English ▼

### **Survey introduction**



### Welcome to the IMPACT survey

You can complete this survey either in English or in French by selecting your preferred language at the top right-hand corner of the screen.

Vous pouvez compléter ce sondage en français ou en anglais en choisissant votre langue de préférence dans l'onglet de sélection qui se trouve au haut de la page à droite.

## Have you previously completed this survey?

- YES
- ON O

**IMPACT** is an Australian-Canadian collaborative research program that aims to improve access to primary health care for vulnerable populations.

Our team of experienced international researchers from 15 universities in Australia, Canada, Switzerland, the US and the UK is led by <u>Professor Jeannie Haggerty</u> and <u>Professor Grant Russell</u>.

We invite you to complete this brief **5-minute** survey to tell us about an initiative that you are aware of which is at the cutting edge of change in improving access to primary health care for vulnerable populations.

Our work is funded by the *Australian Primary Health Care Research Institute* and the *Canadian Institutes of Health Research* with the *Fonds de recherche du Québec – Santé*.

More information about our project can be found in the <u>plain language statement</u>.

Make an **IMPACT** and click **NEXT** to continue.

## **Survey questions**

Can you think of an example of an innovation:

A program or a service, an approach or a model of care, that really makes a difference in the way that it helps vulnerable people to get access to primary health care.

	Enter name
0	There is no example of innovation that I can think of
Cho	oose one of the following options.
	I can refer you to someone who could tell you more about this topic
	I would like to exit this survey
Plea	ase provide details below.
	Enter name:
	Enter email address:
Wh	ere is it located?
Cho	ose the country from the scroll-down list:
	▼
Ente	er the state or province:

Enter the name of the city:
In what setting(s) is it delivered?
Tick all boxes that apply.
☐ At the home
☐ Community health centre
☐ General practice/Family medicine group
Hospital
☐ Mobile clinic/Outreach
□ Non-governmental organisation (NGO)
Online
Over the telephone
Other: please describe
Who is it designed to help?
No particular group is targeted
☐ I would like to select the target group(s) among a list of options
I would like to describe it in free text
Tick all boxes that apply.
■ Low income individuals/families
Homeless people
Refugees
Culturally and Linguistically Diverse (CALD) communities
<ul> <li>Indigenous peoples</li> </ul>

	Children/adolescents
	Lesbian/Gay/Bisexual/Transgender/Intersex (LGBTI) people
	Victims of violence/abuse
	People living with chronic diseases
	People living with a mental health illness and their carers
	Drug users
	People living with a disability
	Elderly people
	Other: please describe
Plea	ase describe in a few words or list all target groups that apply.
[ A 7]	act do ag it do and have ig it innerestive?
Wh	at does it do and how is it innovative?
	nat does it do and how is it innovative? ase describe in a few words or sentences.
Plea	
Plea	ase describe in a few words or sentences.  w is it financed or paid for?
Plea	ase describe in a few words or sentences.
Plea	ase describe in a few words or sentences.  w is it financed or paid for?
Plea	w is it financed or paid for?  all boxes that apply.
Plea	w is it financed or paid for?  all boxes that apply.  Government
Plea	w is it financed or paid for?  all boxes that apply.  Government  Not-for-profit or charity organisation
Plea	w is it financed or paid for?  Call boxes that apply.  Government  Not-for-profit or charity organisation  Private sector
Plea	w is it financed or paid for?  all boxes that apply.  Government  Not-for-profit or charity organisation  Private sector  User payment

How do you know about it?		
Tick all boxes that apply.		
☐ From a colleague		
☐ I know someone who used it		
☐ I have used it myself		
☐ I participate/was involved in delivering this program or service		
☐ I am/was involved in its design, implementation or evaluation		
Other: please describe		
How could we find out more about this innovation?		
Tick all boxes that apply and fill out the details.		
☐ I could tell you more about it		
Enter your email address:		
A Website that we should look at		
Paste the link:		
A report that we should access		
If online, paste the link. If not, enter name.		
A		
A person who we could talk to		
I don't know		
Please provide details below.		
Enter name:		
□ Enter email address:		

Would you like to direct us to anyone else who might know about this

topic?
O YES
○ NO
Please provide details below.
Enter name:
Enter email address:
ABOUT YOU
We would like to ask a few questions about you so that we know who contributed to our survey.
Click NEXT to continue.
ABOUT YOU
Where do you live?
Choose the country from the scroll-down list:
<b>▼</b>
Enter the state or province:
Enter the name of the city:

Enter the postcode:

	ABOUT YOU
Are you:	
O Male	
Female	
Other	
Rather not say	
	ABOUT YOU
What age group are you in?	
Under 18	
<sup>0</sup> 18-25	
<sup>0</sup> 26-34	
35-54	
55-64	
65 or over	
	ABOUT YOU
What is the highest qualifica	ation that you have completed?
Primary/Elementary school	
<ul> <li>Secondary school/High scho</li> </ul>	ool
Certificate/diploma	
Undergraduate degree	
O Postgraduate degree	

## **ABOUT YOU...**

## Which role(s) best describe(s) your current area of work?

Tick all boxes that apply.
☐ I am not in paid work
☐ Family physician/General practitioner
Manager of primary care services
<ul> <li>Nurse (e.g. registered nurse clinician, nurse practitioner, primargare nurse)</li> </ul>
Political or governmental role
Researcher
□ Social worker
Student
□ Volunteer worker
Other health care provider: please specify
Other: please describe
ABOUT YOU
How did you learn about this survey?
Tick all boxes that apply.
□ Email
☐ Twitter
□ Facebook
Linkedin
□ Blog
Website
☐ Word of mouth
Other: please specify

# **THANK YOU** for your time in completing our survey!

Can v	ve contact you to talk more about this topic, if needed?
$\circ$ Y	ES
$\circ$ N	O
Pleas	e provide your contact details below.
	ame:
■ <b>E</b>	mail address:
T	elephone number (including country and area code):
G11 1	
Click	NEXT to finish the survey.