



**Health Needs of Northern Women 45 Years and Older
Who are Experiencing Precarious/Limited/underpaid Employment Situations
or Who are Unemployed**

Survey Information Sheet

Purpose

The purpose of this survey is to hear the opinions of women living in northern BC in relation to their health, the social determinants of health (such as housing and income), and access to health care services. **In particular, we want to hear from women who are experiencing precarious/limited/underpaid employment situations or who are unemployed.**

How participants are chosen

Participants have the opportunity to respond to an email invitation to print, complete and return the survey by mail or to fill it in and submit it online, based on their membership in a number of email distribution lists (e.g., Women North Network). Still other participants have the opportunity to respond via a publicly accessible location in their community where paper versions of the survey are made available (e.g., women-serving organizations and agencies, health centres, etc.). Researchers will also seek to make the survey available to isolated or home-bound women. These potential participants will have access to paper versions of the survey delivered to them by their service providers where possible and will be given the option to complete the survey and return it through regular mail. Survey participants are deemed eligible if they are a woman 45 years of age or older, living within the boundaries of Northern Health, specifically bordered by the Northwest and Yukon Territories to the north, the BC interior to the south, Alberta to the east, and Alaska and the Pacific Ocean to the west and are experiencing precarious/limited/underpaid employment situations or are unemployed.

What participants are asked to do

Participants are asked to complete a survey exploring their health needs. Emailed versions of the survey may be printed for completion in hard copy format and returned to the researchers through regular mail or completed and returned online. Surveys may also be completed at the community location where initially provided and returned in a drop-box, or may be returned to the researchers through regular mail.

Voluntary participation

Participation in this research is completely voluntary. You may withdraw (and, if you choose, your information would also be withdrawn) at any time without explanation or consequence. You may answer only the questions you choose. Non-participation or withdrawal will not affect services you currently receive or wish to receive in the future.

Who will have access to responses?

Only members of the project research team will have access to the surveys.

How and how long will information be stored?

All completed surveys will be kept in a locked filing cabinet in the Women North Network/Northern FIRE office at the University of Northern BC in Prince George. Electronic files will be password protected. Surveys will be kept no longer than 5 years after completion of the project, at which time paper copies will be shredded and electronic data files deleted.

Anonymity and confidentiality

Participants completing the survey are asked to ensure that no names or identifying information are included. Any identifiers that are noted will be stripped from the data and no one will be able to link participant names with what is written. Throughout this project, the researchers will make every effort to ensure that participant identity is not revealed directly or indirectly. Information provided by participants may be reflected in the final report and in publications or presentations, however, identifying information will not be used.

Dissemination of results

Upon completion of this project, results will be distributed through multiple mechanisms including: follow-up meetings in Prince George and Fort St John, community-based publications and presentations, the Women North Network and other electronic means as well as through peer-reviewed conference presentations and journal articles. Results will be made available to all study participants who indicate they wish to receive them.

Concerns or complaints

For questions about your rights as a participant in a research study or complaints about conduct of the researchers, contact the UNBC Office of Research (250-960-6735 or reb@unbc.ca).

Contact person

Questions about this project may be directed to Women North Network/Northern FIRE Research Associate, Lois Lochhead (250-960-5284, or lochhead@unbc.ca). Info also available at: www.womennorthnetwork.com/current-research-projects.

Addresses for returning completed surveys by mail

Lois Lochhead, Research Associate Women North Network/Northern FIRE University of Northern British Columbia 3333 University Way Prince George, BC V2N 4Z9 (250) 960-5284 lochhead@unbc.ca	OR	Theresa Campbell, Research Assistant Women North Network/Northern FIRE University of Northern British Columbia Box 1000, 9820-120 th Avenue Fort St. John, BC V1J 6K1 (250) 787-6223 campb01@unbc.ca
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Survey Return Deadline: August, 2012

Research Team

Dawn Hemingway, Associate Professor, UNBC School of Social Work, Lead Researcher
 Indrani Margolin, Assistant Professor, UNBC School of Social Work
 Lela Zimmer, Assistant Professor, UNBC School of Nursing
 Christina McLennan, Coordinator, Women North Network
 Connie Kaweesi, Sessional Instructor, UNBC School of Social Work (Fort St John)
 Lois Lochhead, Research Associate, WNN/Northern FIRE
 Theresa Campbell, Research Assistant, WNN/Northern FIRE
 Lee Anne Deegan, Research Assistant, WNN/Northern FIRE

We would like to thank you very much for participating in our research project
 Health Needs of Northern Women 45 Years and Older Experiencing Precarious
 Employment
 and for completing the survey and returning it us.

Pleaseretainthisinformationsheetforyourownpersonalrecords.

HEALTH NEEDS OF WOMEN 45 YEARS AND OLDER IN NORTHERN BC The purpose of this survey is to hear the opinions of women age 45 years and older living in northern BC in relation to their health, the social determinants of health (such as housing and income), and access to health care services. We appreciate your input and we value your opinion. Please be as detailed as possible and mark an "X" beside all responses that apply to you. Remember all information is voluntary.

DEMOGRAPHICS	
Your Age:	<input type="radio"/> 45-54 <input type="radio"/> 55-64 <input type="radio"/> 65-74 <input type="radio"/> 75-84 <input type="radio"/> 85-94 <input type="radio"/> 95+ First 3 digits of your postal code _____
Ethnicity	<input type="radio"/> Aboriginal <input type="radio"/> Asian <input type="radio"/> European <input type="radio"/> Other (please specify) _____
Marital status:	<input type="radio"/> Single (never married) <input type="radio"/> Partnered <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed
Sexual Orientation:	<input type="radio"/> Heterosexual <input type="radio"/> Bisexual <input type="radio"/> Lesbian <input type="radio"/> Other _____
Highest level of Education Completed	<input type="radio"/> Some Elementary <input type="radio"/> Completed Elementary <input type="radio"/> Some Secondary <input type="radio"/> Completed Secondary <input type="radio"/> Some Trade/Technical/Business/Community College <input type="radio"/> Diploma College/Trade/Technical/Business <input type="radio"/> Some University <input type="radio"/> University Degree
Annual Household Income	<input type="radio"/> Less than \$15,000 <input type="radio"/> \$15,000-\$24,999 <input type="radio"/> \$25,000-\$39,999 <input type="radio"/> \$40,000-\$59,000 <input type="radio"/> Over \$60,000
Primary Employment Status	<input type="radio"/> Employed full time <input type="radio"/> Employed part time <input type="radio"/> Retired <input type="radio"/> Not Employed <input type="radio"/> Other _____

HEALTH INFORMATION																					
Your General Health:	<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very Good <input type="radio"/> Excellent																				
Do you have a disability?	<input type="radio"/> No – if no, please skip the next question. <input type="radio"/> Yes – if yes, what is the nature of the disability? _____																				
How much does your disability impair your ability to:	<table border="1"> <thead> <tr> <th></th> <th><input type="radio"/> Not at all</th> <th><input type="radio"/> A little bit</th> <th><input type="radio"/> Quite a bit</th> <th><input type="radio"/> Extremely</th> </tr> </thead> <tbody> <tr> <td>Perform Self Care</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Perform Household Tasks</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Work</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	Perform Self Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perform Household Tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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What is your current Menstrual Status?	<input type="radio"/> Pre-menopause (before menopause; having regular periods) <input type="radio"/> Peri-menopause (changes in periods but have not gone 12 months in a row without a period) <input type="radio"/> Post-menopause (after menopause; 12 months in a row without a period)																				
Have you had a hysterectomy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Currently on surgical wait list <input type="radio"/> Planning to have one																				

PREVENTATIVE HEALTHCARE SERVICES									
Please rate these preventative healthcare measures on how important they are to you. Use the following scale: 1= not important 2= somewhat important 3=very important 4=extremely important. Please fill out both columns.									
Breast Cancer Screening	1	2	3	4	Cervical cancer screening	1	2	3	4
Cardiovascular/heart health checks	1	2	3	4	Osteoporosis/bone density checks	1	2	3	4
Urinary continence health checks	1	2	3	4	Gastro-intestinal/stomach health checks	1	2	3	4
Memory/cognitive health checks	1	2	3	4	Depression/anxiety screening	1	2	3	4
Diabetic testing	1	2	3	4	Cholesterol testing	1	2	3	4
Dental checkups	1	2	3	4	Vision/eye checkups	1	2	3	4
Other _____	1	2	3	4	Other _____	1	2	3	4

FACTORS AFFECTING HEALTH AND WELLNESS

From the list below, please check all items which you think are currently having an impact on your overall health and wellness.
Select all that apply.

Depression (e.g. feeling unhappy, sad, lonely, helpless or hopeless)	<input type="radio"/> Yes	<input type="radio"/> No
Anxiety (e.g. feeling anxious, nervous, worrying, restless, uneasy, fearful)	<input type="radio"/> Yes	<input type="radio"/> No
Stress (e.g. feelings of pressure, tension, urgency, panic)	<input type="radio"/> Yes	<input type="radio"/> No
Other mental health issues	<input type="radio"/> Yes	<input type="radio"/> No
Someone in your life that you trusted has been abusive to you (please provide detail below)	<input type="radio"/> Yes	<input type="radio"/> No
Types of abuse you have experienced	<input type="radio"/> Physical (e.g. hitting, shoving, slapping, grabbing, punching) <input type="radio"/> Emotional (e.g. yelling, name calling, belittling, swearing at you) <input type="radio"/> Sexual (e.g. unwanted touches, forcing sex on you against your wishes) <input type="radio"/> Financial (e.g. taking your money, keeping money from you)	
Drug use – Prescription or non-prescription	<input type="radio"/> Yes	<input type="radio"/> No
Drug use – Street drugs	<input type="radio"/> Yes	<input type="radio"/> No
Financial Problems (e.g. having problems managing your money, or not having enough money to meet your basic needs)	<input type="radio"/> Yes	<input type="radio"/> No
Housing Problems (e.g. lack of affordable, accessible and appropriate housing options)	<input type="radio"/> Yes	<input type="radio"/> No
Lack of adequate childcare, daycare, respite or caregiver relief	<input type="radio"/> Yes	<input type="radio"/> No
Alcohol use (e.g. have you been told, or do you feel you drink too much?)	<input type="radio"/> Yes	<input type="radio"/> No
Gambling (e.g. have you been told, or do you feel you gamble too much?)	<input type="radio"/> Yes	<input type="radio"/> No
Limited social supports (e.g. lack of supportive family or friends)	<input type="radio"/> Yes	<input type="radio"/> No
Limited community supports (e.g. lack of support from volunteers or community agencies)	<input type="radio"/> Yes	<input type="radio"/> No
Poor nutrition (e.g. not eating a well balanced diet)	<input type="radio"/> Yes	<input type="radio"/> No
Not enough exercise	<input type="radio"/> Yes	<input type="radio"/> No
Transportations that is unreliable, unavailable, inaccessible or too costly	<input type="radio"/> Yes	<input type="radio"/> No
Problems with social relationships (e.g. spouse, family, friends, etc.)	<input type="radio"/> Yes	<input type="radio"/> No
Effects of colonization (e.g. placement in residential school)	<input type="radio"/> Yes	<input type="radio"/> No
Experiencing racism or discrimination	<input type="radio"/> Yes	<input type="radio"/> No
Other issues that you feel influence your health and wellness, please specify _____	<input type="radio"/> Yes	<input type="radio"/> No

SUPPORT

From the list below, please indicate the ways in which support could be provided to you for the issues indicated above. On the left, select all that apply.

On the right indicate availability of these services to you

<input type="radio"/> Family Doctor	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Public Health Nurse	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Nurse Practitioner	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Access to hospital/health care centre	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Women's wellness centre	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Social Worker/Counselor	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Support from band council or cultural community	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Support from friends, family, support groups	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Reading materials/brochures	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> On-line information/education/support	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Financial support	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Transportation support	<input type="radio"/> Available	<input type="radio"/> Not Available
<input type="radio"/> Other (please specify)	<input type="radio"/> Available	<input type="radio"/> Not Available

CAREGIVING ROLES

Providing care may be in the form of supervision, emotional support, or practical support such as assisting with feeding, dressing, bathing, transportation, managing finances, or running errands, as examples.

Are you a caregiver for a child or adult in your life?		<input type="radio"/> Yes	<input type="radio"/> No (if no, please stop here)		
Who are you a caregiver for? Select all that apply					
<input type="radio"/> spouse/partner <input type="radio"/> your grandchild(ren) <input type="radio"/> your partner/spouse's parent <input type="radio"/> a friend		<input type="radio"/> child(ren) (own child, step child or foster child) <input type="radio"/> parent(s) (own parent, step parent, foster parent) <input type="radio"/> another relative <input type="radio"/> Other (please specify) _____			
Do you share your household with any of the individuals for whom you are a caregiver?		<input type="radio"/> Yes	<input type="radio"/> No		
Please indicate the age groups of the person (or people) for whom you are a caregiver. Select all that apply.					
<input type="radio"/> less than age 5 <input type="radio"/> Ages 5-18		<input type="radio"/> Ages 19-64 <input type="radio"/> Ages 65-84		<input type="radio"/> Age 85 and older	
How satisfied are you with your caregiving role(s)?		<input type="radio"/> not at all	<input type="radio"/> somewhat	<input type="radio"/> very	<input type="radio"/> extremely
How stressed are you with your caregiving role(s)?		<input type="radio"/> not at all	<input type="radio"/> somewhat	<input type="radio"/> very	<input type="radio"/> extremely
Do you get respite/relief from your caregiver role(s)? (e.g. breaks, time away)		<input type="radio"/> Yes	<input type="radio"/> No		
How important is it to you to receive respite from caregiving?		<input type="radio"/> not at all	<input type="radio"/> somewhat	<input type="radio"/> very	<input type="radio"/> extremely
Who provides your respite/caregiver relief. Select all that apply.					
<input type="radio"/> spouse/partner <input type="radio"/> friend <input type="radio"/> in home support services		<input type="radio"/> other family member <input type="radio"/> daycare/adult daycare <input type="radio"/> other (please specify) _____			

Any other comments?

Please feel free to use the space below to provide any additional comments you would like to make regarding your thoughts on women's health in northern BC. We welcome any and all comments.

Thank you for taking the time to complete this survey!