

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                 | <input type="checkbox"/> |
| French                  | <input type="checkbox"/> |
| 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

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| <b>Referrer</b> | Caseworker              | Employment Facilitator          |
|                 | Community Agency Staff  | Physician or Nurse Practitioner |
|                 | Other (Please describe) |                                 |

## Referral Source

|                      |            |                          |  |
|----------------------|------------|--------------------------|--|
| <b>Referrer Name</b> |            | <b>Organization Name</b> |  |
|                      |            |                          |  |
| <b>Phone</b>         | <b>Fax</b> | <b>E-mail</b>            |  |
|                      |            |                          |  |

## Referral Source

|                      |            |                          |  |
|----------------------|------------|--------------------------|--|
| <b>Referrer Name</b> |            | <b>Organization Name</b> |  |
|                      |            |                          |  |
| <b>Phone</b>         | <b>Fax</b> | <b>E-mail</b>            |  |
|                      |            |                          |  |

## Referral Source

|                      |            |                          |  |
|----------------------|------------|--------------------------|--|
| <b>Referrer Name</b> |            | <b>Organization Name</b> |  |
|                      |            |                          |  |
| <b>Phone</b>         | <b>Fax</b> | <b>E-mail</b>            |  |
|                      |            |                          |  |

**Please send referral form to:**

Tammy Ingrao, Branch Program Assistant, Region of Waterloo  
OWHealth2Work@protonmail.com  
Phone Number: 519-740-5720

## To be completed by staff project lead

|                      |  |                          |  |
|----------------------|--|--------------------------|--|
| <b>Date Referred</b> |  | <b>Referred To: Fax#</b> |  |
|----------------------|--|--------------------------|--|

## Health2Work Program Consent to Share Information

I, \_\_\_\_\_  
Name of Applicant / Spouse / Dependant Adult

Consent to sharing the personal information and personal health information defined below between the Region of Waterloo Community Services Department and the parties named below for the purpose of participating in the **Health2Work Program**.

**About the Program:**

The goal of the Health2Work Program is to help you deal with pain that stops you from being able to get back to work.

To help with this, chiropractic care is being offered to people receiving Ontario Works. This program will also assist with making sure that training programs are a good fit for your physical abilities. The goal is to get you working again, whether it's straight back to work, or through job training.

| Who my information will be shared with   | What information will be shared  |
|--|--|
| <p><b>1. Chiropractors</b></p> <ul style="list-style-type: none"> <li>• A lead Chiropractor, who will conduct an initial assessment and discuss your health goals.</li> <li>• A community Chiropractor, who will provide treatment to help you reach your health goals.</li> </ul> | <ul style="list-style-type: none"> <li>• Your employment history</li> <li>• You responses to the questionnaire about pain and relevant health issues</li> <li>• Attendance at chiropractic appointments and progress as a result chiropractic treatment</li> </ul> |
| <p><b>2. Community agencies</b> that provide health and job training programming related to your specified health and employment goals</p>   | <ul style="list-style-type: none"> <li>• Only what information is required to determine your eligibility for their programs</li> </ul>   |

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.

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Spouse/ Co-Applicant/ Child over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Substitute Decision Maker)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness, Title

\_\_\_\_\_  
Date

## Considerations about Sharing Information

### Why is sharing my information important for this program?

Sharing information helps the Chiropractors and your workers simplify access to services, determine which services you may qualify for, and to align services with your defined health and employment goals. Other benefits of sharing information may include eliminating the need to talk about your circumstances and provide copies of your identification multiple times. Your worker will only recommend sharing information with reputable agencies and where sharing information has benefitted citizens in similar situations in the past.

### What information will be shared?

You decide what information is shared and what is kept private. Your worker will only ask to share information necessary to determine services and supports. This could include, for example, documentation to prove your identity, or information about your employment history, education or training history and the impact of health issues on ability to seek, gain or maintain these activities.

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

We encourage you to ask your worker any questions you may have. You can also limit or withdraw your consent at any time by speaking with your worker. Choosing to limit or withdraw your consent will not affect your eligibility for Region of Waterloo services or supports in any way.

### Notice with Respect to the Collection of Personal Information

*(Municipal Freedom of Information and Protection of Privacy Act)*

This information is collected under the legal authority of the Ontario Disability Support Program Act, 1997, or the Ontario Works Act, 1997, or the Personal Health Information Protection Act, 2004, or the Housing Services Act, 2011, or Child Care and Early Years Act, 2014, or the Ministry of Community and Social Services Act, for the purpose of administering Government of Ontario social assistance programs and/or Region of Waterloo social programs.

For more information, please speak with your worker.

Dear client,

**Title of the study:** Evaluation of the Health2Work 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](mailto:kskinner@uwaterloo.ca) and Dr. Erin Pratley (consultant), at [erinpratley@gmail.com](mailto: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 will receive \$10 for completing the survey at the start of the program, and \$10 for completing the survey at the end of the program. You can complete this survey using a Waterloo Region Employment and Income Support (WREIS) computer and internet, while at WREIS, or if you prefer, you can do this at home through the link provided.

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.

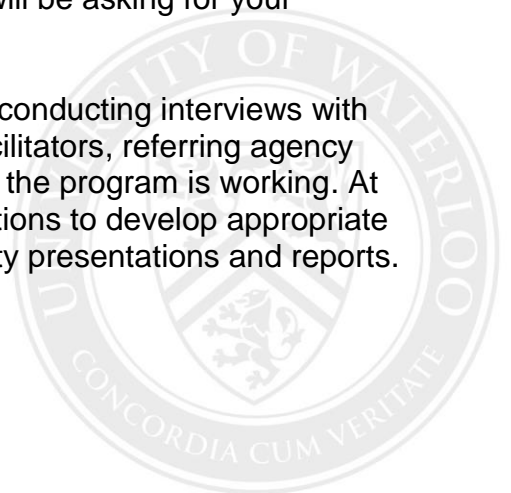
We will also be asking clients if you are able to participate in a short 30 minute telephone interview, about your experiences in this program, and if you think the chiropractic treatments had an impact on your quality of life. If you wish to participate in an interview, we will ask that you check the 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 \$20 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.

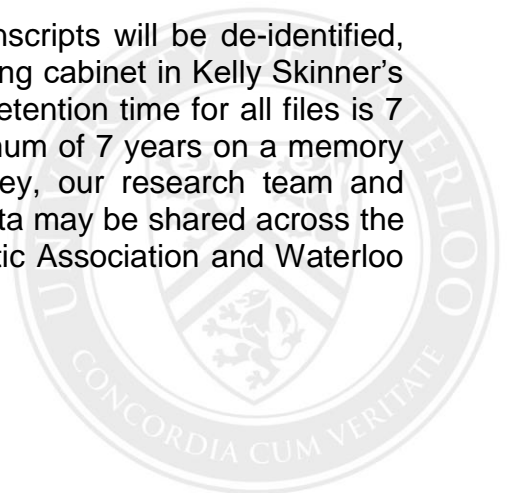
If you need to talk to someone, please **Call [Here 24/7](#) at 1-844-HERE-247 (437-3247) or TTY 1-877-688-5501.**

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 publically, 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](mailto: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

