

The Multistakeholder Framework/Index of Rurality: Community Evaluation Feedback

	Yes	No
1. Were the <u>instructions</u> for completing the framework easy to understand?	10 (1AB, 1SK, 1MB, 2ON, 1NS, 1PE, 2NL, 1NT)	0

2. Was the framework easy to complete?	8 (1AB, 1SK, 1MB, 1ON, 1PE, 2NL 1NT)	2 (1ON, 1NS)
a) If yes, what worked well? (E.g. ratings were reasonable)		
<ul style="list-style-type: none"> • Ratings were reasonable (NL) • Easy to complete (anyone can use a calculator), but what does it mean?? Are we going to get feedback on the results?? (NT) • The ability to select from a # of options (SK) 		
b) If no, which sections were problematic? Please explain.		
<ul style="list-style-type: none"> • Factor 3: The answer to the calculation is not a whole number so the scoring should be based on a range ie >3; 2-3; 1-2 etc. (NS) • Factor 6: Some rural communities are serviced by physicians who live elsewhere and so are only on call when they are in the community, giving artificially low ratings. (NS) • Form #2: Math (ON) • Some factors did not apply to all professions in my opinion (eg on call; avail. of equipment; locums). (NL) • It would be helpful to know what my rating is compared to other communities, and what it means to have an index of 2.5. Not everyone automatically understands what that means. (NT) 		
c) If no, what could be done to clarify or improve the process?		
I suggest adding, "Physician not resident" with an on-call score of 5. (NS)		

3. Are there any additional terms that need to be defined?
a) If yes, please list them.
<ul style="list-style-type: none"> • Lab services (ON) • I found that there needs to be a distinction between rural and remote or isolated. Rural would be the majority of the country – but a significant part is remote or isolated. (ON) • This is a large tourist area with the catchment population increasing to about 6000 or 7000 for 3 months of the each year. (MB)

	Option 1	Option 2	Not Answered
4. Which method of scoring factor 9 (Transportation) did you prefer? (Please refer to Form #1)	3 (1AB, 1MB, 1NS)	5 (1SK, 1ON, 1PE, 2NL)	2 (1NT, 1ON)

5. a) Please rate your perceived usefulness of the framework; with 1-very useful and 5-not at all useful:	1 (Very Useful)	2	3	4	5(Not at all useful)
i) for health human resources planning.		5 (2ON, 1NS, 1PE, 1NL)		2 (1SK, 1NL)	1 (1MB)
ii) for helping to retain/recruit health care professionals to rural and remote areas.	1 (1NL)	1 (1PE)	1 (1ON)	4 (1SK, 1ON, 1NS, 1NL)	1 (1MB)
ii) other; please specify		1 (1PE)			1 (MB)
(no spec. made)					
b) If you wish, please comment on your ratings.					

	Yes	No
6. Would you find it useful to compare community scores against:		
a) other communities?	8 (1SK, 1MB, 2ON, 1NS, 1PE, 2NL, 1NT)	2 (1AB)
b) a benchmark?	9 (1SK, 1MB, 2ON, 1NS, 1PE, 2NL, 1NT)	
c) your own community at different points in time?	6 (1MB, 1NS, 1PE, 2NL, 1NT)	3 (1SK, 2ON)
b) other; please specify	1 (1ON)	
<ul style="list-style-type: none"> Other similar jurisdictions outside the country. (ON) 		

	Yes	No
7. Did the framework help to identify healthcare or human resource challenges within your community?	3 (1ON, 2NL)	7 (1AB, 1SK, 1MB, 1ON, 1NS, 1PE, 1NT)

8. What tools would you include in a health human resources community assessment workbook along with this framework?		
potential ways to use the framework	5 (2ON, 1PE, 1NL, 1NT)	
suggested strategies for dealing with the challenges in recruiting and retaining healthcare professionals in rural/remote areas	8 (1SK, 2ON, 1NS, 1PE, 2NL, 1NT)	
statistical data on professional and personal satisfaction levels of rural healthcare professionals	8 (1SK, 2ON, 1NS, 1PE, 2NL, 1NT)	
guidelines for developing a community web site	4 (1SK, 2ON, 1NT)	
other; please specify	1 (1ON)	
Strategies for encouraging individuals from rural/remote/isolated regions to become more involved in the delivery of healthcare esp. professional capacities. (ON)		

9. To whom do you think the framework should be specifically targeted?

- Professionals; hosp./health boards; community leaders; colleges/universities etc. (ON)
- Stats Canada; government agencies who determine where and how monies are directed for health care. (NL)
- Government; hiring agencies. They have no idea of the rural burden. (NT)
- All health professionals (SK)
- Administrative people. Recruiting/human resources staff (NL)