Access Alliance
Multicultural Health and Community Services

Listening to You and Learning from You

Client Experience Survey 2015 Report

September 2015

Table of Contents

List of Charts

List of Tables

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1.0 Executive Summary

Client Experience Survey (CES) of Access Alliance Multicultural Health and Community Services (Access Alliance) is conducted every year to "listen" to our clients for the purpose of agency accountability, and to improve quality of the programs and services of the agency according to the real needs and expectations of clients. Clients' experience through their journey with the programs and services of Access Alliance is captured through clients' ratings of services in terms satisfaction, equity, population health, client-centeredness, and anti-oppression, and language services.

1.1 Methodology

This cross-sectional survey was conducted among clients who have accessed to the programs and services of Access Alliance at least once before March 31, 2015. A mixed-method approach was used to collect quantitative data from 487 clients through a questionnaire, and qualitative data through Focus Groups (FG). Stratified convenience sampling technique was used to make the sample representative. The survey was conducted from April 14th to May 30th of 2015. Strength of the survey was its rigorous methodology and in-depth analysis, e.g.

- The survey was conducted by a third party independent research team comprising a research coordinator, and trained volunteers/students. Such attempt reduced 'Social Desirability Bias'.
- Questions recommended by Toronto Central Local Health Integration Network (TC LHIN) and Health Quality Ontario (HQO) were used for data collection.
- A field testing was conducted one week before data collection at the AccessPoint on Danforth location to provide a hands-on real-time training for the team.
- Composite Indicators- statistically weighted average of multiple survey items- were created for Satisfaction, Equity, Effectiveness, Population Health, Client Centeredness, and Anti-Oppression to ensure meaningful functionality of data.
- English survey was translated into 5 top languages; and interpreters were provided for clients speaking other languages.
- Diligent data cleaning ensured mutually exclusive categories and reduced influence by confounding indicators and outliers.

1.2 Key Survey Findings

Surveys revealed clients' experience rating on:

- Mandatory indicators of TC LHIN
- Health Quality Ontario (HQO) prescribed quality indicators
- Accreditation indicators for best practices
- Client socio-demographic attributes as background indicators, and
- Agency performance indicators to analyze trend, and to compare with comparable agencies.

1.2.1 Explanatory Indicators

Overall, 96.1% clients were satisfied with the programs and services of Access Alliance, and 90% of the clients were both satisfied and agreed to refer their family and friends to the programs and services of Access Alliance. *Satisfaction* was found to be positively related to the ease of getting an appointment with the service provider, the amount of time the doctors or nurse practitioner spent with the clients discussing their problems, and the ability to ask questions about the recommended treatments.

- *Equity* indicator value has increased to over 95% from 94% in the previous year**.**
- Rating of *effectiveness* indicator has increased to 90% from 83% in 2014.
- *Population Health* indicator was found to be 92% with no significant change from the previous year.
- *Client-Centeredness* of the programs and services were reported high by 94.2% clients who accessed primary care services at Access Alliance.
- Implementation of *Anti-Oppression* practice and policy of Access Alliance was reported high among 98% respondents.
- *Privacy and Confidentiality* was rated satisfied by 95.7% of the clients.

1.2.2 Socio-demographic Highlights of Clients Participating into the Survey

- Average age of the respondents was 40.2 ± 14.5 years, and more than half of them were in the age group of 25-44 years.
- Nearly 64% of the respondents identified themselves as female.
- In total 55% of clients identified themselves as heterosexual.
- Over 65% of the respondents were Canadian citizens or permanent residents, while over 20% were refugee claimants and clients without any status.
- Income and Family Size: Over 85% of the respondents had an income below the Low-Income Cut-Off (LICO) set by Statistics Canada.

1.2.3. Qualitative Findings

Clients expressed their high levels of satisfaction with the programs and services. Accessible locations, language services, and service providers' respect and anti-oppression practices were identified as the key factors for maintaining client satisfaction. Focus groups suggested more individualized approaches of service delivery that are based on their unique needs. Clients expressed interest in knowing how to make complaints or suggestions.

1.3 Conclusion and Recommendations

Access Alliance could achieve confidence of the clients for its effective and client-centred programs and services; and they are satisfied. The quality and accountability framework of the services are improving over the years. Clients feel that Access Alliance is serving the needs of the community, and are culturally competent as a service organization.

However, there are some areas Access Alliance needs to further develop to improve the quality, and ensure the accountability towards its' multidimensional stakeholders.

- Leveraging resources to reduce the waiting time to see the doctors and nurse practitioners.
- Planning a central framework so that every staff contributes to the panel size.
- Targeting improved MSAA numbers are the action items Access Alliance can target now.

Key words: Client survey, access, equity, Access Alliance, satisfaction, client experience

2.0 Introduction

Client Experience Survey of Access Alliance Multicultural Health and Community Services (Access Alliance) is conducted every year "*to ensure accountability and learning, with regard to improving the quality of our programs and services, through listening to our clients*". Clients are asked questions about the programs and services they have used, which helps the organization to identify its strengths, weaknesses and opportunities to improve. Access Alliance listens to the clients' feedback to learn and plan programs and services more accessible, client-centred, equitable, efficient, safe, appropriately resourced, integrated, and focused on population health. Such evidence-based planning supports the ongoing quality improvement efforts of the agency.

We conduct the client experience survey that is more than just a patient satisfaction survey with questions focusing on clients' objective experience (measured as 'Always'….. 'Never') during the entire client-journey with the agency. This is a quality improvement intervention to cater the clients' *experience map* over the lifecycle of their journey with Access Alliance. This action item has the power to compare clients' expectations to their perceived experiences (Smith, S., 2012). This differential is measured as a complex sum of the clients' interactions with the agency and their perception of those interactions (Theory of Change). Conventional client satisfaction surveys focus on subjective responses (measured as 'Strongly agree'…..'Strongly disagree') regarding their satisfaction with the care, and is more episodic then the service experience journey. We have created the foundation of our client service model considering the following *three consistency-constructs* (Beard, R, 2014; and Pulido, A, et al, 2014):

Client-journey *consistency*

Emotional consistency

Communication consistency

- *Client-journey consistency*- measuring satisfaction of a client-journey is more predictive of overall satisfaction than measuring happiness for each individual interaction. That is the reason we have prepared a composite indicator for satisfaction.
- *Emotional consistency*- Quality approaches for satisfaction also include clients' feelings of *trust* and *safety* regarding the sharing of information and ideas. We have incorporated those indicators into our experience surveys.
- *Communication Consistency*- We maintained consistency for our communication strategies and pathways. Our communication to the clients was straight-forward regarding the purpose of the survey, privacy of their information, their role, the process, and outcome of the survey. We communicated our strategy and process to the TC LHIN and the quality experts across the sector. We received strong support and positive appreciation from participants for rigour of our survey. We will publicize the total process and outcome as a report in our website in a format that is accessible to all.

This report provides a summary and analysis of the Client Experience Survey (CES) 2015 findings. Survey findings were analyzed to understand the context, and their implications relating to the agency's quality and accountability framework. The survey findings will be disseminated to the concerned stakeholders in phases, and their opinion will be incorporated to design the evidence-informed planning implications.

3.0 Methodology

Access Alliance has conducted this cross-sectional survey using a mixed-method of data collection framework among clients who have accessed to its programs and services at least once before March 31, 2015. The framework comprised of-

i) a self-administered paper-based quantitative survey, and
ii) Three focus groups (FGs) for qualitative information.

Stratified convenient sampling technique was used to collect data from April 14th to May 30th of 2015 from all of the three locations of Access Alliance. Clients were stratified according to the location of service, gender, and age-groups. Stratified convenience sampling technique was used to make the sample representative.

3.1 Quantitative Survey Tool (Survey / Questionnaire)

The survey tool (Appendix I) contained 28 questions including four qualitative questions (# 10 viiia, #11, #14, and #15). Three of the 28 questions (#7, #9, and #10) had multiple items to make the total number of questions to be 45. The survey included 22 questions recommended by Toronto Central LHIN (TC LHIN), and four questions recommended by Health Quality Ontario (HQO). Content and criterion validity of the questions were matched with the survey objectives. Survey included questions to reveal clients' information and rating on-

- Mandatory indicators of TC LHIN
- Health Quality Ontario (HQO) prescribed quality indicators
- Accreditation indicators for best practices
- Client socio-demographic attributes as background indicators, and
- Agency performance indicators to analyze the trend over times.

English survey was translated into top five languages (identified from the clients' on-boarding information dataset up to 90th percentile as the cut off value). These included Portuguese, Spanish, Farsi, Bengali and Karen/Sgaw. Interpreters were arranged for clients speaking other languages; and it was anticipated that Remote Interpretation Ontario (RIO) services and sight interpretation would be utilized for clients speaking any other languages.

3.2 Sample Selection

Clients from across three sites were surveyed following a stratified convenience sampling[1] technique. Clients who walked into Access Alliance facilities were invited to complete the survey based on the pre-fixed inclusion and exclusion criteria.

Inclusion Criteria:

- Clients must have accessed any of the Access Alliance programs or services before April 2015.

[1] A statistical method of drawing representative data by selecting people because of the ease of their volunteering or selecting units according to their availability or easy access

Exclusion Criteria:

- Client who are first time at Access Alliance on the day of conducting this survey.
- Clients who use computer resource centre (e.g., internet, printing, faxing), but have never used any of the Access Alliance programs or services.
- Clients who decline/ are unable to give consent to participate.

3.3 Data Collection

3.3.1 Survey team and training

The survey was conducted by a third party independent team consisting of a survey coordinator, nine volunteers, and three placement students. The team was built with multilingual members possessing academic training and skills on field data collection from clients of diverse background. The team received training on data collection, research methodology, and cultural competency. The training curriculum (toolkit included) focussed on the following:

- Agency overview i.e. Vision, Mission, Anti-Oppression Policy of Access Alliance
- Clients' socio-demographic characteristics
- Volunteers' roles and responsibilities during and after the survey
- Research ethics
- Role play and practice surveying.

3.3.2. Field testing

The survey was field tested at one of the Access Alliance's locations (AccessPoint on Danforth-APOD) one week before begging the formal data collection. During the day-long field test, the CES coordinator assisted each volunteer to conduct a minimum of two surveys. After field-testing, volunteers provided their feedback at debriefing sessions. The CES coordinator adjusted the data collection procedure accordingly.

3.3.3 Survey scheduling

Data collection took place at all of the three Access Alliance locations, over six weeks, from mid April 2015 to the end of May 2015. The CES team dedicated a total of 370 hours to collect survey data, which varied across locations based on the volunteers' availability, site preference, staff meeting schedule, and survey target fulfillment. Three FG discussions were conducted at the East and West end locations.

3.3.4 Survey procedure

The volunteers and students collected data from the clients at the centres after explaining the purpose of the survey, importance of the results, as well as privacy and confidentiality in understandable languages. Once the client agreed to participate, the team member would provide a questionnaire to the client, attached to a clipboard and writing instrument, so that the clients could complete the survey at their own pace. Then they dropped the anonymous questionnaire into the survey drop box. Some clients asked volunteers to help complete the survey. The volunteers attempted to adopt an anti-oppressive and non-judgemental code of conduct when supporting clients.

3.3.5 Remote Interpretation Ontario (RIO)

Although it was anticipated that over-the-phone (OPI) Remote Interpretation Ontario (RIO) services would be used throughout the CES, but clients did not feel comfortable with RIO services. At the mid-project debriefing the data collection team identified the following possible reasons for refusal of OPI:

- OPI added a procedure which clients did not have time to utilize.
- Telephone interpretation was not an appropriate accommodation for clients with hearing impairments.
- Clients preferred not to complete a survey over phone.

3.3.6 Focus group (FG)

Throughout the survey period, clients were recruited for focus group discussion. Peer Outreach Workers (POW) supported the CES coordinator, placement students and volunteers to recruit participants for three focus groups (Table 1). Clients for the FGs were recruited from those who have responded to this year's paper-based survey in order to maintain the consistency and comparability of the findings between the quantitative and qualitative components of the survey. Clients from the underrepresented language group received priority in recruitment for FG. Each of the three FG sessions was of 2-hour long, and was conducted in English by the CES coordinator. On-site interpreters were made available for clients with language barriers. One FG was conducted at the AccessPoint on Danforth (APOD), one was conducted at the AccessPoint on Jane (APOJ), and the third at APOD exclusively with the clients from the LGBTQ+ communities.

Table 1: Focus group summary

Date	Location	No. of Participants
Thursday, May 14, 2015	Access Point on Danforth (LGBTQ+ clients)	9
Tuesday, May 26, 2015	Access Point on Jane	7
Saturday, May 30, 2015	Access Point on Danforth	4

Those participating in the FGs were offered TTC tokens, a healthy snack, and on-site childcare. All clients provided informed consent with the understanding that their participation was completely voluntary and anonymous. All participants filled in the demographic questions. With consent, FG sessions were audio-recorded for transcriptions. Sensitive information was omitted so as to ensure confidentiality and anonymity. A waiver form was completed by the FG participants for permission to take photos during FGs, and, publish photos in the report.

3.4 Data entry

The research team created a database on SPSS to record survey responses. The CES coordinator, with occasional assistance from one placement student, completed entering the surveys on SPSS. Throughout the survey period a total of 518 surveys were obtained, however, only 487 completed surveys were entered into the database for analysis. Comments written in languages other than English were translated by interpreters (Spanish and Portuguese), a peer outreach worker (Karen/Sgaw), a placement student (Farsi) and CES coordinator (Bengali).

After data entry was completed on SPSS, the research team performed a data quality audit by reviewing the accuracy of surveys using simple random sampling technique. Furthermore, to ensure data integrity, the Coordinator also engaged in the following "data cleaning" activities:

- *Ensured that all categories were mutually exclusive*. For example, on Q#3, if clients mentioned they use `other services' but included health services listed as options on the questionnaire, 'other services' was recoded into the correct list option.

- *Exclusion of outside services.* If the client indicated services that were not provided by Access Alliance, evaluations of those services were not included.

- *Checking that services were client appropriate.* For example, some clients indicated that they have used youth programs, but were over the age of 24 years during data collection period. If they were older than 24 years and still checked youth programs as a service they used, then youth programs was excluded from their responses.

3.5 Data analysis and reporting

CES data were analyzed using descriptive statistics (frequencies, percentages and cross-tabs) and advanced statistical techniques (Chi-square test and Regression analysis). Advanced techniques include:

- *Ordinal Logistic Regression.* This method of statistical analysis was used to measure correlations between programs and client experience outcomes. In this regression analysis, the outcome is an ordered response. For example, level of satisfaction was ranked in terms of level of agreement ("Strongly Agree"; "Agree"; "Neither Agree Nor Disagree"; "Disagree" and "Strongly Agree"). The model coefficients represent the association between an explanatory indicator and the likelihood of demonstrating a higher order of response.

- *Composite indicators.* Composite indicators are used as a tool for interpreting analytical models of complex care organizations; as these indicators are more instrumental as a decision-support tool to measure multidimensional indicators. We have created composite indicators by compiling individual questions into a single index on the basis of an underlying model. Only the questions that had the same scales of measure were included into one composite indicator as weighted averages (JRC European Commission, 2008). This is an operational framework for presenting data in a way that is understandable, sizeable, and accurate. Indicators are set to collect, data for comparison, and trends analysis on particular issues or areas. We selected multiple individual items, TC LHIN recommended, to get information on one indicator, e.g., satisfaction, client-centered care etc.

4.0 Client Experience Survey Findings: Quantitative

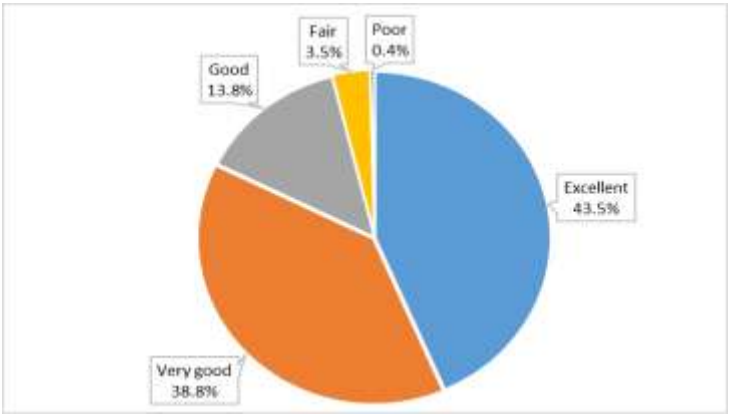
In total 487 complete surveys (out of 518 responses) were analyzed, of whom 242 (49.7%) were collected from APOD, 117 (24.0%) from APOJ, and 128 (26.3%) from the College location. This ratio of responses across locations is consistent with the distribution of our clients; this was taken as one of the determinants for representativeness of the samples. These surveys included indicators developed by Health Quality Ontario and the Toronto Central LHIN.

Explanatory Indicators

4.1 Satisfaction

In the CES 2015, clients were asked to rate their overall satisfaction level on the care and services they received at Access Alliance. Chart 1 shows that 96.1% of respondents were satisfied with the care and services provided to them (Excellent 43.5%, Very Good 38.8%, or Good 13.8%).

Chart 1: Overall satisfaction level (n=487)



Bivariate ordinal logistic regressions were used to examine the relationship between the clients' overall level of satisfaction and the determinant(s) of satisfaction. Level of satisfaction was determined by the following explanatory indicators:

- Getting an appointment when the clients needed
- Spending enough time with the clients by the doctor or nurse practitioner
- Opportunity to ask questions about recommended treatments
- Involvement of client in the decisions about treatment
- Programs and services meeting clients' needs
- Explaining things by staff in a way that is easy to understand
- Ability to receive services in a preferred language
- Staff members are easy to talk to and encourage asking questions.

In order to improve clients' satisfaction the following two areas has been identified in the survey:

- Wait time to see a health care practitioner
- Staff help client to connect to services/ programs at Access Alliance or in community.

When reviewed more closely, reported levels of satisfaction varied across locations, and this difference was statistically significant (Yate's Chi-square= 17.49; $p < 0.05$). In general, participants in the APOJ locations were the most satisfied (99.1%), and those at the APOD location were the least satisfied (94.6%). The distribution of rating at APOD was *more skewed towards more moderate ratings* of satisfaction than other sites (Table 2). The greatest proportion of clients at this site (40.5%) indicated that services were 'very good' as opposed to other sites where the largest proportion of clients indicated that services were excellent.

Table 2: Clients' Level of Satisfaction across Access Alliance Locations (n=487)

	Location			
	APOD (n=242)	APOJ (n=117)	College (n=128)	Corporate (n=487)
	%	%	%	%
Excellent	35.5	53.8	49.2	43.5
Very good	40.5	37.6	36.7	38.8
Good	18.6	7.7	10.2	13.8
Fair	4.9	0.9	3.1	3.5
Poor	0.4	0.0	0.8	0.4

Another indication of clients' satisfaction is reflected in their willingness to refer a family or friend to Access Alliance (Smith, S., 2012). When cross-tabulated, clients' willingness to refer Access Alliance to others was most highly correlated to their individual level of satisfaction. Over 90% of the satisfied clients agreed to refer their family and friends to the programs and services of Access Alliance (Table 3).

Table 3: Overall Rating of Satisfaction by Agreement to Refer Family/Friends (n=477)

		Refer Family / Friends to Access Alliance					
		Strongly Agree	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**	**Total**
Overall rating of satisfaction	**Excellent**	**182**	**20**	**1**	**2**	**0**	**205**
	Very Good	**92**	**87**	**0**	**1**	**8**	**188**
	Good	**7**	**43**	**8**	**6**	**1**	**65**
	Fair	**1**	**9**	**4**	**1**	**2**	**17**
	Poor	**0**	**0**	**0**	**2**	**0**	**2**
	Total	**282**	**159**	**13**	**12**	**11**	**477**

Ordinal logistic regressions were conducted to better understand the relationship between satisfaction as a bivariate indicator and other indicators influencing satisfaction, for example, the relation between a client's overall level of satisfaction and the location of data collection. Hypothetically, the variation in satisfaction across locations may be explained by the socio-demographic diversity of the clients. To test this, several socio-demographic characteristics (i.e.,

gender of a client, age, level of education, and current immigration status) were included as 'control' variables. Some important characteristics, such as annual family income, could not be explored due to low response rate.

The results of the ordinal logistic regression indicated that *regardless of socio-demographic characteristics, a client at APOD location was less likely to have reported a higher level of satisfaction* (coefficient= -0.67, Odds Ratio = $e^{-0.67}$ = 0.51 or half as likely), compared to the two other locations. There was no statistical difference in the overall satisfaction levels between clients at APOJ and College locations.

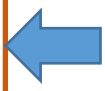
Evaluation interpretation:

- Clients are satisfied (96.1%) with the care and services of Access Alliance
- Over 90% of the satisfied clients will refer their family and friends to Access Alliance
- Clients at APOD are the least satisfied among the three service locations

4.1.2 *Accessibility*

Accessibility has two dimensions- physical- measured through location (q#5) and hours of service (q#6), and functional- measured through the following questions (TC LHIN structure):

7i) How often can you get an appointment when you need one?
9ii) How often do the staff always explain things in a way that is easy to understand?
9iv) How often are you able to get services in a language of your choice?
9v) The staff members are easy to talk to and encourage me to ask questions.
8) How long did it take to get an appointment to see a doctor or NP?
10vi) I know how to make a suggestion or complain.



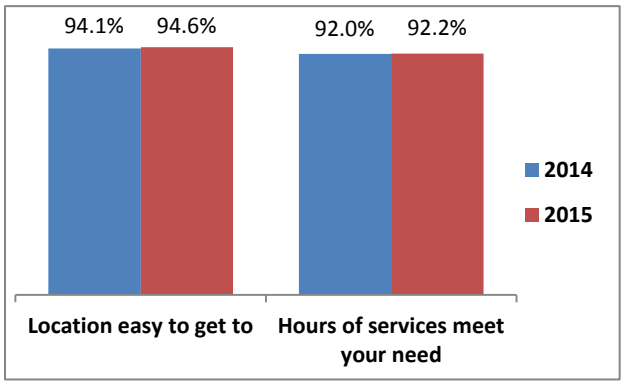
Composite indicators of accessibility

The composite indicator of functional accessibility was calculated with q7i, q9ii, q9iv and q9v as they used the same scale, while other accessibility indicators were analyzed separately.

4.1.2.1 Accessibility: Physical

Clients were asked whether current locations are 'easy to get to', and current hours of operation were 'meeting their needs'. In total, 94.6% of the respondents found the locations are easy to get to, and 96% of the respondents found the hours of services met their needs (Chart 2). Clients, who thought the hours of services did not meet their needs, suggested evening and longer service hours of operation (until 8pm). The chart also suggests that clients' satisfaction regarding Access Alliance's locations and hours of service has slightly increased (location 0.5% and hours 2.0%) in 2015 from the previous year.

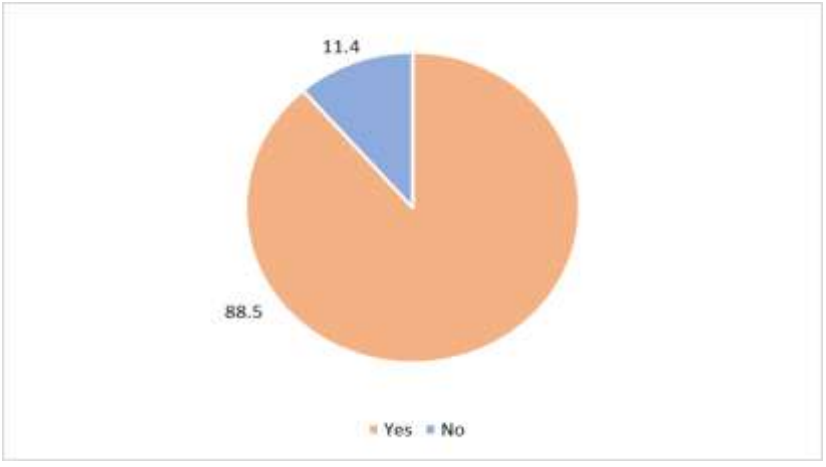
Chart 2: Clients' satisfaction with Access Alliance's Locations and Hours of Service



4.1.2.2 Accessibility (Functional): Composite Indicator

Composite indicator for accessibility has been created by combining four accessibility related questions (q7i, q9ii, q9iv, q9v) together (Chart 3). The chart shows that 88.5% clients reported that the programs and services were accessible, while, 11.4% clients thought that they were sometimes, rarely or never accessible. Composite indicator for accessibility includes questions, "How often can you get an appointment when you need one?", "How often do the health center staff members explain things in a way that is easy to understand?", "The staff members are easy to talk to and encourage me to ask questions", and "How often are you able to get services in a language of your choice?".

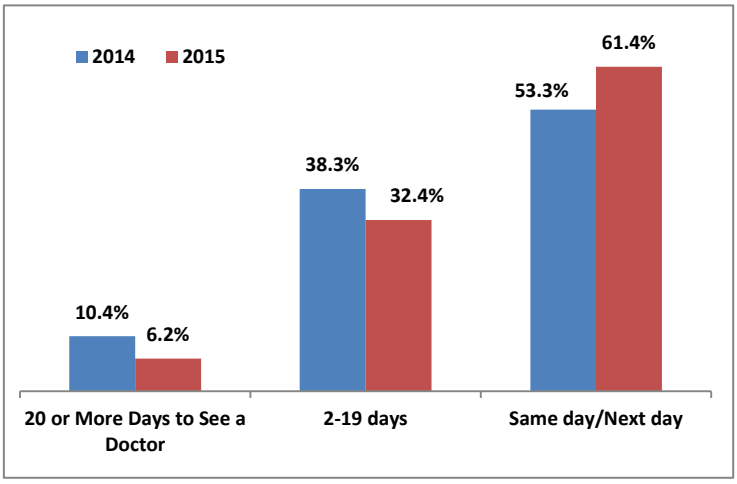
Chart 3: Accessibility (Functional) Composite Indicator



4.2 Waiting days to see a doctor or nurse practitioner

In CES 2015, 61.4% of the primary care clients were able to see their doctors or nurse practitioner on the same day or next day last time when they were sick (Chart 4). There is a 15% improvement in same day / next day appointments, compared to the previous year. Furthermore, the chart also demonstrate distribution of waiting days beyond the same day or next day, and shows changes in waiting days from the previous year. Qualitative survey data identified waiting times as a concern, and FG participants also expressed dissatisfaction with waiting days to see a doctor or nurse practitioner.

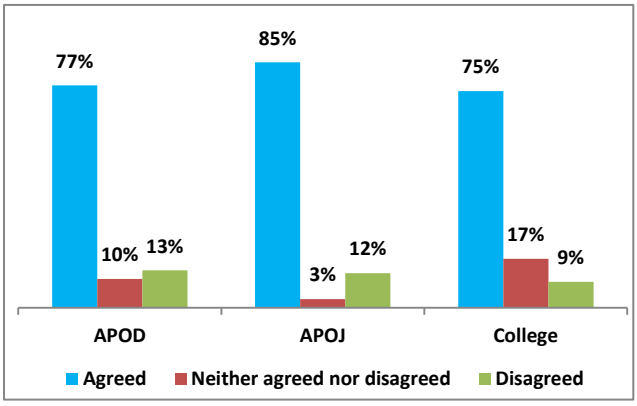
Chart 4: Waiting Time to Get an Appointment (Same day/Next day) (n=355)



4.2.1 Clients' accessibility to make a suggestion or complaint

In total 78.8% of respondents (77% at APOD, 85% at APOJ and 75% at College) agreed that they know how to make a suggestion or complaint (Chart 5). Conversely, 13% clients at APOD, 12% clients at APOJ and 9% at College disagreed with the question that they know how to make suggestion or complaint.

Chart 5: Clients' Accessibility to Make Suggestion or Complaint (n=452)



Equity Indicator

4.3 Level of Comfort

When asked if they always feel comfortable and welcome at Access Alliance, 95% of the respondents (n= 422) answered 'yes'. As shown in Table 4 below, 95.4% at APOD, 97.3% at APOJ, and 92.4% at College. Compared to the previous year, clients' level of comfort has increased across the agency (the level of comfort reported by clients was 94% in 2014).

Table 4: Clients' Level of Comfort across Access Alliance Locations (n=444)

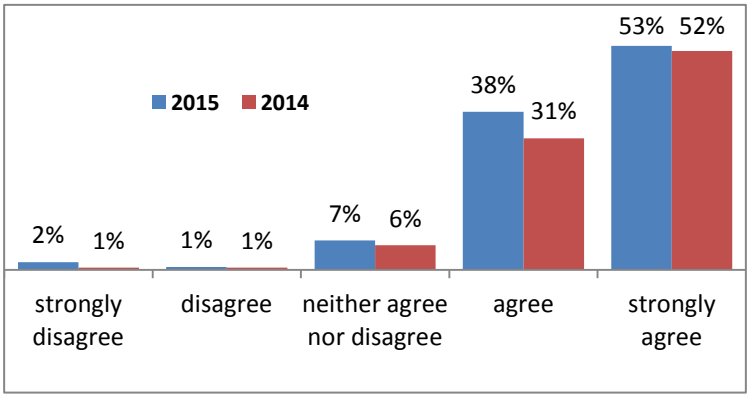
	APOD	APOJ	College	Corporate
I always feel comfortable & welcome at Access Alliance	95.4%	97.3%	92.4%	95%

Effectiveness Indicators

4.4 Effectiveness of services

Chart 6 shows that 90% (n= 456) of clients either strongly agreed (53%) or agreed (37%) when they were asked if Access Alliance's programs or services had helped improve their overall health or well-being. The numbers also suggest clients' perception of the effectiveness of service that has increased significantly (7% of increase for 83% from previous year).

Chart 6: Effectiveness of Services (n=456)

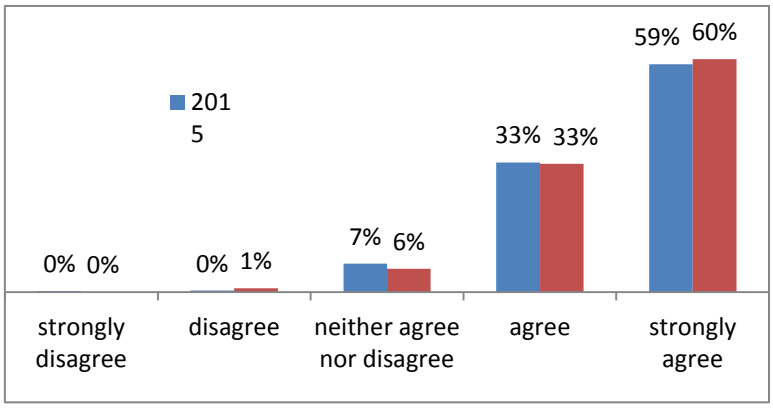


Population Health Focused Indicators

4.5 Access Alliance has positive impact on the community

In total, 92% (n=467) of clients indicated that they either strongly agreed (59%) or agreed (33%) that Access Alliance has had a positive impact on their community. Only 1% of clients disagreed with this statement, and another 7% neither agreed nor disagreed (Chart 7). These findings are consistent with the previous year in which 93% of the clients agreed with this statement.

Chart 7: Positive Impact on the Community (n=467)



Client centeredness: Composite indicator

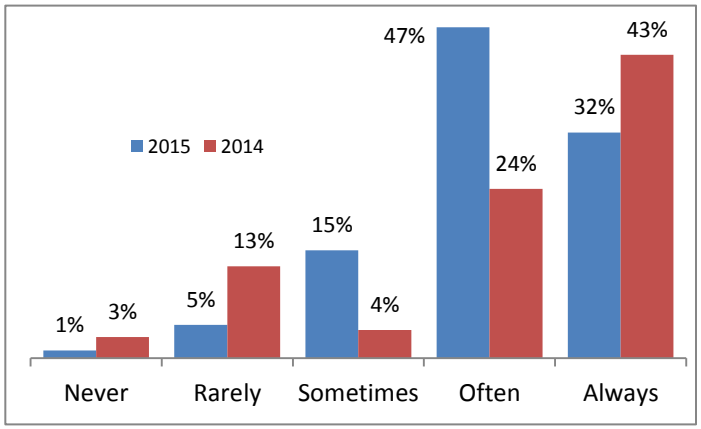
4.6 Client Centeredness:

To measure client centeredness, a composite indicator has been created combining the following four client centeredness related questions:

- q7ii: Staff spend enough time with clients (PC question)
- q7iv: Staff involved clients in decisions about their treatment (PC question)
- q9i: Programs and services meet clients' needs (generic question)
- 9iii: Staff connect client to programs and services they need (generic question)

Among primary care respondents, 94.2% agreed that the programs and services at Access Alliance are client centred. However, 5.8% clients differed in the agreement (Chart 8).

Chart 8: Patient-Centeredness Indicators for Primary Care Clients (n=275)



Anti-Oppression Composite Indicators

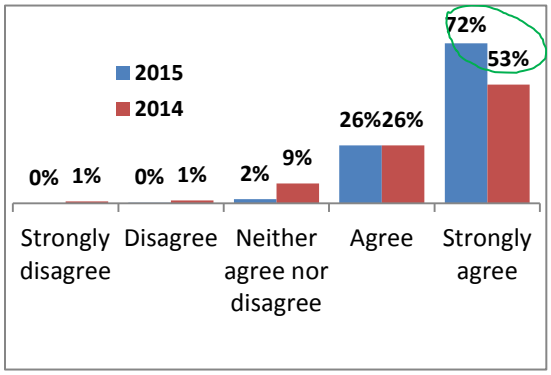
4.7 Anti- Oppression Indicator

Levels of anti-oppression were measured by using a composite indicator. The following three questions were combined to create the composite indicator:

q10i: Staffs treat clients with courtesy and respect
q10ii: Programs and services respect clients' culture
q10iii: Programs and services respect clients' spiritual or religious beliefs

Chart 9 shows that 98% of clients either "Strongly agreed" (72%) or "Agreed" (26%) with these statements. Interestingly, there was no disagreement with these statements. Individual indicator response analysis showed that 95.4% clients felt that staff treated them with courtesy and respect; 94.2% felt that their (clients') culture was respected, and nearly 92.2% felt that their religious and spiritual beliefs were respected. Compared to 2014, more clients strongly agreed with the statements related to this indicator (Chart 9).

Chart 9: Anti-oppression Indicator for All Clients (n= 464)



4.8 Privacy and Confidentiality

Privacy and confidentiality around the sharing of personal information or health information are two pertinent issues for the client-service provider relationship. More than 95% (n=488) of clients agreed that they trust staff to keep their personal health and other information confidential. These values have improved since the previous year with 19% more clients strongly agreeing with the statement, and fewer clients reporting disagreement (Table 5).

Table 5: Responses to "I trust staff to keep personal information confidential" (n=488)

Level of Agreement/Disagreement	2015	2014	Change
strongly agree	66%	55%	19%
agree	30%	35%	-14%
neither agree nor disagree	3%	9%	-66%
disagree	1%	1%	-40%
strongly disagree	1%	0%	

4.9 Language Services

Two questions were asked regarding language services.

1. How often are you able to get services in a language of your choice? (determined through frequency of responses)
2. I am satisfied with the interpretation services provided (determined by level of agreement).

A total of 458 clients responded to the first question, among them 85.2% agreed to get services in a language of their choice, while 2.62% of the clients answered that they were never able to receive services provided by Alliance in a language they prefer (Table 6). When the clients were asked, 87.73% of them agreed to be satisfied with the interpretation services provided Table 7).

Table 6: How Often are You Able to Get Services in a Language of Your Choice? (n=458)

	Always %	Often %	Sometimes %	Rarely %	Never %
Able to get services in a language of my choice	63.32	21.83	9.39	2.84	2.62

Table 7: Percentage of the Clients Satisfied with the Interpretation Services Provided (n=488)

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Satisfied with the interpretation services provided	56.7	31.03	9.15	2.46	0.67

This indicator lacks sensitivity and specificity, because the survey did not ask if they have the interpreter services or not. Hence, any inference from these numbers require cross-checking for validity. We conducted focus groups for qualitative data, and the clients identified our language services as one of the strengths.

4.10 Programs and services, Communication, and Self-rated health

4.10.1 Clients distribution by access to primary care (PC)

A total of 480 clients indicated their use of primary care services at Access Alliance or not, among them 64.6% accessed to services provided by the doctors, nurse practitioners, and nurses (Table 2).

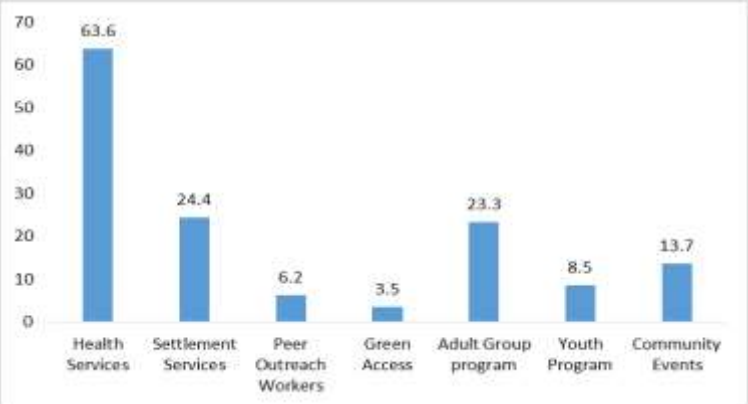
Table 8: PC and non-PC Clients' Distribution across Access Alliance Locations (n=480)

	Locations							
	APOD		APOJ		College		Corporate	
	Number	%	Number	%	Number	%	Number	%
Received PC	113	46.7	73	64.6	124	99	310	64.6
Did not receive PC	129	53.3	40	35.4	1	1	170	35.4
Total	242 (50.4%)		113 (23.5%)		125 (26%)		480 (100%)	

4.10.2 Programs and services used

Clients' were asked about the programs and services they have used before April 2015. This was a multiple response question independent of the previous one. Individually tested results reveal (Chart 10) that 63.6% of clients have attended health care services, 24.4% settlement services, and 23.3% attended adult group programs. Community events were attended by 13.7% clients, and another 6.2% clients were visited by the Peer Outreach Workers.

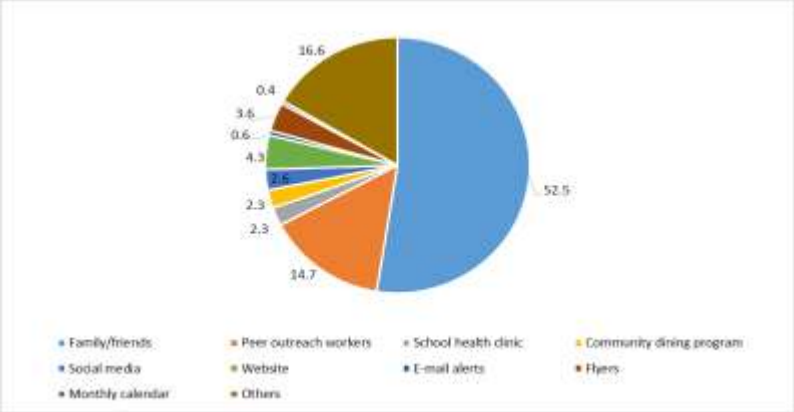
Chart 10: Programs and Services Used (Percent) (n=480)



4.10.3 How did you hear about the programs?

Most clients heard about services through family or friends (52.5%), 14.7% from peer outreach workers and 16.6% from 'other' sources. 'Other' sources included COSTI immigrant services, health care providers, social workers and other agencies. Collectively, social media, monthly calendars, the website, schools, emails and the community dining program composed only 16.2% of sources (Chart 11).

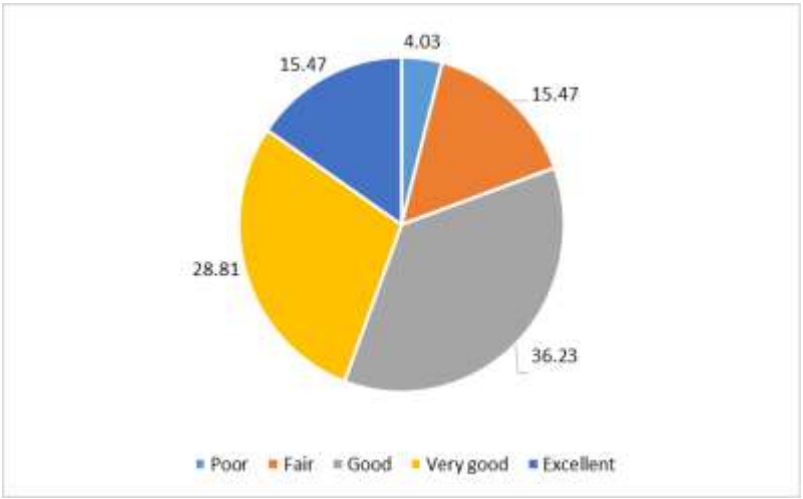
Chart 11: How did You Learn about Our Programs and Services? (n=469)



4.10.3 Self- rated health

Perceived health for an individual was measured in terms of self-rated health status. Over 80% of clients in the survey considered their health to be either "Excellent" (15.47%), "Very good" (28.81%), or "Good" (36.23%), whereas 19.5% indicated their health as either "Fair" (14%) or "Poor" (5%). Chart 12 illustrates the distribution of clients per category.

Chart 12: Clients' Self-rated Health Status



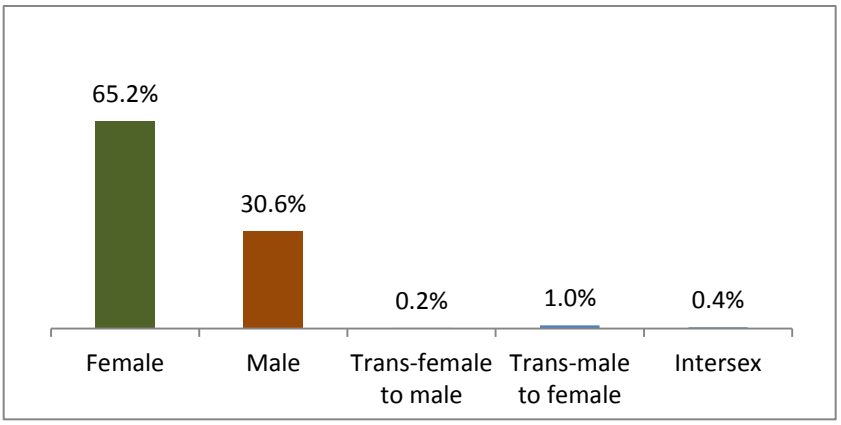
4.11 Socio-demographic attributes of responding clients

Results in this section are based on demographic questions developed by the Health Equity Measure project of the Toronto Central LHIN. It includes questions on gender, sexual orientation, immigration status, preferred language, age, income, and education.

4.11.1 Gender

Among the respondents for this question, (n=477; 97.7%), 65.2% identified themselves as female, 30.6% as male, 2.2% as transgendered and 2.5% as 'other' or 'preferred not to answer'. Chart 13 shows distribution of clients' self-reported gender.

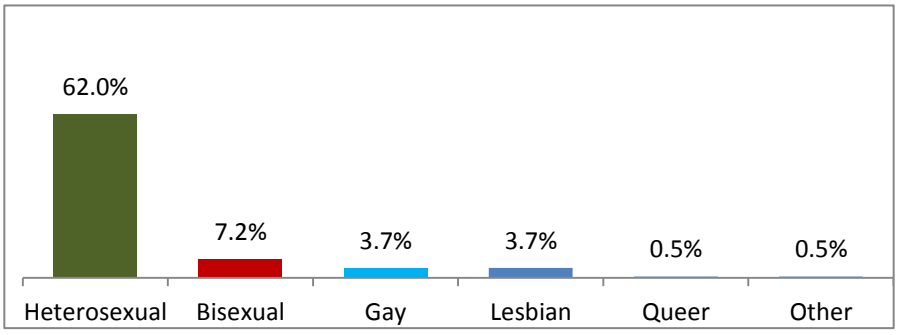
Chart 13: Gender Distribution of Clients (n=477).



4.11.2 Sexual Orientation

Clients were asked about their sexual orientation, and the responses are summarized in Chart 14. Overall, 62% respondents identified themselves as heterosexual, and 15.1% as LGBTQ (Bisexual, Gay, Lesbian, Queer or Two-Spirit). A considerable number of clients (17.6%) preferred not to answer this question, 4.9% did not know their sexual orientation, while 0.4% had 'other' sexual orientations.

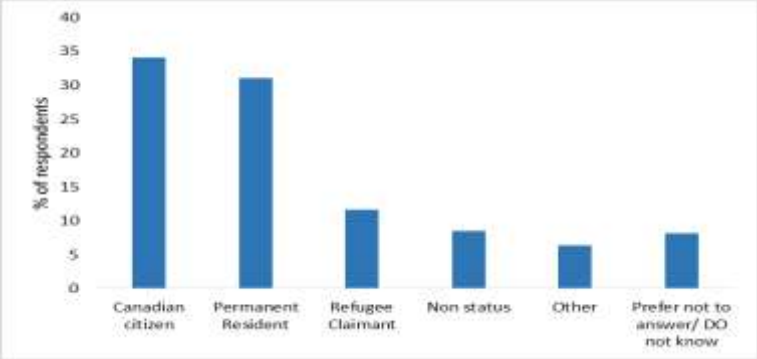
Chart 14: Sexual Orientation of Clients (N=432)



4.11.3 Immigration Status

Chart 15 depicted that 34.1% of the clients were Canadian citizens, and 31.1% were permanent residents. Another 11.7% stated that they were Refugee Claimants, 8.5% as non-status, while 8.2% selected 'preferred not to answer' and 'do not know'. The categories of 'other' and 'prefer not to answer' are important since indications of 'refugee claimant' or 'non-status' is likely to be underreported.

Chart 15: Immigration Status of Clients (N=469)



4.11.4 Clients' preferred languages

Table 9 displays top languages preferred by the respondents. Among them, English (58.2%), Spanish (11.0%), Farsi (6.9%), Portuguese (5.7%), Bengali (4.1%) and Karen / Sgaw (3.9%) were preferred languages for 90% of the respondents.

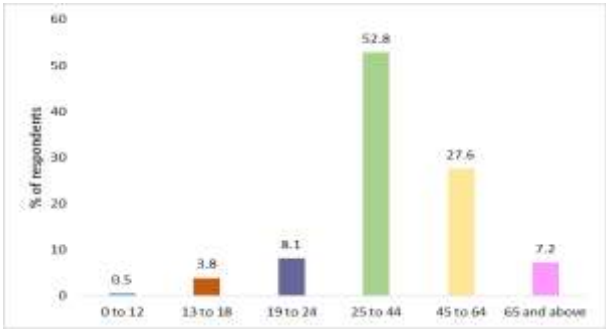
Table 9: Top Preferred Languages (N=435)

Language	%
English	58.2
Spanish	11.0
Farsi	6.9
Portuguese	5.7
Bengali	4.1
Karen / Sgaw	3.9
Dari / Pushto	2.1

4.11.5 Age

The average age of respondents was 40.2 ± 14.5 years. Nearly 53% of the clients were in the age group of 25-44 years, while 27.6% were between 45-64 years old (Chart 16). Under-18 year respondents comprised of 4.3% of clients, while 65+ respondents comprised of 7.2%. We used TC LHIN recommended criteria to collect information from youth clients.

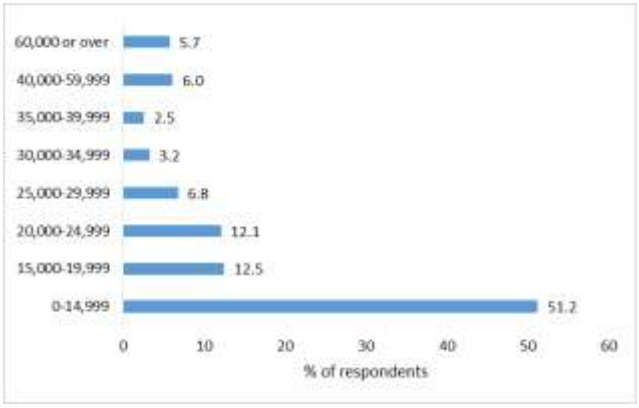
Chart 16: Age Distribution (N=417)



4.11.6 Income and family size

In total, 58% disclosed their annual family income; 51.2% of them indicated their household income to be less than $15,000 per year (Chart 17).

Chart 17: Income Distribution (n=281)



<u>Low income cut-offs</u>

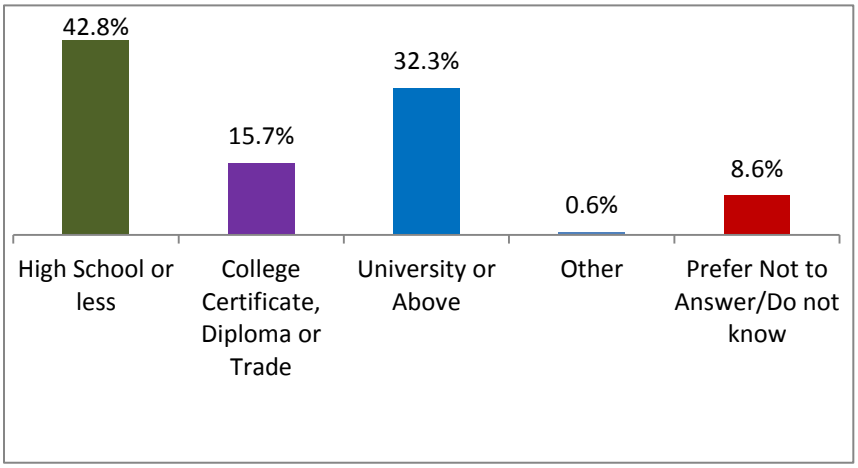
When asked the number of people supported by their income, 302 clients provided a response. The average number of households supported by that income was 2.82. Low income cut-offs (LICOs[2]) set by statistics Canada states that for a family of 3 living in bigger metropolis (population more than 500,000), the LICO is $36,520 per year. Using this measure, more than 85% of Access Alliance clients are below the LICO.

[2] LICO is an income threshold below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family.

4.11.7 Education

Nearly 43% of the respondents had high school level of education or less, while another 32.3% had university degrees. About 0.6% indicated to have 'other' education. Chart 18 shows the distribution of clients' responses as a percentage of the sample.

Chart 18: Level of Education (n=465)



5.0 Qualitative Findings

Qualitative findings are intended to contextualize the quantitative findings, as well as provide clients an opportunity to voice their experiences. This year, both quantitative and qualitative data were collected for the purpose of the Client Experience Survey. The qualitative data were obtained from focus groups with open-ended survey questions. In this section, we summarize and analyze focus group themes.

The qualitative data were obtained from focus groups with open-ended survey questions. Three focus groups were conducted during the survey period. Each of the two focus groups had 4-7 participants, and the LGBTQ+ focus groups had 12 participants. 'LGBTQ+ only' group was intended to provide a safe space for clients to express their unique perspectives and comment explicitly on their experiences with LGBTQ programs. Clients who have already completed paper-based survey were invited to participate in the focus group discussion. Food and refreshments were provided to those who attended. The client survey coordinator facilitated all three focus groups while, placement students and volunteers provided assistance by taking notes and organizing the room. Culturally and linguistically diverse group of clients participated in all focus groups. One Dari/Farsi speaking interpreter was present at the APOD focus group.

5.1 Accessing Programs and Services

When clients were asked about the accessibility of the programming they discussed a variety of strengths and barriers. Clients cited new site locations and interpretation services as facilitators of access. Challenges included the length of the service, the waiting time for an appointment, generalized approach of the secretary team, and the computer resources.

Generally clients wanted a more tailored approach that was relevant to the needs of their individual family. Some clients commented the length of the programming was too long. For programs provided in modular format over a period of several weeks, clients may only be interested in select sessions but have to wait before the relevant programming takes place. Clients also commented on the wait times to make an appointment and the timing of the programming. At APOJ, two clients explicitly discussed the need for a less generalized approach:

> *"Not generalized approach, do things based on each family's needs. Adjust your service approach* according *to the family's need."* – 2015 Focus Group Participant

Clients felt programming should be addressed on an individual basis, designed for the needs of each family. Explicitly, clients discussed the scheduling, program content and the timing of sessions. Also relationships with staff were important. Staff's interactions with clients could shape client perception of the appropriateness of the service they received and their willingness to continue with services. Generally, clients appreciated a personalized approach with one-on-one interaction.

Table 10 Focus Group Themes on Accessibility of Programs and Services

	Themes	Exemplary Quotes
Strengths	• Improved location • Interpretation Services • Cost of services	"The location of APOD is better and easy to get to and it has expanded". "No challenge. We had interpreter. Interpreter was professional, doctor was nice". "They'll pay for your medical tests and vaccines. That is convenient and different from other walk-in clinics or hospitals".
Challenges	• Length and timing of program • Interpersonal rapport with staff • Waiting time for an appointment	"Things are bit lengthy, the service. For every assignment they were requesting us to come next week. What I feel they could do two or three things at a time…Having this lengthy procedures my [partner] reluctant to come here". "Before [name of previous staff] used to take me to the doctor. Now [name of new staff person] helps. [Name of previous staff] was not an appropriate person. [Name of previous staff] was no good". "Bad experience with the reception. When came in for in- take interview, waited 30 minutes but the receptionist did not inform the staff and the staff was inside waiting". "They are professionals but a bit mechanical. They only answer what you ask them. Sometimes we don't even know what to ask. For the newcomers, we don't always know the question". "Booking an appointment takes long time. 3 weeks or a month waiting time".

5.2. Improving Health and Well-Being of Clients

While clients acknowledged the importance of programs providing information and services, they emphasized the importance of emotional and psychological well-being for themselves and their families. Emotional and mental health was an integral component of well-being for themselves and their families. Access Alliance addressed these issues through services which built the confidence of clients and the community. Programs provided opportunities for clients to meet others with comparable experiences, and could provide social support.

Table 11 Focus Group Themes for Improving Clients' Health and Well-Being

Themes	Exemplary Quotes
• Providing Information • Providing health services (medications and vaccinations) • Emotional/Psychological Support • Assisting with settlement	"Workshops are very, very interesting. Learn a lot about our rights, transportation, everything about Canada". "Vaccines received & met some workers. That has improved my wellbeing in terms of I feel more reassured". "Access Alliance made me this way. When I came I couldn't talk in front of people….. my hand shaking, my leg shaking. But now I can talk everywhere, I have the confidence. So all this is Access Alliance who made me this way, gave me confidence". "They have helped me and my children a lot. I had depression and they helped me. If they didn't help my [child] would have got depression" "I just have depression. But when I come here, I attend the program, I see other people I'm okay. "Everything is different from back home- education, job, bank, the society, weather. You feel like you are a baby again. And Access Alliance helps through that".

5.3. Comfort and Safety

Clients described a variety of ways Access Alliance created a sense of comfort and safety. Organizational practices and staff professionalism were demonstrated when rules and guidelines were created and followed. Clients appreciated when their confidentiality and privacy were respected. Services such as interpretation allowed clients to feel included and involved but most importantly, many clients described feeling friendly, welcoming and supportive staff. Clients also developed relationships with other clients creating friendships and new networks of support. Themes related to interpersonal forms of support were expressed most often by participants when asked about their comfort and safety.

Table 12 Focus Group Themes on Comfort and Safety

	Themes	Exemplary Quotes
Interpersonal Support	• Relieving Stress • Supportive Staff • Relationships with other clients	"Sometimes you need a break from the information. Information makes you worried of things not done. So sometimes you need something other than information. It will make us really, really comfortable". "When I have doctor's appointment I feel happy. I feel like I'm going to my family. For me that was like a picnic. Because we could not go anywhere else". "New knowledge makes you feel reassured. Also meeting new people, make friends".
Organizational Practice and Professionalism	• Rules and Guidelines • Confidentiality	"Access Alliance is safe. Door open. Rules and regulations are followed at the programs and participants respect each other. An equitable environment is created for everyone". "Health practitioners sterilize everything so that makes me feel safe". "Confidentiality aspect is very important, because I will feel safe if details about me are not shared outside".
Service Provision	• Interpretation services	"Interpreter makes me feel safe."

5.4. Meeting Client Needs

Clients felt changes to programs were relevant in terms of resources, cultural appropriateness of the setting and some support services. Clients suggested partnering with other agencies, addressing their settlement needs, reallocating fund, and ensuring adequate computer facilities.

Table 13 Focus Group Themes on Meeting Client Needs

	Themes	Exemplary Quotes
Resourcing Programs	• Partnering with other agencies • Allocate funding • Computer resources	"Supports for newcomers to get reimbursed for the education credentials. There are agencies who do that. Connect to them" "More investment needed to update the computer, printer etc. so that they don't break down when needed the most". (APOD Focus Group) "Not all the needs are met. Ten page limit to print things. It's not enough when you are preparing for your [court] hearing. More documents you provide as convention refugee, more chances for you to be accepted. So that could be looked up. For people who are preparing for hearings, page limit can be increased". (LGBTQ Focus Group)
Setting	• Culturally appropriate food • Learning cultural diversity	"Want to learn about other cultures. So let the people in the group speak about their culture, how they do stuff and what they eat…the group members can volunteer to cook food for the group". "Food that is provided weekly is [not exciting]. They don't want to be providing a certain type of food every time that a few persons eat. Change food every week. Food could be smaller, but just a change will make it better".
Additional Services	• Legal aid • Recreational activities • International calling • Email alerts	"Providing legal services for people who need it for their [immigration] hearing" "Need to express the energy. Give a platform so that they can showcase their talents… Sports like, soccer, volleyball" "...like for the group when you come it's like all information. You know, movies, art & craft, practicing dance- I think these enhance well- being and confidence." "Making phone call/ international call service" "If they could email about the new programs".

Focus group participants also made a point to discuss the food provided during programs. Although food provisions may not be the primary purpose of a program, client experience and involvement in the programming appears to be influenced by this. Since clients also expressed an appreciation for cultural diversity and were interested in learning about each other's cultures, it was recommended that program participants prepare and share foods they cook at home.

Other services suggested by focus group participants include legal aid services, health promoting and stress relieving recreational activities, as well as international calling.

5.5 Overall Satisfaction

Throughout the focus groups, the importance of language interpretation and supportive staff re-emerged as critical to satisfactory client experience. Clients generally wanted to feel emotionally supported and included.

Table 14 Focus Group Findings on Overall Satisfaction

Themes	Exemplary Quotes
• Interpretation Services • Supportive group	Yes, [refer to family and friends] because they have interpreters here. Very few family speaks English" "So welcoming and nice. Makes me feel like home. Definitely refer anyone".

5.6 Suggestions from Focus Groups for Moving Forward

The following suggestions were derived from client focus group findings intended to provide a general direction for improvements.

1. Consider new ways to design programming so families have more personalized and tailored services that fit individual schedules and needs.
2. Discuss training or cultural change initiatives to promote friendly and supportive interpersonal relations between front-desk staff and clients.
3. Reallocate food budget for programs so that clients can prepare and share nutritious food from their own culture.
4. Implement health promoting and stress relieving recreation activities for clients. Consider necessary accommodations for clients with mobility impairments or other disabilities.
5. Consider partnerships with community agencies to address clients' needs in terms of court preparation, employment and training.

6.0 Conclusion

The Client Experience Survey provides clients with the opportunity to evaluate Access Alliance's programs and services from their perspective. Simultaneously, it enables Access Alliance to learn about its strengths and opportunities to plan appropriate improvement. Increased number of samples and focus groups in 2015 survey added more validity and reliability of the information collected compared to the previous year.

Synthesis of the quantitative and qualitative findings reveals that clients are satisfied with the programs and services of Access Alliance, and the trend of satisfaction rating is maintained over the years. The location and hours of operation are satisfactory to the clients, though they suggest extra after hour services. Satisfaction was found to be positively related to the-

- Ease of getting an appointment with the service provider
- Amount of time the doctors or nurse practitioners spend with the clients discussing their problems, and
- Opportunity to ask questions about the recommended treatments.

This survey identified positive shift of the paradigm from the previous year for important indicators like accessibility, waiting time to see a doctor or nurse practitioner, effectiveness, anti-oppression, and clients-centeredness. This shift reflects the impact of agency's ongoing quality improvement initiatives for the programs and services.

Overall, the Client Experience Survey 2015 was successful; because it was based on methodological rigour, conducted within the planned timeframe and resources, and could capture statistically valid number of samples as planned. Client Experience Survey of Access Alliance has become a branding for the CHCs because of quality and methodological rigor.

7.0 Recommendations and Planning Implications

Analysis of the survey could make the following action items to improve the quality of the programs and services as felt and rated by the clients through the surveys and focus groups:

For future surveys:

A. Conduct the real-time survey throughout the year (10-15 samples every week, and if possible conduct it online as well).
B. Make the questionnaire shorter and simpler.
C. Organize the questionnaire in a way so that clients can skip sections not applicable to them.
D. Revisit how RIO can be made more acceptable to the clients for survey.
E. More engagement of the staff to encourage increased clients' participation.
F. Work out motivation plan to increase volunteer engagement and accountability.

For programs and services:

a. Access Alliance will work out so that clients get appointment earlier and easier.
b. Health care providers can ask the following questions at the end of their appointments:
    i. Did I spend enough time with you that you needed?
    ii. Do you have any question about this treatment option?
c. Involve clients in making decisions about their treatment by providing them enough treatment options and allowing them to choose from those options.
d. Use plain language while explaining things to clients. Think for not using avoidable technical/ medical terms while talking to clients. If possible provide trainings to all staff on how to use plain language.
e. Customer service training for front desk/ reception staff
f. More inclusive program planning for most vulnerable and priority population, e.g., LGBTQ+, seniors, prenatal women, etc.

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Appendix I

Access Alliance
Multicultural Health and Community Services

Client Experience Survey 2015

We want to know what you think about our programs and services and how we can make them better. Please complete this survey if you have used our programs and services at least one time before today.

Please read the following before you begin:

- The survey will take **15-20 minutes** to complete.
- The information provided will be anonymous and kept confidential.
- We will gather the data for quality improvement initiatives on programs and services.
- The survey is completely voluntary. If you do not want to participate, it will **NOT** affect your ability to access our programs and services.
- Ask a volunteer if you need help with the survey.
- Answer the questions based upon your participation in the past three years.

Thank you for your participation!

Questions about Access Alliance Programs and Services ☒

1. How long have you been using Access Alliance programs and services?

____Years____ Months

2. Have you accessed any of our primary care services (e.g. Doctors, Nurse Practitioners, or Nurses)?

[1]☐Yes [2]☐ No

3. Which services or programs offered by Access Alliance have you accessed?

☐ Health services (e.g., seeing a doctor, nurse, dietician or social worker/ therapist) ☐ Settlement services ☐ Peer Outreach Worker ☐ Green Access/ Enviro-Leaders Academy	☐ Group programs for adults (e.g., Seniors / Newcomers program, Cooking Together, Community Dining) ☐ Youth programs ☐ Community events e.g., Holiday Dinner ☐ Other (please specify): _____

3b. How did you hear about programs and services of Access Alliance?

[1]☐ Family/ friend [2]☐ Peer Outreach Worker [3]☐ School Health Clinic [4]☐ Community Dinning Program [5]☐ Social media (e.g., Facebook, twitter) [6]☐ Website [7]☐ E-mail alerts [8]☐ Flyers [9]☐ Monthly Calendar [10]☐ Others (Specify)……..

4. Which of our locations do you visit most often?

[1]☐ AccessPoint on Danforth [2]☐ AccessPoint on Jane [3]☐ 340 College St

5. Is this location easy for you to get to? [1]☐ Yes[2]☐ No

6. Do the hours of service at this location meet your needs? [1]☐ Yes[2]☐ No

6b. If **NO,** what is the best time for you to come for programs/services or appointments?

_____

7. If you have accessed the Primary Health Care services, please read each statement below and select one box that shows your opinion:

	Always	Often	Sometimes	Rarely	Never	N/A
i. How often can you get an appointment when you need one?	☐	☐	☐	☐	☐	☐
ii. When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?	☐	☐	☐	☐	☐	☐

iii. When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatments?	☐	☐	☐	☐	☐	☐
iv. When you see your doctor or nurse practitioner, how often do they or someone else in the office involve you as much as you want to be in decisions about your care and treatment?	☐	☐	☐	☐	☐	☐

8. The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually saw him/her or someone else in the office?

[1]☐ Same Day
[2]☐ Next Day
[3]☐ 2-19 Days
[3b]☐ If 2-19 Days, total number of days waited: _____
[4]☐ 20 Days or More
[88]☐ Prefer not to Answer
[99]☐ Do not know
5☐ I was offered on the same day/ next day, but it did not suit my needs

9. Please read each statement below and select the one response that best shows your opinion:

	Always	**Often**	**Sometimes**	**Rarely**	**Never**
i. How often do the programs and services offered by Access Alliance meet your needs?	☐	☐	☐	☐	☐
ii. How often do the health centre staff members explain things in a way that is easy to understand?	☐	☐	☐	☐	☐
iii. How often do the staff help you connect to the services and programs you need at Access Alliance or in your community?	☐	☐	☐	☐	☐
iv. How often are you able to get services in a language of your choice?	☐	☐	☐	☐	☐
v. The staff members are easy to talk to and encourage me to ask questions.	☐	☐	☐	☐	☐

10. Please read each statement below and select one answer that tells us how you feel:

	Strongly Agree	**Agree**	**Neither Agree Nor Disagree**	**Disagree**	**Strongly Disagree**
i. Staff members treat me with courtesy and respect.	☐	☐	☐	☐	☐

ii. The programs and services respect my culture.	☐	☐	☐	☐	☐
iii. The programs and services respect my spiritual or religious beliefs.	☐	☐	☐	☐	☐
iv. I am satisfied with the interpretation services provided.	☐	☐	☐	☐	☐
v. I trust staff to keep my personal information confidential.	☐	☐	☐	☐	☐
vi. I know how to make a suggestion or complaint.	☐	☐	☐	☐	☐
vii. The programs and services have helped me improve my health and well-being.	☐	☐	☐	☐	☐
viii. Access Alliance has a positive impact on my community.	☐	☐	☐	☐	☐
Viii a) Please explain:					
ix. After accessing the programs and services at Access Alliance, I feel more connected to the community.	☐	☐	☐	☐	☐

10a. **How would you describe your sense of belonging to this area, neighbourhood or local community?**

(Sense of belonging is feeling like you are part of something, connected and accepted) Would you say it is:

Very strong	Somewhat Strong	Somewhat Weak	Very Weak	No Opinion
☐	☐	☐	☐	☐

11. I always feel comfortable and welcome at Access Alliance? Yes ☐ No☐

11a. If **No**, Please tell us the reason(s) that you do not always feel comfortable or welcome at our centre:

12. Overall, how would you rate the care and services you received at Access Alliance?

[1]☐ Excellent [2]☐ Very Good [3]☐ Good [4]☐Fair [5]☐Poor

13. I would refer a family or friend to Access Alliance:

[1]☐ Strongly Agree [2]☐ Agree [3]☐ Neither Agree nor Disagree [4]☐ Disagree [5]☐ Strongly Disagree

14. What can we do to make our programs and services better for you?

-
-
-
-

15. What new or additional programs and services would you like Access Alliance to offer?

-
-
-

Questions about You ☒

16. In general, how would you describe your own health?

[1]☐ Excellent [2]☐ Very Good [3]☐ Good [4]☐Fair [5]☐Poor

17. What was your year of birth? _____

18. What is your gender? Check ONE only

[1]☐Female [2]☐Intersex [3]☐Male
[4]☐Trans-Female to Male [5]☐Trans-Male to Female [6]☐ Two-Spirit
[7]☐ Other, Please Specify: _____ [98]☐Prefer Not to Answer [99]☐ Do not know

19. What is your sexual orientation?

[1]☐ Bisexual [2]☐ Gay [3]☐ Heterosexual (“Straight”)
[4]☐ Lesbian [5]☐ Queer [6]☐ Two-Spirit
[7]☐Other, please specify: _____ [98]☐ Prefer Not to Answer [99]☐ Do not know

20. Were you born in Canada?

[1]☐ Yes[2]☐ No [98]☐ Prefer not to answer [99]☐ Do not know

21. What YEAR did you arrive in Canada? _____

22. In what language would you prefer to receive services at Access Alliance?

_____

23. What was your total annual family income before taxes last year? Check ONE only.

$0 to $14,999	1☐
$15,000 to $19,999	2☐
$20,000 to $24,999	3☐
$25,000 to $29,999	4☐
$30,000 to $34,999	5☐
$35,000 to $39,999	6☐
$40,000 to $59,999	7☐
$60,000 or over	8☐
Prefer not to answer	88☐
Do not know	99☐

23a. How many people does this income support? _____ persons

88☐ prefer not to answer 99☐ Do not know

24. What is your current immigration status? Check ONE only.

1☐ Canadian Citizen 2☐ Permanent Resident 3☐ Refugee Claimant

4☐ Currently Applying for Humanitarian and Compassionate process 5☐ Live-In Caregiver

6☐ Temporary Foreign Worker Program or Seasonal Agricultural Worker Program.

7☐Non-Status 8☐ Other (please specify): _____

88☐Prefer Not to Answer 99☐ Do not know

25. What is your highest level of education? Check ONE only.

1☐ Less than a high school diploma

2☐ High school diploma/equivalent

3☐ College certificate or diploma, trade, vocational or technical school, CEGEP

4☐ University (including a professional or graduate) degree

5☐ PhD or equivalent

6☐ Other (please specify): _____ 88☐Prefer not to answer 99☐ Do not know

Thank you for your participation!