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Privacy Statement

Thank you for your interest in our initiative to provide accessible health care for rural residents within the Township of Brock, ON. AllCarePlus ("The project") is represented by Nayomi Camilus, Stephanie Gao and Tyra Lewis ("we", "our", "us"), Master of Science candidates at Trent University. The start-up project is operated under the guidance of the Brilliant Catalyst.

This survey is distributed to residents of the Township of Brock, ON, with assistance from the Brock Community Health Centre. The main purpose of the survey is to allow us to gather meaningful information from rural residents regarding their insights, experiences, and individual feedback on past, current, and future solutions to advancing the accessibility to primary health care services being offered to them.

Your personal privacy is important to us. This Privacy Policy explains how we intend to use, disclose, and safeguard your personal information. As a part of the first phase of the project, we intend to gather information from respondents, for the purpose of better understanding the current quality of access to health care services being provided to rural residents, and the types of challenges/issues currently faced in accessing such services. Based on the results of this survey, we hope to have obtained insight on your current circumstances, which will help us to make informed decisions on feasible plans for improving accessibility of health care to resident in rural areas of the Township of Brock.

We will collect and store all survey responses and data. We do not intent to nor will we offer, disclose, or sell such information to third parties other than as specified herein or as otherwise disclosed to you. All data collected will be used solely for the purpose of gathering information which will be used as mentioned above.

Should you have any questions, please feel free to contact us at allcareplus.info@gmail.com. By completing and submitting this survey, you consent to the collection and use of your responses as outlined in this Privacy Policy.

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General Questions

Please provide us with responses to the following general questions. Please note that responses are only used for the purposes of the AllCarePlus project and will not be shared with third parties.

**Requires an answer*

1. What age group do you identify with:

- 85+
- 75-84
- 65-74
- 55-64
- 45-54
- 35-44
- 25-34
- 18-24
- Under 18

2. To which gender identity do you most identify?

- Female
- Male
- Transgender female
- Transgender male
- Gender variant/non-conforming
- Prefer not to answer
- Not listed (*please provide response here*):

3. What is your highest level of education?

- Never attended
- High school graduated
- GED or equivalent
- Associate degree
- Bachelor's degree
- Master's degree
- Professional school degree
- Doctoral degree
- Prefer not to answer
- Other (*please specify*):

4. How long have you been a resident of the rural Township of Brock?

- Less than 6 months
- 6-12 months
- 1-5 years
- 5-10 years
- 10+ years

Current Health Care Services

Please provide us with responses to the following questions about your current health care services. Please note that responses are only used for the purposes of the AllCarePlus project and will not be shared with third parties.

**Requires an answer*

1. What type of health care services do you or your dependents currently require? (select all that may apply)*

- Mental health care
- Dental care
- Substance use treatment
- Preventative care (including physicals, screening and treatment for minor injuries and symptoms, vaccinations)
- Physical, occupational and/or speech therapy
- Nutritional support
- Pharmaceutical care
- Dermatology
- Gynecology and obstetrics
- Other (please specify):

2. How often do you or your dependents use primary health care services? (Primary health care services may include services provided by general practitioners, pharmacists, opticians and dentists)*

- Every day
- A few times a week
- About once a week
- A few times a month
- Once a month
- Less than once a month
- Not often - only when someone is ill
- Other (please specify):

- 3. How do you currently access your health care services?***
- Virtually (virtual check-ins, at home monitoring)
 - In-person (at a local community clinic or hospital)
 - In-person (at home care by mobile nurse or physician)
- 4. How satisfied or dissatisfied are you with your current access to your health care services?**
- Very satisfied
 - Satisfied
 - Neither satisfied nor dissatisfied
 - Dissatisfied
 - Very dissatisfied
- 5. Would you be open to an alternative to accessing your current primary health care service/s?***
- Yes
 - No
 - No opinion
- 6. Based on your experiences, while residing in the Township of Brock, please select the best option for the comments below:**
- a. Rural residents in the Township of Brock are not likely to seek health care services near the area.***
- Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
- b. Rural residents in the Township of Brock have expressed concerns about their current access to health care.***
- Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree

- c. There are already established methods in place to improve rural resident's access to health care services. (specific to the Township of Brock)***
- Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
- d. Already established methods to improve their access to health care services are widely and often used by rural residents. (specific to the Township of Brock)***
- Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
- e. There is a need for alternative methods in place that helps to provide more accessible health care services for rural residents. (specific to the Township of Brock)***
- Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree

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In Person Health Care

Please provide us with responses to the following questions about your current in person health care services received from your local community clinic or hospital. Please note that responses are only used for the purposes of the AllCarePlus project and will not be shared with third parties.

**Requires an answer*

If you do not currently receive in person health care service, please skip to the next page.

1. How satisfied or dissatisfied are you with the access to your in-person health care services that you currently receive from your local community clinic or hospital?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

2. Is there anything that you would like to have improved to achieve better access to your current health care service at your local community clinic or hospital? (select all that may apply)*

- Travel distance/time
- Mode of transportation
- Wait time to see my health care provider
- Method of making appointments to see my health care provider
- Other (please specify):

3. What is the average distance that you travel from your place of abode to your local community clinic or hospital?*

- Less than 10 kilometers
- 10 - 50 kilometers
- 50 - 100 kilometers
- More than 100 kilometers

4. What is your typical wait time to visit your health care provider at your local community clinic or hospital?*

- Under 10 minutes
- 10 - 30 minutes
- 30 minutes - 1 hour
- More than 1 hour

Telehealth Services

Please provide us with responses to the following questions about your opinion on using telehealth services. Please note that responses are only used for the purposes of the AllCarePlus project and will not be shared with third parties.

**Requires an answer*

1. Have you ever used telehealth services? (Telehealth refers to the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely)*

- Yes
- No
- Prefer not to answer

2. If you have used telehealth services before, how satisfied or dissatisfied were you with the access to telehealth services you received?*

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

3. If dissatisfied or very dissatisfied, please specify why?

4. If you have used telehealth services before, how did you access these services?*

- Mobile app (on smartphone or tablet)
- Website
- Telephone

5. What software and/or devices do you have experience using? (select all that may apply)*

- Social media
- Email
- Online search engines
- Video calling
- Text messages
- None of the above
- Other (*please specify*):

6. Do you currently own a smart phone or tablet?*

- Yes
- No
- Prefer not to answer

7. How would you rate the quality of your current internet service?*

- Excellent
- Good
- Fair
- Poor

Thank you for your participation!

Please visit our website (www.allcareplus.info) to submit the survey and learn more about our AllCare Plus solution. All submission will remain anonymous.