



# Wallaceburg – Walpole Island First Nation Health Coalition

519-677-4460

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We are a public interest group dedicated to protecting and improving public health care for all under the principles of compassion and equity that underlie in the Canada Health Act.

*The purpose of this survey is to identify our community's needs regarding hospital care. We will use the information in meetings with the hospital CEO, the government-appointed hospital Supervisor and the Minister of Health and his staff. Our goal is to advocate for the health care services our community needs.*

*You do not have to provide any identifying information at all. If you do give us your name and contact information, we will not use identifying information unless you expressly give us permission to do so. You will see there is checkbox for this at the end of the survey.*

*If for any of the questions you have multiple experiences, you can put in one or more of them. Please use the back of the page if you require more space.*

**1. Have you or a family member (spouse, parent, child, grandparent, sibling) needed hospital care in the last three years? Please circle one:**

Yes

No

If NO, please skip to question 6.

**2. What hospital service did you or your family member require? (eg. emergency department, cancer care, surgeries, diagnostic testing).**

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**3. Were you able to access this service in Wallaceburg?**

Yes

No

**If NO, where did you travel to in order to get the service? (For example: Chatham, Sarnia)**

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**4. In the last three years have you or a direct family member had difficulty traveling to access needed hospital care in a different town or city?**

Yes

No

**If YES, please provide any details you wish to provide.**

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**5. In the last three years have you or your family member experienced any gaps in hospital service? (For example: problems accessing care, long waits for care or going without needed care)**

Yes

No

**If YES, please explain.**

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**6. Have you or your family member had a good or positive experience accessing hospital care within the last three years?**

Yes

No

**If YES, which hospital did you go to? Please describe your experience.**

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**7. Please give any key points you would like us to relay to the hospital CEO, the government-appointed Supervisor of the Chatham Kent Health Alliance, and/or the Minister of Health and his staff.**

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**\*\*\*\*\*PLEASE NOTE THIS INFORMATION IS OPTIONAL\*\*\*\*\***

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

**Would you be willing to speak publicly (example: to the media) about the experiences you have described here?**

Yes

No

**Would you like the Wallaceburg-WIFN Health Coalition to keep in touch with you, sending you updates and information about events?**

Yes

No

*Please return your completed survey to the store or business from which you got it, or you can deliver it to the CKXS office on James Street by Tuesday, October 11.*

*Thank you!*

*Wallaceburg- WIFN Health Coalition*