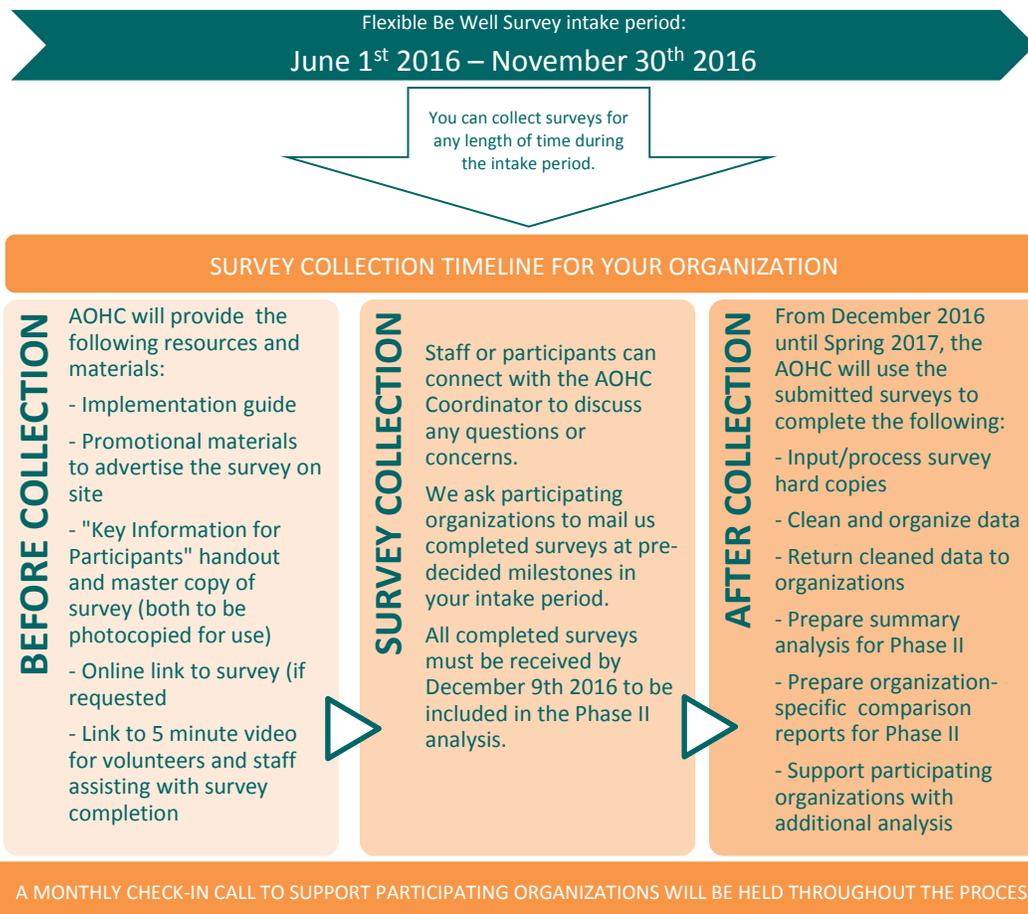
The Be Well survey can identify areas, based on the eight domains of the Canadian Index of Wellbeing, where wellbeing is lower so that members can determine how to change or adapt services offered to better meet client/community needs. The results of the survey can also assist in identifying strengths in wellbeing and in services that are already offered at the organization level or within the network of services in the community. In addition, the results can also enhance the ability of members to better understand and engage clients in conversations about their personal health and wellbeing.

The Be Well survey can help your organization answer important questions, including:

- 1) How do we better understand the wellbeing needs and strengths of the clients and communities we serve?
- 2) How do we measure and improve our practice of the Model of Health and Wellbeing, and have evidence to demonstrate our impact?
- 3) How do we measure and improve health equity and upstream practices based on determinants of health and grounded in a community development approach?
- 4) How do we build shared measurement for collective impact on challenges facing the communities we serve such as food security, social inclusion, recreation or transportation?

The results of the survey are valuable to individual organizations for strategic planning and can inform the development of strategic community initiatives and partnerships which aim to address gaps and address the broader health and wellbeing needs of the community.

## PHASE II TIMELINE



## MORE ABOUT THE SURVEY TOOL

### HOW WAS THE SURVEY DEVELOPED?

With funding from the Ontario Trillium Foundation, the survey was developed in partnership with the Canadian Index of Wellbeing (CIW) and with input from over 80 Health Promoters and Community Developers and 10 early adopter Community Health Centres. The survey was piloted and tested in 2013, and adapted and updated in 2014 based on feedback from the initial experience. The Be Well provincial survey will allow us to gather data on a minimum set of core questions that our members are already committed to measure over time. The survey covers all eight CIW domains<sup>1</sup> that look at the different factors that affect health and wellbeing with a particular focus on community vitality and its components such as belonging, social connection, and inclusion.

### WHO HAS USED THE SURVEY TO DATE?

In Phase I, 20 member organizations used the Be Well Survey at 24 member sites across Ontario.

### WHAT IS THE EXTENDED VERSION OF THE SURVEY?

An extended version of the survey is available for organizations interested in taking a deeper look into the Canadian Index of Wellbeing domains. In addition to the core questions being collected provincially, the extended version of the survey includes an additional 11 questions that allow for more understanding of client and community wellbeing related to each domain, as well as food security.

### HOW MANY QUESTIONS ARE THERE? HOW LONG WILL IT TAKE TO COMPLETE?

**Core Survey:** There are 16 health and wellbeing questions and 9 socio-demographic questions in the core survey. This version should take between 5 – 15 minutes to complete.

**Extended Survey:** There are 27 health and wellbeing questions and 9 socio-demographic questions in the extended survey. This version should take between 15 – 30 minutes to complete.

### HAS THE SURVEY BEEN TRANSLATED INTO OTHER LANGUAGES?

In Phase II, the survey is available in Arabic, English, French, Spanish, and simplified Chinese.

### CAN PARTICIPANTS COMPLETE THE SURVEY ONLINE?

An electronic version of the survey is created for organizations, upon request. This applies to the French and English versions only.

---

<sup>1</sup> Community Vitality; Time Use; Leisure and Culture; Education; Environment; Democratic Engagement & Healthy Populations.  
<https://uwaterloo.ca/canadian-index-wellbeing/>

## USING THE BE WELL SURVEY

### WHO SHOULD BE SURVEYED AND WHEN?

Your organization can target different types of clients/people based on your priorities and convenience.

#### Examples of client groups that can be targeted:

- New clients (during intake process)
- Primary Care and Health Care Service clients (before scheduled appointments)
- Participants of health promotion programs and personal development groups (before sessions)
- Participants of community initiatives (at initiative events)

### HOW MANY CLIENTS/PEOPLE SERVED NEED TO BE SURVEYED ALL TOGETHER?

Each organization should aim to collect as many surveys as possible, but there is no minimum number required. However, for results to have statistical significance at the organization level, a sample of at least 10% of the population you are surveying is recommended.

### WILL STAFF RECEIVE TRAINING ON HOW TO ADMINISTER THE SURVEY?

Staff members and volunteers involved in administering the survey are required to review the Be Well Survey Guidance Document, and watch the 7 minute training video. The document and training video (which will be provided in advance of your use of the survey) review key information and explain how to communicate the purpose of the survey to participants, support completion of the survey, and use relevant examples to explain questions.

### WILL IN PERSON TRANSLATION BE NECESSARY?

Staff support to complete surveys, including in person translation, will help reduce barriers to participation in the Be Well survey but is not required.

### WHEN WILL WE RECEIVE OUR DATA?

Participating organizations will receive their cleaned data by January 2017. Please refer to the Phase II Timeline (page 2) for more information.

### HOW ARE ORGANIZATIONS USING THEIR SURVEY RESULTS?

Participating organizations are using their results in a variety of ways, including these 5 strategic data applications:

**Intake and Client Navigation:** using the “Be Well” survey to gain a deeper understanding of the wellbeing needs and strengths of clients. The survey which includes all domains of the CIW—can assist you in building a truly holistic approach to intake, client navigation and care coordination.

**Strategic Planning:** Determine where the real interest and needs exist in your client base by using intake tools such as a survey and focus groups to guide your strategic planning. By making your clients active participants in the design, delivery and evaluation of the development of new programs, you can make more informed decisions about your future activities.

**Community Planning and Partnership Initiatives:** Use the CIW as a tool to bring together community groups and organizations to work on shared wellbeing initiatives to make a collective impact.

**Policy and Advocacy:** Drawing on the CIW framework, develop your own local community wellbeing report to engage citizens, clients and partner organizations to help shape policy development.

**Research and Evaluation:** Enhance your work in the area of community-based research by gathering evidence of the important work that you do. By incorporating the “Be Well” survey into your work, you can measure and evaluate your impact. This data can be used for everything from the development of new programs to releasing regular research bulletins and evidence-based stories. This is also an opportunity to measure wellbeing disparities that can help inform health equity work.

Please contact Jyoti Phartiyal at [jyoti.phartiyal@aohc.org](mailto:jyoti.phartiyal@aohc.org) if you would like more information about the Be Well Survey.