

## APPENDICES for Section 5

### DATA COLLECTION METHODOLOGY

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# APPENDIX 5-1

## North Eastman Provincial Survey Questions and Corresponding Responses November/December 2003

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Source: Acumen Research (2004) Community Health Survey 2003 – North Eastman. November/December. Appendix A. pg. A 15- 27.

Note: Ostenfeld is not geographically located in NE but we are reassured from Acumen that because it represents only one survey, it will not affect the total responses and interpretation of the information.

### *North Eastman Survey Questions and Corresponding Responses*

(N=400)

GENDER: Male.....51% Female.....49%

Hello, I'm calling on behalf of the Regional Health Authorities of Manitoba. My name is \_\_\_\_\_ and I'm from **acumen research** and we wish to speak to the person in your household who is 18 years of age or older and whose birthday will come next. Is that you? We wish to do a brief 15 minute survey about health. Do you have a few minutes now?

Q1 Can you please tell me the name of the city, town, or community you live in?

Albert Beach.....	<1%
Anola.....	7%
Beausejour.....	21%
Belair.....	1%
Bloodvein River I.R. #12.....	<1%
Brokenhead.....	1%
Cloverleaf.....	1%
Cook's Creek.....	1%
Dugald.....	3%
East Braintree.....	1%
Elma.....	1%
Fort Alexander.....	<1%
Fort Alexander I.R. #3.....	<1%
Garson.....	2%
Great Falls.....	2%
Hadashville.....	2%
Hazelglen.....	<1%
Hazelridge.....	2%
Hillside Beach.....	1%
Hollow Water I.R. #10.....	1%
Lac du Bonnet.....	15%
Little Black River I.R. #9.....	1%
Manigotagan.....	1%
McMunn.....	<1%
Oakbank.....	10%
Ostenfeld.....	<1%
Pinawa.....	10%
Pine Falls.....	5%
Pointe du Bois.....	1%
Powerview.....	1%
Prawda.....	1%
Rennie.....	<1%
Sapton.....	<1%
Seddon's Corner.....	<1%
Seven Sisters Falls.....	1%
Springwell.....	<1%
St. George.....	1%
Ste. Rita.....	1%
Traverse Bay.....	2%
Tyndall.....	3%
Victoria Beach.....	1%
Vivian.....	<1%
Wanipigow.....	<1%
Whitemouth.....	3%

Just before we begin, I would like to assure you that all the information gathered through this study is strictly confidential. We guarantee your anonymity – no names will be attached to the research findings. The information gathered in this study will be used for future health planning by your Regional Health Authority. Please also note that this call may be monitored for quality control purposes.

Q2 Would you say your health is generally... **READ LIST**

Excellent.....	22%
Very good.....	34%
Good.....	34%
Fair .....	7%
Or, poor? .....	3%
Don't know / refused.....	0%

Q3 During the past 30 days, did you have any difficulties with your physical health that kept you from doing the things you usually do in a typical day? **IF YES ASK ...** would you say it limited your normal activities a little, a lot or totally?

No.....	78%
A little.....	9%
A lot.....	10%
Totally.....	3%
Don't know / refused.....	0%

Q4 During the past 30 days, did you have any difficulties with your emotional health, like depression, stress or anxiety that kept you from doing the things you usually do in a typical day? **IF YES. ASK ...** would you say it limited your normal activities a little, a lot or totally?

No.....	86%
A little.....	11%
A lot.....	3%
Totally.....	1%
Don't know / refused.....	0%

Q5 Compared to others your age, would you say your health is... **READ LIST**

Excellent.....	18%
Very good.....	35%
Good.....	35%
Fair .....	9%
Or, poor? .....	2%
Don't know / refused.....	<1%



Q6 What, if anything, is the main thing you do on a daily basis to improve your health?  
**PROBE.**

**Exercise**

I walk/run/jog outside everyday for a certain distance/amount of time ..... 22%  
 I walk outside several times a week for a certain distance/amount of time. .... 9%  
 I regularly workout at home..... 8%  
 I have physically demanding work/lifestyle that gives me plenty of exercise. .... 6%  
 I engage in sports regularly (hockey, curling, volleyball, etc.)..... 5%  
 I go regularly to a fitness club/gym/work out/pool/yoga class..... 4%  
 I ride/use an exercise bicycle/machine everyday for a certain distance/amount of time. .... 3%  
 I ride/use an exercise bicycle/machine several times a week for a certain distance/amount of time. .... 3%  
 I do housework that is physically demanding. 2%  
 I walk my dog at least once a day. .... 1%  
 I am resting a lot because of my age/doctor's orders..... 1%  
 I try to get a good/proper sleep..... 1%

**Food**

I eat healthy foods/balanced diet/foods in moderation everyday. .... 7%  
 I eat lots of fruits/vegetables/whole grains..... 3%  
 I follow the Canada/Manitoba Food guide..... 1%  
 I drink plenty of water..... <1%  
 I eat organic food..... <1%

**Medications/supplements/vitamins**

I take vitamins/supplements/herbal remedies. 3%  
 I take my daily-prescribed medications. .... 1%  
 I am on a diet/diet supplements..... 1%

**Avoidance**

I avoid eating foods with high fat content..... 3%  
 I avoid junk food/fast food..... 3%  
 I avoid eating foods high in sugar..... 1%  
 I avoid eating foods high in fat and sugar. .... 1%  
 I avoid fried foods. .... <1%

**Nothing/other/don't know/refused**

I do nothing in particular to improve my health..... 8%  
 Other..... 3%  
 Don't know/refused..... 0%



Q7 What types of things would you like to see in your own community that you believe could help you to improve your health? **PROBE**

**Health Services**

- Better access to doctors..... 8%
- A regional/local hospital with emergency care..... 3%
- More/better services/facilities in hospital. .... 2%
- More/better health education..... 2%
- More/better health services in community..... 1%
- More/better transportation to health services. 1%
- Better availability and affordability of prescription drugs..... 1%
- Better home care services in my community.<1%
- More/better personnel working in the hospital. ....<1%
- Access to a chiropractor..... <1%
- More specialists for rural areas. ....<1%
- Keep the local/regional hospital open. ....<1%

**Recreation facilities**

- Exercise gym/fitness studio/spa..... 12%
- A recreation facility offering swimming/aerobics/weight lifting/cycling/programs for seniors/..... 6%
- A swimming pool (indoor/outdoor) or longer pool hours..... 6%
- A wellness/community health centre that has exercise programs available in it..... 3%
- More/better sports facilities..... 3%
- Trails or paths for cross-country skiing/hiking/cycling/walking..... 1%
- Cheaper/free facilities. .... 1%
- Indoor walking track and running track. ....<1%

**Recreation programs**

- More/better exercise programs/recreational activities..... 6%

**Other/don't know/refused**

- Other..... 7%
- Nothing I can think of..... 38%
- Refused..... 0%



Q8 When you are feeling anxious or upset and you need to talk, do you have someone you can count on to listen to you? **IF YES ASK ...** Would that be a little of the time, some of the time, most of the time or all of the time?

No..... 10%  
 A little..... 8%  
 Some..... 4%  
 Most..... 33%  
 All..... 45%  
 Don't know / refused..... 1%

Q9 Applies to other RHA only.

Q10 In the past 12 months, did you have any injuries that were serious enough to limit normal activities, such as work, school, or regular activities outside of the home?

Yes..... 16%  
 No..... 84% **GOTO Q16**  
 Don't know / refused..... <1% **GOTO Q16**

Q11 Thinking back at your most recent injury, where did it happen? **(IF RESPONDENT SAYS 'AT WORK', PROBE FOR TYPE OF WORKPLACE)** (N = 65)

In a home or the surrounding yard ..... 41%  
 Factory, warehouse, or construction site..... 13%  
 In a park or other place for recreation..... 13%  
 Farm (excluding farmhouse)..... 10%  
 On a street, sidewalk, highway or in vehicle.. 6%  
 In a workplace ..... 6%  
 Other institution (e.g., church, hospital, theatre, civic building)..... 3%  
 Sports or athletics area (include school sports areas)..... 2%  
 Commercial area (store, restaurant, bar, office, airport or other transport terminal) ..... 1%  
 Other..... 0%  
 Don't know / refused..... 5%

Q12 What type of injury did you have? For example, was it a broken bone, or burn? (N = 65)

Sprain or strain .....	41%
Whiplash or spinal injury.....	13%
Dislocation.....	8%
Multiple injuries .....	8%
Broken or fractured bones.....	5%
Injury to internal organs .....	3%
Cut, puncture, animal bite (open wound).....	2%
Scrape, bruise, blister.....	2%
Burn, scald, chemical burn.....	1%
Other.....	19%
Don't know / refused.....	0%

Q13 And in the past 12 months, about how many days of school or work did you miss as a result of this injury? (N = 65)

No time lost .....	46%
1 day .....	9%
2 days.....	5%
3 days.....	4%
4 to 7 days .....	8%
8 to 14 days .....	6%
15 to 30 days .....	5%
31 to 60 days .....	14%
61 to 90 days .....	1%
91 to 180 days .....	1%
Don't know / refused.....	1%

Q14 And, if you went to see anyone about treatment for your injury, where did you go? (N = 65)

Alternate therapies like massage, reflexology, chiropractor, acupuncture, physiotherapist ..	36%
Hospital emergency or urgent care dept.....	30%
Family doctor .....	18%
Hospital non-emergency or outpatient clinic (e.g., day surgery, cancer) .....	6%
Community health centre or clinic .....	6%
Other.....	2%
Did not seek medical treatment.....	3%
Don't know / refused.....	0%

Q15 What are you now doing, if anything, to prevent this kind of injury from happening again?  
**CIRCLE ALL THAT APPLY** (N = 65)

- Being more careful..... 48%
- Using protective gear/safety equipment ..... 7%
- Sought professional help ..... 6%
- Took safety training..... 5%
- Changing physical situation / moved out or  
away / ended relationship ..... 4%
- Taking medication / had medical testing /  
had surgery to prevent further injury..... 4%
- Gave up other activity  
(exclude alcohol or drug use)..... 2%
- Gave up alcohol / drug use..... 0%
- Other..... 24%
- Nothing can be done about it..... 12%
- No precautions are being taken..... 13%
- Don't know / refused..... 2%

Q16 Do you have a regular health care provider, such as a doctor or nurse that you can see about your health?

- Yes..... 88%
- No..... 12%
- Don't know / refused..... 1%

Q17 Please tell me how easy it is for you to get an appointment to see a health care provider, such as a doctor, nurse, public health or home care worker? Would you say it is extremely difficult, somewhat difficult, neither difficult nor easy, somewhat easy, or extremely easy to get such an appointment?

- Extremely difficult ..... 4%
- Somewhat difficult ..... 18%
- Neither difficult nor easy..... 9%
- Somewhat easy..... 42%
- Extremely easy..... 26%
- Don't know / refused..... 2%



Now I will read you a list of statements. Please tell me whether you agree, disagree, or do not feel strongly either way. Would that be strongly agree/disagree, or somewhat agree/disagree?

**ROTATE**

		Strongly disagree	Some-what disagree	Neither agree nor disagree	Some-what agree	Strongly agree	DK/REF
Q18	“When I need a particular health care service, I am usually able to get it.”	6%	6%	4%	40%	43%	2%
Q19	“When I have a concern about the health care system in my region, I know where to go to get my concern addressed.”	19%	17%	6%	31%	25%	3%
Q20	“If I need specific information about my health or a particular treatment, I know where to go or who to call about it.”	5%	7%	3%	37%	48%	1%

Now we would like to get your opinion about health care services in your region. Using a scale of 1 to 5 where 1 is not at all important and 5 is extremely important, please tell me how important to you are ... **ROTATE**

		Not at all important		Extremely important			DK/REF
Q21	Health promotion, such as flu shots, blood pressure clinics, or health fairs?	5%	7%	20%	25%	42%	1%
Q22	Community services, such as public health or mental health?	4%	7%	20%	28%	38%	3%
Q23	Home care and personal care homes?	8%	7%	15%	20%	48%	2%
Q24	Hospitals and ambulance services?	1%	3%	7%	12%	77%	1%



**Q25 IF RESPONDENT DOES NOT CLEARLY HAVE A “#1” AND “#2” CHOICE, ASK ... and which of {health promotion} or {hospitals and ambulance services} or {community services} or {home care and personal care homes} is *most* important to you? And which is second most important to you?**

**MOST IMPORTANT**

Hospitals and ambulance services.....	69%
Home care and personal care homes.....	13%
Community services.....	9%
Health promotion.....	8%
Don't know / refused.....	1%

**SECOND MOST IMPORTANT**

Home care and personal care homes.....	34%
Health promotion.....	26%
Community services.....	20%
Hospitals and ambulance services.....	18%
Don't know / refused.....	2%

**Q26 Have you used a health promotion service, such as a flu shot, a blood pressure clinic, or a health fair, in the past 12 months?**

Yes.....	34%	
No.....	66%	<b>GO TO Q28</b>
Don't know / refused.....	0%	<b>GO TO Q28</b>

**Q27 How would you rate your experience? Would you say it was... **READ LIST** (N = 137)**

Excellent.....	46%
Very good.....	26%
Good.....	25%
Fair.....	3%
Or, poor?.....	1%
Don't know / refused.....	0%

**Q28 Have you used community services, such as public health or mental health services in the past 12 months?**

Yes.....	21%	
No.....	79%	<b>GO TO Q30</b>
Don't know / refused.....	<1%	<b>GO TO Q30</b>



Q29 How would you rate your experience? Would you say it was... **READ LIST** (N = 83)

Excellent.....	29%
Very good.....	29%
Good.....	27%
Fair.....	13%
Or, poor?.....	2%
Don't know / refused.....	0%

Q30 Have you *personally* used home care or a personal care home in the past 12 months?

Yes.....	2%
No.....	97% <b>GO TO Q32</b>
Don't know / refused.....	<1% <b>GO TO Q32</b>

Q31 How would you rate your experience? Would you say it was... **READ LIST** (N = 10)

Excellent.....	41%
Very good.....	19%
Good.....	0%
Fair.....	23%
Or, poor?.....	9%
Don't know / refused.....	9%

Q32 Have you used a hospital or an ambulance service in the past 12 months?

Yes.....	33%
No.....	67% <b>GO TO Q34</b>
Don't know / refused.....	0% <b>GO TO Q34</b>

Q33 How would you rate your experience? Would you say it was... **READ LIST** (N = 132)

Excellent.....	30%
Very good.....	26%
Good.....	26%
Fair.....	9%
Or, poor?.....	7%
Don't know / refused.....	2%

Q34 Now I want to read you a list of health services. Please tell me if this health service is offered in your area? **READ LIST AND CIRCLE ALL THAT APPLY.**

Doctors .....	90%
Home care .....	88%
Public health nurses .....	88%
Services to seniors .....	87%
Social workers .....	77%
Nurse practitioner .....	60%
Clinical dietitian.....	53%
Mental health services.....	53%
Diabetes education .....	52%
Wellness facilitators .....	47%
None of the above .....	1%
I don't know about any services in my area.	1%
Refused.....	0%

Q35 - 43 Applies to other RHA only.

Q44 What age category are you in – are you under 45 or are you 45 or older? **READ LIST**

18 to 19.....	4%
20 to 24.....	8%
25 to 29.....	7%
30 to 34.....	8%
35 to 39.....	11%
40 to 44.....	11%
45 to 49.....	11%
50 to 54.....	9%
55 to 59.....	8%
60 to 64.....	7%
65 to 69.....	6%
70 to 74.....	5%
75 or over .....	7%
Don't know / refused.....	0%



Q45 Please tell me which of the following best describes your level of schooling? **READ LIST, CHOOSE HIGHEST LEVEL ATTAINED**

Less than high school.....	17%
Graduated high school.....	29%
Some college or university.....	16%
Completed college or technical school.....	21%
University graduate.....	17%
Don't know / refused .....	<1%

Q46 To which ethnic or cultural groups did your ancestors belong?

Canadian.....	9%
English.....	10%
German.....	10%
Scottish.....	3%
Ukrainian.....	10%
Irish.....	1%
French.....	5%
First Nations / Aboriginal.....	6%
Polish.....	3%
Metis.....	2%
Dutch / Netherlands.....	4%
Filipino .....	0%
Russian.....	0%
Icelandic .....	1%
Swedish.....	1%
Italian.....	1%
Belgian.....	<1%
Norwegian.....	0%
Jewish.....	0%
Welsh.....	<1%
Multiple origins .....	23%
Other.....	7%
Don't know / refused .....	4%

Q47 Which of the following best describes your current employment situation? **READ LIST, IF MORE THAN ONE, ASK...** Which do you consider to be your primary source of income?

Employed full-time .....	39%
Employed part-time .....	15%
Self-employed / home-based business .....	12%
Retired .....	24%
Not employed .....	10%
Don't know / refused.....	<1%

Q48 And how many people, including both adults and children, are currently living in your household?

1.....	10%
2.....	36%
3.....	25%
4.....	16%
5.....	9%
6.....	3%
7.....	1%
Don't know / refused.....	0%

Q49 Please tell me which of the following categories best describes your yearly family income? Is it below \$40,000 or \$40,000 or over? **READ LIST**

Under \$10,000.....	1%
\$10,000 to \$19,999 .....	7%
\$20,000 to \$29,999 .....	9%
\$30,000 to \$39,999 .....	16%
\$40,000 to \$49,999 .....	13%
\$50,000 to \$59,999 .....	13%
\$60,000 to \$69,999 .....	7%
\$70,000 to \$79,999 .....	7%
\$80,000 to \$89,999 .....	4%
\$90,000 to \$99,999 .....	2%
\$100,000 or over.....	5%
Don't know / refused.....	17%

Q50 Can you please tell me your postal code?

R0C .....	<1%
R0E.....	100%

I'd like to thank you for taking the time to participate in this survey.

**MONITORED:** Yes 7% No 93%



## **APPENDIX 5-2**

### **Focus Group Correspondence Letters**

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It is important that all participants were aware of the purpose of the focus groups and that each participant voluntarily chose to participate.

Letters attached:

1. To community leaders to assist in recruiting focus group participants
2. To the parents or guardians of minors for the youth groups.
3. To all participants who requested a summary of the focus group meeting
4. Thank you to community leaders

## Letter # 1

**DATE**

**COMMUNITY CONTACT**

**DEAR CONTACT,**

I'm writing on behalf of the North Eastman Health Association (NEHA) Community Health Assessment (CHA) project. Last undertaken in 1997, the CHA is one means by which the Regional Health Authority puts its finger on the pulse of the community. The purpose of this process is to ensure that NEHA programs and services are appropriate to the health status of the community it serves. Today, NEHA is inviting your participation in the Community Consultation phase of the CHA.

I have been hired by NEHA as the Program Assistant for the Community Health Assessment and one of my tasks is to organize focus groups with residents of your health district. NEHA wants to hear their views on health, and things that affect health, in your community. We will be holding a series of 4 meetings within each district, each comprised of community members within a specified age group. As a community leader, we are asking for your help in recruiting focus group participants.

As we discussed by telephone on **DATE**, a meeting will be held on **TIME, DATE, PLACE**. The meeting will last about an hour and a half to two hours. At each meeting about 8-10 people from the region will gather to share ideas, perspectives, and experiences focused on a topic identified by residents in the 1997 CHA, and selected by NEHA workers responsible for program planning and delivery. No specialized knowledge or background is required to participate. We want to hear the opinions of the people we serve.

Will you please refer to me # **OF PEOPLE, #MEN / WOMEN, AGES** who might be interested to attend the **DATE, PLACE, TIME** meeting? Once you have established the potential participant's availability and interest in learning more, I will call that person to answer any questions they might have. You can call me at (204)367-8077 with names and phone numbers, or you can email me at [morvis@mb.sympatico.ca](mailto:morvis@mb.sympatico.ca).

It is important to assure people that your passing their number on to me does not obligate them to participate. Likewise, given the anticipated challenges we face in recruiting a group, we are casting our net wide and may not be able to invite everyone we speak with at this time. Also advise them that this research is being conducted within strict ethical guidelines and focus group participants will not be required to reveal any information they consider to be private. All discussion within a group is confidential. No report will contain any identifying information.

If you have other questions or concerns, please feel free to call me directly at (204)367-8077. If you need to verify any of the above, you can contact Suzanne Dick, CHA Project Coordinator for NEHA at (204)268-7406.

I sincerely hope you are willing to assist us as we embark on an important initiative to include the community in the health care planning process. Thank you in advance.

Yours truly,

Carol Orvis  
CHA Program Assistant  
Phone: 204-367-8077  
[morvis@mts.net](mailto:morvis@mts.net)



## Letter # 2

### Date

Dear Parent or guardian,

I'm writing on behalf of the North Eastman Health Association (NEHA) Community Health Assessment (CHA) project. Last undertaken in 1997, the CHA is one means by which the Regional Health Authority puts its finger on the pulse of the community. The purpose of this process is to ensure that NEHA programs and services are appropriate to the health status of the community it serves. Today, NEHA is inviting youth participation in the Community Consultation phase of the CHA.

I am an independent researcher who has been contracted to undertake focus group interviews with students in your health district. NEHA wants to hear their views on health, and things that affect health, in your community. In total, we will be holding a series of 4 meetings within each NEHA district, each comprised of community members within a specified age group. We are asking for your permission to speak with your son or daughter who is between the ages of 14 and 17.

An average meeting will take about an hour and a half, and will be held in your local school. About 8-10 youth will gather to share ideas, perspectives, and experiences focused on questions developed by NEHA workers responsible for program planning and delivery. No specialized knowledge or background is required to participate. We want to hear the opinions of the people we serve.

The questions we ask are very general in nature, and are designed to learn how young people think about health, keeping healthy, and health care services. We cannot predict what people might choose to talk about during our discussions. The purpose of our project is to find out what is important to them. This research is being conducted within strict ethical guidelines and focus group participants will not be required to reveal any information they consider to be private. We will not reveal any identifying information about group members. No one is obligated to participate. If you would like to speak to the researcher before you decide, I would be happy to take your call.

Most focus group participants enjoy this opportunity to share their views and possibly have an influence on health care delivery. The discussions are usually lively and we all get a chance to hear other opinions on common themes. If you have other questions or concerns, please feel free to call me directly at (204) 444-7888. If you need to verify any of the above, contact Suzanne Dick, CHA Project Coordinator for NEHA at (204) 268-7406.

I sincerely hope you are willing to assist us as we embark on an important initiative to include the community in the health care planning process. Thank you in advance.

Yours truly,

Lesley Anne Fuga





# North Eastman Health Association Inc.

*Association de santé du Nord-Est inc.*

**Suzanne Dick**  
Research & Project Coordinator  
2003 - 2004 **Community Health Assessment**

Tel: (204) 268-7406  
Fax: (204) 268-3525  
Email: sdick@neha.mb.ca

April 13, 2004

Dear North Eastman Resident,

Several months ago you participated in a focus group as part of North Eastman Health Association's (NEHA) Community Health Assessment (CHA) with Lesley Anne Fuga as the facilitator. I am writing this letter in follow up of your request for a written summary as indicated by the self addressed envelope you left with Lesley Anne. Please be assured that your names have not been kept on any record. The groups would not have been successful if community members such as you had not given of their time to participate. We appreciate the effort you made to come out to the focus group and share your thoughts and experiences.

We conducted 21 focus groups in total. Twenty groups represented community residents, and one group was made up of staff only. The focus groups were organized by age and NEHA health district, with four age groups being interviewed in each of the five NEHA health districts. All groups were asked the same series of questions, although groups chose to discuss topics which were of interest to them.

The enclosed report summarizes the comments of all groups in your age bracket. The CHA Technical Report will include much more detail from each focus group. There will also be a CHA Community Report that includes information gained from many sources in addition to the focus groups, and will be available later this year.

We would also like to invite you to attend the Community Validation meetings, which are a part of the CHA process. We have enclosed a poster, which lists the Validation Workshop schedule for your district. If you are interested please call Susan Musey at (204) 753-3106 to register.

Again, thank you for taking part in the Community Health Assessment.

Sincerely,

Suzanne Dick  
CHA Research & Project Coordinator  
Attachment: Validation Workshop schedule

Carol Orvis  
CHA Project Assistant





# North Eastman Health Association Inc.

*Association de santé du Nord-Est inc.*

**Suzanne Dick**  
*Research & Project Coordinator*  
2003 - 2004 **Community Health Assessment**

Tel: (204) 268-7406  
Fax: (204) 268-3525  
Email: [sdick@neha.mb.ca](mailto:sdick@neha.mb.ca)

**DATE**

**ADDRESS**

**DEAR COMMUNITY LEADER,**

I am writing on behalf of the North Eastman Health Association (NEHA) Community Health Assessment Project (CHA). I would like to thank you for assisting me with recruiting people within your community to attend our Focus Group Meetings. From feedback received at the end of the meetings, we concluded that most people who attended were happy to contribute, felt they had learned something and seemed to have enjoyed participating.

The next phase of the CHA Project is to hold Validation Workshops. The Workshops will be an opportunity for the public to hear an overview of the findings to date from the work done on the CHA Project.

I have enclosed a poster, which lists the Validation Workshops scheduled for your health district. You are invited to attend one of these workshops. Please call Susan Musey at (204)753-3106 to register. I would also ask if you would post this announcement in some visible location within your community for others to see.

Again, I sincerely thank you for your assistance as we continue our work in this important initiative to include our communities in the health care planning process.

Yours truly,

Carol Orvis  
CHA Program Assistant

Attachment: Validation Workshop Schedule

# APPENDIX 5-3

## Validation Workshop Collation Template

This is the template by which the validation workshop facilitators used to collate the information presented by participants during the workshops.



North Eastman Health Association  
Community Health Assessment – Validation Workshops

### SUMMARY

**\*\* Summary Must be returned to Suzanne within 1 week of completion of last workshop\*\***

FACILITATOR NAMES

\_\_\_\_\_

\_\_\_\_\_

WORKSHOP LOCATION – DATE – TIME

1. \_\_\_\_\_

2. \_\_\_\_\_

NUMBER OF PARTICIPANTS:

Workshop # 1. \_\_\_\_\_

Workshop # 2. \_\_\_\_\_

RESULTS OF KEY ISSUE EXERCISE

Please complete attached summary pages of the results of the Key Issue Exercise for each determinate of health.

COMMENT SUMMARY:

Record summary of comments around each key issue ( on comment summary page)

PARKING LOT ISSUES ( Use reverse of page if needed )

## KEY ISSUE EXERCISE COMMENT SUMMARY:

### 1. Health Child Development

### 2. Personal Health Practices and Coping Skills

### 3. Health Services

### 4. Biology and Genetic Endowment

**5. Social Support Networks**

**6. Income and Social Status**

**7. Education**

**8. Physical Environment**

**9. Employment and Working conditions**

# APPENDIX 5-4

## Glossary of Common Statistical Terms

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**Crude Number** – refers to the actual number of people with a particular condition.<sup>1</sup>

**Generalizability** – “That quality of a research finding that justifies the inference that it represents something more than the specific observations on which it was based.”<sup>2</sup>

**Incidence**– Looks at new events or cases of disease that develop in a population of individuals at risk during a specified time interval. Cumulative incidence is defined as:

$$\frac{\text{Number of new cases of a disease during a given period of time}}{\text{Total population at risk}}^3$$

**Mean**- “An average, computed by summing the values of several observations and dividing the by the number of observations.”<sup>4</sup>

**Median** - “The median or 50<sup>th</sup> percentile describes the literal “middle” of the data. It is defined as the value above or below which half the observations fall.”<sup>5</sup>

**Prevalence**– Looks at individuals in a population who have the disease at a specific instant

$$\frac{\text{Number of existing cases of a disease at a given point in time}}{\text{Total population}}^6$$

**Proportion** – “...those who are included in the numerator must also be included in the denominator, such as the proportion of women over the age of 50 who have had a hysterectomy...and is often expressed as a percentage.”<sup>7</sup>

**Qualitative analysis** - “The nonnumerical examination and interpretation of observations for the purpose of discovering underlying meanings and patterns of relationships.”<sup>8</sup>

**Qualitative analysis** – “The numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect.”<sup>9</sup>

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<sup>1</sup> Martens, P. et al. (2003) The Manitoba RHA Indicators Atlas: Population -Based Comparisons of Health and Health Care Use. Manitoba Centre for Health Policy. June. P. 20,211.

<sup>2</sup> Babbie, Earl. (1992) The Practice of Social Research. Wadsworth Publishing Company. Belmont, California. 6<sup>th</sup> Edition. pg. G3

<sup>3</sup> Ibid pg. 58.

<sup>4</sup> Babbie, Earl. (1992) The Practice of Social Research. Wadsworth Publishing Company. Belmont, California. 6<sup>th</sup> Edition Pg. G5

<sup>5</sup> Hennekens, Charles & Buring, Julie.. (1987) Epidemiology in Medicine. Little, Brown and Company. Boston/Toronto. 1<sup>st</sup> Edition. Pg. 232

<sup>6</sup> Ibid pg. 57.

<sup>7</sup> Ibid pg. 56.

<sup>8</sup> Babbie, Earl. (1992) The Practice of Social Research. Wadsworth Publishing Company. Belmont, California. 6<sup>th</sup> Edition. pg.G6.

<sup>9</sup> Ibid pg. G6



**Rate** - “is a ratio in which there is a distinct relationship between the numerator and the denominator and, most essentially, a measure of time is an intrinsic part of the denominator. ” Example: The number of colds per 1000 per elementary school students during a 21- month period.<sup>10</sup>

**Reliability** – “ That quality of measurement method that suggests that the same data would have been collected each time in repeated observations of the same phenomenon.”<sup>11</sup>

**Standardized rates** – Usually for age and gender. This mathematically removes the effects of different population structures that may influence overall rates of use of health care, thereby allowing for a fair comparison among regions with different age and sex population distribution.<sup>12</sup>

**Statistical Significance** – “ ...describes how much confidence to put in the results. If a difference is “statistically significant,” then this difference is large enough that we are confident it’s not just due to chance. When you see a large difference that is NOT statistically significant, it is telling you that this rate is probably not different from the comparison rate, and that it could fluctuate greatly from year to year. ”<sup>13</sup>

**Validity** - “ A descriptive term used of a measure that accurately reflects the concept that it is intended to measure.”<sup>14</sup>

**Weighting** – “ procedure employed in connection with sampling whereby units selected with unequal probability are assigned weights in such a manner as to make the sample representative of the population from which it was selected.”<sup>15</sup>

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<sup>10</sup> Hennekens, Charles & Buring, Julie.. (1987) *Epidemiology in Medicine*. Little, Brown and Company. Boston/Toronto. 1<sup>st</sup> Edition. Pg. 56.

<sup>11</sup> Babbie, Earl. (1992) *The Practice of Social Research*. Wadsworth Publishing Company. Belmont, California. 6<sup>th</sup> Edition. pg. G7.

<sup>12</sup> Martens, P. et al. (2003) *The Manitoba RHA Indicators Atlas: Population -Based Comparisons of Health and Health Care Use*. Manitoba Centre for Health Policy. June. P. 9, 247.

<sup>13</sup> Martens, P. et al. (2003) *The Manitoba RHA Indicators Atlas: Population -Based Comparisons of Health and Health Care Use*. Manitoba Centre for Health Policy. June. P. 23.

<sup>14</sup> Babbie, Earl. (1992) *The Practice of Social Research*. Wadsworth Publishing Company. Belmont, California. 6<sup>th</sup> Edition. Pg G8.

<sup>15</sup> Ibid. Pg. G8.