



## **Sik-e-Dakh Band Community Priorities and Health Survey**

### **What is the Sik-e-Dakh Band Community survey?**

The Sik-e-Dakh Band Community survey is an opportunity for community members to guide our strategic direction and priorities. We are asking members about community priorities, their health and wellbeing, and services that will support them to achieve their aspirations. This is an online survey however please contact our office if you would prefer a hardcopy sent to you, which can be returned in a sealed envelope for an independent review so that your privacy is respected.

### **What is the purpose of this survey?**

By collecting this information, the aim is to:

- Provide Sik-e-Dakh Band with current and detailed information to evaluate existing services and programs and to contribute to future priorities that are driven by community need; and
- Provide guidance to help inform any other strategies.

### **What are the survey questions about?**

You will be asked questions about our community, your personal aspirations and the use of services, the current state of your health, and information concerning your family.

### **Am I required to participate in this survey?**

The survey is open to all Sik-e-Dakh community members who reside both on and off reserve. We encourage all members of your family to complete the survey to ensure there is a wide range

of perspectives considered across all age groups.

The survey is voluntary, and you may choose to answer any or all of the questions. In other words, if you do not wish to answer a question just skip to the next one.

### **Will the information be kept confidential?**

Yes. Information collected from respondents is kept strictly confidential. We recognize the trust that you place in us to protect your private information. Sik-e-Dakh Band has contracted an independent Indigenous consultancy company to administer the survey and who has contractually agreed to confidential and privacy requirements.

Your personal information will not be shared, and your name and other identifiable information will not be linked to the answers that you provide.

Your name, address, or other identifiable information will only be collected if you choose to enter the prize draw at the completion of the survey.

### **When does the survey close?**

All surveys must be received by 15 July 2022.

### **Where can I get more information about the survey?**

For more information on the Sik-e-Dakh Band Community Survey, please contact: Velma Sutherland, [administrator@glenvowell.ca](mailto:administrator@glenvowell.ca).

## General Information (not for publication)

### 1.1 Your age group:

- Up to 15yrs
- 16-25yrs
- 26-45yrs
- 46-60yrs
- 61+yrs
- Prefer not to say

### 1.2 What is your gender?

- Male
- Female
- Transgender / non-binary
- Prefer not to say
- Other (please specify)

### 1.3 Are you:

- Sik--e-Dakh (Glen Vowell) community member
- Non-Sik--e-Dakh (Glen Vowell) community member
- Gitxsan Nation community member (
- Prefer not to say
- None of the above

### 1.4 Do you live:

- On Traditional Territories / reserve
- Off Traditional Territories / reserve
- Prefer not to say

## Strategic direction

### 2.1 What dreams do you have for your family or community in 5, 10 years?

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### 2.2 In your opinion, what are the main strengths in your community? (Mark all that apply)

- Family Values
- Social connections (people working together)
- Traditional ceremonial, language, and culture
- Natural environment
- Good leisure / recreation facilities
- Community health / social programs
- Use of language and culture
- Low rates of crime
- Economy
- Elders
- Community Safety
- Other (Please specify)

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**2.3 In your opinion, what do you believe are the main challenges in the community? (Mark all that apply)**

- Education and training opportunities
- Funding or financial constraints
- Alcohol and drug abuse
- Mental Health (e.g. Depression, Suicide)
- Housing
- Violence / sexual abuse
- Loss of culture
- Employment / number of jobs
- Natural environment / resources
- Chronic Illness (e.g. diabetes, cancer)
- Lack of life skills
- Transportation
- Relational conflict / Family conflict
- Childcare / Child Abuse or neglect
- Community Safety
- Human rights challenges
- Other (Please specify)

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**2.4 Below are Sik-e-Dakh Band's current community development priorities. Do you agree or disagree that these are still the priorities to guide us moving forward?**

Priorities	Yes	No
Improve outdoor community sports amenities		
Develop community hall plans and policies		
Address derelict homes, cars and junk from band land		
Work to improve fire safety in community		
Design and deliver a Glen Vowell based Gitksan language and culture program		
Implement the community recycling program		
Develop a focus for the Glen Vowell Economic Development Corporation		
Improve housing conditions, increase housing supply, and address housing rental arrears		

**2.5 What other initiatives, activities, or aspirations would you like Sik-e-Dakh band to prioritize?**

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## Health and Wellness

In the near future, Sik-e-dakh will be transitioning the delivery of health services from the Gitxsan Health Society to the Band.

Sik-e-Dakh seeks your guidance and support on how best we can continue to deliver Health & Wellness services with minimal disruption to your healthcare. However we do believe it is timely to seek your views on healthcare service provision. The following questions may be sensitive to some community members and not all questions need to be answered – please contact our office for any support required. We believe it is important that we ask these questions to better understand and respond to the needs of the community.

### 3.1 In general, would you say your health is?

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to say

### 3.2 Compared to five years ago, how would you say your health is now?

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse

### 3.3 Are you currently diagnosed with any of the following health conditions?

Conditions	Have condition	
	Yes	No
Arthritis		
Chronic back pain, excluding Arthritis		
Osteoporosis		
Asthma		
Allergies		
Blindness or serious vision problems		
Hearing impairment		
Psychological or Nervous Disorders		
Cognitive or learning disability		
ADD/ADHD		
Diabetes		
Heart Disease		
High Blood Pressure		
Cancer		
Stomach and Intestinal Problems		
HIV/AIDS		
Hepatitis C		
FASD		
Other (please specify below)		
Prefer not to say		

**3.4 What GHS programs have you accessed, or are receiving, or are you aware of (if any)? (tick all that apply)**

- Home & Community Care
- Medical Transportation
- Alcohol and Drug Program
- Maternal Child Health Program
- Parent Child Assistance Program
- Children Oral Health support
- Aboriginal Diabetes support
- HIV/Aids support
- Better at Home Program
- FAST program
- Other (please specify).

**3.5 Are current GHS Health & Wellness services and programs meeting the needs of the community and your family?**

- Yes
- No

**Please explain why / why not:**

\_\_\_\_\_

**3.6 What is most important to you when you visit or access health and wellness services?**

- Access (location) and availability
- Customer Service
- Knowledge or skillset
- Confidentiality/Privacy
- Other (please specify)

**3.7 If any, what barriers have prevented you from accessing medical assistance in the last 12 months?**

- No barriers
- Fees and additional costs
- No medical professional available
- Do not understand medical language
- Lack of cultural understanding by the health professional
- Transportation / Location / Access
- Limited childcare supports
- Other (please specify)

**3.8 Do you believe the Sik-e-Dakh community would benefit from accessing other health services that are not currently provided? (e.g. Primary Care, Pharmacy, Dental, vision/eye Doctor, other services)**

- Yes
- No

**If yes, please advise**

**3.9 In your opinion, what are the Top 3 Health needs or health challenges in the community?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**3.10 Please rank by order of priority which of the following additional health care workers are needed in the community. (only tick up to 5 boxes)**

Position	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elders Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Care Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis intervention worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug & Alcohol Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental/Denturist/Dental hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing/Vision screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathic healer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Representative (CHR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritionist / Dietician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre/Post-Natal Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Security Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Specify)					

**3.11 In general, would you say that your mental health and wellness is:**

- Excellent
- Good
- Fair
- Poor

**3.12 If you thought about using a mental health service but did not, why? (Mark all that apply)**

- You had family or friends that were able to help
- You could not afford to pay
- You were too embarrassed
- You were worried about confidentiality and other people finding out
- You had problems with things like transportation, childcare, or your schedule
- There was no appropriate service or program available
- Other \_\_\_\_\_  
(Please specify)

**3.13 In your opinion, what are the Top 3 activities that you believe would promote long-term positive mental wellbeing (e.g. cultural, promotional events, school events, information, strategies etc.)?**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## Additional Comments

Please provide any additional comments or suggestions about our community. We welcome any potential solutions for addressing the aspirations and challenges of our community (e.g. transportation, food security, quality of life).

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The questionnaire is now complete.

Thank you for your participation in the Survey! Your assistance and feedback are much appreciated and valued in helping us to improve the services delivered to members of our community.

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ENTER PRIZE DRAW

NAME:

ADDRESS:

PHONE:

EMAIL: