

2023-2024

Client Experience Survey Report



Access Alliance
Multicultural Health and Community Services

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Disclosure:

This report is an intellectual property of Access Alliance Multicultural Health and Community Services and has been prepared by the Research & Evaluation Team of the agency. It reflects data gathered from clients of Access Alliance by a team of volunteers, with support from internal colleagues, Project Lead and Project Coordinator. For any questions or concerns regarding this report please contact Courtney Kupka (Research & Evaluation Coordinator) at ckupka@accessalliance.ca.

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Introduction

Access Alliance Multicultural Health and Community Services (Access Alliance) works to improve health outcomes for disadvantaged communities, including immigrants, newcomers, refugees, racialized groups, and their communities. It is done by (i) facilitating access to a wide variety of programs and services; (ii) ensuring appropriate service delivery by the appropriate person at the appropriate time; and (iii) improving the quality of health and well-being of the clients and their families. Primary care services are delivered at three locations across the City of Toronto.

Learning from clients about their experiences is essential for evaluating the effectiveness of Access Alliance's programs and services. Client feedback is utilized to advise improvements to programs and services, ensuring quality, and meeting clients' needs. As such, Access Alliance collects client experience data that serves three distinct purposes:

- 1) **Accountability:** Generating data for reportable indicators to demonstrate accountability to stakeholders, including funders and health system authorities, the accreditation agency, and the government. We are also accountable to our clients who are receiving care with our organization.
- 2) **Quality:** For use in quality improvement planning for programs and services.
- 3) **Evidence-informed Practice:** To inform learning by identifying opportunities for growth.

For an effective client experience survey, we considered the following items:

(i) representativeness of the samples, (ii) adequacy of the sample size, (iii) validity of data collection and analytic process, (iv) reliability of measurements, (v) comparability of the indicators, and (vi) reusability / replicability of the overall process with scientific rigour. To ensure the quality and rigour of the process, enormous care was taken before, during, and after the collection of data which is reflected in the Client Experience Survey (CES) 2023-2024 methodology (Appendix).

This report is a compilation of primarily quantitative data collected by a real-time or 14-day recall approach for recording experiences of clients that received primary care services. Data triangulation amongst the qualitative and quantitative responses is presented here to understand their expectation and experience.

This report summarizes the findings of the CES 2023-2024 from an accountability perspective focusing on priority indicators around the following quality domains:

Satisfaction

Accessibility

Equity

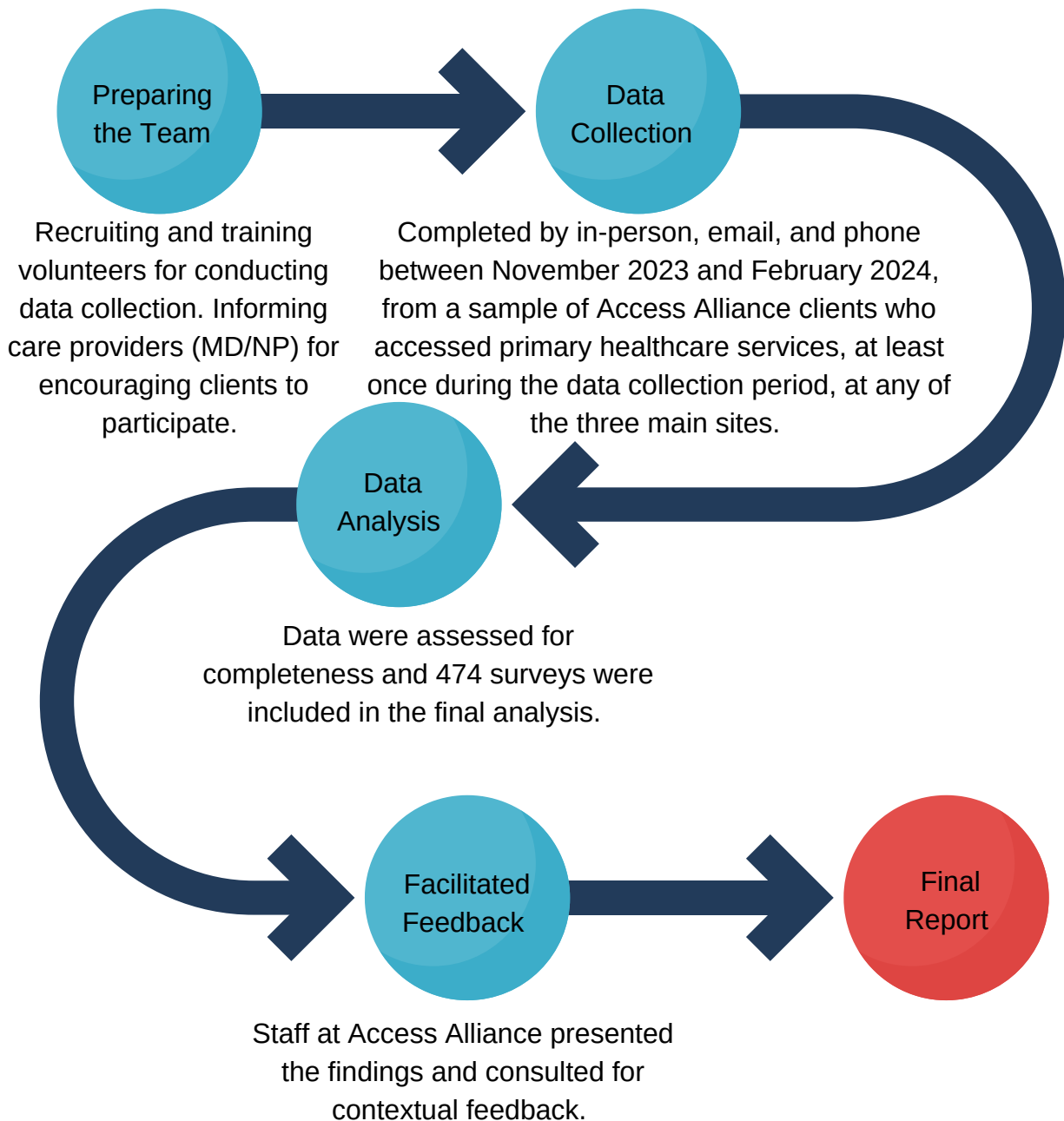
Client Safety

Patient-Centredness

Primary Care Patient Experience Survey



Process of Implementation



Methods

Access Alliance implemented a mixed-methods data collection approach to collect real-time client experience. The survey tool was designed to assess quality domains of satisfaction, accessibility (including virtual services), equity, client safety, and patient-centeredness. Survey data collection was completed in-person, by email, and by phone with clients who received primary healthcare services (Doctor or Nurse Practitioner) from Access Alliance between November 20, 2023 and February 09, 2024, at least once, at any of the three (Jane, College, and Danforth) sites. Data collection occurred immediately after an appointment or within the 14-days after.

The primary mode of data collection was an in-person invitation after clients had finished their visit with Primary Care Provider (MD/NP). Clients completed the survey via a secure link to the online survey platform with support by trained volunteers on-site. The secondary mode of data collection was through virtual low-touch modalities which included email and phone calls. Web-based surveys were emailed to all clients who had an email address in their Access Alliance record and attended an appointment with a provider within the previous 14 days. This 14-day recall methodology is indeed a modification of the one previously implemented for CES 2021-2022. The change was made from 7 days to 14 as a result of the feedback from clients and our staff team (refer to the Appendix for more details). As such, 2,889 email requests were sent to clients for survey completion. The telephone-based collection was completed by randomly contacting 121 clients for whom Access Alliance had record of a telephone number, but no email. This was to ensure (i) responses were representative by including clients without emails, and (ii) to provide an accessible method for survey completion by those without a smartphone or computer, or who would not be comfortable completing a web-based survey. Furthermore, clients who were emailed or met with in-person could request a telephone call for scheduling and language accessibility purposes. For telephone-based survey collection, the data collection team completed the web-based surveys on behalf of patients.

The web-based surveys were distributed and collected using the SurveyMonkey platform. SurveyMonkey templates are compliant with Web Content Accessibility Guidelines 2.0 (WCAG2) and were used to support survey accessibility for those completing it online (Survey Monkey, n.d.). The survey was translated into Spanish, Portuguese, Arabic, Farsi, and Tigrinya to reduce language barriers, reflecting some of the top languages that Access Alliance clients speak (Access Alliance, 2023). For in-person and telephone-based survey data collection, interpretation was available as required and provided by Access Alliance Language Services, Remote Interpretation Ontario.

Please see the Appendix for a more detailed version of the methodology.

Overview of Data Collection

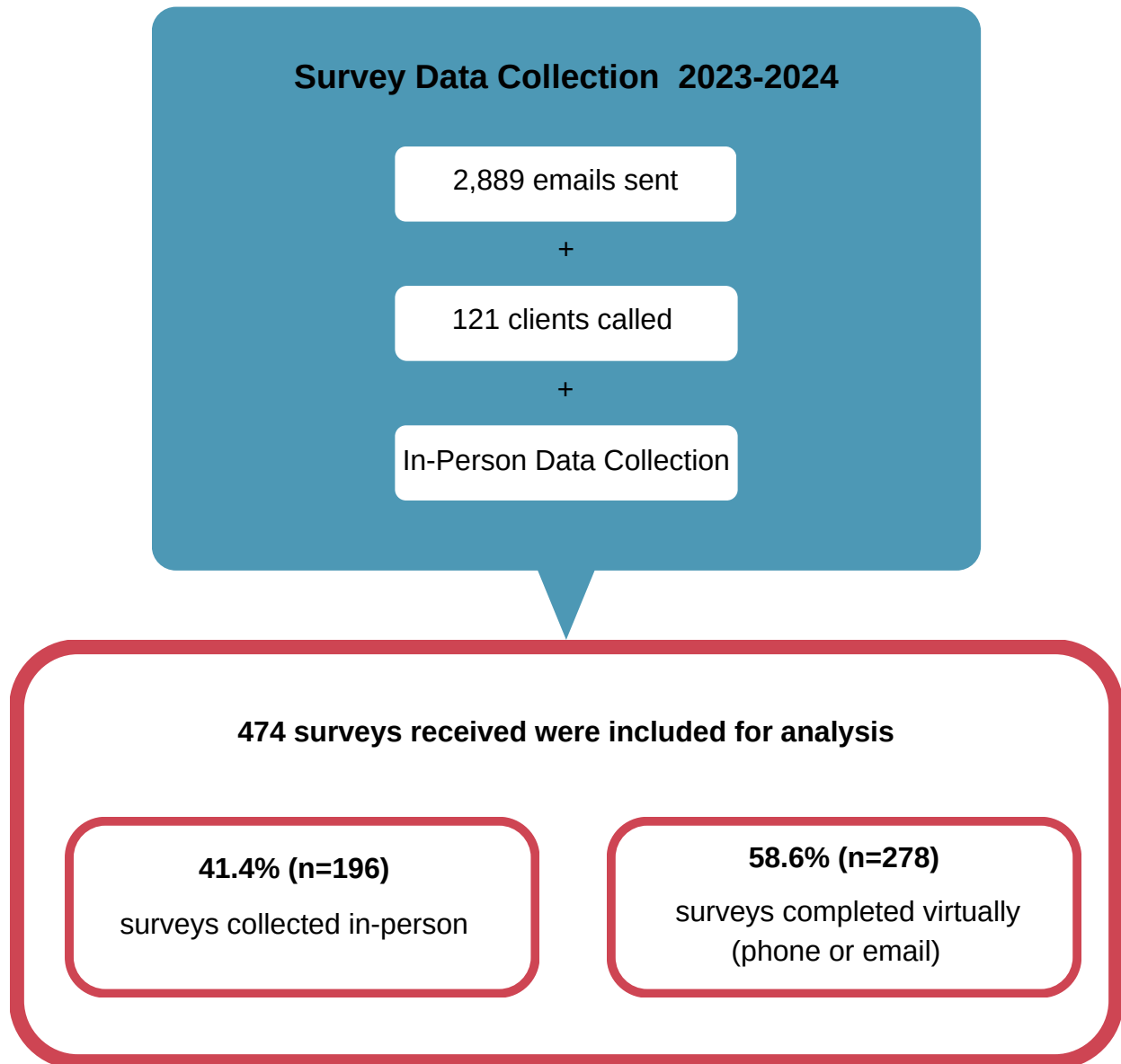


Figure 1. Overview of survey data collection and responses included in data for final analysis.

Findings

This section of the report represents a subset of the Access Alliance client population who access primary care services. In this section we referred to them as patients.

Respondent Demographics

The demographic profile of respondents is compared with the demographics of Access Alliance's clients who visited our service providers in FY2022-2023, to assess the representativeness of the sample. For this report, patients were asked about their gender and year of birth. Furthermore, an interim analysis of respondent demographics was undertaken during the data collection process to monitor and ensure the appropriate representation of the patients as the reference group.

Gender

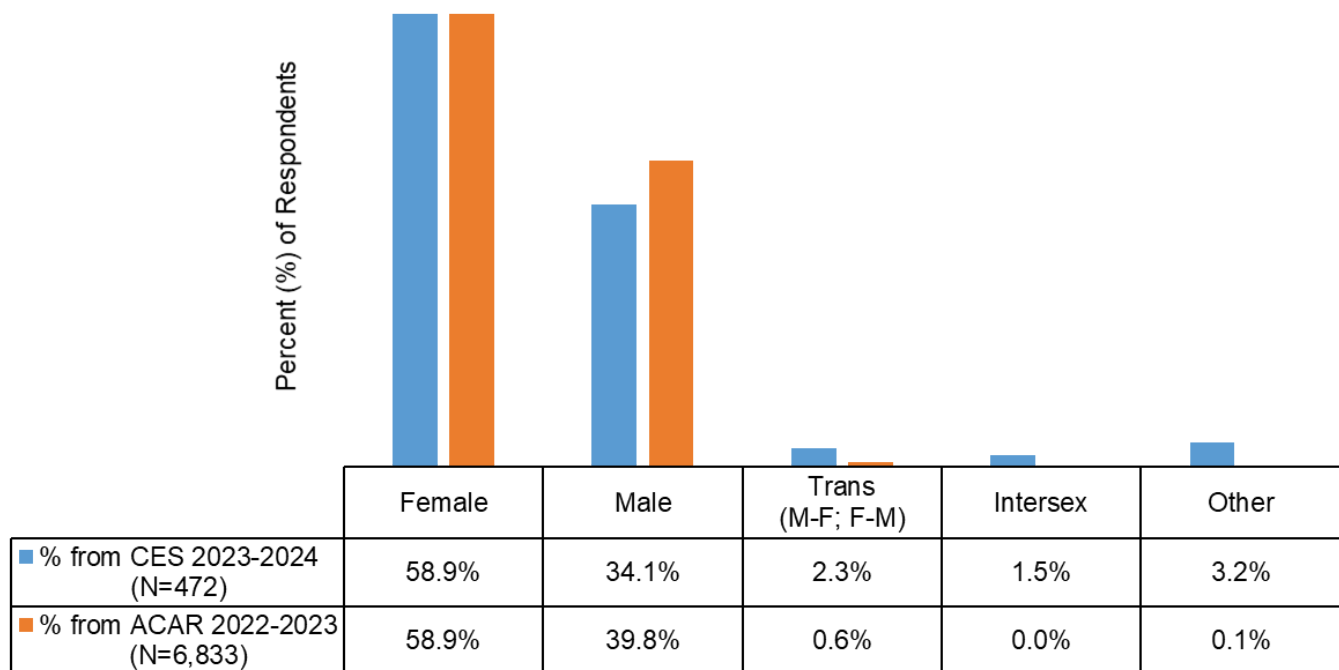


Figure 2. Percentage of patients by gender, comparing the respondents of CES 2023-2024 (N=472) with the overall clients seen in FY2022-23 (N=6,833). For visualization purposes, the gender categories 'Two-Spirit', 'Do not know', 'Prefer not to answer', and 'Other' gender identities, are grouped as 'Other'.

Note: During the data cleaning and coding process two responses were removed due to errors or invalid entries. Therefore, a total of 472 completed responses are used for the analysis of gender prevalence.

Age

The age group of **25-44** years represented the highest percentage (44.5%, n=211) of respondents (Figure 3) in the CES 2022-2023, with the average age of patients being 43.7 years of age.

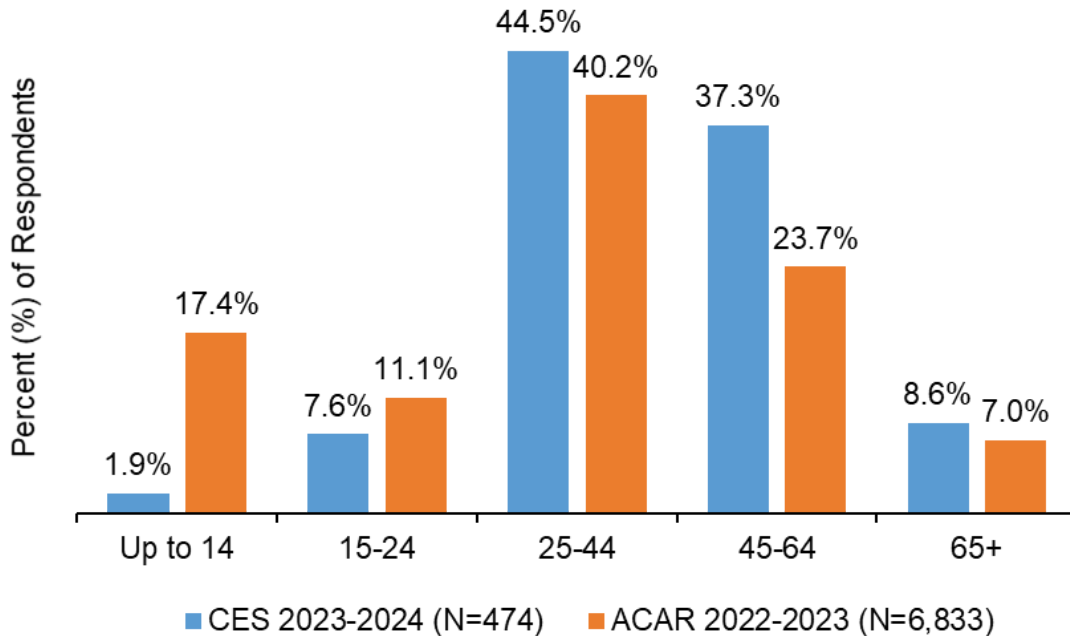


Figure 3. Percentage of patients by age, comparing the CES 2023-2024 respondents (N=474) with the clients seen in the FY2022-2023 (ACAR; N=6,833).

Patients Served by Location

Patients were asked '*at which Access Alliance site they had attended their appointment*', 340 College (n=146), AccessPoint on Danforth (APOD) (n=148), , AccessPoint on Jane (APOJ) (n=171), or Virtual appointment (n=9) (see Figure 4).

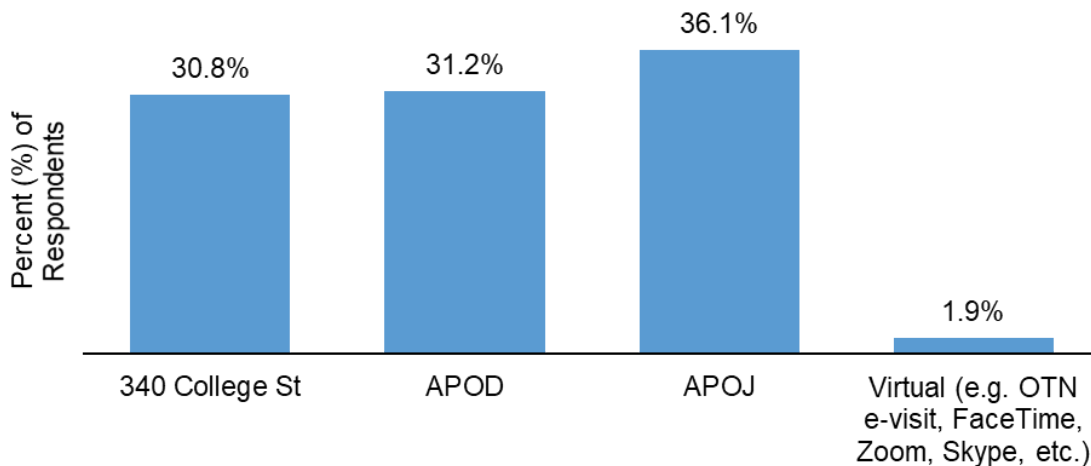


Figure 4. Percentage of patients reporting to the Access Alliance site at which they attended their appointment (N=474).

Satisfaction

Overall satisfaction is determined by asking patients '**Overall, how would you rate the care services you received?**' The respondents reported high satisfaction (excellent/very good/good) across all sites (Table 1).

Total	College	APOD	APOJ	Virtual
97.0% (n=460)	97.3% (n=142)	98.0% (n=145)	95.9% (n=164)	100% (n=9)

Table 1. Distribution of patients' satisfaction ratings across service locations.

As demonstrated in Figure 5, there has been some fluctuation in satisfaction ratings since 2018; however, the satisfaction ratings remain above 90% across the sites.

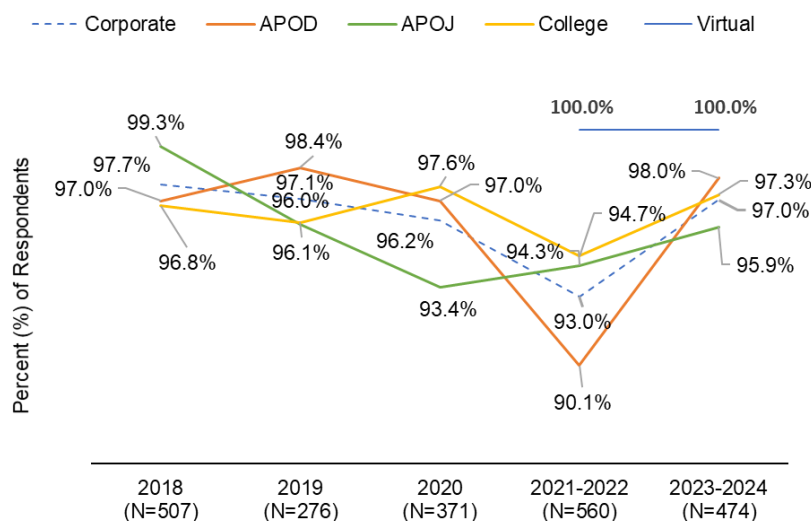


Figure 5. Trend analysis of respondents who indicated they were satisfied with overall care and services received, across sites, FY2018 to FY2023-2024.

When asked '**do you have any suggestions to share with us**', patients expressed a high level of overall satisfaction with Access Alliance across all quality domains of satisfaction, accessibility, equity, patient-centeredness, and client safety. Challenges and issues that were experienced at Access Alliance were also shared, and themes that arose related to each of the quality domains were identified as follows.

- Issues with phone system (e.g. cannot get through, long wait time to speak to speak with someone, calls are dropped, etc.)
- Communication (e.g. appointment change or confirmation).
- Professionalism and service consistency (e.g. ensuring patients see the same providers, administrative staff at reception, general customer service quality, etc.)
- Increase availability and types of service (e.g. hours, urgent appointment/walk-ins, mental health support, nutrition advice, dental care, eye care, etc.)
- Requests for alternate forms of booking appointments (e.g. online)
- More language options for online booking and at clinic (Interpretation service)

Compared to previous years, there is an increase in the percentage of respondents who identified their level of satisfaction as 'excellent' and 'good' in FY2023-2024. Whereas for response for 'poor', 'fair' and 'very good', have decreased from recent years (Figure 6).

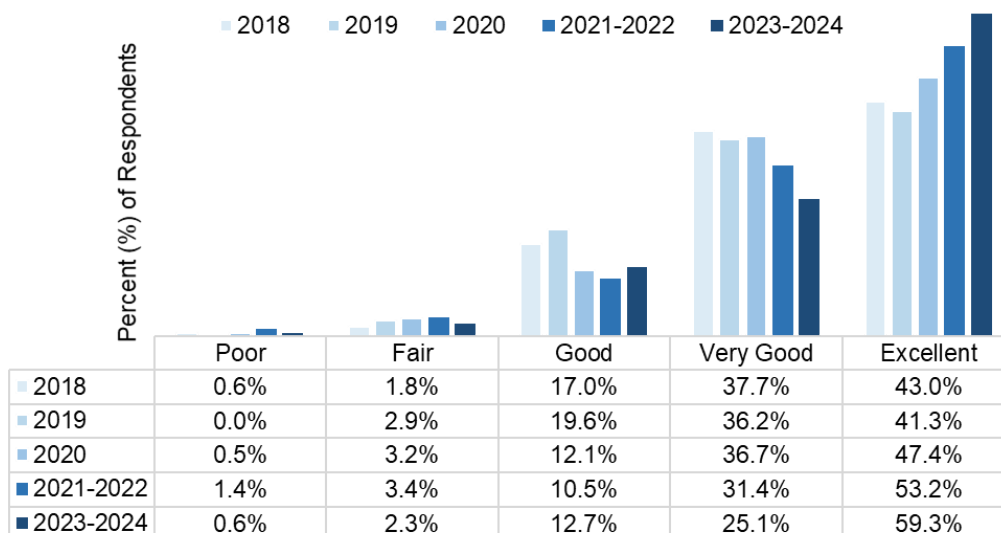


Figure 6. Trend analysis of overall satisfaction: FY2018 to FY2023-2024.

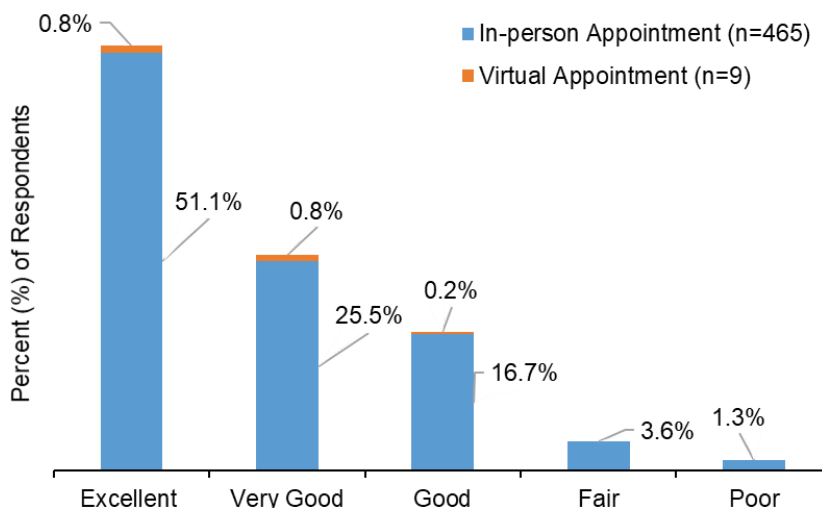


Figure 7. Overall satisfaction in patients receiving in-person and virtual appointments.

Patient responses regarding ***whether they would recommend Access Alliance to friends or family*** also reflects satisfaction with Access Alliance services.

- **97.3% (N=474)** probably or definitely would recommend us to friends or family.

	Satisfied	Not Satisfied
Would Recommend Services	95.6% (n=453)	1.7% (n=8)
Would not Recommend Services	1.5% (n=7)	1.3% (n=6)

Table 2. Crosstabulation of patient satisfaction and patients who would recommend our services (N=474).

Access - Virtual Appointments

In response to the question, **'how did you connect with your provider for this virtual visit'**, 9 patients, out of 474, reported connecting virtually by videoconference, and telephone (Figure 8).

A few patients experienced issues while accessing services virtually, such as instructions to use technology were not clear (n=1), concerns about privacy and security (n=2), unable to explain health issues virtually as well as in person (n=2), and the technology was not working well (n=1). Although patients experienced some issues, they also report *more benefits from having the appointment virtually rather than in-person* (Figure 8).

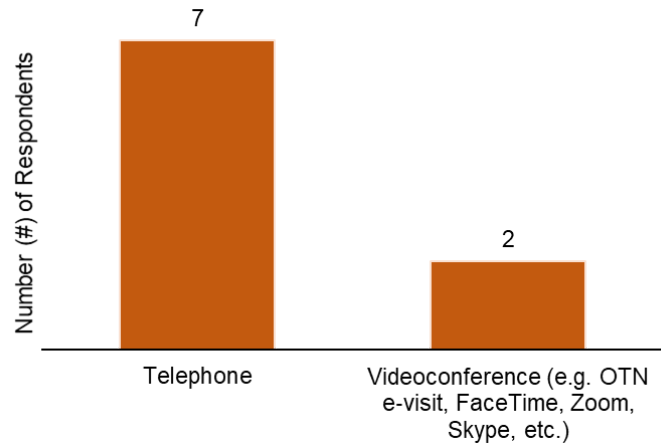


Figure 8. Mode of virtual appointments (n=9).

Overall satisfaction with virtual appointments was determined by asking **'how likely are you to choose to receive care virtually again (where appropriate) when in-person visits are more available'**.

- 66.7% (n=6) indicated they are 'likely' or 'very likely' to choose virtual services again.

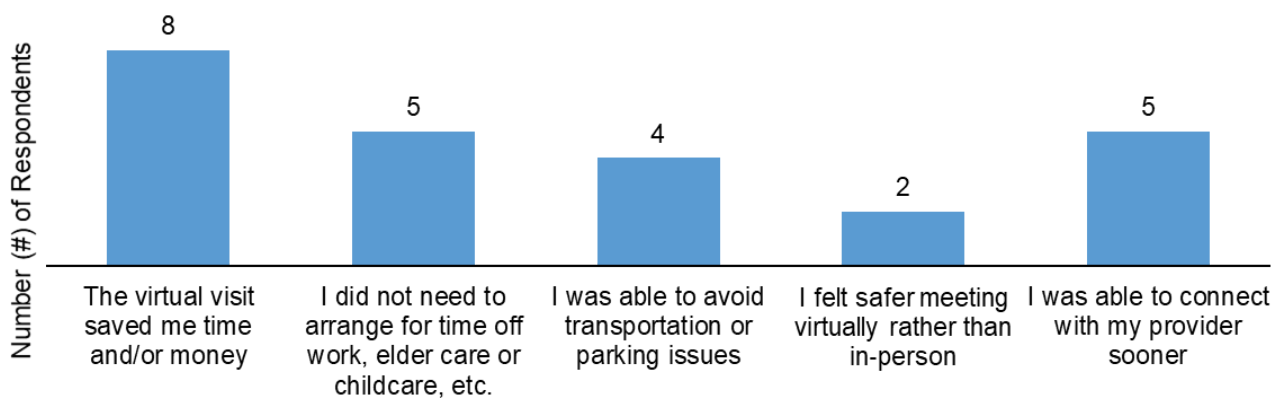


Figure 9. Patient reported benefits of virtual appointments.

Access - In-Person and Virtual Appointments

Among the patients surveyed, several methods to book appointments were identified (Figure 10). When asked '*On a scale of poor to excellent, how would you rate your overall experience while getting this appointment*':

- **95.1% (N=474)** of clients rate the experience as 'excellent', 'very good', and 'good'.

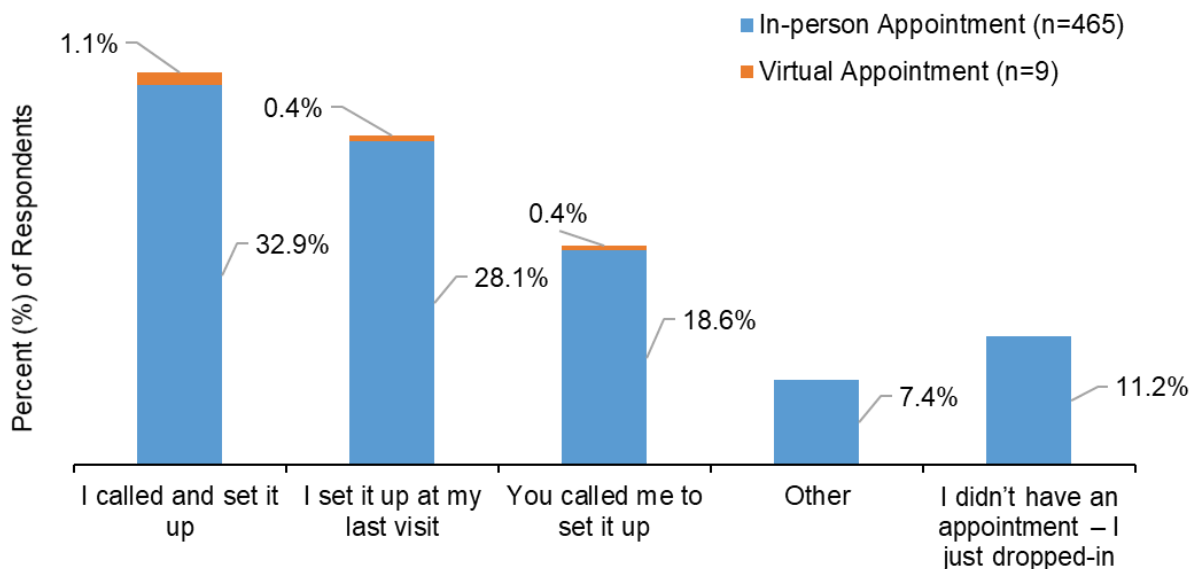


Figure 10. Percent of patient-reported methods of booking appointments.

Note: Drop-in appointments are only available in-person not by virtual modes. Other means of appointment booking methods including 'I went in-person to set it up', 'I set it up via online platform' and 'Appointment initiated by patients/HCPs-unspecified' are grouped under 'Other'.

Access - Timeliness

We asked patients, '*Did you get an appointment on the date you wanted?*'

- **About 83% (N=474)** responded 'yes'.
- Timely access is also evaluated based on patients being able *to see their MD or NP on the same or next day*, where **35.9% (n=170)** reported being able to (Table 3).

Same or Next Day	2-3 Days	4-5 Days	6-7 Days	Total between same day and 7 Days
35.9% (n=170)	5.9% (n=28)	5.9% (n=28)	10.1% (n=48)	57.8% (n=274)

Table 3. Number of days in which patients were able to see or speak with their MD/NP.

The trend analysis indicates that there are comparable percent of respondents who are receiving appointments on the date they wanted from 2018 to 2023-2024 (before and after COVID-19 pandemic) (Figure 11). There is an increase in percentage of patients (by approximately 6.4%) receiving an appointment the same or next day in 2023-2024 compared to previous years 2020 and 2021-2022 (Figure 12). Although we see an increase for the current year, the rating has not yet returned to pre-pandemic level.

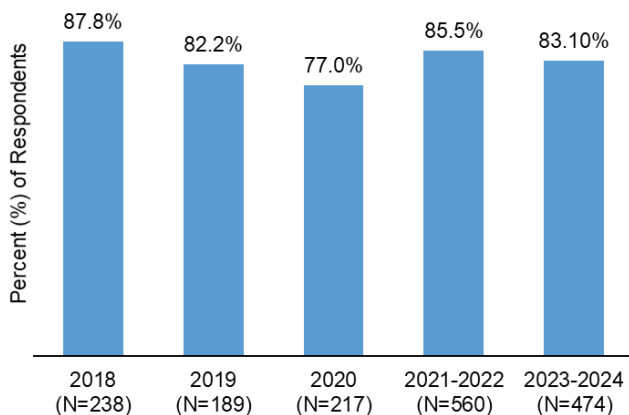


Figure 11. Trend analysis of patients who indicated they got an appointment on the date that they wanted, FY2018 to FY2023-2024.

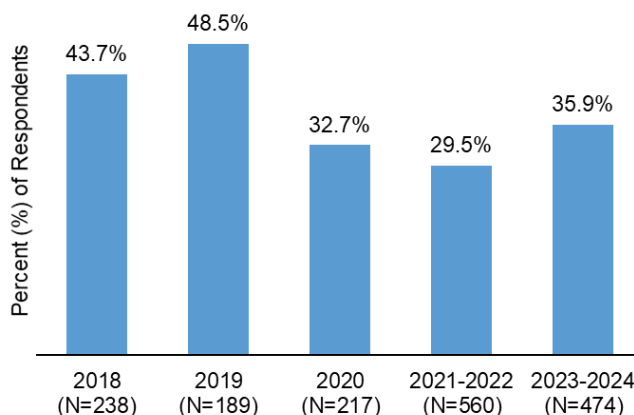


Figure 12. Trend analysis of patients who indicated they got an appointment on the same or next day, FY2018 to FY2023-2024.

Equity

Access Alliance is committed to providing equitable access to programs and services for its patients. To measure equity, we look at a combination of indicators. One indicator is understanding whether patients **'always feel comfortable and welcome at Access Alliance'**:

- **98.3% (N=474) responded 'yes'** (see Figure 13).

We asked those who responded 'no' ***'the reasons why they do not always feel comfortable and welcome at our centre'***. Some report encountering unwelcoming interactions or communications with staff, variable opening hours; and issues with the centre not pick up phone calls.

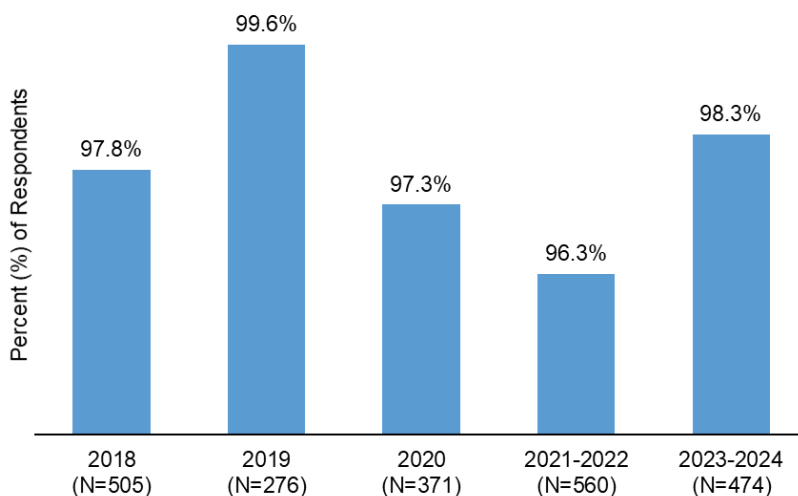


Figure 13. Trend analysis of patients who agreed with the statement *'I always feel comfortable & welcome at Access Alliance'*, from FY2018 to FY2023-2024.

Level of agreement to other indicators related to client equity are identified in Figure 14. Generally this feedback is strong and positive with all indicators above 90%. These findings suggest that Access Alliance is achieving its goal of equitable service provision.

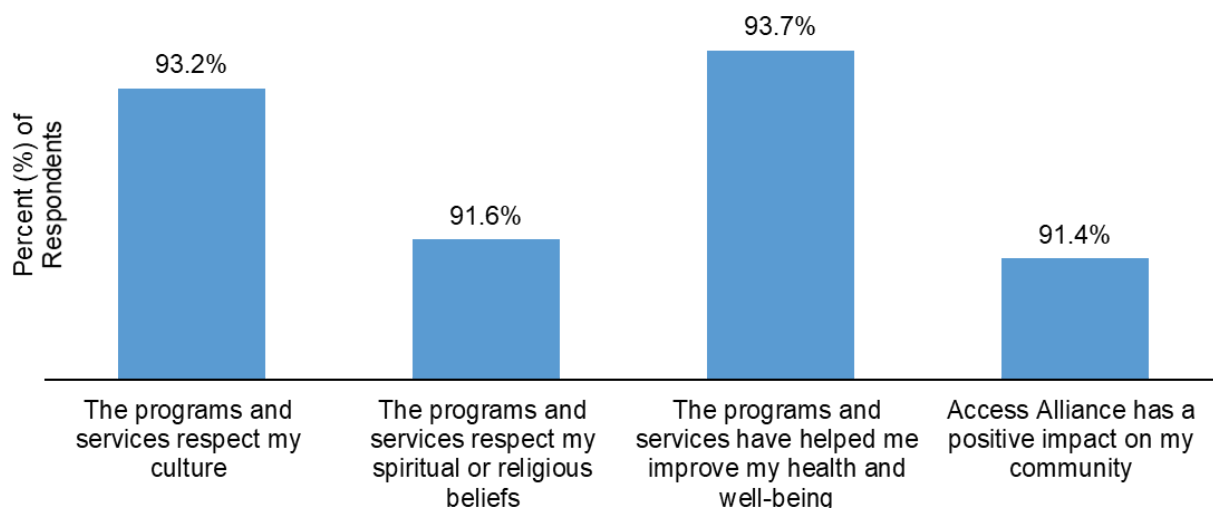


Figure 14. Respondents who agreed or strongly agreed with the above statements (N=474).

Client Safety

To inform on client safety, patients were asked whether they ***'trust that their personal information is being kept confidential'*** and ***'if they know how to make a suggestion or complaint'***. Patients generally 'agreed' or 'strongly agreed' with these statements (Table 4).

Indicators of Client Safety	2023-2024 (N=474)	2021-2022 (N=560)
Trust personal information is kept confidential	95.4% (n=452)	96.4% (n=534)
Know how to make a suggestion or complaint	82.3% (n=390)	77.4% (n=427)

Table 4. Indicators of Client Safety, FY2023-2024 and FY2021-2022, of patients who responded 'agree' or 'strongly agree'.

Through qualitative feedback, many also described Access Alliance as a safe and welcoming environment, where they received quality care, treatment, and support which improved their health and well-being. There were few instances of patients expressing concerns related to patient safety, including reporting incidences where they felt providers were not listening to their concerns, delays in care as they were not able to get through the phone to make an appointment, and issues with the continuity of care and seeing different service providers.

Patient Centeredness

When asked if *'staff treat them (patients) with dignity and respect'*:

- **95.1% (n=451, N=474)** of respondents 'agreed' or 'strongly agreed'

Patients were asked about aspects of their experiences that reflect whether patient-centered care is being delivered by Access Alliance staff (Table 5). Here we understand that there is an increase in the number of patients reporting opportunities to ask questions about their treatment and that their provider spends enough time with them. However, there is a decrease in patients reporting that they are involved in decisions about their care and treatment.

Indicator of Patient Centeredness	2023-2024 (N=474)	2021-2022
Have the opportunity to ask questions about treatment	86.9% (n=412)	83.8% (n=464, N=554)
Involved you as much as you want to be in decisions about your care and treatment	90.3% (n=428)	92.1% (n=498, N=546)
MD/NP spends enough time with them	92.4% (n=438)	90.0% (n=496, N=551)

Table 5. Indicators of Patient Centeredness FY2023-2024, and FY2021-2022. Percent (%) who responded 'always'/'often'.

Conclusion

The 2023-2024 Client Experience Survey continued with an approach which was first implemented as a pilot program in 2021-2022. This featured the implementation of real-time and 14-day recall survey data collection approaches. The survey and sampling methodologies were designed to ensure accessibility and a representative sample of the Access Alliance client population. There are two important considerations to have when reviewing this report: i) the business recovery of the agency resulting from the COVID-19 pandemic and ii) the methodology of data collection.

Due to the lingering effects of the pandemic, the delivery and service provision of our primary care services were impacted. This included a shift to virtual modes (or a hybrid mode) for appointments, access to the digital platform, and an unintended delay in the services respecting some measures taken to ensure the safety of all who attend Access Alliance. The global pandemic impacted our survey process as well through the incorporation of virtual / low-touch surveying methods, resulting in the addition of implementing a 14-day recall data collection approach (modified from the 7-day recall approach) along with in-person data collection methods when appropriate. Our sample selection by convenience technique was replaced by a census opt-in convenience sampling technique. Despite these challenges, the team ensured a representative sample of the client population of Access Alliance.

Overall, the findings discussed indicators of satisfaction, accessibility, equity, client safety, and patient-centeredness continue to remain strong. Clients also report accessible virtual care with benefits as compared to in-person service. These findings validate Access Alliance as a proven trustworthy agency that can effectively and efficiently serve in hybrid models of care. The qualitative feedback provided by clients, supports the findings and also gives insight into areas for improvement.

Access Alliance will maintain and sustain current practices to ensure the quality of programs and services and, through consultation with relevant departments and teams, utilize the findings from this report as a learning opportunity that will contribute to Access Alliance's continuous service and program improvement goals.

Recommendations

Based on the responses, feedback, and suggestions collected in the Client Experience Survey 2023-2024, the following recommendations are presented.

- Generally, maintain and sustain effective practices of service provision.
 - For example, respecting cultural differences, respecting individual needs and preferences, explaining care and treatment plans, ensuring clients understand various options for their care and treatment plans, including patients in decisions about their care and treatment plans, offering several modes of service provision, etc.
- Increase the responsiveness to phone calls from patients for appointment booking and inquiries.
- Increase client capacity to leverage Oceans (online booking platform) for appointment booking.
- Improve timely access to care for ongoing primary care and more urgent needs.
- Improve communication and patient inclusiveness by ensuring the use of language supports in different communication channels (e.g. appointment booking) and service delivery.
- Provide additional health-related information to patients with individual needs and increase their accessibility to healthcare within the community in a more holistic approach.
 - For example, specialist referrals (as appropriate), information on available medical supports or assistance, information on how to access urgent/emergent care, and resources such as education programs on chronic disease management.

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Appendix

Situation Statement: COVID-19 Context

Due to the continuing effects of the COVID-19 situation, Access Alliance shifted from only offering in-person (high-touch) collection of client experience data to including a virtual (low-touch) approach. This will maintain the Continuous Quality Improvement commitment of the agency as well as ensure the health and safety of clients, staff, and volunteers. This survey process and tools were designed to capture objective information on client experiences with programs and services.

Implementation

Survey content: The survey tool includes reportable indicators consistent with other CHCs and OHTs (satisfaction, accessibility, client-centredness, equity, anti-oppression, and effectiveness). It also contains an embedded informed consent statement that mentions provisions around voluntary participation, anonymity, confidentiality, and the intended use of aggregated data.

Real-Time Data Collection: To gather client feedback immediately after receiving care without any recall bias, in-person data collection allowed for clients to provide their feedback without delay. With the email and phone-based modes, the ability to ensure the 'real-time' (immediately after a client has received care from the medical team) aspect of data collection is limited. Therefore in 2021-2022, for the email and phone modes, we have implemented the 'Seven-day recall'¹ method for data collection. This methodology has been revised for CES 2023-2024 due to the challenges we encountered in our previous iterations of the project implementation based on experience and feedback from staff and clients. Feedback received from respondents indicated that they were overwhelmed by the survey communication when delivered weekly as they had already responded to the survey previously. Additionally, the 'Seven-day recall' method via email or phone-based modes was labor-intensive for the project team to conduct with limited available resources. Therefore, the data collection methodology was adjusted by extending the recall duration to 14 days instead of the 7-day recall.

[1] The seven-day recall method is commonly used in patient self-reporting such as dietary or physical activity tracking, disease or illness symptom tracking, and outcome measures. Studies validating various tools at varying recall durations demonstrate that the 7-day recall method produces information comparable to shorter recall periods or daily real-time tracking with limited recall bias (Bennett et al., 2011, Cella et al., 2010, Hernández-Cordero et al., 2016, Waller et al., 2016).

Appendix

Accessibility: To address language barriers, the English survey tool was translated into Portuguese, Spanish, Arabic, Farsi, and Tigrinya, which reflect some of the top languages spoken by Access Alliance clients (Access Alliance, 2023). To respond to language barriers during in-person and telephone data collection, Access Alliance Language Services Remote Interpretation Network (RIO) was offered when appropriate.

Web-based surveys can enable the use of accessibility features for those with visual, physical, and/or motor skill impairments, making web-based surveys more accessible than the traditional paper-based format. Survey Monkey was used for survey data collection because it offers survey templates that are compliant with global technical guidelines for web accessibility, and that can be used in conjunction with screen magnifiers, screen readers, and voice command and control software (Survey Monkey, n.d.)

Project team: The process is led by the Access Alliance Research & Evaluation Coordinator and the Project Coordinator, supported by volunteers. The Director of Organizational Knowledge & Learning oversees the activities to monitor data flow and quality.

Survey Approach and Sampling

In the previous fiscal year (April 1, 2022 to March 31, 2023) primary care providers (MD/NP) have seen 4,939 clients (Access Alliance, 2023). The Canadian Centre for Accreditation standards requires over 2% (70) of clients to be surveyed. Our focus, however, is not on the minimum sample size but also the representation of clients and power of data are of paramount importance. As such, we implemented convenience sampling to collect a target of 400 completed surveys from clients who have accessed primary care (MD/NP) services at Access Alliance.

Appendix

Modes of Continuous Data Collection

The tool is formatted using secure Survey Monkey software and administered using electronic tablets (iPads), email-based or phone-based collection. Volunteers were recruited to support in-person survey data collection.

Mode-1: In-person virtual data collection: Clients will be provided iPads after their visit with a Primary Care Provider (MD/NP). Each location has its own designated iPad for CES data collection only. The survey will be pre-set on the iPad for the client to complete. Alternatively, clients can have access to the survey using their mobile devices via a designated QR code. Neither the iPads nor the survey platform are connected to our electronic medical record system.

Mode-2a: Email-based survey: For clients who attend services in-person or virtually, a follow-up email is sent to the client asking them to complete the survey through the provided SurveyMonkey link. The sampling frame will include clients who attended services and have an email address recorded in Access Alliance's database. Each are sent a personalized email with the survey link, which they could access to complete the survey at home on their own time.

Note for both modes: SurveyMonkey software has some associated pros and cons:

- Pros: (i) SurveyMonkey is web accessibility compliant; (ii) the survey can be programmed to require responses and response types, increasing the potential for high-quality data; (iii) the automatic capture of data in the Survey Monkey database improves the efficiency of the data collection process, and removes data entry error.
- Cons: As a US-based software, there are associated privacy concerns with using SurveyMonkey; however, we are not collecting any personal health information.

Mode-2b: Phone-based survey: For clients who attend services in-person or virtually and do not have an email address, they will receive the CES request by phone.

To avoid duplication of responses whether in-person or by virtual modes, those who have completed the CES previously in the data collection period should not complete the CES again. Due to anonymous responses, determining duplicates is difficult. In anticipation of this issue:

- For clients in-person or by phone, they were screened by being asked if they have previously completed this feedback survey.
- In the email to clients, there is a note to only complete the survey once.

Appendix

Methods for Modes 2a and 2b

On a bi-weekly basis, the Data Management Coordinator conducted a data pull of clients who attended appointments (in-person or virtually) with Primary Care Providers (MD/NP) in the previous two-week period. An excel file serving as the database was used to track the email blasts and phone calls made to clients.

- **Email:** Clients with email addresses were sent a standardized email asking them to complete the CES for their most recent visit within the last two weeks.
 - The email will be sent from the SurveyMonkey collector of the CES English version. It has a brief message outlining why we are emailing and asking them to reply to research@accessalliance.ca or call 416-324-8677 x3232 if they would like a phone call instead. The same message is also shown in the translated languages where they are directed to click the associated link for completing the survey in their preferred language.
 - The links in the email will be updated for each email blast to allow for the collectors to close automatically after one week from the initial invitation.

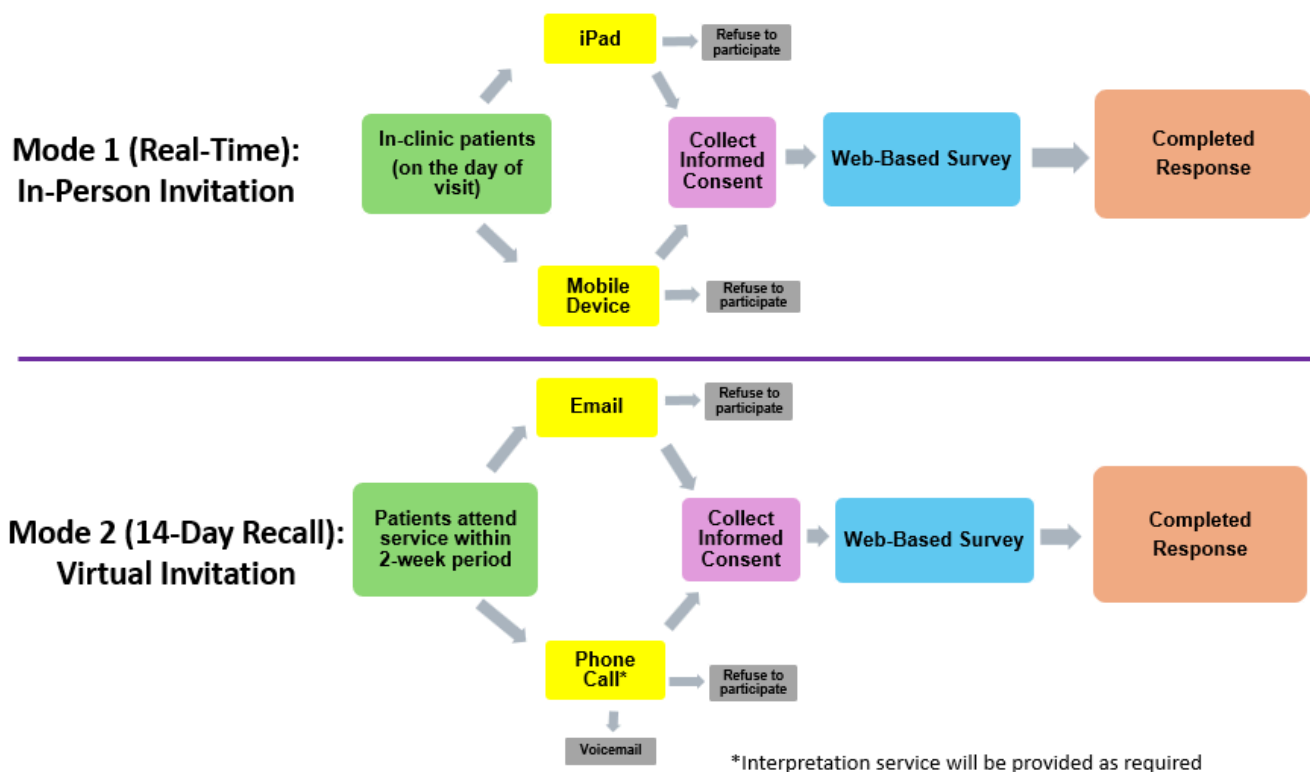
- **Phone:** Clients who only have phone numbers and no listed email, will be contacted by phone and offered verbal administration of the informed consent and CES over the phone or to be emailed the CES. The number of clients phoned was dependent on project team availability.
 - Clients requesting a phone call from the Survey Monkey email blast will receive a call back to be verbally administered the survey.
 - For phone calls, the trained project coordinator will make an initial call to collect data. A callback can be arranged with the client. A maximum of two contact attempts were conducted, one initial call and one follow-up call to clients who did not answer the first call (if time permits or if the client requests a call back).

Appendix

Selection Criteria for CES:

1. Patients who have attend on-going primary care service at Access Alliance with an MD/NP.
2. Patients who attend appointments at clinic sites at College, AccessPoint on Danforth (APOD), AccessPoint on Jane (APOJ), or by virtual or remote methods.
3. Patients who give consent to take the survey.
 - a. Patients 13 years of age or older. For those under, 13 parental/guardian consent is required or the parent/guardian can complete it on behalf or with the child.

Data Collection Process



Appendix

Quality Assurance: We monitored quality continuously over the course of data collection with regards to response rate, and to ensure data collected is proportionate to our overall primary care client population. An interim analysis of respondent demographics and location was conducted to identify client groups that are underrepresented. Targeted data collection occurred to increase the representation of particular client groups as required.

Volunteers were Trained on: (i) how to approach clients, including how to explain confidentiality and privacy (within an anti-oppressive framework), (ii) how to ask difficult and sensitive questions (e.g. gender), and (iii) how to offer language interpretation support over the phone through Remote-Interpretation-Ontario (RIO). TC LHIN Measuring Health Equity Initiative resources around asking difficult questions were used as part of the training. Volunteers also receive guidance on how to avoid introducing bias. On-going support was provided to volunteers throughout data collection.

Respondent incentive: To improve the response rate, a chance to enter into a draw to win one of 10, \$25 grocery gift cards, was offered upon completion of the survey. Participating respondents were asked to provide either their email address or phone number to be entered in the draw. The entries are only used for the purpose of the draw and to track survey completion and are in no way used to identify individual responses or feedback.