

BE WELL SURVEY – PHASE II

Implementation Guidance Document



EXECUTIVE SUMMARY

The Be Well survey is a powerful tool AOHC member organizations and partners are using to begin to benchmark key indicators of health and wellbeing for the people using their services and participating in their programs and community initiatives. The survey can be used to assess population needs, understand how services and programs can contribute to better health and wellbeing outcomes; and ultimately demonstrate the value and impact of our comprehensive primary health care model.

The survey has drawn on the pioneering work of the Canadian Index of Wellbeing, and with adaptations specifically from community-governed primary health care and health equity perspectives in order to strengthen the survey's value for understanding and improving wellbeing among the clients and communities served by AOHC member organizations.

This guidance document provides practical information to help your organization successfully implement the "Be Well" survey. It is designed to explain the context, background, implementation details and developmental support available for using the "Be Well" survey to strengthen client and community health and wellbeing.

The first section explains the purpose of the survey and how the results and the process of using the survey can contribute to improve wellbeing. The second section describes the survey in detail including how to interpret the questions and connections to the Canadian Index of Wellbeing framework. The third, fourth and fifth sections clearly outline the expectations, process guidelines and on-going support available for participating organizations.

For more information on the "Be Well" survey, please contact Jyoti Phartiyal at: [jyoti.phartiyal@aohc.com](mailto: jyoti.phartiyal@aohc.com).

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1.0 BACKGROUND

1.1 Why a provincial wellbeing survey?

The Be Well survey initiative is part of the Provincial community health and wellbeing strategy. The survey is essentially a tool to test meaningful performance measures that capture improved population health and wellbeing for the clients and community members being served.

The survey is a way to demonstrate the value and impact of our shared people and community-centred primary care model, and especially the determinants of health and community development approach. It is used to assess population needs; understand where services and programs can contribute to better wellbeing outcomes; and ultimately the provincial data will be used to monitor changes in wellbeing, including social inclusion, sense of community belonging and self-assessed, mental health over time.

Most importantly, survey results provide wellbeing data comparability across member sites and, where possible, comparability with the CIW's provincial and national data sources. The survey data will help support equity-informed performance measurement over time and improve population health and wellbeing outcomes for those with barriers.

1.2 Learning about Community Health and Wellbeing

The “Be Well” survey is a tool that will help us learn about and measure the wellbeing needs and strengths of our clients and the communities who access our programs, services and initiatives. We ask these questions in the “Be Well” survey because we want to support health and wellbeing through learning from the people we serve about what is keeping them well and what is contributing to making them and/or keeping them unwell.

The “Be Well” survey will help us to explore important questions to better understand and inform our practices:

- How well do we understand our client’s social determinants of health and wellbeing?
- To what extent is community development and health promotion activity informed by community needs?
- How well do our services address the social determinants of health and wellbeing?
- How well do we build on the wellbeing strengths of the clients and communities we serve?
- What are the comparable measures that matter to improve health and wellbeing practices and outcomes for the people and communities we serve?

1.3 Development of the “Be Well” survey

The Association of Ontario Health Centres (AOHC) originally developed a pilot intake survey to support member centres in their assessment of clients on key aspects of their wellbeing. The intent was to test a pilot version of the survey that could be refined and administered in subsequent years to monitor trends and developments in the wellbeing of CHC clients over time. This would allow member centres to identify gaps in services that could be addressed in a variety of ways, leading to a better understanding

of how policy and service changes could lead to improved wellbeing outcomes among clients and community members served.

Examples of how survey results can be used to improve wellbeing outcomes include:

MEMBER ORGANIZATION

Redesign existing programs to strengthen belonging in clients 65 and older, based on survey findings.

REGIONAL PROVIDER NETWORK

Newcomer agencies in a large city use the survey as a baseline to measure and improve health and wellbeing with newcomer populations.

PROVINCIAL NETWORKS

Monitor changes in food security across all programs and multiple organizations to report collectively on how they are contributing to changes in wellbeing such as reduced social isolation.

Survey development was guided by the framework of the Canadian Index of Wellbeing (CIW). The survey questions address each of the eight domains comprising the CIW: Community Vitality, Democratic Engagement, Education, Environment, Healthy Populations, Leisure and Culture, Living Standards, and Time Use. There is an emphasis on the community vitality domain, and key questions are comparable with provincial and national CIW indicators that show trends over time. Readability and cultural safety of the questions were also considered at the survey planning phase.

The “Be Well” survey is a minimum set of meaningful standardized questions intended primarily for use in community-governed primary health care settings.

The “Be Well” survey is part of the provincial Canadian Index of Wellbeing (CIW) project funded by the Ontario Trillium Foundation (See Appendix A for project outcomes).

1.4 How the survey process and results of the survey can help you

We’ve identified some of the key uses for the survey results including:

- Looking at wellbeing needs;
- Looking at wellbeing strengths;
- Building people and community-centered approaches;
- Engaging people and communities in dialogue;
- Informing strategic thinking and priority areas for building initiatives, partnerships and coalitions for collective impact on determinants of health and wellbeing.

The surveys can be used in different ways, depending on the objectives of organization and specific the services, programs and initiatives. The surveys you collect can help provide value to:

Intake and Client Navigation: Gain a deeper understanding of the wellbeing needs and strengths of clients. The Be Well survey 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.

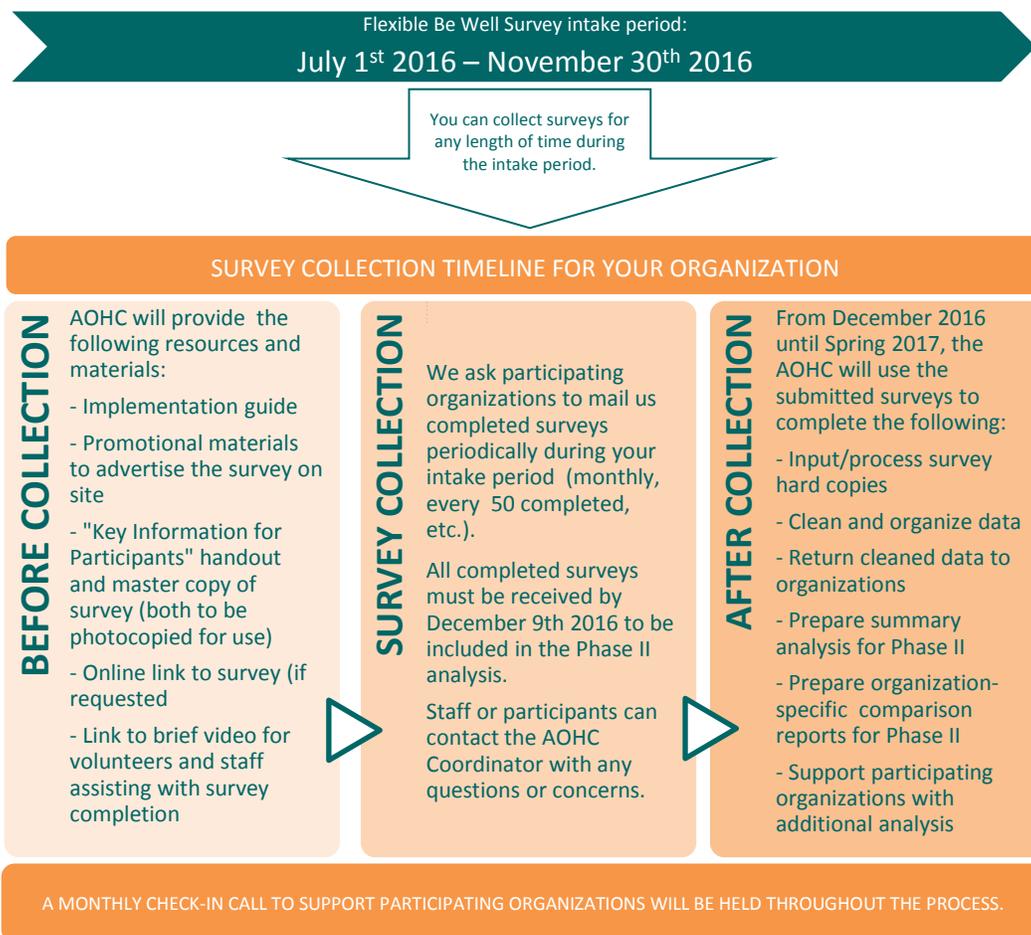
Community planning and partnership initiatives: Use the survey and CIW framework as tools to bring together community groups and organizations to work on shared wellbeing initiatives to make a collective impact.

Policy and Advocacy: Develop your own client 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 impact 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.

1.5 “Be Well” survey phase II timeline

Organizations can collect surveys anytime between June 1st 2016 and November 30th 2016.



2.0 “BE WELL” SURVEY VERSIONS

The “Be Well” survey is available in two versions: the core and the extended. The difference between versions is in the number of indicators/questions included.

Please note: only the core survey questions will be analyzed for the provincial report and will be used to inform provincial wellbeing performance management over time.

2.1 Core survey

The core survey contains 27 questions: 17 wellbeing questions and 9 standard socio-demographic questions. The survey questions are adapted mainly from the CIW’s Community Vitality domain with one or two questions from each of the other wellbeing domains: Living Standards, Education, Environment, Time Use, Healthy Population, Democratic Engagement, and Leisure and Culture.

2.2 Extended survey

An extended version of the survey is available for organizations interested in taking a deeper look into the Canadian Index of Wellbeing domains. The extended survey contains 37 questions: 28 wellbeing questions and 9 standard socio-demographic questions. All questions from the core survey are included in the extended survey, plus additional questions from each CIW domain.

2.3 Survey questions and corresponding CIW domains

Please see the table below for the core and extended survey questions and the corresponding CIW domains that the questions belong to.

Table 1: Be Well survey questions by CIW domain

CIW DOMAINS	CORES SURVEY QUESTIONS	EXTENDED SURVEY QUESTIONS
Community Vitality	1, 2, 3, 4, 5	1,2,3,7,8, 4, 5, 6
Leisure and Culture	6, 7	9, 10, 11
Time Use	8, 9, 13	10,11,19, 20, 21
Education	10	12, 13
Environment	11	14, 15, 16
Democratic Engagement	12	17, 18
Living Standards	14, 115	22, 23, 24, 25
Healthy Populations	16,17	27, 28

2.4 Survey formats

The “Be Well” survey is available in paper and online formats, and will be branded with the logo of each participating organization. It is up to participating organizations to decide the format(s) they wish to utilize; paper-based, online e-version, or both.

TIP: If both the paper-based and e-format are used, the organization must be careful not to duplicate any single client’s response in both formats. Double responses will cause a bias in the data. If duplication is a concern then the organization needs to include a reminder in the key information to participants about only completing the survey once. *See section 4.3 about key information that must be provided to participants before they decide to complete the survey.*

2.4.1 Online survey

Organizations will each receive an individual online fluid survey link that can be shared with survey participants for completion of the survey. The survey link will also provide a drop down language option to allow participants to view the survey in English or French.

Survey link sample: <http://fluidsurveys.com/s/bewell-00/>

Here are some ways organizations can share the online survey link:

- Provide access to a computer or tablet so that clients can complete the survey while at the organization.
- Provide a postcard/handout with the survey link URL so clients can take back and complete the survey at their convenience.
- Send the survey link URL via email to a contact list.
- Include the survey link URL on the organization website, newsletter, social media etc.

2.4.1 Paper survey

The paper surveys will be sent in an electronic format (PDF file) with the participating organization's logo to be printed at the organization as needed.

The paper surveys will be sent to the AOHC office for data processing and will be input with the assistance of OMR (Optical Mark Recognition) software. The software recognizes optical marks (bubbles), computer-generated characters, and written text. Therefore, it is important that the alignment of the survey questions and format are maintained.

When printing the surveys, please *do not* change the page scaling, fit and/or sizing of the surveys. The surveys should be printed on white, letter sized paper (8.5 inches by 11 inches).

TIP: It is recommended that pencils or pens are used to complete the survey versus markers in order to prevent the bleeding of ink through the pages which can have an impact on data processing.

If possible, it is recommended to print surveys directly from the printer to help maintain the survey format versus making photocopies. This will reduce the chances of discoloration of the survey and misalignment of survey questions during the copying process. To maximize readability for people with sight impairment please only print in black and on white paper.

TIP: If surveys must be duplicated using a photocopier:

- Have one master copy used for duplication.
- Make a test copy to ensure the colour and alignment prints correctly.
- Scan the survey directly on the copier glass versus feeding through the automatic feeder.

2.5 Survey Languages

The "Be Well" survey is available in 5 languages: English, French, Arabic, Chinese (simplified), and Spanish.

Organizations are encouraged to translate the survey into additional languages as needed and supply translated surveys for formatting to the AOHC project office. Additional funding for translation may be available through crowdsourcing with other participating centres.

3.0 SURVEY COLLECTION

Each participating site may collect any number of surveys—there is no minimum for the provincial wellbeing dataset. However, we urge each organization to collect as many surveys as possible. The more surveys collected, the better the reliability of the data and more representative the data will be of the population being surveyed.

3.1 Sampling technique

A convenience sampling technique should be adopted for data collection. This method was chosen to maximize the response rate. For the convenience sampling technique, it is up to the organization to decide the inclusion criteria (who will be sampled) and exclusion criteria (who will not be sampled); and according to these criteria, the organization will collect data among their clients or with community members.

Using convenience sampling means you must consider:

- Who the findings represents (e.g. program participants, overall client population)
- What you are going to do with the findings (appropriateness of finding use and acknowledgement of limitations)

A sampling framework needs to be developed to lay out how the organization plans to collect surveys. For instance, sampling participants of a community initiative will require a different sampling framework than using the surveys for a representative sample of all clients, or for people in chronic disease management programs.

TIP: Support is available through the AOHC to assist you in developing a sampling framework that will maximize significance and validity for organizational level use of survey findings.

3.2 Who to survey?

Who to survey will depend on the organizational goals and the intended group(s) that the organization would like to focus on. Some organizations will use the surveys to gain a snapshot of the health and wellbeing of all the clients they serve. Others may focus on a particular client group such as those participating in specific programs or services.

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)

3.3 Key information for all survey participants

There is key information that must be explained to participants/people taking the survey to ensure they are well informed about the survey and their rights. By being informed of this information the participant can provide an informed consent to the survey.

This key information will be on the cover page of the paper surveys and will be on the landing page for the electronic surveys. If staff or volunteers are supporting survey completion, this key information needs to be communicated before the survey begins.

The following key information must be communicated to survey participants:

- 1) This survey can take approximately 10-15 minutes of your time (Core Survey) or 16-20 minutes if using the extended version of the survey.
- 2) Your Participation is Voluntary: You may stop participating or refuse to answer any question. Your decision on whether or not to participate will not affect the nature of the services you receive at this organization.
- 3) Your Responses are Confidential: All information you provide will be kept completely confidential. Your name will not appear in any report or publication resulting from this survey. This is not a research activity. Your experiences will contribute to improving the quality and effectiveness of the services, programs and initiatives in your community health organization.
- 4) If you have any questions or concerns, please ask the receptionist or a staff member or contact the AOHC at tel: 416 236-2539 ext. 246 or email: jyoti.phartiyal@aohc.org.

3.4 Survey completion time

Completion time for the paper or the electronic survey is approximately:

- 10 - 15 minutes** for the Core Survey
- 16 - 20 minutes** for the Extended Survey

Surveys completed using an interview approach with staff or volunteer support, or with language interpretation or other person-centred accommodations, may take more time.

3.5 Survey confidentiality and privacy

When collecting the survey data, ensure no personal health information (client identifiable information) is included on the surveys. If you are using the surveys as part of intake, a copy of the survey can be scanned and attached to the client's chart as part of their electronic medical record.

3.6 Confidential survey drop box or envelope

For surveys that are collected in waiting areas, we recommend setting up a confidential survey drop box. If space is an issue, keep the survey drop box at reception so when clients return the surveys they can be dropped into the box.

If surveys are handed out during a group or programs session, a good practice would be to provide a confidential envelope in which the clients can return the surveys.

3.7 Paper survey data processing and mailing

The AOHC CIW Project team will be using OMR (Optical Mark Recognition) Windows-based forms-processing software to process the survey data. The software recognizes optical marks (bubbles), computer-generated characters, and written text.

Completed surveys are to be mailed to the AOHC CIW project office via **traceable mail** (i.e. priority post, registered mail) on an ongoing basis during the survey collection period. The purpose of mailing the surveys back to the AOHC office is to eliminate the need to complete the data processing of the surveys by member organizations. We ask participating organizations to mail us completed surveys periodically during your intake period as appropriate for your organization (monthly, every 50 completed, etc.).

Completed surveys must be received by December 9th 2016 to be included in the Phase II analysis.

Please include a blank copy of your printed survey along with your completed surveys. Although the size and scaling of surveys should be maintained during printing, we request a blank copy as a backup step to improve data processing with the OMR (Optical Mark Recognition) software.

PLEASE MAIL COMPLETED SURVEYS TO:

CIW Project
Association of Ontario Health Centres
970 Lawrence Ave. West, Suite 500
Toronto, Ontario M6A 3B6

Your organization can choose to do your own data entry of the paper surveys utilizing an online survey link to be provided by the AOHC. If this method is of interest, please contact the Project Coordinator, Jyoti Phartiyal at jyoti.phartiyal@aohc.org.

3.9 Communicating the “Be Well” survey to your staff and/or volunteers

For “Be Well” survey implementation to be successful, it is essential that every staff member and/or volunteer who may be answering questions or administering the survey (i.e. reception staff, medical secretaries, relief staff, health promoters, intake staff etc.) is provided with training and understands the purpose of the survey and can answer questions about the survey.

TIPS FOR WORKING WITH STAFF TO COLLECT SURVEYS

- Designate a staff lead or leads for the “Be Well” survey so staff and/or volunteers know who to speak with if there are any questions.
- Have a planning meeting with all staff and/or volunteers that will be involved.
- Have staff and/or volunteers complete the survey itself to ensure understanding of the survey content and examples.
- Communicate and check - in with your team to ensure the process is on track and going well.

4.0 COMMUNICATING THE BE WELL SURVEY TO YOUR CLIENTS

It is a good idea to promote the survey with your clients before you start implementation to create awareness and interest. Posters are provided to help your organization introduce the survey in waiting areas, program areas or with email or newsletters.

5.0 SUPPORT FOR PARTICIPATING ORGANIZATIONS

5.1 Consultations with AOHC Be Well project team

If at any point during survey implementation you have any questions or need assistance, the AOHC CIW Project team is available to provide you with support. Please contact the project coordinator who will ensure the appropriate AOHC team members are engaged to resolve your concern.

5.2 Monthly “Be Well” survey check in calls

The AOHC CIW Project team will host monthly "Be Well" survey check in calls for organizations implementing the survey to strengthen learning and benefits of the survey. The check in calls will be held on the third Wednesday of every month from 10:00am - 10:45 am EST between July 2016 and November 2016.

5.3 Community Vitality and Belonging Resource Guide

A **Community Vitality and Belonging Resource Guide** that is available in June 2016. This guide is designed to be of practical use to staff in the field whether they are working on the front lines, clinical teams or in management and administration. This guide contains examples of some of the belonging work being done across member organizations as well as research and evidence. The goal is to build our knowledge base about leading practices and opportunities to plan, monitor and improve community vitality and belonging over time. The correlation between community vitality (including social connections, community participation, trust and caring) as well as belonging to reduced mortality and positive health outcomes is demonstrated in research, including lower utilization rates of health care services.

5.4 Ongoing development of tools and webinars

The AOHC team will be developing and releasing tools and webinars in fall 2016 and winter 2017 that will be useful to many organizations using the survey. Topics that are currently being explored include a readiness assessment for organization adoption of the CIW and survey findings, and a guide for conducting focus groups to further explore the health and wellbeing of the groups you survey.

APPENDIX 1: CIW PROJECT OUTCOMES (2014-2017)

Project Outcomes

1. Increase number of community-based organizations applying the CIW to improve health and wellbeing.
2. Enhance ability of member organizations to deliver and evaluate effective health promotion and community development initiatives.
3. Increase province-wide dialogue and discussion about how the CIW can be used to measure, report on and build community health and wellbeing.