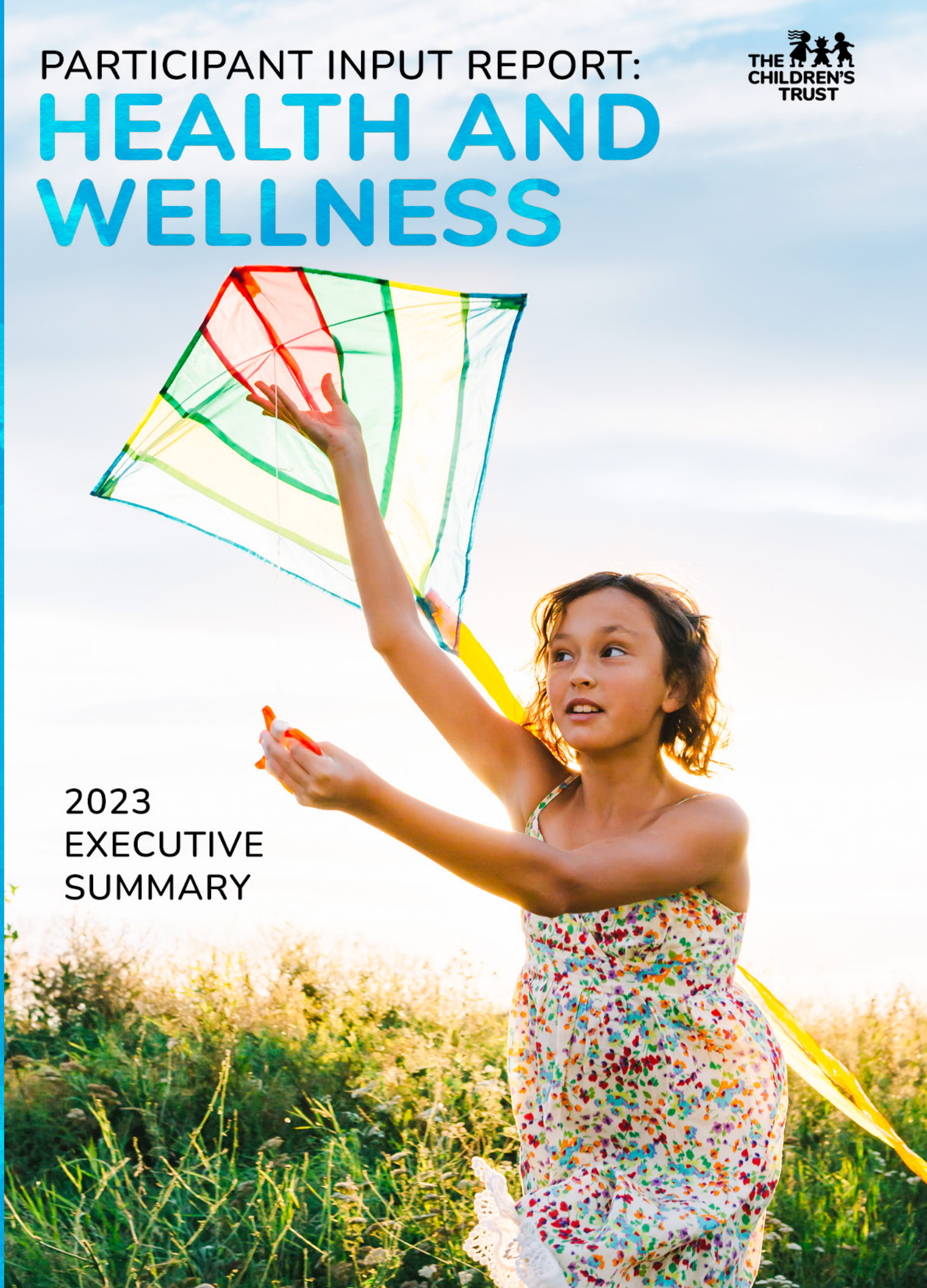
PARTICIPANT INPUT REPORT:

HEALTH AND WELLNESS

THE CHILDREN'S TRUST



2023
EXECUTIVE
SUMMARY

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PROJECT SUMMARY

The mission of The Children's Trust (The Trust) is to partner with the community to plan, advocate for, and fund strategic investments through community partnerships. This work strives to improve the lives of children and families in Florida's Miami-Dade County. The Trust's health and wellness investments include nearly $21 million annually in support of multiple strategies: school-based health, vision follow-up services, oral health training and preventive services, food and nutrition services, benefits enrollment, and injury prevention education. A child's health and wellness significantly impact learning, behavior and overall quality of life. The Trust's strategies take into consideration the powerful influence of social determinants and the interdependent nature of health, wellbeing and education. Trust investments aim to increase access to services for all children, including those who lack health resources and are underinsured or uninsured. Together with Miami-Dade County Public Schools and the Florida Department of Health in Miami-Dade, The Trust has invested significantly in school-based health services since 2006, with an annual investment of more than $16 million. This currently funds six healthcare agencies that deliver school-based nursing, social work, and mental health services in about half of all public elementary, K-8, middle and senior high schools (145 sites with nearly 108,000 students in the 2021-22 school year).

The Trust has partnered with Q-Q Research Consultants (QQRC), a consulting firm located in Miami-Dade County, to conduct research and evaluation services that inform The Trust's ongoing work. The objectives of this research are to 1) assess the needs and interests of potential program participants to inform planning for future investments and 2) incorporate input from current service recipients to support providers' continuous learning and quality improvement. The research activities described in this report focus on school-based health services as well as topics related to general child and youth health.

This Executive Summary report highlights findings from a community parent survey. Focus groups with parents and youth are in progress at the time of writing this report. As a result, focus group findings are not included. In addition to gauging on-average attitudes and experiences through the survey, this report also draws comparisons across different populations (i.e., by race/ethnicity, income level, and neighborhood of residence) to explore whether different facets of the community have different experiences and needs. Details on the methods and samples are provided in the appendix.

FINDINGS

Primary Care and Insurance Coverage

Do respondents' children have a personal doctor or nurse?

Through the survey, parents of children of all ages were asked whether their child had a personal doctor or nurse. This was defined as a health professional who knows the child well and is familiar with their health history, such as a general doctor, pediatrician, specialist, nurse, or physician assistant. Respondents with young children, from birth to preschool age, were most likely to say that their child had a personal doctor or nurse (see Figure 1). This dropped substantially from preschool to elementary school, where over a third of parents said that their child did not have a personal doctor or nurse.

- At infant to elementary age levels, respondents with a household income below $75,000 were less likely to have a personal doctor or nurse, as compared to those earning above $75,000.
- At the infant to preschool age level, residents of the Far South and Northeast were less likely to report having a personal doctor or nurse for their child.

- At the elementary school age level, White non-Hispanic respondents were least likely to have a personal doctor or nurse for their child, followed by Hispanics/Latinos.

Figure 1: The majority of respondents across all ages indicated their child had a personal doctor or nurse, however there was a substantial drop between preschool age and elementary school age.

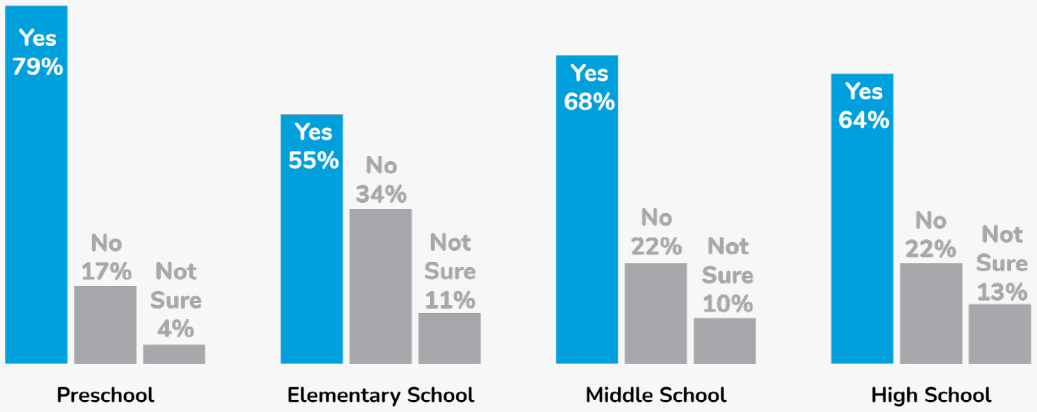
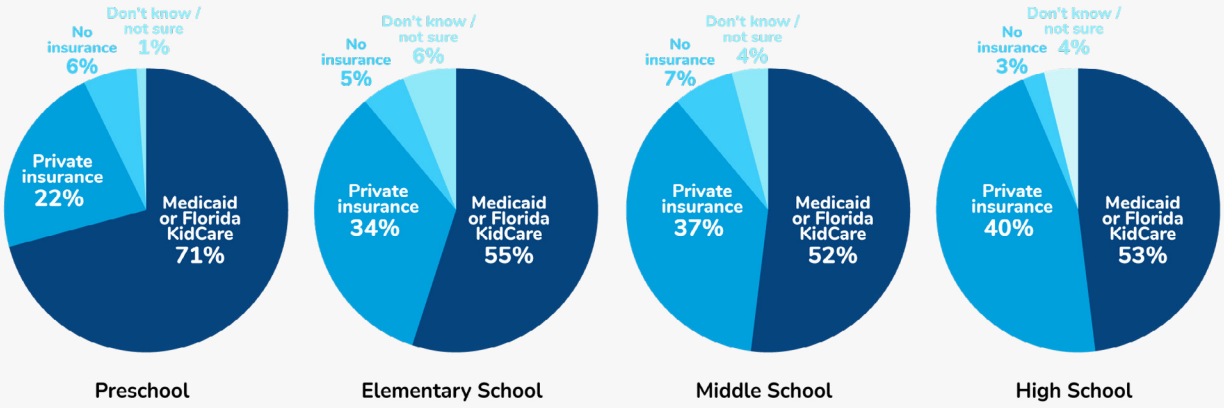


Figure 2: The majority of respondents reported Medicaid or Florida Kidcare as the primary insurance coverage for children across all age groups.



Are the children of responding parents covered by health insurance? What sort of health insurance do they have?

The survey asked parents of children in all age groups what sort of health insurance the child had (see Figure 2). Between 3% and 7% of respondents said that the child had no health insurance, and a further 1% to 6% were unsure. Use of Medicare/KidCare was most common among parents of young children in the infant to preschool bracket, with this dropping to just over half for other age groups. Use of private insurance increases with age.

- Across age levels, lower-income respondents were more likely to use Medicaid or Florida KidCare rather than private insurance.
- At the infant to preschool age level, non-White groups were in general more likely to use Medicaid or Florida KidCare. By elementary school, the rate for Hispanics was similar to that of White respondents, although Black/African American respondents still used them at a higher rate.
- At the infant to preschool age level, children in the Far South and Northeast were more likely to be covered by Medicaid or Florida KidCare.

School-Based Health Services

Do children's schools have a nurse or other health professional?

The survey asked parents of elementary, middle, and high school students whether their child's school has a nurse or other health professional on site (see Figure 3 on next page). Availability of a health professional was lowest at the high school level. Nearly three-quarters of elementary and middle school parents reported that there was a nurse or other health professional at the child's school, and this dropped substantially for the high school group, where just over half said that there was a health professional on site.

Also of interest is that a substantial proportion of respondents (between 15% and 19%) were unsure whether a nurse or health professional was available at the school, pointing to some room for awareness raising as to the health services available in schools.

- The lowest income bracket was less likely to report having a nurse in their elementary school.
- Across age groups, Hispanic and Black/ African American respondents were also less likely to report having a nurse in their child's school.

How often do children use school-based health services?

Through the survey, parents of elementary, middle, and high school aged children who said their child's school had a nurse or other health professional on site were asked how often their child uses school-based health services. Elementary school students were more likely to use these services on a regular basis (either daily, weekly, or monthly) as compared to other age groups. Across ages, the most selected response was "a few times per year."

- At the elementary school level, White and Haitian respondents reported that their child used school-based health services more frequently (i.e., daily or weekly).
- Lower-income respondents were generally more likely to say that their child never uses school-based health services.
- Residents of the Far South were also more likely to say that their elementary or middle school child never uses school-based health services. In the high school age group, this was also true for residents of the Northwest and Kendall/Near South.

Figure 3: Most respondents confirmed there was a health professional on-site at their child's school, however, almost 30% of high school parents responded that there was not.

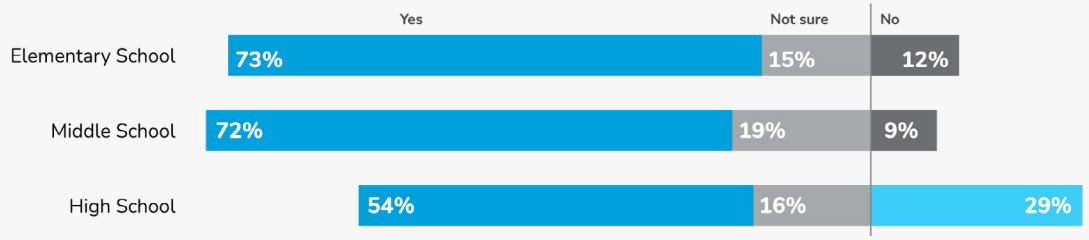
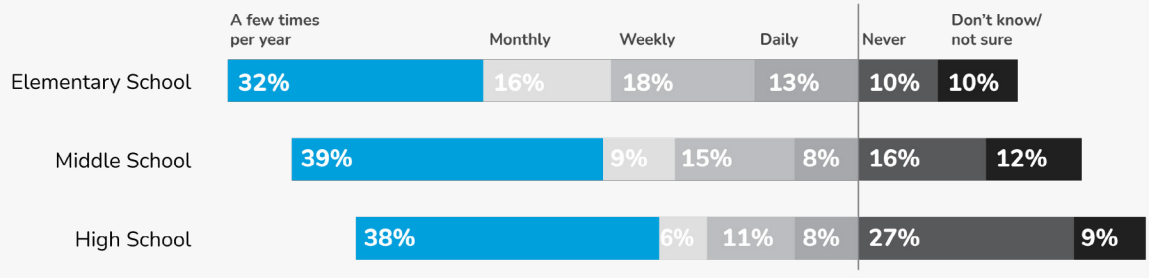


Figure 4: Parents reporting school-based health services were available most frequently said their child used them a few times per year.



How satisfied are parents with school-based health services?

The survey asked parents who reported that their child had used school-based health services about their satisfaction (see Figure 5). Across age groups, satisfaction was strong, with just two to four percent disagreeing that they were satisfied with these services.

- In the elementary age group, residents of the Far South were less likely to strongly agree that they were satisfied with school-based health services.

How do parents feel school-based health services can be improved?

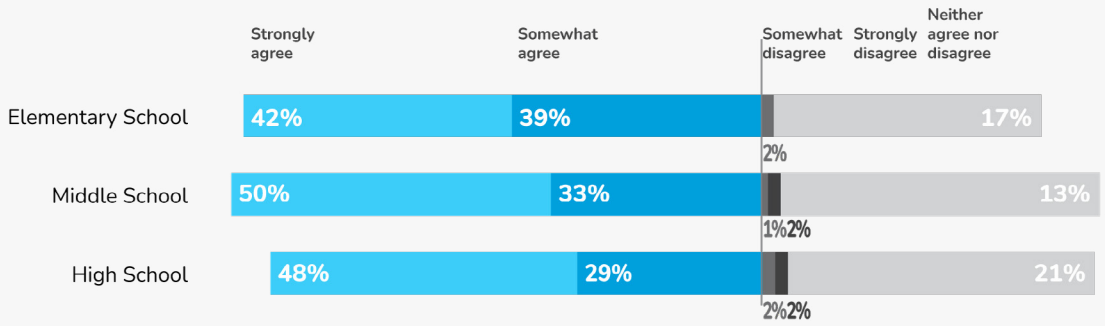
Those respondents who reported feeling dissatisfied with school-based health services were asked how they felt that services could be improved through an open-ended question. There were no clear patterns among the limited recommendations provided. At the elementary level, some recommendations included improving services for special needs students and those with disabilities. At the middle school level, several answers focused on the limited nature of health services available in schools and a corresponding need for more complete offerings.

How likely are parents to accept using telehealth or telemedicine methods in school?

The parent survey explored how likely parents would be to allow their child to use telehealth or telemedicine methods at school (see Figure 6 on next page). Most respondents said that they were either *very* or *somewhat likely* to use these services. The most selected response for all grade levels was *somewhat likely* while less than 40% of parents selected *very likely*. The percent saying that they were *unlikely* to allow telehealth methods reached 21% at the high school level.

Thus, there is some hesitation when it comes to telehealth methods in school, suggesting that some parents prefer health services to have a physical presence.

Figure 5: Most parents whose child had used school-based health services 'strongly agreed' or 'somewhat agreed' that they were satisfied with the services.



- In the elementary school age group, White respondents had generally more favorable attitudes toward the use of telehealth methods. About 15% of Black/African American and Hispanic/Latino respondents said they were *unlikely* to allow their child to use telehealth. This difference is less clear at higher grade levels. For the high school age group, Black/African American respondents selected *very likely* at a higher rate than other groups.
- Among elementary school parents, the lowest income bracket was least likely to have positive views of telehealth. Over 20% said that they were *unlikely* to allow their child to use telehealth.

How likely are parents to accept using mobile health units at school?

The survey explored how likely parents would be to allow their child to use mobile health units at school (see Figure 7). Mobile health units travel from school to school, allowing for greater coverage and face-to-face contact, but without having a full-time presence on the school site. Attitudes toward the use of these services largely mirrored those toward telehealth services.

The most selected response was *somewhat likely*. Although the *somewhat likely* and *very likely* respondents represented 73% to 83% of parents, nonetheless a substantial proportion said that they were either unlikely to use these services or were uncertain (17% - 27%).

Figure 6: Most parents were very likely or somewhat likely to allow their child to use telehealth services. However, over 20% of high school parents said they were 'not likely' to use telehealth services.

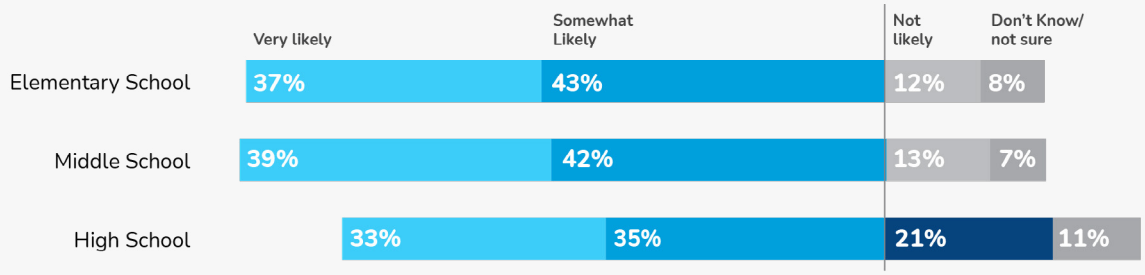
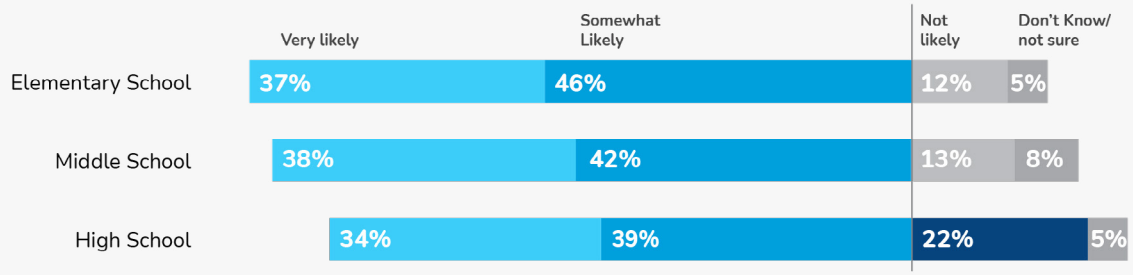


Figure 7: Most parents were very likely or somewhat likely to allow their child to use mobile health units at school. However, over 20% of high school parents said they were 'not likely' to use mobile health services.



- At the elementary level, more non-White respondents said that they were unlikely to use mobile health units.
- At the elementary level, more lower-income respondents said that they were unlikely to use mobile health units. This reverses, however, for parents of middle school students, where lower-income respondents said they were very likely to use such services.

What school-based health services do parents feel are most important to support their children's health and well-being?

The survey addressed how interested parents were in specific school health services. For each service, respondents were asked to indicate whether it was something they thought a school must have, something nice for a school to have, or something they were not interested in (see Figures 8a-8c on next page).

Across age groups, the most prioritized school-based health services were: 1) first aid care; 2) medical evaluation (to see if the child needs to go home, etc.); 3) emotional, behavioral, and mental health screenings, as well as counselling when needed; and 4) support for children with disabilities or chronic health conditions. While these were the most selected services, even the least prioritized services were selected by about a third of parents. Also worth noting is that the proportion of parents prioritizing both mental health and support for children with disabilities increases somewhat with age.

- At the elementary to middle school age levels, White respondents were less likely to prioritize first aid and medical evaluation for illness as compared to other groups. Lower income parents of children in these age groups were more likely to say that medical evaluation for illness was a must have.
- At the elementary level, Hispanic/Latino respondents were less likely to prioritize immunization support as compared to other groups. At the high school level, White respondents were most likely to prioritize immunization.
- For the elementary school age bracket, Hispanic/Latino and Black/African American parents were more likely to say that mental health and counseling was a must have. Similarly, at high school, Hispanic/Latino parents were more likely to prioritize mental health and counseling.
- At the elementary school age level, Hispanic/Latino respondents were more likely to prioritize supports for children with disabilities or chronic health conditions.
- Among parents of middle school age children, the lowest income bracket was more likely to prioritize pregnancy testing and counseling.

Figure 8a: First aid care, medical evaluation for illness, and supports for children with disabilities and chronic conditions were the top 'must haves' for elementary school health services.

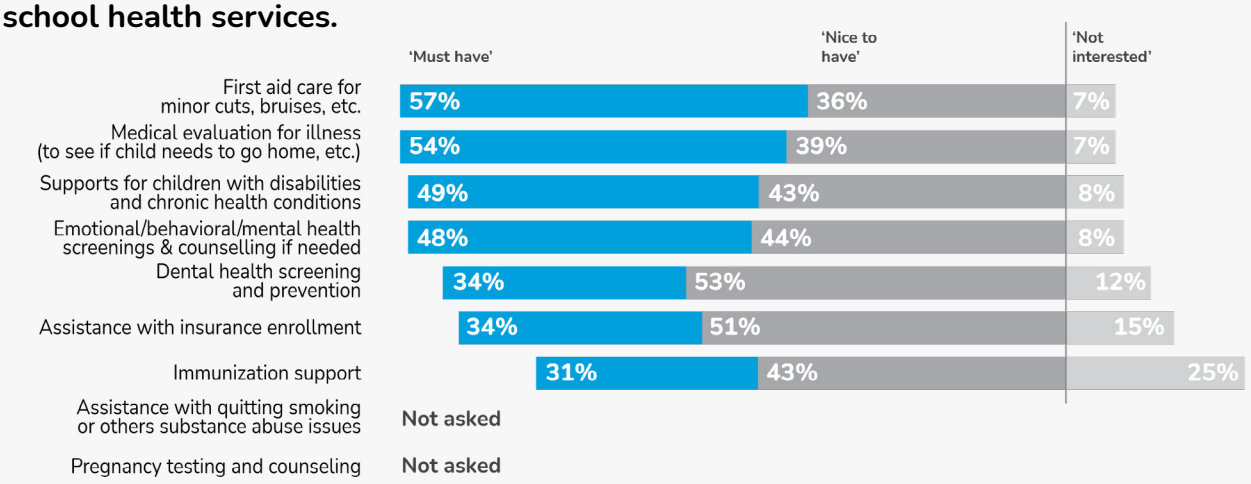


Figure 8b: First aid care, medical evaluation for illness, and supports for children with disabilities and chronic conditions were the top 'must haves' for middle school health services.

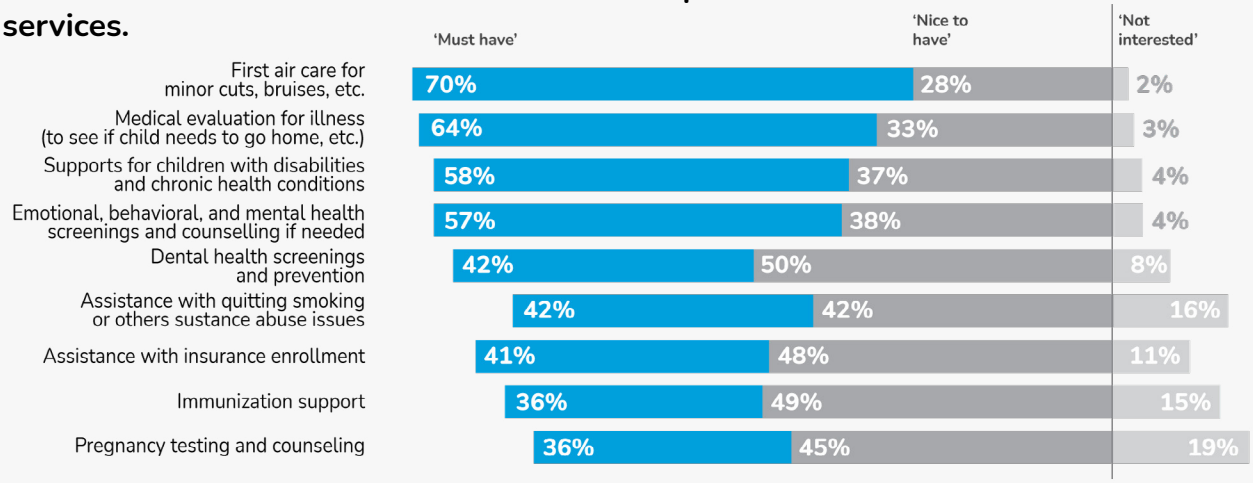
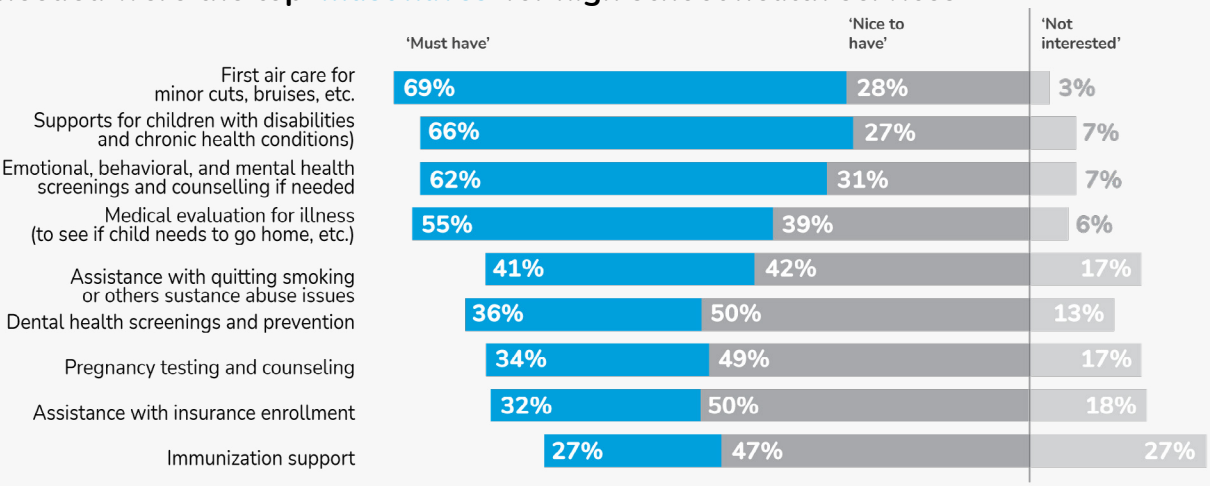


Figure 8c: First aid care; supports for children with disabilities and chronic conditions; and emotional, behavioral, and mental health services with counseling if needed were the top 'must haves' for high school health services.



Developmental Screenings and Early Intervention

Are preschool age children receiving regular developmental screenings? Who does these screenings?

Through the survey, parents of infants and young children through preschool age were asked whether their child received regular developmental screenings to check how they are growing and if they meet important milestones in how they play, learn, speak, behave, and move. Of these, 88% said that their child had received screenings, 7% said that they had not, and 5% reported that they were not sure. Haitian respondents were more likely to be unsure as to whether their child was receiving developmental screenings.

of young children received regular developmental screenings.

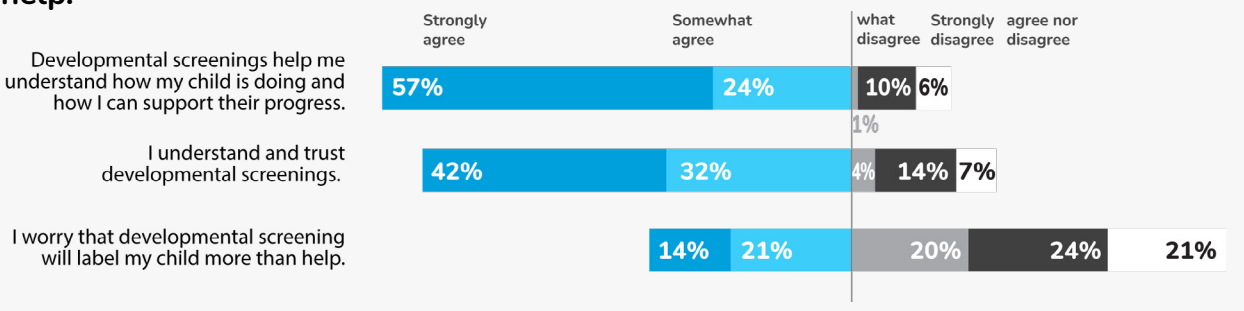
Parents who reported that their child received developmental screenings were also asked who conducts them, with respondents allowed to select multiple options from a list. By a wide margin, the most common response was a pediatrician or health care provider (about 79%), followed by the child's early childcare provider (about 36%). Relatively few respondents selected other options.

How do responding parents feel about the use of developmental screenings?

The parent survey also examined attitudes toward developmental screenings (see Figure 9). Responding parents of infants and young children were asked to what extent they 1) understood and trusted such screenings; 2) worried that screenings will label their child more than help; and 3) whether screenings helped them understand how their child is doing and support their progress.

Although most respondents agreed that they understood and trusted developmental screenings, about a quarter either disagreed or neither agreed not disagreed, indicating room to improve public understanding and trust in this area. Importantly, over a third of respondents expressed concern that developmental screenings might label their child more than help. Such views may prevent parents from requesting screenings or may affect their willingness to use the resulting information or recommended early interventions. Despite this, a strong majority expressed that these services help them understand how their child is doing and how to support them.

Figure 9: Most parents strongly agreed that developmental screenings are useful and trustworthy, yet 35% still worry that screenings will label their child more than help.

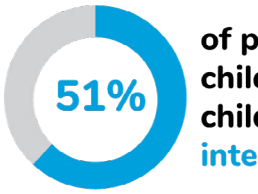


- Non-White groups were generally more likely to disagree that they understood and trusted developmental screenings. They were not, however, more likely to worry that screenings would label rather than help their children.
- Respondents with a household income level below $75,000 per year were more likely to worry that screenings would label rather than help their child.
- Hispanic/Latino respondents were more likely to strongly disagree that screenings help them understand how their child is doing and how to support them.

Are children receiving early intervention supports? How satisfied are parents with these services?

The parent survey asked whether preschool age or younger children had received any early intervention supports to address developmental delays or concerns, such as speech therapy, physical therapy, behavioral or other supports. Among parents of young children, 51% said that their child had received early intervention supports, 46% said they had not, and 3% were unsure.

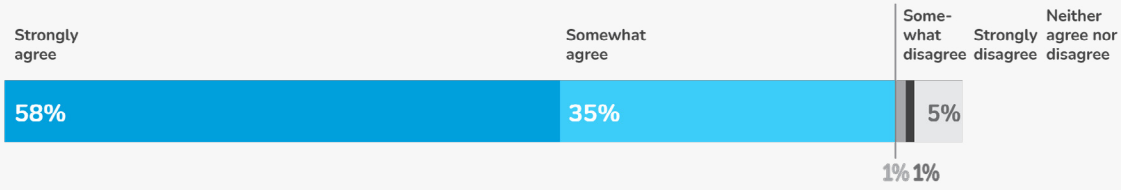
The survey also asked those who reported receiving early intervention services how satisfied they were with the services received (see Figure 10). Satisfaction was high, with over 90% either strongly or somewhat agreeing that they were satisfied with early intervention services.



of parents with young children said that their child had received early intervention supports.

- Residents of the Northeast, Beaches, and Far South were least likely to report receiving early intervention supports.
- Lower income brackets were somewhat less likely to report receiving early intervention supports.
- Black/African American, Haitian, and Hispanic/Latino respondents were less likely to report receiving early intervention services.

Figure 10: Nearly all respondents whose children received early intervention services strongly agreed or agreed that they were satisfied with the services.



How do parents feel early intervention services can be improved?

The survey asked parents who reported feeling dissatisfied with early intervention services what improvements they would recommend. The most cited recommendations were to increase availability of services and enhance communication between practitioners and parents.

"Incredibly difficult to schedule services, lack of communication and follow up is challenging." (Parent survey respondent)

"It is very difficult to find places with open availability. Most are in a wait list and those that aren't have mediocre services." (Parent survey respondent)

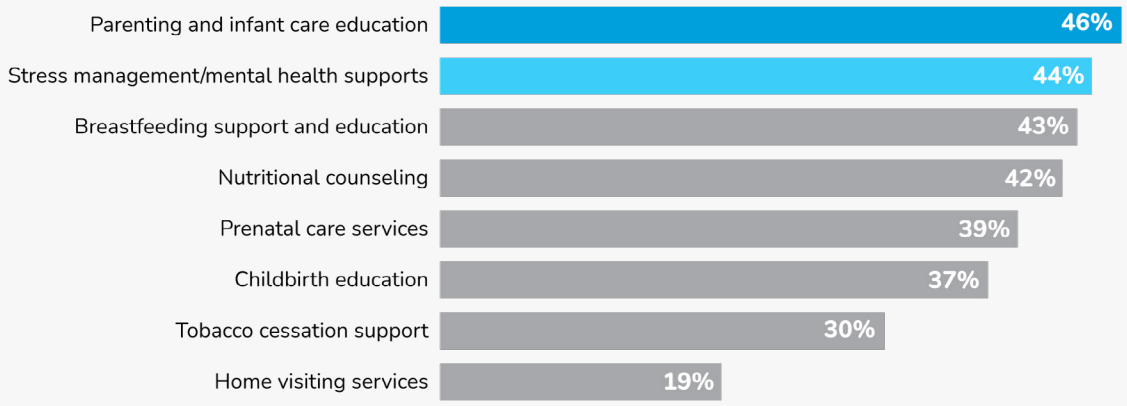
Prenatal and Early Childhood Health

What prenatal and early childhood health information services did expecting parents feel were most important?

Through the parent survey, expecting parents were asked what prenatal and early childhood health information services they felt were most needed (see Figure 11). Respondents selected their top three options from a list of eight. More than 40% of parents selected the following options as one of their most important: 1) parenting and infant care education, 2) stress management and mental health supports, 3) breastfeeding support and education, and 4) nutritional counseling. The least prioritized health information service was home visitation, although even this option was selected by nearly one in five respondents as a priority area.

- Residents of the Far South were more likely to prioritize breastfeeding support and education.
- The lowest income bracket (<$25,000 per year) as well as non-White groups were on-average more likely to prioritize stress management and mental health supports.

Figure 11: The most important prenatal and early childhood health information to expecting parents was parenting and infant care education followed by stress management/mental health supports.



RECOMMENDATIONS

Importance of Primary Healthcare Home: Convey the importance of children having a regular source of medical care to all parents through mechanisms such as The Children's Trust's Parenting Our Children newsletter, website, and social media outlets. Depending on the age of the child, parents reported 17% to 34% did not have a health professional who knows their child well and is familiar with their health history, such as a general doctor, pediatrician, specialist, nurse, or physician assistant. Given that 89% to 93% of parents reported that their child has some kind of health insurance coverage, there would ideally be fewer children lacking a regular source for primary healthcare.

Awareness of School-based Health Services: Given that 15% to 19% of parents were unsure whether a nurse or health professional was available at the school, it is critical to ensure that schools with school-based health services communicate to all parents' what services are available. This may include strategies such as having a school health information table at school open houses, parent-teacher association (PTA) meetings, or other schoolwide events. Printed information about the school-based health services should be included in the back-to-school welcome packet at the start of the school year, as well as posted on the school's website and/or parent portal.

Continued School-based Health Planning: The Trust will utilize these parent survey results related to school-based health services in conjunction with qualitative input from parent, youth, and staff focus groups and key stakeholder interviews. Together with other data analyses and market research, the goal will be to explore more efficient and innovative models for school-based health services that can meet the needs of more students and schools, leverage additional funding, and address staffing shortages and service utilization. It will be important to consider parents' current school-based health experiences and perceptions to inform future efforts.

Encouraging Regular Developmental Screenings and Early Intervention Supports: All infants and young children benefit from regular developmental screenings to check how they are growing and if they meet important milestones in how they play, learn, speak, behave, and move. This can allow for early detection of concerns that can be addressed and often ameliorated through early intervention supports. Although 88% of parents reported their child received regular screenings, mostly from their child's healthcare or early childcare provider, that leaves a significant portion without this critical preventive service. Parents should be encouraged to seek out regular screenings and to follow-up on any potential concerns noted. In the current survey, 35% of parents strongly or somewhat agreed that they worry that developmental screenings will label their child more than help, and 18% strongly or somewhat disagreed that they understand and trust developmental screenings.

The Trust's Book Club monthly parent activity guides that accompany books include developmental milestones to be expected, as well as information about how to seek screening and ideas for activities to support child development. In addition, The Trust's Parent Club has workshop topics related to screening and early intervention that can be promoted more widely.

Engaging Prenatal Parents' Interests: Expecting parents were interested in prenatal and early childhood health information and services related to 1) parenting and infant care, 2) stress management/mental health, 3) breastfeeding, and 4) nutritional counseling.

To address these needs, The Trust can leverage its available parenting and family strengthening services throughout the community, including The Children's Trust Parent Club. Funded programs include numerous choices for evidence-based group, individual, and home visitation services that center around parenting skills, child development, and parenting stress management.

In the most recent awards beginning in October 2023, programming for prenatal and early childhood was expanded in response to this community need, so there should be increased outreach to expecting parents. The Parent Club offers short-term educational workshops in English, Spanish and Haitian Creole, and topics should be expanded to address the parent interests noted in the survey, such as child development, school readiness, social-emotional learning, breastfeeding, and nutrition.

Another opportunity to engage parents' interests is through The Children's Trust Book Club, one of its most well-known and well-loved programs. By offering free books in English and Spanish with parent-child activity guides every month for children up to the age of five, this program is rich with early child developmental guidance for caregivers. This could be expanded in new and innovative ways to increase access to information and create learning opportunities. For example, The Trust should continue its Haitian Creole Engagement Project for the Book Club expansion and outreach to support underserved populations and prioritize school readiness. This project, underway since early 2023, provides families at Haitian American-focused events with five children's books in Haitian Creole, family reading guides, and other helpful materials.

APPENDIX: METHODOLOGY

The current report summarizes quantitative data that were captured from a community survey across 3,477 respondents to inform The Trust's planning for health and wellness programming. To incorporate a mixed-method approach, qualitative data are also being collected from focus groups with parents/caregivers, youth, school health providers, and systems partners. These focus groups will allow for both the contextualization of the survey results and hearing the voices of youth, as the survey requires participants to be 18 years of age or older. Qualitative results will be available by the end of 2023.

SURVEY DESIGN

The survey was designed through a collaboration between QQRC and staff from The Trust. Together, the team developed the survey to focus on experiences, attitudes, needs, and preferences in four priority areas:

- **Early Childcare and Education:** Childcare arrangements and preschool programs for infants and young children before starting kindergarten.
- **Parenting:** Classes, programs, and support services geared toward helping parents and caregivers to better meet the needs of children in their care.
- **School Health:** School-based health services, including nursing and auxiliary services such as mental health and dental check-ups.
- **Youth Development:** Summer and after-school activities to support learning, well-being, and healthy development for children and youth.

The needs of families and children vary according to the child's age. For example, the health needs of adolescents differ from those of young children. For this reason, the survey was designed to offer modified questions depending on the age of the respondent's child(ren). At the start of the survey, respondents were asked to indicate whether they had any children 1) from birth to age four, 2) from age 5 to 10 years old, 3) from 11 to 13 years old, or 4) from 14 to 18 years old. Throughout the report, we refer to these groups as preschool, elementary, middle, and high school ages. Respondents were also asked whether they or their partner were expecting a child at the time of taking the survey.

- All survey respondents who said they or a partner were expecting a child when completing the survey were shown a survey block containing items specific to the experience of expecting parents, such as parenting needs, plans, and preferences for early childcare.
- Those who indicated having a child or children in just one of the age groups were shown a set of survey items designed for that age group (i.e., preschool, elementary, middle, or high school).
- For those who indicated that they had children in multiple age groups, the survey randomly assigned them to a set of survey items corresponding to one of the age groups selected. Instructions asked them to consider their experiences with the child in that particular age group.

The survey was developed and hosted on the Qualtrics platform. It was available in English, Spanish, and Haitian Creole.

Survey Sampling Procedure

The research team used a stratified convenience sampling approach with quotas by Miami-Dade County ZIP codes in order to approximate a representative sample. Quotas were calculated by ZIP code based on data from the United States Census to ensure that the final sample would be geographically representative of the county. The Trust collaborated with community partners to conduct outreach, and fliers with QR codes were posted in community locations. Research partners at QQRC conducted biweekly analyses of sample demographics to guide survey recruitment efforts and ensure that the final sample was as representative as possible.

Survey Analytic Sample

The final analytic sample (n = 3,477) drops responses wfrom those who completed less than half the survey. Also dropped were 1) anyone who started the survey but indicated that they did not live in Miami-Dade County for at least half the year, and 2) those that started the survey but indicated that they either did not have a child or were not expecting at the time of participating. The final sample drops cases that Qualtrics flagged as possible bots as determined by a ReCaptcha score below 0.5.

As noted above, survey respondents were assigned to blocks of items according to the ages of children in their household. The following table shows the number and percentage of respondents who completed each block. Respondents who were both expecting and already had one or more children completed two survey blocks. For this reason, total numbers sum to more than the final sample size. It is worth noting that there were fewer respondents for the middle and high school age groups.

Table 1: Number of Survey Respondents for Each Age Bracket

Survey block	Number of responses	Percentage
Expecting parents	579	17%
Preschool age (from birth to about 4 years old)	1,294	37%
Elementary school age (about 5 to 10 years old)	1,325	38%
Middle school age (about 11 to 13 years old)	414	12%
High school age (about 14 to 18 years old)	340	10%

The final sample was well-aligned with targets set by ZIP code and also roughly matched the demographic composition of Miami-Dade County, with one notable exception. Hispanic and Latino/a groups were underrepresented. To address this, a survey sample weight was generated to increase the relative importance of Hispanic and Latino/a participants in analyses. This survey weight was created with a raking procedure using the anesrake package[1] in the R statistical program.

1 Pasek, J. (2022). Package 'anesrake'.Compr. R Arch. Netw. Retrieved from: https://cran.r-project.org/web/packages/anesrake/anesrake.pdf

The following table provides information on the demographic composition of the final sample.

Table 2: Final survey demographics

Variable	Category	Number	Percent
Gender	Female	2,453	71%
	Male	847	24%
	Prefer not to say	40	1%
	Non-binary or third gender	9	<1%
	Self-describe	3	<1%
	Not answered	125	4%
Race/Ethnicity	White (non-Hispanic, non-Haitian)	1,333	38%
	Hispanic/Latino-a-x	1,212	35%
	Black/African American (non-Hispanic, non-Haitian)	505	15%
	Haitian	134	4%
	Asian	58	2%
	Prefer not to say	77	2%
	Other	32	1%
	Not answered	126	4%
Parent Age	18-29	651	19%
	30-39	1,723	50%
	40-49	822	24%
	50-64	146	4%
	65+	14	<1%
	Not answered	121	3%
Parent Educational Attainment	Less than high school	88	3%
	High school diploma or GED	498	14%
	Some college	1,016	29%
	Associate degree	577	17%
	Bachelor's degree	788	23%
	Graduate degree	382	11%
	Not answered	128	4%
Household Income	Less than $25,000	531	15%
	$25,000 to less than $50,000	1,035	30%
	$50,000 to less than $75,000	929	27%
	$75,000 or more	566	16%
	Prefer not to say	279	8%
	Not answered	137	4%
Caregiver role	Mother	2,511	72%
	Father	768	23%
	Grandmother	42	1%
	Grandfather	5	<1%
	Stepmother	15	<1%
	Stepfather	13	<1%
	Foster mother	11	<1%
	Foster father	3	<1%

Survey Analytic Approach

All analyses were conducted using the R Program for Statistical Computing.[2] Descriptive statistics were calculated for all categorical and ordinal items. The percentage of respondents selecting each response option was adjusted using the survey weight described above. This survey weight was included when generating frequency tables using the questionr package[3] for R.

Statistical tests were conducted to determine whether item responses varied significantly by 1) income category, 2) race/ethnicity, and 3) neighborhood of residence. A neighborhood variable was created based on ZIP codes. In the case that the respondents reported a ZIP code associated with a post office box, the location of the post office was used. The neighborhoods were Far South, Kendall/Near South, Beaches, Northeast, and Northwest. Statistical significance was determined using a more conservative threshold of $\alpha = 0.001$.

Given the large sample size, it is possible for group differences to be statistically significant but small in magnitude. This report includes only those findings that are 1) statistically significant, 2) practically significant in that differences are large enough in magnitude to be meaningful, and 3) actionable in that The Trusts' activities can potentially use this information to inform their future work. Analyses used Chi-square and Fishers exact tests as implemented in the finalfit package[4] for R.

Open-ended, qualitative survey items were analyzed using an inductive coding approach. The research team reviewed responses to identify key themes and calculated the frequency of responses according to those themes. The most cited themes are described in this report.

2 R Core Team (2018). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austrua. URL: https://www.R-project.org/

3 Barnier, J., Briatte, F., & Larmarange, J. (2023). Package 'questionr'. Compr. R Arch. Netw. Retrieved from: https://cran.r-project.org/web/packages/questionr/questionr.pdf

4 Harrison, E., Drake, T., & Ots, R. (2023). Package 'finalfit'. Compr. R Arch. Netw. Retrieved from: https://cran.uni-muenster.de/web/packages/finalfit/finalfit.pdf

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