Our Health, Our Community
HEALTH & WELLNESS SURVEY

Appendix 1: Our Health Our Community Health and Wellness Survey: Calculations and Explanations of all Indicators

DEMOGRAPHICS			
Indicator	**Question Text / Responses**	**Calculations/Notes**	**Source**
Age Category This Indicator groups the respondents reported age into four age categories 18-44 45-64 65-74 75+	**What is your age?** ☐ [Open Number]	Age at time of survey for the respondent was inputted as a range from 18-120 This was a mandatory question to take part in the survey.	Statistics Canada, Canadian Census
	What is your postal code? *(e.g., V1A 2B3). This may include seasonal residence.* ☐ _____ ☐ Do not have a postal code/Prefer not to answer	Geography was assigned to Cowichan Valley Regional District (CVRD), Local Health Area (LHA) and Community Health Service Delivery Area (CHSA) based on residents postal code.	My Health My Community (MHMC)_R1[2] SPEAK R3
Ethnicity	**In our society, people are often described by their race or racial background. These are not based on science, but our race may influence the way we are treated by individuals and institutions, and this may affect our health.** *Check all that apply.* ☐ Arab ☐ Black (e.g., African or Caribbean) ☐ Chinese ☐ Filipino ☐ First Nations ☐ Inuk/Inuit ☐ Japanese ☐ Korean ☐ Latin American or Hispanic	Denominator does not include "Prefer not to answer" or missing responses	Statistics Canada. Census of Population – 2016 My Health My Community (MHMC)_R1 Canadian Institute for Health Information. (2022). Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada[3] SPEAK 3

DEMOGRAPHICS

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ Métis ☐ South Asian (e.g., East Indian, Pakistani, or Sri Lankan) ☐ Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, or Laotian) ☐ West Asian (e.g., Iranian or Afghan) ☐ White (European descent) ☐ Other, please specify: _____ ☐ Prefer not to answer		
Visible Minority	Proportion of respondents who answered: - White (European descent)		
Not a visible Minority	- Arab - Black (e.g African or Caribbean) - Filipino - Japanese - Korean - Latin American or Hispanic - South Asian (e.g East Indian, Paskistani, or Sir Lankan) - Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, or Laotian) - West Asian (e.g., Iranian or Afghan)		
Indigenous	- First Nations - Inuk/Inuit - Métis		
Other	- Other, please specify		
Gender Female Male	**What is your gender identity?** *Check all that apply.* ☐ Man ☐ Non-binary ☐ Queer ☐ Transgender man ☐ Transgender woman ☐ Woman ☐ My gender identity is (please specify): _____ ☐ I don't know ☐ Prefer not to answer	A respondent's sex was derived from their gender identity response. Gender was asked in a check all that apply format including Woman, Man, Transgender Man, Transgender Woman, Non-binary, Queer, My gender identity is Other with text specification. Other was re-categorized into male or female where appropriate. Sex = Male if: - Respondents who selected man either alone or along with option(s) other than female, or derived from text entered in	Statistics Canada. Census of Population - 2021 SPEAK R3

DEMOGRAPHICS

Indicator	Question Text / Responses	Calculations/Notes	Source
		'My gender identity is (please specify)' - Transgender man Sex = Female if: - Respondents who selected woman either alone or along with option(s) other than man, or derived from text entered in 'My gender identity is (please specify)' - Transgender woman Denominator does not include "Prefer not to answer", "I don't know" or missing responses	
Sexual orientation	**What is your sexual orientation?** ☐ Asexual ☐ Bisexual ☐ Gay ☐ Heterosexual or straight ☐ Lesbian ☐ Pansexual ☐ Queer ☐ My sexual orientation is (please specify): _____ ☐ I don't know ☐ Prefer not to answer ☐		My Health My Community (MHMC)_ R1 SPEAK R3
Heterosexual	proportion of respondents who answered: - Heterosexual or straight		
LGBTQIA+	- Asexual - Bisexual - Gay - Lesbian - Pansexual - Queer		
Multi/other	- Multiple options chosen		

DEMOGRAPHICS

Indicator	Question Text / Responses	Calculations/Notes	Source
	- My sexual orientation is (please specify)		
Employment	**Which of the following best describes your current employment status?** *Check all that apply.* ☐ Self-employed ☐ Full-time employed ☐ Part-time employed ☐ Casual employment ☐ Retired ☐ Maternity or parental leave ☐ Looking after home and/or family ☐ Unable to work because of sickness or disability ☐ Unemployed ☐ Doing unpaid or voluntary work outside the home ☐ Full-time student ☐ Part-time student ☐ Other, please specify: _____ ☐ Prefer not to answer		My Health My Community (MHMC)_R1 Statistics Canada. National Household Survey (NHS) SPEAK R3
Employed	Proportion of respondents who answered: - Self-employed - Full-time employed - Part-time employed - Casual employed		
Not in workforce	- Retired - Maternity or parental leave - Looking after home and/or family - Doing unpaid or voluntary work outside the home - Full-time student - Part-time student		
Unemployed	- Unable to work because of sickness or disability - Unemployed		
Multiple/Other	- Multiple response options chosen - Other		
Education	**What is the highest level of education you have completed?** ☐ Some high school ☐ High school or equivalent ☐ Some post-secondary but no credential ☐ Trade certificate from apprenticeship	Proportion of respondents who answered: Denominator does not include "Prefer not to answer" or missing responses	My Health My Community (MHMC)_ R1 SPEAK R3 Modified

DEMOGRAPHICS

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ Diploma or Associate degree ☐ Bachelor degree ☐ Graduate degree (such as Master's or Doctorate) ☐ Other, please specify: _____ ☐ Prefer not to answer		
High school or less	Proportion of respondents who answered: - Some high school - High school or equivalent - Some post-secondary but no credential		
Post-secondary below bachelor level	- Trade certificate from apprenticeship - Diploma or associate degree		
Bachelor level or above	- Bachelor degree - Graduate degree (such as Master's or Doctorate)		
Birthplace	**Were you born in Canada?** ☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	My Health My Community (MHMC)_ R1 SPEAK R3
Yes	Proportion of respondents who answered 'Yes'.		
Citizenship	**Which of the following best describes you?** ☐ Canadian citizen ☐ Permanent resident (landed immigrant) ☐ Refugee claimant ☐ Work permit ☐ Study permit ☐ Undocumented ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	My Health My Community (MHMC)_ R1 SPEAK R3 Modified
Canadian Citizen	Proportion of respondents who answered: - Canadian citizen		
Permanent resident (landed immigrant)	- Permanent resident (landed immigrant)		

DEMOGRAPHICS

Indicator	Question Text / Responses	Calculations/Notes	Source
Marital Status	**What is your marital status?** ☐ Never legally married (not living common law) ☐ Legally married (and not separated) ☐ Common-law partner (people who live together as a couple but not married, regardless of duration of relationship) ☐ Separated (but still legally married) ☐ Divorced ☐ Widowed ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	Statistics Canada. Census of Population - 2021 SPEAK R3
Common-law partner/married	Proportion of residents who answered - Common-law partner (people who live together as a couple but not married, regardless of duration of relationship) - Legally married (and not separated)		
Never legally married	- Never legally married (not living common law)		
Separated/divorced	- Separated (but still legally married) - Divorced		
Widowed	- Widowed		
Income	**Estimate your total household income (CAD) before taxes and deductions for the 2022 tax year?** *Household refers to all family (related) or common-law members of your household and excludes roommates. If you live alone, enter your personal income for 2022.* ☐ $0 to $4,999 ☐ $5,000 to $9,999 ☐ $10,000 to $14,999 ☐ $15,000 to $19,999 ☐ $20,000 to $39,999 ☐ $40,000 to $59,999 ☐ $60,000 to $79,999 ☐ $80,000 to $99,999 ☐ $100,000 to $119,999 ☐ $120,000 to $139,999 ☐ $140,000 to $159,999 ☐ $160,000 to $179,999 ☐ $180,000 to $199,999 ☐ $200,000 and over ☐ I don't know ☐ Prefer not to answer	Proportion of respondents who answered: Denominator does not include "Prefer not to answer", "I don't know" or missing responses	My Health My Community (MHMC)_ R1 SPEAK R3 Modified
< $20k	Proportion of respondents who answered:		

DEMOGRAPHICS

Indicator	Question Text / Responses	Calculations/Notes	Source
	- $0 to $4,999 - $5,000 to $9,999 - $10,000 to $14,999 - $15,000 to $19,999		
$20k to $59k	- $20,000 to $39,999 - $40,000 to $59,999		
$60k to $99k	- $60,000 to $79,999 - $80,000 to $99,999		
$100k-$159k	- $100,000 to $119,999 - $120,000 to $139,999 - $140,000 to $159,999		
>=$160k	- $160,000 to $179,999 - $180,000 to $199,999		

HOUSING

Indicator	Question Text / Responses	Calculations/Notes	Source
Length in Canada	**How long have you lived in Canada?** ☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ More than 10 years ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	My Health My Community (MHMC)_ R1 SPEAK R3
1-10 years	Proportion of respondents who answered: - Less than 1 year - 1-2 years - 3-5 years - 6-10 years		
More than 10 years	- More than 10 years		
Length in Cowichan	**How long have you lived in the Cowichan Valley?** ☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years	Denominator does not include "Prefer not to answer" or missing responses	New

HOUSING

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ More than 10 years ☐ Prefer not to answer		
Less than 3 years	Proportion of respondents who answered: - Less than 1 year - 1-2 years		
3-10 years	- 3-5 years - 6-10 years		
More than 10 years	- More than 10 years		
Live alone	**Do you live by yourself?** ☐ Yes ☐ No ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	My Health My Community (MHMC)_R1 SPEAK R3
Yes	Proportion of respondents who answered "Yes".		
Current housing situation	**How would you describe your current housing situation?** *Check all that apply.* ☐ I live in a home I own without a mortgage ☐ I live in a home I own with a mortgage ☐ I live in a home I rent ☐ I live in a home I do not own or rent ☐ I live in temporary housing (e.g., emergency shelter, transition house, or couch surfing) ☐ I live in a vehicle with no fixed address (e.g., a car, truck, or RV) ☐ I live in a tiny home ☐ I am unsheltered ☐ I live in a care facility (e.g., long-term care, assisted living, independent living, or group home) ☐ Other, please specify: _____ ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	My Health My Community (MHMC)_R1 SPEAK R3 Modified
Homeownership with or without mortgage	Proportion of respondents who answered: - I live in a home I own without a mortgage - I live in a home I own with a mortgage		
Home rental	- I live in a home I rent		
No rent or own	- I live in a home I do not own or rent		

HOUSING

Indicator	Question Text / Responses	Calculations/Notes	Source
Unsheltered, temporary Housing or vehicle	- I live in temporary housing (e.g., emergency shelter, transition house, or couch surfing) - I live in temporary housing (e.g., emergency shelter, transition house, or couch surfing) - I am unsheltered		
Other (multiple options/care facility/tiny home)	- I live in a tiny home - I live in a care facility (e.g., long-term care, assisted living, independent living, or group home)		
Home owners- spend over 30% on housing	**Do you currently spend more than 30% of your income on housing?** ☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	BC Housing
Yes	Proportion of respondents who answered "Yes".		
Home renters- spend over 50% on housing	**Do you currently spend more than 50% of your income on housing?** ☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	BC Housing
Yes	Proportion of respondents who answered "Yes".		
Ever experienced unstable housing	**Have you ever experienced unstable housing or been unsheltered?** *This may include couch surfing, shelter/transition house, tenting, living in a vehicle, or living outside.* ☐ Yes, I have experienced unstable housing or been unsheltered ☐ No, I have never experienced unstable housing or been unsheltered ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Community Question Submission – Cowichan Housing Association Modified
Yes	Proportion of respondents who answered "Yes, I have experienced unstable housing or been unsheltered".		

HOUSING

Indicator	Question Text / Responses	Calculations/Notes	Source
Stable housing length 0 to 12 months More than 12 months	*In the last question, you said you previously experienced unstable housing or were unsheltered.* **Since then, how long have you been sheltered?** ☐ Less than 6 months ☐ 6 months to 12 months ☐ More than 12 months ☐ I don't know ☐ Prefer not to answer	Proportion of respondents who answered:	New
0 to 12 months	Proportion of respondents who answered: - Less than 6 months - 6 to 12 months		
More than 12 months	Proportion of respondents who answered: - More than 12 months		
Enough space in home	**Do you live in a home that has enough space for everyone who lives there?** ☐ Yes, my home meets everyone's needs for space ☐ No, there are 1-2 people more than the house can accommodate ☐ No, there are 3+ people more than the house can accommodate ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Community Question Submission – Cowichan Housing Association Modified
Yes	Proportion of respondents who answered 'Yes, my home meets everyone needs for space'.		
Housing Satisfaction Very satisfied/satisfied Dissatisfied/Very dissatisfied	**How satisfied are you with the following aspects of your housing?**	Proportion of respondents who answered each aspect of housing with the following responses: Denominator does not include "Prefer not to answer", "I don't know/Not applicable" or missing responses	Statistics Canada. Canadian Housing Survey SPEAK R3 Modified

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	I don't know/Not applicable	Prefer not to answer
Overall space							
Number of bedrooms							

HOUSING

Indicator	Question Text / Responses	Calculations/Notes	Source

Being affordable							
Physical condition							
Blocking regular noise from outside or from							
Being accessible to someone							
Feeling safe and secure							
Being energy efficient							
Maintaining a comfortable temperature in winter							
Maintaining a comfortable temperature in summer							

Very satisfied/satisfied

Proportion of respondents who answered each aspect of housing with the following responses:

- Very satisfied
- Satisfied

Dissatisfied/Very dissatisfied

- Dissatisfied
- Very dissatisfied

FOOD SECURITY

Indicator	Question Text / Responses	Calculations/Notes	Source
Food eaten in household	**In the past 12 months, which of the following statements best describes the food eaten in your household?** ☐ I always had enough of the kinds of food I wanted to eat ☐ I had enough to eat, but not always the kind of food I wanted ☐ Sometimes, I did not have enough to eat ☐ Often, I did not have enough to eat ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	MHMC
Always had enough of the kinds of foods wanted	Respondents who answered: - I always had enough of the kinds of food I wanted to eat - I had enough to eat, but not always the kind of food I wanted		
Had enough to eat, but not always the kind of foods wanted	- I had enough to eat, but not always the kind of food I wanted		
Often/sometimes did not have enough to eat	- Sometimes, I did not have enough to eat - Often, I did not have enough to eat		
Worry food will run out	*In the past 12 months, please indicate whether the following statement is often true, sometimes true, or never true.* **You worry that food will run out before you get money to buy more.** ☐ Often true ☐ Sometimes true ☐ Never true ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Statistics Canada. Canadian Community Health Survey (CCHS) - Healthy Aging Questionnaire My Health My Community (MHMC)_R1 SPEAK R3
Often/sometimes true	Respondents who answered: - Often true - Sometimes true		
Food meets cultural values	*In the past 12 months, please indicate whether the following statement is often true, sometimes true, or never true.* **The food you regularly eat meets your personal values, customs, and cultural traditions (i.e., vegetarian, Kosher, gluten-free, traditional foods, and more).** ☐ Often true	Denominator does not include "Prefer not to answer", "I don't know", "Not applicable" or missing responses	New

FOOD SECURITY

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ Sometimes true ☐ Never true ☐ I don't know ☐ Prefer not to answer ☐ Not applicable		
Often/sometimes true	Proportion of respondents who answered: - Often true - Sometimes true		

CHILD HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
Child wellbeing	**Compared to 12 months ago, describe the overall change in wellbeing of the child or your children in your household.** ☐ Much better ☐ Somewhat better ☐ No change ☐ Somewhat worse ☐ Much worse ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	SPEAK R3
Much better/somewhat better	Proportion of respondents who answered: - Much better - Somewhat better		
Much worse/somewhat worse	- Somewhat worse - Much worse		
Child Health/Wellbeing changed [Each indicator]	**Compared to 12 months ago, please indicate overall how each of the following have changed for a child or children in your household.**	Denominator does not include "Prefer not to answer", "I don't know/Not applicable" or missing responses	SPEAK R3

	Much more	Some what more	Same	Some what less	Much less	Never	I don't know/Not applicable	Prefer not to answer
Physical activity								

CHILD HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
	Stress levels		
	Screen time		
	Fruit and vegetable consumption		
	Sugary beverage consumption		
	Connecting with friends		
	Connecting with family		
	Educational experience		
	Sleep		
	Participation in cultural events (e.g., traditional ceremonies or celebrations important to your culture)		
	Participation in extra-curricular activities (e.g., music, art, dance, sports lessons, group organizations, or camps)		
	Management of grief		
Much less/somewhat less	Proportion of respondents who answered the following for each indicator: - Much less - somewhat less		

CHILD HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
Much more/somewhat more	- Much more - somewhat more		
Child healthcare access difficulty- factors **[Frequency]**	**In the past 12 months, have you had difficulty getting any of the following healthcare services for a child or children in your household?** *Check all that apply.* ☐ Family doctor ☐ Scheduled surgery ☐ Diagnostic services (e.g., laboratory, imaging, or endoscopy) ☐ Emergency or urgent care services ☐ COVID-19 immunization ☐ Influenza (flu) immunization ☐ Routine immunization (other than COVID-19 or Influenza (Flu)) ☐ Specialist care (e.g., ophthalmologist, obstetrician, or podiatrist) ☐ Complementary care (e.g., physical therapy or dietician) ☐ Dental care ☐ Counselling ☐ Mental health healthcare ☐ Traditional wellness or healing ☐ Other, please specify: _____ ☐ I have not had difficulty getting healthcare services for a child or children in my household ☐ I don't know ☐ Prefer not to answer	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", "I don't know" or missing responses	SPEAK R3 Modified based on LNC feedback
Childcare factors **[Frequency]**	**What statements regarding child care apply to you?** *Check all that apply.* ☐ I am not responsible for any children needing child care ☐ My child care needs are well-met locally ☐ There are no child care facilities near where I live ☐ There are no child care facilities near where I work ☐ There are child care facilities near where I live, but they have no available space ☐ There are child care facilities near where I work, but they have no available space ☐ Child care facilities are available to me, but the hours are not long/flexible enough ☐ Child care facilities are available to me, but do not cover all days of the week or accommodate shift patterns ☐ I am not happy with the type or quality of child care facilities available to me ☐ I cannot afford the child care services that are available to me	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", "I don't know" or missing responses **DQ issues: asked to parents with children <18 yrs old	Community Question Submission - Municipality of North Cowichan

CHILD HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ I would like to work (or work more hours) if only I could find appropriate and affordable child care ☐ Other, please specify: _____ ☐ I don't know ☐ Prefer not to answer		

GENERAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
Overall health	**In general, would you say your overall health is:** ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	Statistics Canada. Canadian Community Health Survey (CCHS)[5] My Health My Community (MHMC)_R1 SPEAK R3
Excellent/Very	Proportion of respondents who answered: - Excellent - Very good		
Fair/poor	- Fair - Poor		
Navigate health	**Which statement best describes how you are able to navigate day-to-day tasks as a result of your health?** ☐ *Very Well* - I am energetic, socially connected, exercise regularly and am among the fittest for my age. ☐ *Well* - I have no active disease symptoms. I exercise often, or I am very active at times. ☐ *Managing Well* - My medical problems are well controlled, but I am not active beyond routine walking. ☐ *Vulnerable* - I am independent, but my symptoms often limit my activities and outings. I feel slow or tired during the day. ☐ *Mild Difficulty* - I am slowing down, and need help with shopping, housework, and medications. I spend less time with others than I would like to.	Denominator does not include "Prefer not to answer", "I don't know" or missing responses Question was asked to respondents over 60 years of age.	Community Question Submission (modified) – Cowichan Health & Care Plan Modified based on LNC feedback

GENERAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ *Moderate Difficulty* - I need help with all outside activities. Stairs are a problem and I may need help with bathing and dressing. I feel increasingly isolated. ☐ *Severe Difficulty* - I am completely dependent on others to help me with personal care. My medical issues might be physical or mental, such as cognitive decline or dementia. ☐ I don't know ☐ Prefer not to answer		
Managing well Mild/moderate/severe difficulty Very well/well Vulnerable	Proportion of respondents who answered: - *Managing Well* - My medical problems are well controlled, but I am not active beyond routine walking. - *Mild Difficulty* - I am slowing down, and need help with shopping, housework, and medications. I spend less time with others than I would like to. - *Moderate Difficulty* - I need help with all outside activities. Stairs are a problem and I may need help with bathing and dressing. I feel increasingly isolated. - *Severe Difficulty* - I am completely dependent on others to help me with personal care. My medical issues might be physical or mental, such as cognitive decline or dementia. - *Very Well* - I am energetic, socially connected, exercise regularly and am among the fittest for my age. - *Well* - I have no active disease symptoms. I exercise often, or I am very active at times. - *Vulnerable* - I am independent, but my symptoms often limit my activities and outings. I feel slow or tired during the day.		
Chronic condition diagnosis	**Has a doctor ever diagnosed you with any of the following conditions?** *Check all that apply.* ☐ Diabetes ☐ High blood pressure ☐ Heart disease ☐ Cancer ☐ Chronic Bowel Condition (e.g., Crohn's disease or irritable bowel syndrome) ☐ Chronic Skin Condition (e.g., psoriasis) ☐ Asthma ☐ Chronic obstructive pulmonary disease (COPD), chronic bronchitis, or emphysema ☐ Arthritis (excluding fibromyalgia) ☐ Fibromyalgia ☐ Migraine headaches	Denominator does not include "Prefer not to answer" or missing responses	Adapted from My Health My Community (MHMC)_R1 Statistics Canada. Canadian Community Health Survey (CCHS) - Healthy Aging Questionnaire[5] SPEAK R3

GENERAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ Intestinal or stomach ulcers ☐ Stroke ☐ Alzheimer's Disease or any other dementia ☐ Mood disorder (e.g., depression or bipolar disorder) ☐ Anxiety disorder (e.g., a phobia, obsessive-compulsive disorder, or panic disorder) ☐ Liver disease ☐ Kidney disease ☐ Immunocompromised ☐ Overweight ☐ Obese ☐ HIV ☐ Hepatitis C ☐ Other, please specify: _____ ☐ None of the above ☐ Prefer not to answer		
One chronic condition	Proportion of respondents who answered yes to one option, excluding 'none'		
Multiple chronic conditions	Proportion of respondents who answered yes to more than one option, excluding 'none'		
Permanent or long-term condition	**Do you have a permanent or long-term condition or disability that affects your day-to-day living?** *If so, please indicate what type. Check all that apply.* ☐ Vision ☐ Hearing ☐ Mobility (e.g., difficulty walking) ☐ Flexibility (e.g., difficulty bending down and picking up an object) ☐ Dexterity (e.g., difficulty in using hands or fingers) ☐ Pain-related ☐ Learning (e.g., attention difficulties) ☐ Developmental (e.g., autism) ☐ Mental health-related (e.g., anxiety disorder) ☐ Memory ☐ Substance use dependence ☐ Other, please specify: _____ ☐ I have a disability, but it does not impact my day-to-day living ☐ I do not have a disability ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	My Health My Community (MHMC)_ R1 SPEAK R3 Modified based on LNC feedback

GENERAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
Yes	Proportion of respondents who answered yes to at least one response option excluding "I do not have a disability" and "I have a disability, but it does not impact my day to day living"		
Health changed	**Compared to 12 months ago, overall, how has your health/wellbeing changed?** ☐ Much better ☐ Somewhat better ☐ No change ☐ Somewhat worse ☐ Much worse ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	Adapted from SPEAK R3 (Q56)
Much better/somewhat better	Proportion of respondents who answered: - Much better - Somewhat better		
Somewhat worse/much worse	- Somewhat worse - Much worse		
Health/Wellbeing changed [Each indicator]	**Compared to 12 months age, please indicate how your health/wellbeing has changed.** ***If you are using a mobile phone or tablet, you can rotate your device to expand the matrix. You can also adjust your font size in the top right of your screen.***	Denominator does not include "Prefer not to answer", "I don't know/Not applicable" or missing responses	Adapted from SPEAK R3 (Q57)

	Much more	Some what more	Same	Some what less	Much less	I don't know/Not applicable	Prefer not to answer
Physical activity							
Stress levels							
Screen time							
Fruit and vegetable consumption							
Sugary beverage consumption							
Connecting with friends							
Connecting with family							

GENERAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
	Educational experience Sleep Participation in cultural events (e.g., traditional ceremonies or celebrations important to your culture) Participation in extra-curricular activities (e.g., music, art, dance, sports lessons, or group organizations) Management of grief -		
Much more/somewhat more Much less/somewhat less	Proportion of respondents who answered each aspect of health/wellbeing with the following responses: - Much more - Somewhat more - Much less - Somewhat less		
Unpaid caregiver	**Are you the unpaid primary caregiver for a loved one in or outside of your home?** *This includes caregiving responsibilities beyond the standard expectations of a parent, spouse, other family member, or friend.* ☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Community Question Submission - EPIC Modified – feedback from MNBC

GENERAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
Yes	Proportion of respondents who answered 'Yes'		
Unpaid caregiver age	**For whom are you the unpaid primary caregiver?** *Check all that apply.* ☐ Youth (18 years old or younger) ☐ Adult (19-64 years old) ☐ Senior (65+ years old) ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	Modified – feedback from MNBC
Youth	Proportion of respondents who answered only 'Youth'		
Adult	Proportion of respondents who answered only 'Adult'		
Senior	Proportion of respondents who answered only 'Senior'		
Multiple	Proportion of respondents who answered only multiple options		
Unpaid caregiving hours	**How many hours of unpaid caregiving do you provide per week?** ☐ 1-10 hours ☐ 11-20 hours ☐ More than 20 hours ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	
1-10 hours	- 1- 10 hours		
11-20 Ours	- 11-20 hours		
More than 20 hours	- More than 20 hours		

MENTAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
Mental health status	**In general, would you say your mental health is:** ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	My Health My Community (MHMC)_ R1 Statistics Canada. Canadian Health Measures Survey (CHMS)[7] SPEAK R3
Excellent/Very good	Proportion of respondents who answered: - Excellent - Very good		
Fair/poor	- Fair - Poor		

MENTAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
	Compared to one year ago, how would you rate your mental health now? ☐ Much better ☐ Slightly better ☐ About the same ☐ Slightly worse ☐ Much worse ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	My Health My Community (MHMC)_ R1 Statistics Canada. Canadian Health Measures Survey (CHMS) SPEAK R3
Much better/slight better	Proportion of respondents who answered: - Much better - Slightly better		
Slightly worse/much worse	- Slight worse - Much worse		
Stress	**Thinking about the amount of stress in your life, would you say that most days are:** ☐ Not very stressful ☐ A bit stressful ☐ Somewhat stressful ☐ Quite stressful ☐ Extremely stressful ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	My Health My Community (MHMC)_ R1 SPEAK R3
Not very stressful	Proportion of respondents that answered: - Not very stressful		
A bit/somewhat stressful	- A bit stressful - Somewhat stressful		
Quite/extremely stressful	- Quite stressful - Extremely stressful		
Stress **[Frequency]***	**What would you say are the factors contributing to your feelings of stress?** *Check all that apply.* ☐ Financial situation (e.g., debt or not enough money) ☐ Work situation (e.g., hours of work or working conditions) ☐ Employment status (e.g., unemployment) ☐ School ☐ Living conditions (e.g., inadequate housing or housing security) ☐ Physical health problem or condition ☐ Emotional or mental health problem or condition ☐ Health of family members ☐ Caring for children or grandchildren	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen.	My Health My Community (MHMC)_R1 Statistics Canada. Canadian Community Health Survey (CCHS) - Healthy Aging Questionnaire[5] SPEAK R3 Modified – feedback from MNBC

MENTAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ Caring for elderly relatives ☐ Other personal and family responsibilities ☐ Not having enough time ☐ Personal relationships (e.g., divorce) ☐ Discrimination ☐ Isolation ☐ Personal or family safety ☐ Intergenerational trauma ☐ Impacts of colonization ☐ Climate change and extreme weather events ☐ Other, please specify: _____ ☐ Not applicable ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	
Loneliness	**How often do you feel lonely (e.g., feeling left out, isolated from others, or lacking companionship)?** ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ None of the time ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	Adapted from My Health My Community (MHMC)_ R1 Based on University of California Los Angeles (UCLA) 3 item Loneliness scale[9] SPEAK R3
All/most of the time	Proportion of respondents that answered: - All of the time - Most of the time		
Some/a little of the time	- Some of the time - A little of the time		
Mental health interference	**During the past 4 weeks, how often has your mental health interfered with your social activities (e.g., visiting with friends, relatives, etc.)?** ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ None of the time ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	VR-12 MHMC
All/most of the time/some of the time	Proportion of respondents that answered: - All of the time - Most of the time - Some of the time		

MENTAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
Experience discrimination	**In the past 12 months, have you experienced any discrimination, or been treated unfairly or with less respect because of any of the following?** *Check all that apply.* ☐ Age ☐ Sex or gender ☐ Sexual orientation ☐ Ethnicity, nationality, race, or skin colour ☐ Substance use ☐ Being homeless ☐ Culture ☐ Language or accent ☐ Religion ☐ Family or marital status (e.g., single parent or divorced) ☐ Disability ☐ Health status ☐ Low income ☐ Other, please specify: _____ ☐ No, I have not been treated unfairly or with less respect ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	Adapted from My Health My Community (MHMC)_ R2 SPEAK R3
Yes	Proportion of respondents that answered yes to at least one response option except "no, I have not been treated unfairly or with less respect"		
Discrimination where factors **[Frequency]***	**In the past 12 months, where <u>in the Cowichan Valley</u> have you experienced discrimination, or been treated unfairly or with less respect?** *Check all that apply.* ☐ While using libraries, arenas, or community or recreational centers ☐ While using public areas, such as parks and sidewalks ☐ While using public transit, such as buses or taxis ☐ In a store, bank, or restaurant ☐ When applying for a job or promotion ☐ At your job (e.g., from supervisors, co-workers, or clients) ☐ When interacting with the police ☐ When interacting with the courts ☐ When attending school or classes ☐ When looking for housing (e.g., buying a house or renting an apartment) ☐ While attending social gatherings ☐ When interacting with your neighbours ☐ When participating in a club, meeting, or organization ☐ When interacting with hospitals or healthcare workers ☐ When applying for a program or benefit	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer" or missing responses	SPEAK R3; modified to include responses from Cowichan Racism & Marginalization Survey – A Closer Look

MENTAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ At home ☐ Other, please specify: _____ ☐ Prefer not to answer		
Where mental health was accessed **[Frequency]***	**In the past 12 months, where did you access support for an emotional or mental health issue?** *This could include emotional support or support with use of alcohol or other substances. Check all that apply.* ☐ I have not needed support ☐ I was not able to access support ☐ Doctor's office (e.g., family doctor or psychiatrist) ☐ Community health centre or public health unit ☐ Psychologist or counsellor's office ☐ Hospital emergency room ☐ Urgent care centre ☐ Hospital outpatient clinic ☐ Virtual visit or consultation (e.g., phone, video, or 8-1-1) ☐ Apps ☐ Group or individual programs ☐ Family member or friend ☐ Talking to an Elder, attending ceremony, and/or spending time on the land ☐ Other, please specify: _____ ☐ I don't know ☐ Prefer not to answer	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Adapted from My Health My Community (MHMC)_R1 SPEAK R3
Mental health barriers **[Frequency]***	**1. In the past 12 months, did you experience any issues accessing the support you needed?** *Check all that apply.* ☐ I did not experience any issues accessing support ☐ I did not know how or where to get this kind of help ☐ I was too busy ☐ My job interfered (e.g., workload, hours of work, or lack of cooperation from supervisor) ☐ Access to care was limited (e.g., help was not readily available) ☐ I lacked confidence in the healthcare system or social services ☐ Systemic or institutional racism and discrimination ☐ I could not afford to pay for support ☐ Insurance did not cover the support costs ☐ I was afraid of what others would think of me ☐ Difficulty in communicating my needs or understanding the information given to me ☐ Other, please specify: _____ ☐ I don't know ☐ Prefer not to answer	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Statistics Canada. Survey on Mental Health and Stressful Events SPEAK R3 Modified – feedback from MNBC

Indicator	Question Text / Responses	Calculations/Notes	Source
SUBSTANCE USE			
Cigarette use Never smoked Smoked in the past Smoking daily/occasionally	**Which of the following best describes your cigarette (tobacco) use?** ☐ I have never smoked cigarettes ☐ I no longer smoke cigarettes, but I used to smoke cigarettes occasionally ☐ I no longer smoke cigarettes, but I used to smoke cigarettes daily ☐ I smoke cigarettes occasionally ☐ I smoke cigarettes daily ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	My Health My Community (MHMC)_R1 Adapted from Statistics Canada. Canadian Community Health Survey (CCHS)[5] SPEAK R3 57,479
Smoking daily/occasionally	Proportion of respondents that answered: - I smoke cigarettes occasionally - I smoke cigarettes daily		
Smoked in the past	- I no longer smoke cigarettes but used to smoke occasionally - I no longer smoke cigarettes but used to smoke daily		
Never smoked	- I have never smoked cigarettes		
E cigarette past use E cigarette/vaping in the last 12 months	**In the past 12 months, how often have you used an electronic cigarette (e-cigarette) or vaped?** *Exclude vaping cannabis.* ☐ Never ☐ Less than once a month ☐ Once a month ☐ 2 to 3 times a month ☐ Once a week ☐ 2 to 3 times a week ☐ 4 to 6 times a week ☐ Every day ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	My Health My Community (MHMC)_ R2 SPEAK R3 Modified based on LNC feedback
E cigarette/vaping in the last 12 months	Proportion of respondents that answered yes to one of the response options except "Never".		
Cannabis marijuana hash past Marijuana/has in the last 12 months	**In the past 12 months, how often have you used cannabis, marijuana, or hashish?** ☐ Never ☐ Less than once a month ☐ Once a month	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	My Health My Community (MHMC)_ R2 SPEAK R3

SUBSTANCE USE

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ 2 to 3 times a month ☐ Once a week ☐ 2 to 3 times a week ☐ 4 to 6 times a week ☐ Every day ☐ I don't know ☐ Prefer not to answer		
Marijuana/hash in the last 12 months	Proportion of respondents that answered yes to one of the response options except "Never".		
Alcohol use Never Occasional Regular	**In the past 12 months, how often have you drank alcoholic beverages?** ☐ Never ☐ Less than once a month ☐ Once a month ☐ 2 to 3 times a month ☐ Once a week ☐ 2 to 3 times a week ☐ 4 to 6 times a week ☐ Every day ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	My Health My Community (MHMC)_ R2 Statistics Canada. Canadian Health Measures Survey (CHMS)[7] SPEAK R3
Regular	Proportion of respondents that answered - Once a month - 2-3 times a month - Once a week - 2 to 3 times a week - 4 to 6 times a week - Everyday		
Occasional	- Less than once a month		
Never	- Never		
Alcohol weekly 3 to 6 standard drinks per week 7 standard drinks per week	**In the past 12 months, what best describes your weekly alcohol use?** ☐ 0 drinks per week ☐ 2 standard drinks* or less per week ☐ 3 to 6 standard drinks* per week ☐ 7 standard drinks* or more per week ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	New

SUBSTANCE USE

Indicator	Question Text / Responses	Calculations/Notes	Source
	As per Canada's new Guidance on Alcohol and Health, a standard drink is 17.05 millilitres or 13.45 grams of pure alcohol, which is the equivalent of: ***• A bottle of beer (12 oz., 341 ml, 5% alcohol)*** ***• A bottle of cider (12 oz., 341 ml, 5% alcohol)*** ***• A glass of wine (5 oz., 142 ml, 12% alcohol)*** ***• A shot glass of spirits (1.5 oz., 43 ml, 40% alcohol)***		
2 standard drinks or less per week	Proportion of respondents that answered - 0 drinks per week - 2 standard drinks* or less per week		
3 to 6 standard drinks per week	- 3 to 6 standard drinks per week		
7 standard drinks or more per week	- 7 standard drinks or more per week		
Ever used substances	*The following question may be sensitive. It asks about other substance use. Please be assured that your response will not identify you and will be grouped with others to only inform health and community planning.* **In the past 12 months, have you used any of the following substances (other than alcohol, tobacco, or cannabis)?** *Check all that apply.* ☐ I have not used any of the following substances ☐ Cocaine (e.g., crack, freebase, or powder) ☐ Ecstasy (e.g., MDMA, E, XTC, or Molly) ☐ Methamphetamine (e.g., speed, crystal meth, ice, side, or jib) ☐ Hallucinogens (e.g., ketamine, LSD, acid, magic mushrooms, or PCP) ☐ Opioids (e.g., fentanyl, heroin, junk, smack, or down) ☐ Pills or prescription drugs that were not prescribed to you (e.g., opioids, Dilaudid, oxycodone, Percocet, Xanax bar, benzodiazepines, Ritalin, Dexedrine, or Adderall) ☐ Other, please specify: _____ ☐ I don't know ☐ Prefer not to answer Proportion of respondents that answered at least one response options excluding "I have not used any of the following substances".	Proportion of respondents that answered at least one response options excluding "I have not used any of the following substances". Denominator does not include "Prefer not to answer", "I don't know" or missing responses	My Health My Community (MHMC)_ R2 Adapted from Statistic Canada Canadian Alcohol and Drugs Survey SPEAK R3
Yes			
I or someone I know struggles with substance use	**I, or someone I care about who lives in the Cowichan Valley, struggle(s) with substance use.** ☐ Yes	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Community Question Submission - Cowichan Community Action Team

SUBSTANCE USE			
Indicator	**Question Text / Responses**	**Calculations/Notes**	**Source**
	☐ Sometimes ☐ In the past ☐ No/never ☐ I don't know ☐ Prefer not to answer		
In the past	Proportion of respondents that answered: - In the past		
Sometimes	- Sometimes		
Yes	- Yes		
Know how to get referrals for substance use	**I know how to get resources or referrals for treatment regarding substance use for myself or someone I care about.** ☐ Yes ☐ Some, but not all ☐ No ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", or missing responses	
Yes	Proportion of respondents that answered: - Yes		
Some, but not all	- Some, but not all		
Comfortable talking to healthcare provider about substance use	**I feel comfortable talking to healthcare professionals about substance use.** ☐ Yes ☐ No ☐ Sometimes (depends on the healthcare provider) ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", or missing responses	Community Question Submission - Cowichan Community Action Team
Yes	Proportion of respondents that answered: - Yes		
Sometimes (depends on the healthcare provider)	- Sometimes (depends on the healthcare provider)		

ACCESS TO CARE

Indicator	Question Text / Responses	Calculation/Notes	Source
Regular healthcare provider Yes	**Do you have a regular healthcare provider (e.g., family doctor, clinic, or nurse practitioner)?** ☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer Proportion of respondents that answered "Yes".	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Statistics Canada. Canadian Community Health Survey (CCHS) My Health My Community (MHMC)_R1 SPEAK R3
Reasons for no healthcare provider **[Frequency]***	**2. What are the reasons why you do not have a regular healthcare provider?** *Check all that apply.* ☐ Do not need one in particular, but have a usual place of care ☐ There are no healthcare providers in my area ☐ No one in the area is taking new patients ☐ Have not tried to find one ☐ Had one who left or retired ☐ Had one, but they lacked cultural safety or humility ☐ Other, please specify: _____ ☐ I don't know ☐ Prefer not to answer	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Statistics Canada. Canadian Community Health Survey (CCHS) My Health My Community (MHMC)_R1 SPEAK R3 Modified based on MNBC feedback
Access [Each indicator]	**3. How would you rate your access to the following healthcare options in the Cowichan Valley?** ***If you are using a mobile phone or tablet, you can rotate your device to expand the matrix. You can also adjust your font size in the top right of your screen.***	Denominator does not include "Prefer not to answer", "I don't know/Not applicable" or missing responses	Community Question Submission (modified) – Our Cowichan Community Health Network Modified – feedback from MNBC

	Very accessible	Accessible	Inaccessible	Very inaccessible	I don't know/Not applicable	Prefer not to answer
Indigenous health support						

ACCESS TO CARE

Indicator	Question Text / Responses							Calculation/Notes	Source
	Reproductive health services and support								
	Early childhood or development support								
	Substance use support								
	Mental health support								
	Social services (e.g., housing, food, employment, or community)								
	Virtual healthcare								
	Grief support								
	Cancer care								
	Cognitive decline, Alzheimer's, or dementia services								

ACCESS TO CARE

Indicator	Question Text / Responses	Calculation/Notes	Source

	Specialized services (e.g., heart or renal)						
	Diagnostic services (e.g., CT, MRI, or ultrasound)						
	Dental services						
	Complementary services (e.g., physical therapy, massage therapy, or chiropractor)						

Proportion of respondents who answered each aspect of 'Access' with the following responses:

Very accessible/accessible	- Very accessible - Accessible
Very inaccessible/inaccessible	- Very inaccessible - Inaccessible

ACCESS TO CARE

Indicator	Question Text / Responses	Calculation/Notes	Source
Difficulty accessing healthcare	**In the past 12 months, did you ever have difficulty getting the healthcare you needed from a doctor, nurse, traditional healthcare provider, and/or other health professional?** ☐ Yes, I have had difficulty getting the healthcare I needed ☐ No, I have not had difficulty getting the healthcare I needed ☐ I have not needed care ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Adapted from My Health My Community (MHMC)_ R2 SPEAK R3
Yes	Proportion of respondents that answered the response options as 'Yes, I have had difficulty getting the healthcare I needed'.		

ACCESS TO CARE

Indicator	Question Text / Responses	Calculation/Notes	Source
Difficulty getting care- type **[Frequency]***	**4. What kind of care did you have difficulty getting?** *Check all that apply.* ☐ Family doctor or nurse practitioner ☐ Scheduled surgery ☐ Diagnostic services (e.g., laboratory, imaging, or angiography) ☐ Emergency or urgent care services ☐ Preventive care (e.g., immunizations, mammography, or cervical screening) ☐ Specialist care (e.g., ophthalmologist, obstetrician, or podiatrist) ☐ Complementary care (e.g., physical therapy, massage therapy, or chiropractor) ☐ COVID-19 immunization ☐ Influenza (flu) immunization ☐ Routine immunization (other than COVID-19 or Influenza (Flu)) ☐ Dental care ☐ Counselling ☐ Mental health healthcare ☐ Traditional wellness/healing ☐ Harm reduction services for substance use ☐ Treatment services for substance use ☐ Contraception services (e.g., abortion or birth control) ☐ Sexually Transmitted Infections (STI) prevention services (e.g., STI testing or supplies to prevent STI's) ☐ Other, please specify: _____ ☐ I don't know ☐ Prefer not to answer	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", "I don't know" or missing responses	SPEAK R3
Health impact of difficulty accessing care	**How do you think this difficulty accessing care has impacted your health?** ☐ Significantly worsened my health ☐ Somewhat worsened my health ☐ Has likely not impacted my health ☐ I don't know how it has impacted my health ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	SPEAK R3
Significantly/somewhat worsened my health	Proportion of respondents that answered: - Significantly worsened my health - Somewhat worsened my health		

ACCESS TO CARE

Indicator	Question Text / Responses	Calculation/Notes	Source
Has likely not impacted my health	- Has likely not impacted my health		
Healthcare barriers **[Frequency]***	**Is there anything that stops you from getting healthcare in the Cowichan Valley?** *Check all that apply.* ☐ Fear ☐ Lack of cultural safety or humility ☐ Transportation ☐ Difficulty in communicating my needs or understanding the information given to me ☐ Wait times are too long ☐ My primary healthcare provider does not hear my concerns ☐ Not sure where/how to find the healthcare provider(s) I need ☐ Access to the internet, email, or mobile device ☐ Computer literacy or skills ☐ Cost ☐ Other, please specify: _____ ☐ Not applicable ☐ I don't know ☐ Prefer not to answer	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Community Submission Question – EPIC Modified - LNC
Avoided care	**Have you avoided care when you needed it due to a previous experience of being treated unfairly in the Cowichan Valley?** ☐ Yes, within the past 2 years ☐ Yes, more than 2 years ago ☐ No ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	
Yes, within the past 2 years	Proportion of respondents that answered: - Yes, withing the past 2 years		
Yes, more than 2 years ago	- Yes, more than 2 years ago		

PUBLIC TRANSPORTATION

Indicator	Question Text / Responses	Calculation/Notes	Source
Public transportation use	**Do you use public transportation in the Cowichan Valley?** ☐ Yes ☐ No ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	New
Yes	Proportion of respondents that answered "Yes".		
Public transport- meets needs	**How well does the existing public transportation system in the Cowichan Valley meet your needs?** ☐ Very well ☐ Somewhat well ☐ Neutral ☐ Somewhat not well ☐ Not well at all ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	MHMC
Very well/ somewhat well	Proportion of respondents that answered: - Very well - Somewhat well		
Somewhat not well/not well at all	- Somewhat not well - Not well at all		
Reasons for not using public transportation	**Why do you not use public transportation in the Cowichan Valley?** *Check all that apply.* ☐ It does not meet my needs ☐ I cannot afford it ☐ I do not feel safe ☐ There is no public transportation near me ☐ Other, please specify:_____ ☐ I prefer or am able to use other modes of transportation ☐ Prefer not to answer		New
It does not meet my needs	Proportion of respondents that answered: - It does not meet my needs -		
I prefer or am able to use other modes	- I prefer or am able to use other modes -		
I cannot afford it or do not feel safe	- I cannot afford it - I do not feel safe		

PUBLIC TRANSPORTATION

Indicator	Question Text / Responses	Calculation/Notes	Source
There is no public transport near me	- There is no public transport near me		
Multiple options	- Multiple response options		
Transport to work	**5. What is the *main* way you get to and from work or school?** *If you mainly use more than one method (e.g., a combination of car and transit), select 'more than one method during a single trip'.*	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Community Question Submission - Municipality of North Cowichan Modified – VCH MCMC

Transportation Method
Walking or wheelchair
Rollerblading, kick scooter, or similar
Driving a regular gas or diesel vehicle (including motorcycles)
Passenger in a regular gas or diesel vehicle
Driving an electric or hybrid vehicle
Passenger in an electric or hybrid vehicle
E-bike or electric scooter
Pedal bike
Bus
Ferry
Taxi
HandiDart
More than one method during a single trip (e.g., combination of car and transit): please specify: _____
Other, please specify: _____
I don't know
Prefer not to answer
Not applicable

Bus/handidart/ferry/taxi	Proportion of respondents that answered: - Bus - Ferry - Taxi - Handidart		

PUBLIC TRANSPORTATION

Indicator	Question Text / Responses	Calculation/Notes	Source
Driving a regular gas or diesel vehicle (including motorcycles)	- Driving a regular gas or diesel vehicle (including motorcycles)		
Driving an electric or hybrid vehicle/passenger in an electric or hybrid vehicle	- Driving an electric or hybrid vehicle - Passenger in an electric or hybrid vehicle		
Passenger in a regular gas or diesel vehicle	- Passenger in a regular gas or diesel vehicle		
Walking or wheelchair/rollerblading, kick scooter or similar/e-bike or electric scooter/pedal bike	- Walking or wheelchair - Rollerblading, kick scooter, or similar - E-bike or electric scooter		
Transport to recreational	**6. What is the main way you get to and from recreational destinations (e.g., green spaces, parks, trails, or beaches)?** *If you mainly use more than one method (e.g., a combination of car and transit), select 'more than one method during a single trip'.*	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Community Question Submission - Municipality of North Cowichan Modified – VCH MHMC

Transportation Method
Walking or wheelchair
Rollerblading, kick scooter, or similar
Driving a regular gas or diesel vehicle (including motorcycles)
Passenger in a regular gas or diesel vehicle
Driving an electric or hybrid vehicle
Passenger in an electric or hybrid vehicle
E-bike or electric scooter
Pedal bike
Bus
Ferry
Taxi
HandiDart
More than one method during a single trip (e.g., combination of car and transit): please specify: _____
Other, please specify: _____

PUBLIC TRANSPORTATION

Indicator	Question Text / Responses	Calculation/Notes	Source
	I don't know		
	Prefer not to answer		
	Not applicable -		
Bus/handidart/ferry/taxi	Proportion of respondents that answered: - Bus - Ferry - Taxi - handidart		
Driving a regular gas or diesel vehicle (including motorcycles)	Driving a regular gas or diesel vehicle (including motorcycles)		
Driving an electric or hybrid vehicle/passenger in an electric or hybrid vehicle	- Driving an electric or hybrid vehicle Passenger in an electric or hybrid vehicle		
Passenger in a regular gas or diesel vehicle	- Passenger in a regular gas or diesel vehicle		
Walking or wheelchair/rollerblading, kick scooter or similar/e-bike or electric scooter/pedal bike	- Walking or wheelchair - Rollerblading, kick scooter, or similar - E-bike or electric scooter		

ENVIRONMENTAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
Home heat	**What is the main way you heat your home?** *Check only one.* ☐ Electric heat pump ☐ Electric baseboards ☐ Stove, wood ☐ Stove, gas ☐ Stove, pellet ☐ Boiler, gas ☐ Boiler, oil ☐ Boiler, wood pellet ☐ Furnace, pellet ☐ Furnace, gas ☐ Furnace, oil	Proportion of respondents who answered the following Denominator does not include "Prefer not to answer", "I don't know" or missing responses	

ENVIRONMENTAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ Space heater ☐ Other, please specify:_____ ☐ I don't know ☐ Prefer not to answer		
Electric baseboards or electric heat pump	Proportion of respondents who answered: - Electric baseboards - Electric heat pump		
Furnace (gas, oil or wood pellet)	- Furnace, pellet - Furnace, gas - Furnace, oil		
Stove (gas, wood or wood pellet)	- Stove, wood - Stove, gas - Stove, oil		
Other (boiler, space heater or other)	- Other		
Home cool	**Do you have a way to cool your home during periods of extreme heat?** ☐ Yes, a central air conditioner that cools the whole home ☐ Yes, a heat pump that cools the whole home ☐ Yes, a heat pump, or a window insert air conditioner, or portable air conditioner that cools one or more rooms ☐ Yes, I have one of the above cooling systems but can not afford to use it ☐ No, I don't feel I need one ☐ No, but I would like one ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	Adapted from My Health My Community (MHMC)_ R2 SPEAK R3
Home has A/C or heat pump	Proportion of respondents who answered : - Yes, a central air conditioner that cools the whole home - Yes, a heat pump that cools the whole home - Yes, a heat pump, or a window insert air conditioner, or portable air conditioner that cools one or more rooms		

ENVIRONMENTAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
Natural Settings	**In general, how often do you spend time in natural settings? (e.g., parks, trails, beaches, near water)** ☐ Everyday ☐ A few times a week ☐ Once a week ☐ 1-3 times a month ☐ Less than once a month ☐ Never ☐ Prefer not to answer	Denominator does not include "Prefer not to answer" or missing responses	MHMC SPEAK R3
Everyday	Proportion of respondents who answered: - Everyday		
Often	- A few times a week - Once a week		
Occasionally	- 1-3 times a month - Less than one a month		
Never	- Never		
Greenspace barriers **[Frequency]***	**Thinking about the public greenspaces (e.g., parks, trails) available within the Cowichan Valley, is there anything currently preventing you from using these spaces?** *Check all that apply.* ☐ There is nothing stopping me from using public greenspaces in the Cowichan Valley ☐ They are difficult for me to get to ☐ There are barriers related to my abilities (e.g., wheelchair use, vision, or seating) ☐ They do not have public washrooms ☐ They do not have gender-neutral washrooms ☐ They do not have the facilities I would like (e.g., tables, benches, or equipment) ☐ They are not well maintained ☐ They are not suitable for my uses (e.g., playing sports) ☐ They do not have shaded areas for gathering or playing ☐ They are too crowded ☐ I do not feel safe using these spaces ☐ I am worried I may experience discrimination ☐ Other, please specify: _____ ☐ Prefer not to answer	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", or missing responses	SPEAK R3

ENVIRONMENTAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
Neighborhood [Indicator]	*The next question asks about the neighbourhood you live in. Think about your neighbourhood as the area within a 20-minute walk or a distance of 1.6 km (1 mile) from your home. For each statement, indicate to what extent you agree or disagree.* ***If you are using a mobile phone or tablet, you can rotate your device to expand the matrix. You can also adjust your font size in the top right of your screen.***	Denominator does not include "Prefer not to answer", "I don't know/Not applicable" or missing responses	My Health My Community (MHMC)_R1 Statistics Canada. National Household Survey (NHS) SPEAK R3

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree	I don't know/Not applicable	Prefer not to answer
There are special lanes, separate paths or trails, or shared-use paths for cyclists and pedestrians in my neighborhood							
There are recreational programs that I can access in my neighbourhood							
There are sidewalks in my neighborhood that are well maintained (paved, with few cracks) and not obstructed							

ENVIRONMENTAL HEALTH

Indicator	Question Text / Responses							Calculations/Notes	Source
	Many shops, restaurants, services, and facilities are within easy walking or rolling or cycling distance of my home								
	There is a large selection of fruits and vegetables available in my neighborhood								
	There are many attractive natural sites in my neighborhood (such as landscaping, views or parks)								
	Traffic in my neighborhood allows me to walk safely and easily								
	Traffic in my neighborhood allows me to bike safely and easily								

ENVIRONMENTAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
	I feel physically safe being alone in my neighborhood after dark I see a lot of people walking and cycling in my neighborhood It is safe and convenient to get around in my neighborhood using mobility aids, such as a stroller, wheelchair, scooter, or walker		
Strongly agree/agree Strongly disagree/disagree	Proportion of respondents who answered each aspect of 'Neighborhood' with the following responses: - Strongly agree/agree - agree - Strongly disagree - disagree		
Issues preventing walkability **[Frequency]***	**Thinking about walking or rolling to get to work, stores, services, and events, or for recreation and pet exercise, what makes walking or rolling difficult for you in your neighbourhood?** *Check all that apply.* ☐ Lack of destinations near my home ☐ Road or traffic safety concerns ☐ Personal safety concerns ☐ Unpleasant environment ☐ Traffic noise ☐ Lack of sidewalks or good surfaces ☐ Lack of marked bike lanes ☐ Lack of lighting ☐ Presence of physical barriers, particularly for strollers, bikes, or wheelchairs (e.g., gates, bollards, or uneven surfaces)	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen.	Community Question Submission – Municipality of North Cowichan

Indicator	ENVIRONMENTAL HEALTH Question Text / Responses	Calculations/Notes	Source
	☐ Lack of bins to dispose of pet feces ☐ My health or mobility issues ☐ Lack of time ☐ Difficulties finding e-bike charging stations ☐ I'm able to walk but don't enjoy it ☐ No major difficulties, I can comfortably walk or roll to a variety of destinations ☐ Other, please specify: _____ ☐ I don't know ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	
Neighborhood safety and security **[Frequency]***	**Thinking about your neighbourhood safety and security, which of the following issues make you feel less safe?** *Check all that apply.* ☐ Lack of gender-neutral washrooms ☐ Loitering ☐ Antisocial behaviour or public drinking or drug-taking ☐ Not enough people around ☐ Inadequate street lighting ☐ Tagging or graffiti ☐ Litter, garbage, or dirt ☐ Needles or drug-related debris ☐ Dog feces or off-leash dogs ☐ Threatening and shadowy spaces such as unlit nooks, doorways, and alleys ☐ Type of buildings and businesses in area ☐ Buildings or lots in state of disrepair ☐ Inadequate quality and upkeep of public spaces such as parks, boulevards, and parking lots ☐ Fear of aggressive wildlife ☐ High vehicle traffic speeds ☐ Noisy vehicles or All-Terrain Vehicles (ATVs) ☐ Fast cyclists on shared pedestrian and cycle routes ☐ None of the above, I feel safe and secure in my neighbourhood ☐ Other, please specify: _____ ☐ I don't know ☐ Prefer not to answer	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", "I don't know", or missing responses	Community Question Submission – Municipality of North Cowichan Modified based on feedback from Horst
Strongly agree/somewhat agree	Proportion of respondents who answered the following for each indicator: - Strongly agree - Somewhat disagree		

ENVIRONMENTAL HEALTH

Indicator	Question Text / Responses	Calculations/Notes	Source
Strongly disagree/somewhat disagree	- Strongly disagree - Somewhat disagree		
Additional services **[Frequency]***	**What additional services would you like to see provided in your community?** *Check all that apply.* ☐ Home care support ☐ More health and wellness services ☐ Food banks ☐ Volunteer program for outreach support ☐ Additional services for adult and youth mental health and substance use ☐ Better public transit services ☐ Housing ☐ Urgent care ☐ Clinical care ☐ Dietician ☐ Diabetes education ☐ Child healthcare ☐ Youth healthcare ☐ Other, please specify: _____ ☐ I don't know ☐ Prefer not to answer	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", "I don't know", or missing responses	Community Question Submission – Town of Lake Cowichan – modified

Indicator	Question Text / Responses	Calculations/Notes	Source
Community network	**How many people do you have in your network that you could confide in, tell your problems to, or call when you really need help?** ☐ 0 ☐ 1 to 3 ☐ 4 to 6 ☐ More than 6 ☐ Prefer not to answer	Denominator does not include "Prefer not to answer", or missing responses	MHMC
1 to 3 4 to 6 More than 6	Proportion of respondents who answered: - 1 to 3 - 4 to 6 - More than 6		
Community belonging	**How would you describe your sense of belonging to your local community?** ☐ Very strong ☐ Somewhat strong ☐ Somewhat weak ☐ Very weak ☐ I don't know	Denominator does not include "Prefer not to answer", "I don't know" or missing responses	My Health My Community (MHMC)_ R1 SPEAK R3

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ Prefer not to answer		Modified to appear prior to next question, rather than after
Very/somewhat strong	Proportion of respondents that answered: - Very strong - Somewhat strong		
Very/somewhat weak	- Somewhat strong - Somewhat weak		
Connection [Indicator]	**How would you describe your sense of connection to the following?** ***If you are using a mobile phone or tablet, you can rotate your device to expand the matrix. You can also adjust your font size in the top right of your screen.***		New

	Very strong	Somewhat strong	Somewhat weak	Very weak	I don't know/Not applicable	Prefer not to answer
Neighbours						
Friends						
Family						
Volunteer organizations						
Public schools (e.g., pre-school, elementary, middle, and secondary schools)						
Private schools (e.g., pre-school, elementary, middle, and secondary schools)						
Post-secondary school						

Indicator	Question Text / Responses	Calculations/Notes	Source

	Recreational programs						
	Workplace						
	Sports clubs, leagues, or activities						
	Community events						
	Faith communities						
	Arts						
	Clubs -						

Very strong/somewhat strong	Proportion of respondents who answered each aspect of 'Connection' with the following responses: - Very strong - Somewhat strong		
Very weak/somewhat weak	- Very weak - Somewhat weak		
Safe expressing gender	**How safe do you feel expressing your gender identity in the Cowichan Valley?** ☐ Very safe ☐ Safe ☐ Unsafe ☐ Very unsafe ☐ I don't know ☐ Prefer not to answer		Community Question Submission – Cowichan Women Against Violence Society
Very safe/safe	Proportion of respondents who answered: - Very safe - Safe		
Unsafe/very unsafe	- unsafe - very unsafe		
Safe expressing sexual orientation	**How safe do you feel expressing your sexual orientation in the Cowichan Valley?** ☐ Very safe ☐ Safe ☐ Unsafe		New

Indicator	Question Text / Responses	Calculations/Notes	Source
	☐ Very unsafe ☐ I don't know ☐ Prefer not to answer		
Very safe/safe	Proportion of respondents who answered: - Very safe - Safe		
Unsafe/very unsafe	- Unsafe - very unsafe		
Safe expressing race	**How safe do you feel expressing your ethnic/racial identity in the Cowichan Valley?** ☐ Very safe ☐ Safe ☐ Unsafe ☐ Very unsafe ☐ I don't know ☐ Prefer not to answer		Community Question Submission – Cowichan Women Against Violence Society
Very safe/safe	Proportion of respondents who answered: - Very safe - Safe		
Unsafe/very unsafe	- Unsafe - very unsafe		
Connect with social group **[Frequency]**	**How do you typically connect with your social group?** *Check all that apply.* ☐ Public events ☐ Social media ☐ Online gaming ☐ Faith, religious, or cultural events ☐ Physical activity or sports ☐ Restaurants, pubs, breweries, or wineries ☐ Outdoors (e.g., parks, beach, or community garden) ☐ Private social gatherings ☐ By phone or text ☐ Volunteering ☐ Community centres (e.g., seniors centres, gyms, or activities centres) ☐ Children's sports and activities ☐ I do not connect with a social group ☐ Other, please specify:_____ ☐ Prefer not to answer	*Proportion of respondents who answered each response option. Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", "I don't know", or missing responses	Community Question Submission – EPIC
Local information	**How do you access information on local services?** *Check all that apply.* ☐ Community events	*Proportion of respondents who answered each response option.	Community Question Submission – EPIC

Indicator	Question Text / Responses	Calculations/Notes	Source
[Frequency]	☐ From my healthcare provider(s) ☐ Email ☐ Print newsletters ☐ E-newsletters ☐ Local newspapers ☐ Radio ☐ Word of mouth (friends or family) ☐ Facebook ☐ Instagram ☐ Twitter ☐ YouTube ☐ Specific websites ☐ Community bulletin boards ☐ Google or Internet searches ☐ Pathways ☐ BC 211 ☐ None of the above ☐ Other, please specify:_____ ☐ Prefer not to answer	Question was displayed as a frequency and percentages may add up to over 100% due to respondents choosing more than one option. *Top 10 response options at the CVRD level were chosen. Denominator does not include "Prefer not to answer", “I don’t know”, or missing responses	