

**Community Health
Western Zone
Client Experience Survey Results
2022-2023**



**NL Health
Services**

Prepared by:

Tracey Wells-Stratton & Deidre Pinsent
Planning and Performance
Quality and Learning Health Systems

In collaboration with:

Public Health, Developmental Health, and Adult Speech and Hearing
NL Health Services – Western Zone

Background

Community Health Program

With the transition to Newfoundland and Labrador (NL) Health Services, Western Health's previous Community Health Program was realigned to the following three programs: Public Health, Developmental Health, and Adult Speech and Hearing. However, as the survey was structured based on the original Community Health Program, this report will continue to refer to Community Health throughout.

The Community Health Program strives to provide care that is highly integrated, accessible, technologically-enhanced, equitable and sustainable. Community Health operates with key factors that include, but are not limited to, collaboration and continuity of care. The health care professionals that operate in this sector provide facility-based programs (ie. services offered at hospitals or various community/public health clinics), as well as home-based programs. Health professionals providing Community Health services include Audiologists, Child Management Specialists, Community Health Nurses, Lactation Consultants, Nutritionists, Psychologists, Social Workers, and Speech Language Pathologists. Additional information on the services under the former Community Health Program are available on the organization's [intranet](#) or [website](#).

As part of NL Health Services' commitment to quality improvement for clients and their families, it is important to measure client experience. During the 2022-2023 fiscal year, the Community Health Program implemented a new Quality Improvement (QI) Team, composed of staff and leadership from various sites in the Western region. The QI Team is also actively recruiting members with lived experience and included a recruitment poster at the end of the survey to support this endeavor. The management and QI Teams reviewed and provided input on modifications to the Community Health Client Experience Survey. The QI Team and individual Community Health teams will use the survey results to guide quality improvement initiatives.

Survey Instrument

The validated community-based care experience survey was administered throughout the Western Zone. The survey was modelled after the approved Accreditation Canada Client Experience Survey, which was based on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey utilized during previous surveys. In collaboration with stakeholders in Community Health, this tool was modified to meet the needs of the Western Zone of NL Health Services (formerly Western Health). Modifications were made based on the experiences administering previous versions of the survey and comparison with the more recent 2021 HCAHPS survey tool, as well as the CAHPS Clinician and Group Survey (CG-CHAPS) and the Canadian Patient Experiences Survey – (CPES-IC) developed by Canadian Institute for Health Information (CIHI). The survey also had the addition of standard questions regarding virtual care experience, which were developed with internal stakeholders (see Appendix A).

Participants

The survey was promoted to all clients who received Community Health services at the following locations in the Western Zone: acute care settings; long-term care facilities; community health settings, including offices, clinics, clients' homes, and community locations; and virtual care. The services offered included audiology, autism assessment, breastfeeding support, COVID-19 and flu immunization clinics, developmental psychology, direct home services, public health, and speech language pathology. In the case where the service recipient was under the age of consent, the survey could be completed by a parent or guardian. Surveys were not provided to clients receiving health promotion or school-based services.

Method

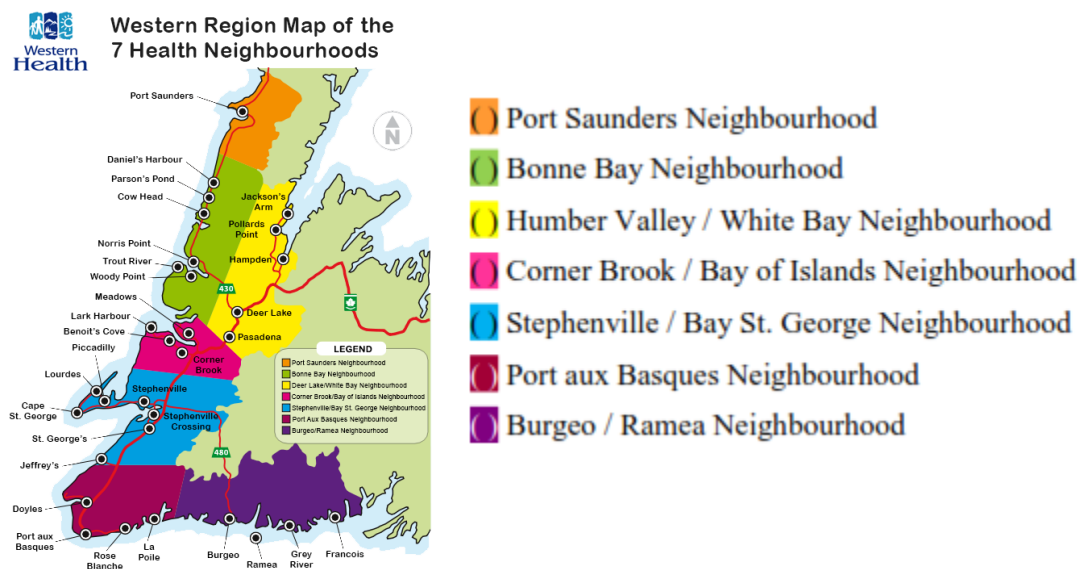
The survey was available to be completed electronically through the Alchemer survey platform or by paper from February 27th to April 21st, 2023. Staff promoted the survey to all clients who received the included Community Health services across the region by

providing an information letter. The letter contained information about the survey, as well as instructions on how to complete the survey electronically via a website link and QR code. Clients were also given the option to complete a paper version of the survey if they preferred. Based on low overall survey response rates for some services, telephone surveys were conducted from May 18th to June 7th, 2023. The survey was not promoted by Community Health providers during this time.

Sample

Surveys were completed by 524 participants regionally. For the purposes of this survey, the Western Zone was divided into seven Health Neighbourhoods: Bonne Bay Neighbourhood, Burgeo / Ramea Neighbourhood, Corner Brook / Bay of Islands Neighbourhood, Humber Valley / White Bay Neighbourhood, Port aux Basques Neighbourhood, Port Saunders Neighbourhood, and Stephenville / Bay St. George Neighbourhood. The map of the Western region further illustrates the communities located within each Health Neighbourhood (see Figure 1). Based on the total unique client volume, the sample size provides a confidence level of 99% that the real values are within $\pm 5.24\%$ of the surveyed values.

Figure 1. Western Region Map



Privacy, Confidentiality, Data Security

Privacy and confidentiality were achieved as the clients voluntarily and anonymously completed the survey. The majority completed the survey online. Clients who completed the survey on paper or over the telephone did so with no identifying information on the envelope or within the survey to identify the individual. Any information that could potentially identify the client was removed to maintain anonymity. The data was stored in the Alchemer platform and on password protected computers. Following online entry, paper surveys were destroyed using the approved Western Zone grey bins.

Data Analysis

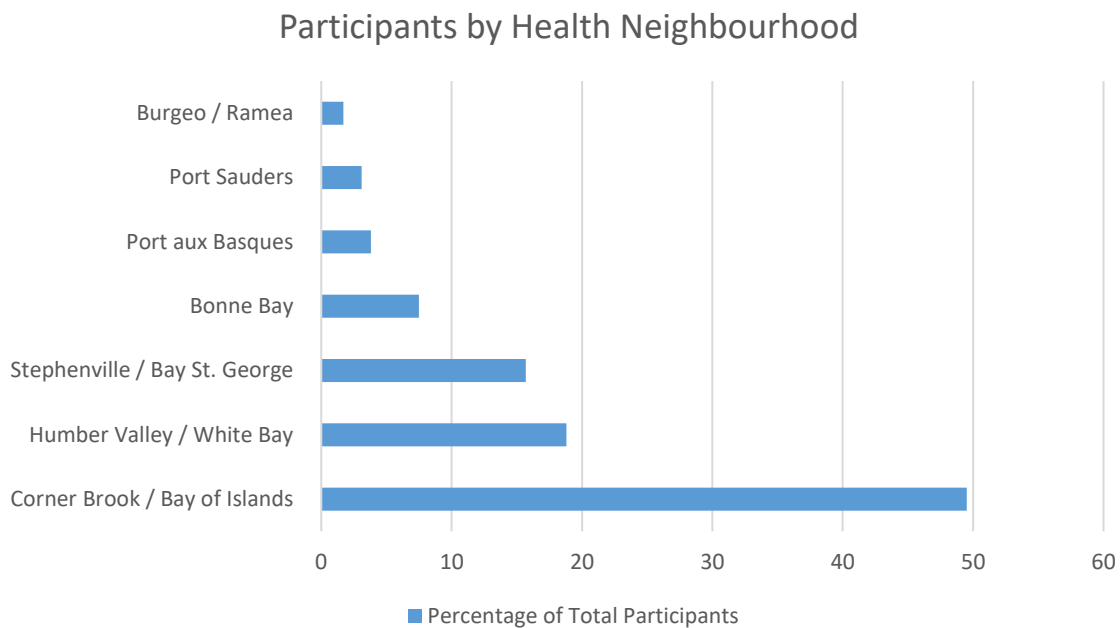
Survey responses were entered directly into Alchemer by the participant or telephone interviewer and transcribed from paper copies by the survey administrators. Reports were developed and analyzed in this survey platform. Descriptive statistics were calculated on regional data to obtain a general perspective of client experiences with Community Health within the Western Zone. Statistics were also calculated separately for the individual program areas, to assist in quality improvement initiatives and planning at a program level. The following report provides a summary of survey results for the region.

Results

Demographics

A total of 524 surveys were completed by clients who received Community Health services across the region. The participants were asked to identify the Health Neighbourhood in which they (or their child) reside (see Figure 2). The majority of participants reported living in Corner Brook / Bay of Islands (49.5%) and Humber Valley / White Bay Neighbourhood (18.8%). In addition, 15.7% indicated Stephenville / Bay St. George and 7.5% indicated Bonne Bay Neighbourhood. The remaining 8.6% of participants reported living in the remaining neighbourhoods (ie. Port aux Basques, Port Saunders, and Burgeo / Ramea).

Figure 2. Participants by Health Neighbourhood (Percent of total)



To differentiate the setting in which services were received, participants were asked to identify where they (or their child) received their service(s). The majority of participants (86.5%) reported they received services during a visit to a Western Zone office, 21.9% indicated they received services in their own home, 5.3% reported through virtual care, and lastly 1.8% received services as an inpatient in acute care or a resident of a long-term

care facility. The number of participants from each program within Community Health are further identified in Table 1 below.

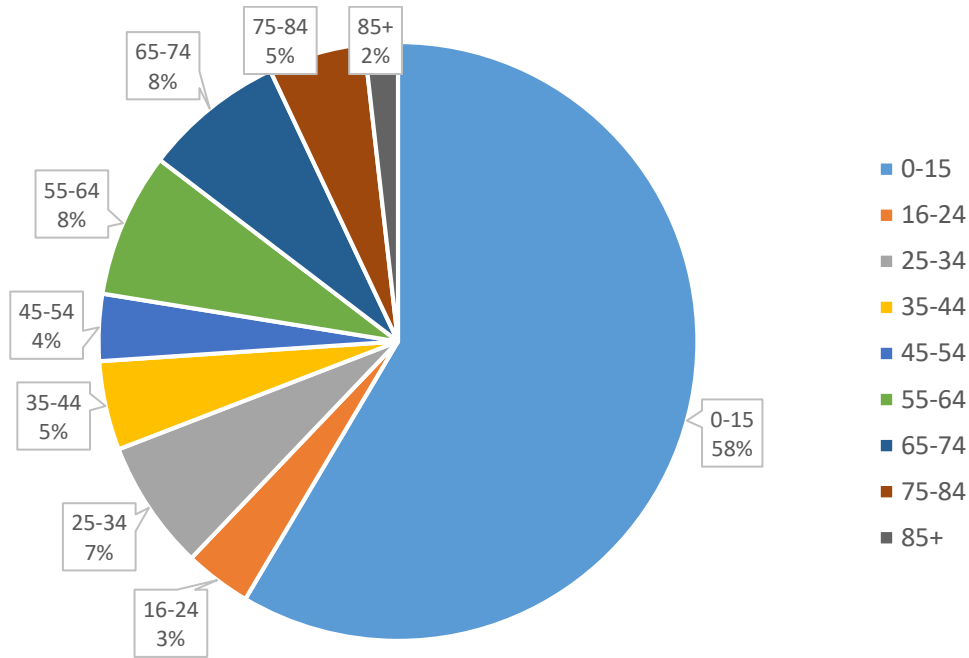
Table 1. Participants by Service

Service	Percent (%)	Number of Responses
Audiology Services (Children – under age 18)	3.1	16
Audiology Services (Adult – age 18+)	11.5	60
Autism Assessment Team	5.6	29
Breastfeeding Support	3.4	18
COVID / Flu Immunization	9.6	50
Developmental Psychology	4.2	22
Direct Home Services (Child Management Specialist)	8.0	42
Public Health Services	40.0	209
Speech Language Pathology Services (Children – under age 18)	12.1	63
Speech Language Pathology Services (Adult – age 18+)	2.5	13
Service not identified	0.0	2
Total	100	524

To gain a more thorough understanding of the demographics and health status of the survey participants, they were asked to report their (or their child’s) gender, ethnicity, age group (see Figure 3) and to rate their overall physical and mental/emotional health. There was an equal distribution among the male (50.6%) and female (50.0%) gender identities, with less than 1% identifying as transgender. The majority of participants (71.5%) identified as White, 27.2% Aboriginal/Indigenous, 2.4% Filipino, 2.0% Black, 1.8% South Asian, less than 1% Latin American, and 2.7% another background. Participants included representation across all age groups with the majority being in the 0-15 age group (58.4%). Participants were asked who they were completing the survey on behalf of, and the majority (55.0%) reported on behalf of a child, while 45.0% reported themselves. Participants were asked to rate their own (or their child’s) overall health and 42.3% reported excellent, 34.9% reported very good, 17.9% reported good, 4.0% reported fair, and 0.8% reported poor. When asked to rate their own (or their child’s) overall emotional/mental health, 41.7%

reported excellent, 31.6% reported very good, 18.8% reported good, 7.3% reported fair, and 0.6% reported poor.

Figure 3. Percentage of Participants by Age Group



Initial Assessment and Care Plan

Participants were asked about their experience when they (or their child) first started receiving Community Health services (see Table 2). The majority of participants reported that health care providers talked to them about whether they had the support they needed (97.7%). Participants were also asked if their health care provider helped them connect with other supports they needed, such as mental health, spiritual care, and social or recreation opportunities. The majority of participants (93.1%) reported yes and 6.9% reported no. The majority also reported that their health care providers told them what care and services they would receive (98.5%), gave them information about what to do if they notice changes in their (or their child’s) health related to the service they are receiving (97.4%), and let them know who to contact if they had a problem (96.9%).

Table 2. Initial Assessment and Care Plan

Question	Yes % (N)	No % (N)
Did the provider talk with you about whether you (and/or your child) had the supports you needed?	97.7 (430)	2.3 (10)
Did the provider tell you what care and services you (or your child) would receive?	98.5 (468)	1.5 (7)
Did the provider give you information about what to do if you notice changes in your (or your child's) health related to the service you are receiving?	97.4 (453)	2.6 (12)
Did the provider help you connect with other supports/services you (or your child) needed, such as mental health, spiritual care, and social or recreation opportunities?	93.1 (298)	6.9 (22)
Did the provider let you know who to contact if you (or your child) had a problem?	96.9 (439)	3.1 (14)

Information and Support

Participants were asked if, in the last two months, they contacted the Community Health office to get information or support. The 35.6% who contacted the office were then asked how long it took for them to get the information or support that they needed. Almost everyone who contacted (94.3%) received support within 5 days. The majority (79.9%) reported that they received the information or support on the same or next day, 14.4% reported 2 to 5 days, 3.4% reported 6 to 14 days, and 2.3% reported more than 14 days.

Care from Health Care Providers

Participants were asked about the care they (or their child) received from their health care providers (see Table 3). Almost all of the participants reported that providers usually or always treated them with respect (99.4%), listened carefully to them (99.2%), explained things in a way they could understand (99.2%), seemed up-to-date about all the care or treatment they received (98.8%), coordinated with other providers about their care (95.4%), gave them opportunities to ask questions (98.6%), and involved them as much as they wanted to be in decisions about their (or their child's) care and treatment (98.8%).

Table 3. Provider Care

Question	Always % (N)	Usually % (N)	Sometimes % (N)	Never % (N)
How often did health care providers: Treat you (and/or your child) with courtesy and respect?	97.6 (492)	1.8 (9)	0.4 (2)	0.2 (1)
How often did health care providers: Listen carefully to you (and/or your child)?	97.4 (489)	1.8 (9)	0.4 (2)	0.4 (2)
How often did health care providers: Explain things in a way you could understand?	96.8 (486)	2.4 (12)	0.8 (4)	0 (0)
How often did health care providers: Seem informed and up-to-date about all the care or treatment you (or your child) received?	94.8 (471)	4.0 (20)	0.6 (3)	0.6 (3)
How often did health care providers: Coordinate with other providers about your (or your child's) care?	87.2 (319)	8.2 (30)	3.3 (12)	1.4 (5)
How often did health care providers: Give you opportunities to ask questions?	96.4 (482)	2.2 (11)	1.2 (6)	0.2 (1)
How often did health care providers: Involve you as much as you wanted to be in decisions about your (or your child's) care and treatment?	96.1 (464)	2.7 (13)	0.4 (2)	0.8 (4)

Environment

Participants were asked questions about the environment and hand hygiene during their most recent visit (see Table 4). If participants indicated services were received in a healthcare facility or office, they were further prompted to identify if the surroundings and bathrooms were clean. The majority reported that they had enough privacy (98.7%) and that health care providers washed their hands or used hand sanitizer before and after providing care (99.5%).

Table 4. Environment

Question	Yes % (N)	No % (N)
Were the surroundings clean?	99.0 (412)	1.0 (4)
Was the bathroom clean?	98.5 (203)	1.5 (3)

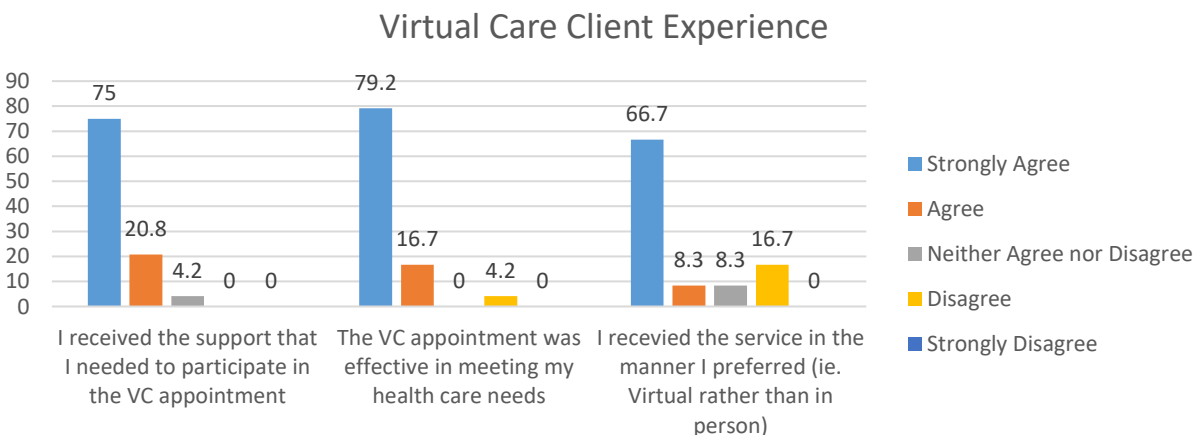
Question	Yes % (N)	No % (N)
Did you feel you (or your child) had enough privacy?	98.7 (457)	1.3 (6)
Did your health care provider wash their hands or use hand sanitizer before and after providing care?	99.5 (414)	0.5 (2)

Virtual Care Experience

Those who reported utilizing virtual care were asked additional questions to further understand their experience with virtual care (see Figure 4). When asked what type of virtual care they received, the majority (72%) reported video (computer/laptop, Telehealth unit, or mobile device, such as iPad/tablet) and 40% reported telephone. When asked to indicate all the reasons why they accessed virtual care, the majority reported that they preferred not to travel (40.9%), while 31.8% reported that the service was not available in-person locally, 13.6% reported that the service was available more quickly from another community/site, and 13.6% also reported they were unable to travel.

Participants were also asked to provide feedback regarding their virtual care appointment (see Figure 4). The majority strongly agreed or somewhat agreed that they received the support that they needed to connect and participate in the virtual care appointment (95.8%), that the appointment was effective in meeting their health care needs (95.9%), and that they did receive the service in the manner they preferred (ie. virtual rather than in-person; 75%).

Figure 4. Virtual Care Participant Feedback



Overall Experience

Participants were asked if the scheduled appointment met their needs and the majority reported yes (99.6%), while 0.4% reported no. Those that responded no were further prompted to answer why the appointment time did not meet their needs. However, as only two participants indicated no, the responses to this question were suppressed. Participants were asked if they would recommend the program or service to friends and family and the majority reported probably or definitely yes (98.5%), 0.8% reported probably no, and 0.8% reported definitely no. Participants were also asked to rate the care received on a scale of 0 to 10, where 0 is the worst care possible and 10 is the best care possible. On average, participants ranked their care at 9.6.

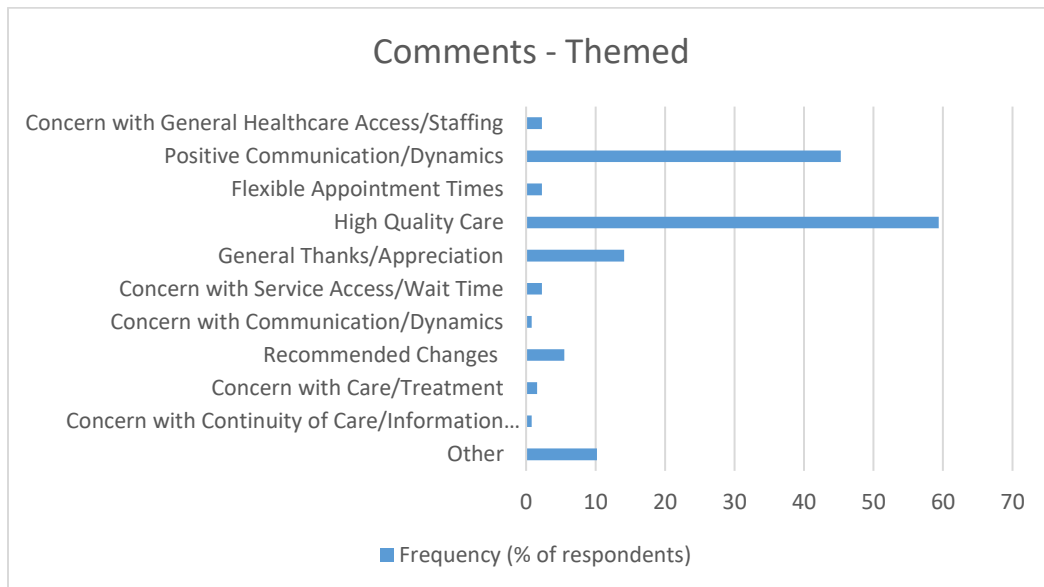
Additional Comments

Survey participants were given the opportunity to comment on their overall experience and 185 respondents provided additional comments (see Figure 5). Participants provided comments related to one or more themes. Positive themes included general overall satisfaction and experiences of high quality care. Participants used terms such as amazing, very accommodating, pleasant and professional, and a wonderful experience.

A prevalent theme expressed in the survey comments was regarding positive communication and interpersonal dynamics with the health care team. Participants used terms such as kind, informative, polite, respectful, friendly, and compassionate. One client provided the following comment with respect to their community health visit: “it’s great to be able to ask for advice and not feel judged”. Several participants also identified how accommodating their provider was with respect to booking and changing appointment times. One participant advised they were sick and unable to attend their in-person appointment; therefore, their provider was able to make accommodations and provide the appointment virtually. Additional comments were provided specifically in relation to postpartum mothers’ experience, including appreciation for at home visits from Public Health and evening appointments with Audiology.

While the strong majority of comments were very positive, there was a less common theme in the survey responses regarding dissatisfaction with signage at Western Memorial Regional Hospital. Client comments identified that it was difficult to navigate through the hospital and that registration locations were not clearly designated in some departments. A common complaint identified was the lack of privacy for clients that attended vaccination clinics, with reference being made to “seeing and hearing other individuals’ conversations” during their visit. Suggestions were provided to properly space clients apart and to close doors during client interactions to maintain privacy. Other individual concerns identified were the lack of hospital parking for clients, inadequate mental health services for men during pregnancy and postpartum, as well as the need to implement age appropriate tools for pre-teen children during assessments.

Figure 5: Participant Comment Themes (% of all comments)



Strengths and Opportunities for Improvement

Overall results indicate that the services offered by Community Health in the Western Zone have many significant strengths, such as the care received from health care providers, including their courtesy and respect, as well as ensuring that they have the necessary medical information about clients during their visit. Other strengths identified were client privacy, effective communication, and discharge planning including the education provided and the arrangement of necessary supports. Lastly, the environment was identified as a strength, with almost all of the respondents reporting of clean surroundings, including facility bathrooms.

Opportunities for potential improvement are identified for those questions that have less than 80% of participants reporting a positive response, as well as from the common themes in participants' comments.

Regionally, it is recommended that the following areas are explored further to understand the needs of clients and potential needs for practice enhancements:

1. Explore opportunities to assess whether the client is receiving health care services in the method of their preference (ie. virtual rather than in-person) and, if not, further advocate to implement the appropriate service method where possible.
2. Further explore concerns regarding privacy for clients that attended vaccination clinics and explore opportunities to ensure adequate privacy if needed.

Appendix A

Community Health Client Experience Survey



Community Health Client Experience Survey

As a client (or parent/guardian of a client) who has recently received Community Health services through Western Health, we would like your feedback on your experience.

This survey should take approximately 5-10 minutes to complete. Your participation in this survey is voluntary and will not affect your health care. All information gathered from this survey will be treated confidentially and will be reported collectively. The results will be shared anonymously with health care providers and leadership to support quality improvement. A summary will also be posted at www.westernhealth.nl.ca by August 2023.

If you have any questions or technical issues with this survey, please contact Tracey Wells-Stratton - Regional Manager, Research & Evaluation by calling (709)784-6801 or emailing traceywells@westernhealth.nl.ca.

Experience surveys provide an anonymous snapshot of the combined experience within the program/area. If you have feedback (concerns or compliments) requiring direct follow-up, please speak with our staff who provided your care or service; speak with their manager, or contact the Client Relations Office by calling the Confidential Client Feedback Line (Toll Free) at 1-833-784-6802 or emailing clientrelations@westernhealth.nl.ca.

We hope that you will take the time to complete this survey. Your participation is greatly appreciated.

INSTRUCTIONS:

- Please answer all the questions based on your most recent Community Health service. If you access multiple services, please complete a separate survey about your experience with each service.
- Only individuals who are over age 16 years, or parents/guardians of those under 16, should complete this questionnaire.
- You may skip any questions you prefer not to answer, or feel are not applicable.
- If answering on behalf of a child, please respond based on the *child's* experiences and involvement in services and the *child's* personal demographics (location, age, etc.) and not your own.

Overall Experience of Service

1) What Community Health service did you (or your child) most recently receive?

Check one.

- | | |
|---|---|
| <input type="checkbox"/> Audiology Services – Children (under age 18) | <input type="checkbox"/> Direct Home Services (Child Management Specialist) |
| <input type="checkbox"/> Audiology Services – Adult (age 18+) | <input type="checkbox"/> Public Health Services |
| <input type="checkbox"/> Autism Assessment Team | <input type="checkbox"/> Speech Language Pathology Services – Children (under age 18) |
| <input type="checkbox"/> Breastfeeding Support | <input type="checkbox"/> Speech Language Pathology Services – Adult (age 18+) |
| <input type="checkbox"/> COVID / Flu Immunization | |
| <input type="checkbox"/> Developmental Psychology | |

2) Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care received from Community Health?

Check one.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10

3) Would you recommend this program or service to your friends and family? *Check one.*

- | | |
|---|--|
| <input type="checkbox"/> Definitely yes | <input type="checkbox"/> Probably no |
| <input type="checkbox"/> Probably yes | <input type="checkbox"/> Definitely no |

4) Did the scheduled appointment time meet your needs? *Check one.*

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
|------------------------------|-----------------------------|---|

4 (b) If No, why not? *Check one.*

- Prefer a different appointment time during existing hours (Mon – Fri 8:30 – 4:30)
 - Prefer an early morning appointment time (7:30 – 8:30 am)
 - Prefer an evening appointment time (4:30 – 8:00 pm)
 - Prefer a weekend appointment time (Saturday or Sunday 8:30-4:30)
-

Your Care from Health Care Providers

5) Please answer the following questions about your experience when you first started receiving Community Health services.

Did the health care provider: *Check one per row.*

	Yes	No	Not applicable or I am not sure
Talk with you about whether you (and/or or your child) had the supports you needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell you what care and services you (or your child) would receive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give you information about what to do if you notice changes in your (or your child's) health related to the service you are receiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help you connect with other supports/services you (or your child) needed, such as mental health, spiritual care, and social or recreation opportunities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Let you know who to contact if you (or your child) had a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6) Please answer the following questions about your experience with Community Health during your most recent visit with the service indicated above.

How often did health care providers with Community Health: *Check one per row.*

	Always	Usually	Sometimes	Never	Not applicable
Treat you (and/or your child) with courtesy and respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listen carefully to you (and/or your child)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explain things in a way you could understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seem informed and up-to-date about all the care or treatment you (or your child) received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Usually	Sometimes	Never	Not applicable
Coordinate with other providers about your (or your child's) care?	()	()	()	()	()
Give you opportunities to ask questions?	()	()	()	()	()
Involve you as much as you wanted to be in decisions about your (or your child's) care and treatment?	()	()	()	()	()

Information & Support

7) In the last 2 months, did you contact a Community Health office to get information or support? Check one.

- Yes No (*SKIP to question 9*)

8) When you contacted the office, how long did it take for you to get the information or support you needed? Check one.

- Same day or next day 6 to 14 days
 2 to 5 days More than 14 days

The Environment

9) Where did you (or your child) receive services? Check all that apply.

- In my own home Through virtual care - includes telephone/cellphone or video (computer/laptop, Telehealth unit, or mobile device, such as an iPad/tablet) (*SKIP to question 11*)
 During a visit to a Western Health office
 As an inpatient in acute care or a resident of a long term care facility

10) Please answer the following questions about the environment and hand hygiene during your most recent Community Health visit: Check one per row.

	Yes	No	Not applicable or I am not sure
Were the surroundings clean?	()	()	()

	Yes	No	Not applicable or I am not sure
Was the bathroom clean?	()	()	()
Did your health care provider wash their hands or use hand sanitizer before and after providing care?	()	()	()
Did you feel you (or your child) had enough privacy?	()	()	()

Virtual Care Experience

(SKIP to question 14 (About You) if not applicable)

11) What type of virtual care did you receive? Check all that apply.

Video/Computer

Other - Write In (Required):

Telephone

12) Why did you access virtual care? Check all that apply.

Service not available in-person locally

Preferred to receive service from a provider at another community/site

Service available more quickly from another community/site

Preferred not to travel

Unable to travel

13) Please indicate your agreement with the following statements regarding the virtual care appointment: Check one per row.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I received the support that I needed to connect and participate in the virtual care appointment	()	()	()	()	()
The virtual care appointment was effective in meeting my health care needs	()	()	()	()	()
I received the service in the manner I preferred (i.e. virtual rather than in-person)	()	()	()	()	()

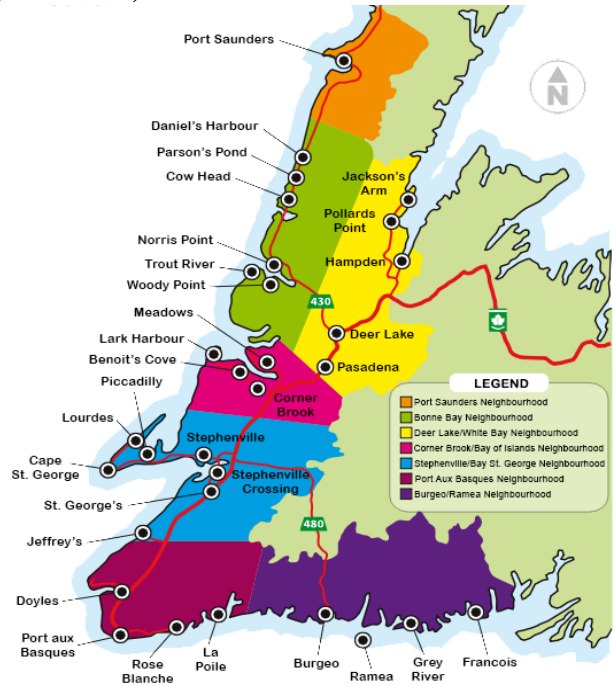
About You (*The Client*)

14) In which Health Neighbourhood do you (or your child) live?

The Western region is divided into 7 Health Neighbourhoods. These Neighbourhoods are indicated on the provided map. Please use the list below to make your selection.

Check one.

- Port Saunders Neighbourhood
- Bonne Bay Neighbourhood
- Humber Valley / White Bay Neighbourhood
- Corner Brook / Bay of Islands Neighbourhood
- Stephenville / Bay St. George Neighbourhood
- Port aux Basques Neighbourhood
- Burgeo / Ramea Neighbourhood



15) Please indicate your (or your child's) age: *Check one.*

- | | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> 0-15 | <input type="radio"/> 35-44 | <input type="radio"/> 65-74 |
| <input type="radio"/> 16-24 | <input type="radio"/> 45-54 | <input type="radio"/> 75-84 |
| <input type="radio"/> 25-34 | <input type="radio"/> 55-64 | <input type="radio"/> 85+ |

16) Which best describes your (or your child's) gender? *Check all that apply.*

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Male | <input type="checkbox"/> Another gender: _____ |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Prefer not to answer |

17) People living in Newfoundland and Labrador come from many different cultural and racial backgrounds. The following question will help us to better understand the experiences of the communities that we serve. Do you consider yourself (or your child) to be . . . *Continue to next page for additional responses. Check all that apply.*

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Aboriginal/Indigenous | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Black (North American, Caribbean, African, etc.) | <input type="checkbox"/> Japanese |
| | <input type="checkbox"/> Korean |

- Latin American/Latino/Hispanic
- South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- West Asian (Iranian, Afghan, etc.)
- White (North American, European, etc.)
- Other: _____
- Prefer not to answer

18) In general, how would you rate your (or your child's) overall health? *Check one.*

- Excellent
- Very good
- Good
- Fair
- Poor

19) In general, how would you rate your (or your child's) overall mental/emotional health? *Check one.*

- Excellent
- Very good
- Good
- Fair
- Poor

20) Did you complete this survey on behalf of yourself or a child in your care? *Check one.*

- Myself
- A child

21) Please provide any additional comments you would like to share.

This survey is anonymous. Please do not include any identifying information.

If you have feedback (concerns or compliments) requiring direct follow-up, please speak with our staff who provided your care or service, speak with their manager, or contact the Client Relations Office at 1-833-784-6802 (Confidential Client Feedback Line) or clientrelations@westernhealth.nl.ca

Thank You!
Your response is very important to us.