

Appendix 9

C. Healthy Living

Question 27. Chronic Disease and Injury Prevention: Use check marks (✓) to indicate which activities and services were provided. If an activity you provide could fit under more than one category provided below, choose whichever one is the 'best fit', and identify it only once.

Chronic Disease and Injury Prevention Activities	Activity Offered (✓)
Physical Activity	Check (✓)
Awareness activities related to physical activity (e.g., Diabetes Walks, Healthy Living Awareness Days)	✓
Walking clubs	✓
Sport/recreation activities (e.g., soccer, basketball, etc.)	✓
Traditional physical activities (e.g. jigging, dancing, games, snowshoeing, canoeing)	✓
Nutrition	Check (✓)
Cooking sessions or classes (including community kitchens)	✓
Traditional harvesting, food preparation, food preservation (e.g., berry picking, cleaning fish, canning, etc.)	✓
Healthy eating awareness and education (e.g., health fairs, radio shows, etc.)	✓
Grocery tours	✓
Community gardens	✓
Good Food Boxes	
Food Vouchers	
School-based feeding programs	✓
Additional	Check (✓)
Diabetes information sessions or workshops	✓
Development of resource materials (e.g., posters, cookbooks, displays, guides, etc.)	✓
Injury prevention training and awareness raising (e.g., safety committees, tool kits, "A Journey to the Teachings" training, etc.)	

Question 28. Diabetes Screening: Indicate which activities and services were provided during the reporting year by checking (✓) Yes or No. If an activity could fit under more than one category provided below, choose whichever one is the 'best fit' and identify it only once.

Do you conduct diabetes diagnostic screening in your community (e.g., fasting glucose, OGTT. See Guide for definitions.)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes, how many individuals were screened in the reporting year?		
Do you conduct non-diagnostic diabetes awareness/prevention screening in your community? (i.e. non-diagnostic screenings at schools, workplaces, sporting events, health fairs, etc)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes, provide an estimate of how many non-diagnostic screenings were conducted during the reporting year.		

Question 29. Diabetes Management: Use check marks (✓) to indicate which activities and services were provided. If an activity could fit under more than one category provided below, choose whichever one is the 'best fit' and identify it only once.

Diabetes Management Activities	Activity Initiated (Check ✓)
Diabetes support or healthy living groups	✓
Screening for complications, i.e., <u>retinal</u> screening	
Screening for complications, i.e., <u>renal</u> screening	
Referrals to health professionals or services	✓
Diabetes self-management sessions	✓

Question 30. Diabetes Clinics and Training: Indicate which activities and services were provided by checking (✓) Yes or No.

Do you provide or support diabetes education clinics and training for clients to support their self-management (e.g., blood sugar testing, foot care, diet and exercise advice, traditional activities)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes, how many individuals were served in the reporting year?		
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Do you provide foot care clinics?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes, how many individuals were served in the reporting year?		

Question 31. Healthy Living Service Linkages: Use a check mark (✓) to indicate where service linkages occurred between community health staff external organizations and agencies during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. See Guide for details and examples.

Type of Service Linkage	Regional Health Authority/Local Service Area	Governmental Organization	Non-Profit Organization	Private Sector
Healthy eating/nutrition	✓		✓	
Physical activity/recreation			✓	
Specialist care	✓			
Injury Prevention				
Treatment/management			✓	
Diagnostics/screening	✓			

Question 32. Tracking Tools: Use check marks (✓) to indicate your responses to the following questions, unless otherwise indicated.

32A) Do you use a diabetes tracking tool, chronic disease registry, or other tracking system in the community to track clients living with type 1 and type 2 diabetes or other chronic diseases?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, go to question 33 in the next section. If Yes, go to question 32B).		
32B) According to your tracking system, how many individuals in your community are living with diabetes type 1 and diabetes type 2?	Type 1	Type 2
32C) Was your tracking tool supplied by Health Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, go to question 33 in the next section. If Yes, go to question 32D).		
32D) Provide the name of the tracking tool(s) being used.		
In questions 32E) to 32G), rate your level of satisfaction with the tracking tool(s) by indicating your level of agreement with the following statements:		
32E) "The tracking tool(s) is (are) useful for tracking work in Healthy Living." (Mark your level of agreement with this statement in the appropriate box.)	Strongly disagree	
	Disagree	
	Neutral	
	Agree	
	Strongly agree	
32F) "The tracking tool(s) has aided in the completion of the CBRT." (Mark your agreement with this statement in the appropriate box.)	Strongly disagree	
	Disagree	
	Neutral	
	Agree	
	Strongly agree	
32G) "The tracking tool(s) has been useful across activity areas" (Mark your level of agreement with this statement in the appropriate box.)	Strongly disagree	
	Disagree	
	Neutral	
	Agree	
	Strongly agree	