

Questions for OW Participants to Determine Fit for Health2Work Program

1. Are you interested in (re)training/employment opportunities but have had:

Back Pain	YES	NO
Neck Pain	YES	NO
Strains and sprains	YES	NO
Shoulder pain	YES	NO
Headache	YES	NO
Whiplash	YES	NO

2. Do you require transportation assistance to get to appointments?

	YES	NO
--	-----	----

3. Preferred language:

English	
French	
Other (please specify):	
<input type="text"/>	

4. Are interpretation services required?

	YES	NO
--	-----	----

5. Do you have reliable childcare arrangements so you can attend appointments?

	YES	NO	N/A
--	-----	----	-----

6. Would you be able to participate in chiropractic care such as: Education and coping strategies, home exercises, gentle exercise, soft tissue therapy, joint mobilization or adjustments

	YES	NO
--	-----	----

7. Are there people in your life who will support you while you're enrolled in this program?

	YES	NO
--	-----	----

8. Are you interested?

	YES	NO
--	-----	----

If not, how come?

Would you like to be asked about your interest again in the future? If yes, when?

Participant Information

Name	Phone#
<input type="text"/>	<input type="text"/>
DOB (mm/dd/yyyy)	E-Mail
<input type="text"/>	<input type="text"/>
Language Preference	Preferred Method of Contact
<input type="text"/>	<input type="text"/>
Address	Support Needed (ie. ESL, Mobility)
<input type="text"/>	<input type="text"/>

Area of Illness / Injury

Gender Preference for Chiropractor?

Male Female

Is there any other important information the chiropractor should know?

Job (Re)Training / Employment Plan

Current / Past Occupations

Health2Work Referral Form

Referrer	Caseworker	Employment Facilitator
	Community Agency Staff	Physician or Nurse Practitioner
	Other (Please describe)	

Referral Source

Referrer Name	Organization Name

Phone	Fax	E-mail

Referral Source

Referrer Name	Organization Name

Phone	Fax	E-mail

Referral Source

Referrer Name	Organization Name

Phone	Fax	E-mail

Please send referral form to:

Tammy Ingrao, Branch Program Assistant, Region of Waterloo
tingrao@regionofwaterloo.ca
519-740-5720

To be completed by staff project lead

Date Referred		Referred To: Fax#	
----------------------	--	--------------------------	--

DATE: _____

Dear client,

Health 2 work: Evaluation of the Waterloo Region Employment and Income Services (WREIS) Chiropractic Program.

Principal Investigator: Dr. Kelly Skinner (School of Public Health and Health Systems), School of Public Health and Health Systems, University of Waterloo. Phone: -888-4567, ext. 38164 or by email at kskinner@uwaterloo.ca and Dr. Erin Pratley (consultant), at erinpratley@gmail.com.

To help you make an informed decision regarding your participation, this letter will explain what the study is about, the possible risks and benefits, and your rights as a research participant. If you do not understand something in the letter, please ask one of the investigators prior to consenting to the study or you may also ask your caseworker or the agency partner who is referring you. Your caseworker/referring agency partner may know you are participating, but will not have access to any of your data. Your decision to participate or not in this study will have an impact on your relationship with your caseworker or other agencies (including the agency that is referring you). You will be provided with a copy of the information and consent form if you choose to participate in the study.

What is this study about?

We are trying to understand the impact of the chiropractic program for clients, and understand how the process is currently working and can be improved and changed for administrators and clients in the program.

What does participation in this research include?

The research includes a short 10 minute online survey at the start of the program, as well as 10 minute survey at the end of your chiropractic treatments, with questions about your quality of life and health at each of those times. You can complete this survey using a WREIS computer and internet, while at WREIS, or if you prefer, you can do this at home through this link [insert link]. Your caseworker/referring agency partner will inform you when the end survey is available, and will provide you with the opportunity to do the survey if you would like to, or provide you the link. We will not be asking for your name in the survey, but will ask for your Ontario Works number, so that we can match up your two surveys. We do not have access to any names associated with the Ontario Works numbers, or to the general files at Ontario Works. We will ask your permission to let WREIS share with us some information from your WREIS file. This includes your age, your employment status at the start/end of the program, and the dates you entered and will exit the chiropractic program. If you agree to this, we will provide your OW to WREIS, who will then provide us with this information. This information will be shared with us in a secure manner. We will then match this data with your survey and interview data using your OW number. Once all of the data is collected, we will remove your OW number from the data and replace it with a research code. We will also ask your permission to share your information from this study (your answers on the the two surveys, and the interview with the WREIS and the Ontario Chiropractic Association, linked to the information they provided. So, WREIS will get information that links your answers to our questions with the information they provided, but we will be removing the OW number.

We will also be asking clients if you are able to participate in a short 30 minute telephone interview, about your experiences in this program, and if you think the chiropractic treatments had an impact on your quality of life. If you wish to participate in an interview, we will ask that you check the box that says you are interested in an interview, and provide a first name/contact number or email for us. We will randomly select clients for interviews from the list of people willing to do interviews. We will be providing a \$10 gift card for those who are randomly selected for an interview. We will be audio-recording these phone interviews, to be sure to get accurate record of what you said for data analysis. If we want to include an anonymous quotation from you in any publication, we will ask your permission first.

Is participation in the study voluntary?

Your participation in this research is entirely voluntary and your decision about whether to participate in the research has no impact on your participation in the program. You can choose to participate in any or all parts of it. You may decline to answer any survey question or any interview question asked. You can request your data be removed from the study up until April 2021, as it is not possible to withdraw data once the final report has been produced.

We will also be using information that Waterloo Region Employment and Income Support collects, including information about numbers of participants, dates of participation and employment outcomes, to better understand how the program is working. For each individual client, we are asking WREIS to share employment status, age, gender, and other information. We will be matching this with the data we have, using the OW number. We will ask WREIS to share the OW number and this data with us, but not any names or other identifying information. We will be asking for your consent for us to access this information from WREIS.

During the course of this study, my colleagues and I will be conducting interviews with various individuals, including case workers, employment facilitators, referring agency partners and chiropractors, to gather information about how the program is working. At the end of this study, we will work with our partner organizations to develop appropriate knowledge sharing materials which could involve community presentations and reports. We also plan to publish academic papers that will share the knowledge from this study with other researchers, government, and community members.

Will I be reimbursed for my time?

To thank you for your time, we will be giving \$10 to all clients who participate in each survey and \$10 for participants who do telephone interviews. The amount received is taxable. It is your responsibility to report this amount for income tax purposes.

What are the possible benefits to the study?

Participation in this study may not provide personal benefits to you. We hope the data you provide can help us refine the program to better serve Ontario Works clients.

What are the risks associated with this study?

Answering some of the questions on the survey may lead to some emotional stress or be upsetting. You may choose to not answer any questions that you are not comfortable answering, and we have provided some telephone numbers to get support for mental health issues.

If you need to talk to someone, please Call Here 24/7 at 1-844-HERE-247 (437-3247) or TTY 1-877-688-5501.

If you are in crisis, please go to the nearest emergency room, or call 911. Your caseworker can also help you access supports, such as counseling services,

Will my information be kept confidential?

We are sharing data, but your personal information will be kept confidential, and we are not asking you to provide your name or other identifying information on the survey (only your OW number, and we do not have access to names associated with that number). We will only be sharing data from phone calls, not any personal information.

We will not identify you when sharing data. Data without any identification information may be shared publicly, your identity will be kept confidential.

All electronic copies of data, including audio-files and transcripts will be de-identified, and kept on a password-protected computer in a locked filing cabinet in Kelly Skinner's locked office at the University of Waterloo. The minimum retention time for all files is 7 years. Further, all electronic data will be stored for a minimum of 7 years on a memory stick with no personal identifiers. Finally, only Erin Pratley, our research team and myself will have access to these materials. De-identified data may be shared across the organizations involved in this study- the Ontario Chiropractic Association and Waterloo Region Employment and Income Support, and they may choose to look at the data in the future.

You will be completing the study by an online survey operated by SurveyMonkey. When information is transmitted over the internet privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers).

Who is funding this study?

The Ontario Chiropractic Association (OCA) is funding the evaluation of the Chiropractic Program, but Drs. Skinner and Pratley are acting independent of the OCA.

Does this study have ethics clearance?

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE#40293). If you have questions for the Committee contact the Office of Research Ethics, at **1-519-888-4567 ext. 36005** or **ore-ceo@uwaterloo.ca**. However, the final decision about participation belongs to you, as an individual participant.

Who should I contact if I have questions regarding my participation in the study?

If you have any questions regarding this study or would like additional information to assist you in reaching a decision about participation, please contact me at **519-888-4567, ext. 38164**.

I hope that the results of this study will be beneficial to you and to this program across the Region of Waterloo, as well as the broader research community. I thank you in advance for your assistance with this project.

Yours sincerely,



Dr. Kelly Skinner
Assistant Professor
School of Public Health and Health Systems
University of Waterloo

By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

I have read the information presented in the information letter about a study being conducted by Dr. Kelly Skinner of the Department of Public Health and Health Systems at the University of Waterloo. I have had the opportunity to:

- ask any questions related to this study
- to receive satisfactory answers to my questions
- ask and receive any additional details I wanted.

I am aware that I may withdraw from the study without penalty within the time frame provided by advising the researchers of this decision.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE#40293). If you have questions for the Committee contact the Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca. The final decision about participation belongs to you, as an individual participant.

For all other questions contact Dr, Kelly Skinner at 519-888-4567, ext. 38164 or by email at kskinner@uwaterloo.ca.

- Please check here if you consent to the sharing of information from researchers to WREIS and Ontario Chiropractic Association, including the sharing of raw interview data and surveys.
- Please check here if you agree to the sharing of information from WREIS to the researchers, which will include employment status, age, gender etc, linked to your OW number.

Print Name

Signature of Participant

Dated at Waterloo, Ontario

Witnessed

- Please check here if you would like to participate in an interview. Clients will be randomly selected, and will get a \$10 gift card if they are chosen to participate, as outlined in the information letter.

Please provide a contact number/email: _____

By participating in this program I, _____
(name of participant)

am consenting to the collection/release of relevant information to parties involved in the chiropractic program.

The following information may be collected / released:

1. Employment history
2. Relevant health issues
3. Attendance at appointments and progress as a result of involvement with chiropractic treatment

The information above may be collected from / released to:

- The Lead Chiropractor overseeing the program,
- An assigned Local Chiropractor providing treatment (to be determined) and,
- Region of Waterloo Community Services staff involved to support you in this program.

This consent is valid for the period you are participating in the program up to a maximum of 1 year:

I am aware of and understand the nature of the information being collected / released by the Region of Waterloo Community Services and the participating Chiropractors. I understand that I may withdraw or limit my consent at any time. I have read or had read to me and understand the consent set out above.

Name

Name

Signature

Signature

Date

Date

Why is sharing my information important?

In order to simplify access to Region of Waterloo chiropractic program and determine who can meet your needs best, we need to share your information.

What services and supports are offered by the chiropractic program?

Some of the services and supports include:

- transportation fee assistance
- physical capacity assessment
- identification of pain and exercises/tips to reduce/eliminate pain
- employment counselling and appropriate career selection
- counselling supports (if needed)

What information may be necessary to share?

You will only be asked to share the personal information necessary to determine what services and supports may meet your needs. This could include, for example, documentation related to employment, education or training history and the impact of health issues on ability to seek, gain or maintain your employment goals, plans and activities.

What if I have questions or change my mind about giving consent?

You may ask questions, limit, or withdraw this consent at any time by speaking to your Ontario Works Caseworker or Employment Facilitator. Choosing to limit or withdraw your consent will in no way affect your eligibility for Region of Waterloo community services and supports.