



Early Intervention Section

HIV Counseling, Testing and Linkage Services
Client Satisfaction Survey

2004 Statewide Report



Bureau of HIV/AIDS goal: Through voluntary counseling and testing, increase from the current estimated 70% to 95%, the proportion of HIV-infected people in Florida who know they are infected.

Background

In keeping with the goal of increasing the proportion of HIV-infected persons who know their HIV status, the Bureau of HIV/AIDS has implemented a comprehensive HIV counseling, testing and linkage (CTL) program. High-quality prevention counseling and HIV testing are readily available and easily accessible at a wide variety of registered test sites. These sites include county health departments, community-based organizations, drug treatment centers, correctional facilities, community health centers, anonymous test sites, outreach programs and mobile testing units. Policies, procedures and guidelines are in place to ensure that every client receives science-based, culturally competent CTL services. Counselors and trainers are required to meet minimum standards and to receive training on an annual basis to ensure that information provided is accurate, complete and up-to-date.

In an effort to improve the quality of HIV counseling, testing and linkage services, a Client Satisfaction Survey (CSS) was conducted for the first time in 2002. The results of this survey were instrumental in assessing strengths, identifying client concerns and determining opportunities for improving the services provided. A total of 3,159 clients participated in the 2002 survey (see results at http://www.doh.state.fl.us/disease_ctrl/aids/testing/clientsatsurv.pdf). As part of our ongoing quality assurance efforts, a CSS (Appendix A) was implemented for the second time between March 22 and April 2, 2004. Some of the recommendations from the 2002 survey were addressed; among them were to include more questions that assessed the clients' satisfaction and the need to promote a confidential environment for survey completion. A total of 3,806 clients participated in the 2004 survey. Data presented in this report are compared with the 2002 results.

Survey Administration

The Client Satisfaction Survey (CSS) was offered to clients receiving CTL services at registered test sites in Florida during a two-week period in March/April 2004. CTL services include risk assessment, pre-test counseling, informed consent and post-test counseling as required by Department of Health policies, protocols and guidelines.

Local Early Intervention Consultants (EIC) were responsible for disseminating the survey and Client Satisfaction Survey Guidelines for their assigned area. The thirteen EICs are responsible for coordinating CTL services, providing training to counselors and providing technical assistance to test sites in their assigned counties.

In a memorandum from the Deputy Secretary for Health, all county health department test sites were strongly encouraged to participate in administering the survey. Participation by community-based test sites was completely voluntary. At those test sites that took part, clients were encouraged to complete a survey after receiving CTL services. The survey was self-administered. The HIV counselor was responsible for completing the top portion of the survey, which included the date, test site number, and the county name. The survey was available in English, Spanish, and Creole. Surveys were collected by the EIC and sent to Tallahassee for data entry. Data were entered into a database, merged, cleaned and analyzed by bureau staff.

Summary of Findings

A total of 3,806 clients participated in the survey. Respondents were very similar to the total population of persons tested at registered test sites during the same time period with respect to race/ethnicity, gender and age. Over half of the respondents reported being seen by a counselor in 15 minutes or less (2,054 or 54.0%), and almost all of the clients surveyed indicated that they understood how HIV is transmitted (3,634 or 95.5%).

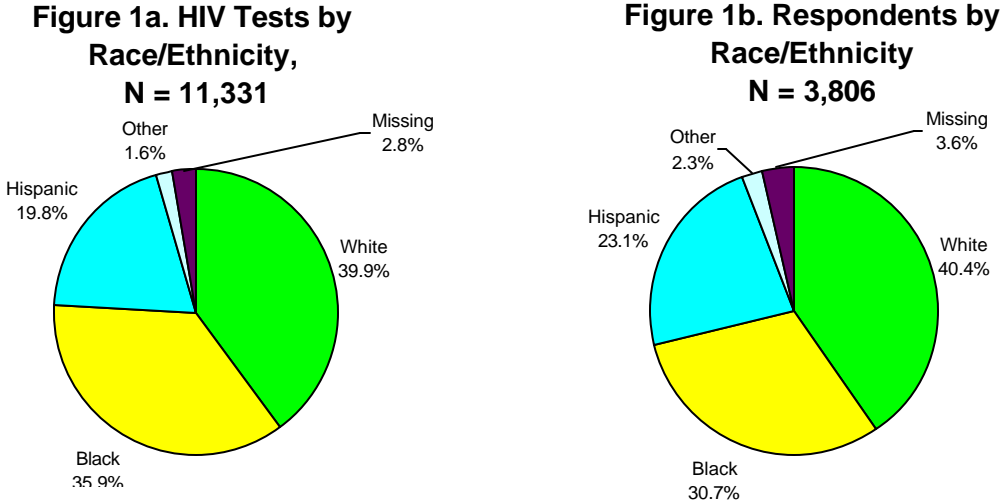
Respondents were also asked if the counselor performed specific tasks as required by DOH policies and guidelines. Generally, responses showed that the majority of counselors performed the required procedures such as: explaining methods for risk reduction (3,516 or 92.4%), answering questions in a way that clients could understand (3,662 or 96.2%), and treating the clients with respect (3,713 or 97.6%).

Overall, findings show the vast majority of respondents were satisfied with the CTL services received (3,626 or 95.3%).

Demographics

A total of 3,806 clients completed the client satisfaction survey. Overall, respondents were representative of clients tested in Florida's registered testing sites (11,331¹) during the survey implementation period (March 22-April 2) with respect to race/ethnicity, gender, and age group.

Race/Ethnicity



* Preliminary data as of July 23, 2004

During the survey period, whites represented 39.9% (4,524) of the total population tested and 40.4% (1,537) of the survey respondents. The proportion of blacks reflected among those surveyed and tested was 30.7% (1,169) and 35.9% (4,069), respectively. Hispanics were slightly over-represented; 23.1% (878) were surveyed versus 19.8% (2,241) tested. The “other” category included Asian, Pacific Islander, American Indian, and those respondents who identified their race/ethnicity as other; participation by this group in the CSS was minimal (less than 3%).

Gender

Figures 2a and 2b show the distribution of respondents by gender. The proportion of female and male survey respondents is very similar to that reported for persons tested in Florida during the same time period. The majority of respondents were females (62.2% or 2,366), while males accounted for 35.9% (1,367).

Figure 2a. Total HIV Tests by Gender
N = 11,331

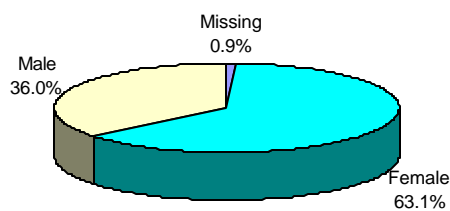
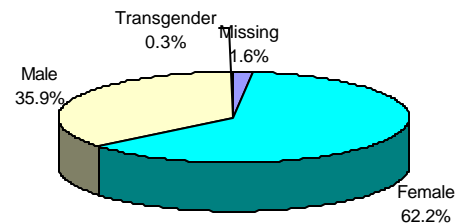


Figure 2b. Respondents by Gender
N = 3,806



Age

The age distribution of survey respondents was very similar to that of persons tested during the same period. Persons aged 20-29 made up the largest proportion of both groups, followed by those aged 30-39 and those aged 13-19 (Figures 3a and 3b).

Figure 3a. Total HIV Tests by Age Group
N = 11,331

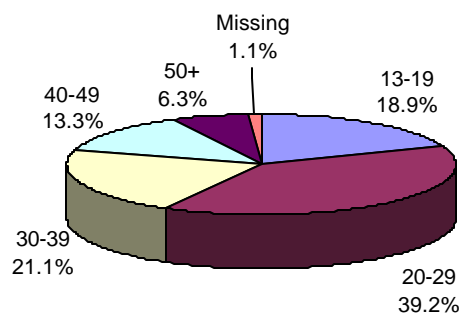
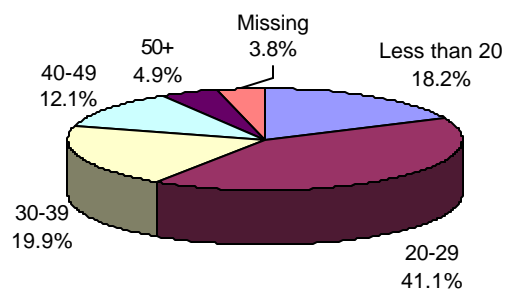


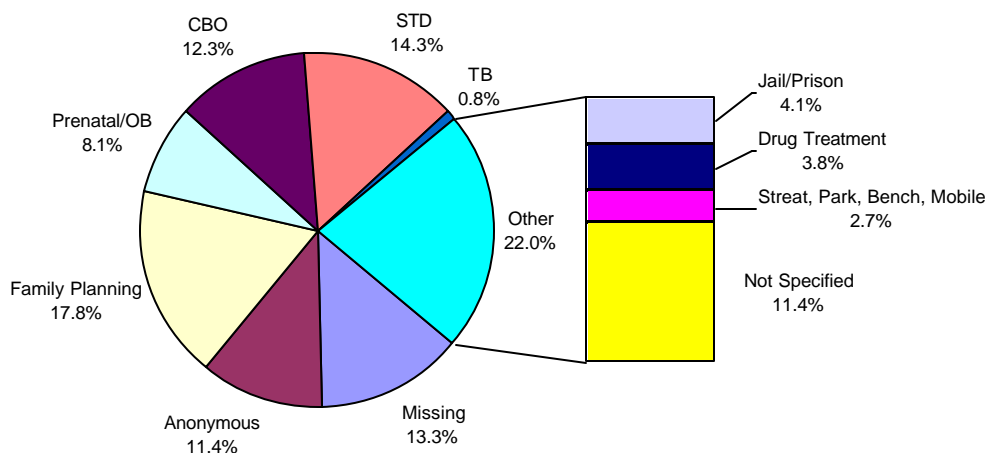
Figure 3b. Respondents by Age Group
N = 3,806



Type of Clinic

Of those who responded to the CSS, 17.8% (677) attended a family planning clinic compared to 14.3% (545) surveyed at STD clinics, 12.3% (469) at community-based organizations, 11.4% (433) at anonymous test sites, and 8.1% (309) at prenatal/OB clinics. Approximately 13.3% (505) of the surveys were missing clinic type information. In the “other” category, 11.4% (433) were not classified and represented the largest proportion.

**Figure 4. Type of Clinic Used for HIV CTL Services, 2004,
N= 3,806**

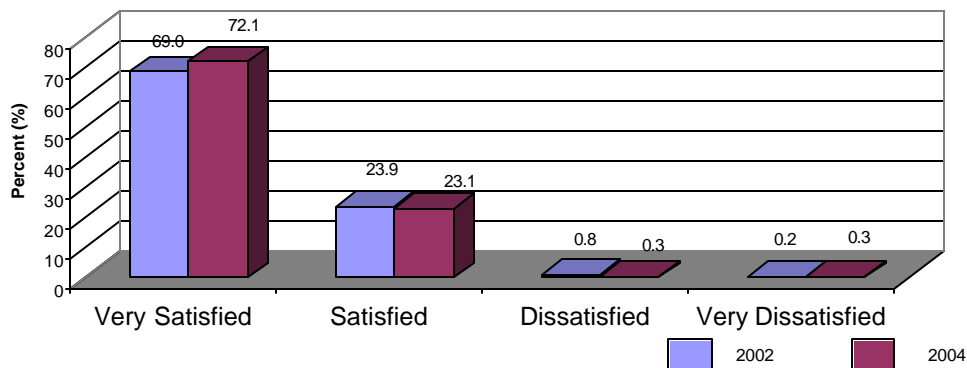


Survey respondents were very similar to persons tested during the same time period with respect to age, gender, and race/ethnicity in both the 2002 and 2004 surveys. Participation was higher in the 2004 survey, with 3,806 respondents compared to 3,159 in 2002. There were more participants from STD clinics in 2002 (26.3% vs. 14.3%) and less from CBOs (3.5% vs. 12.3%) than in 2004.

Results

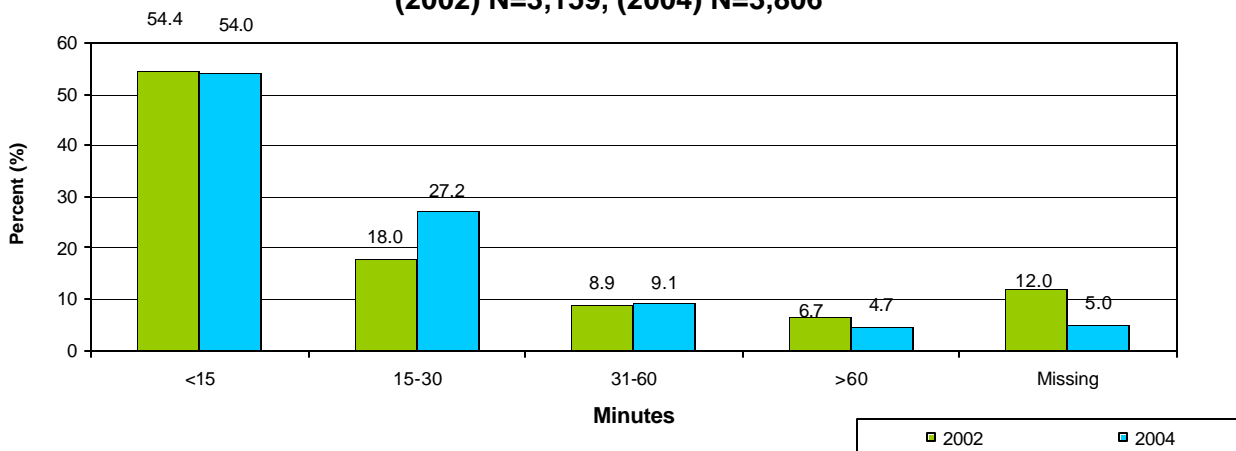
Overall, the 2004 Client Satisfaction Survey showed a very high level of satisfaction among clients receiving CTL services. Generally, 95.2% (3,626) of the clients were “very satisfied” or “satisfied” with their counseling session. Only 0.6% (20) of the respondents were “very dissatisfied” or “dissatisfied” with their counseling session (Figure 5). Compared to the 2002 Client Satisfaction Survey, there has been a slight increase (2.3%) in the level of satisfaction reported by respondents.

**Figure 5. Overall Satisfaction with Counseling Session,
(2002) N= 3,159, (2004) N= 3,806**



The majority of clients (81.2% or 3,089) began their counseling session within half an hour of their appointment time. Approximately 54% (2,054) of the clients responded that they were seen in less than 15 minutes, while 27.2% (1,035) saw a counselor within 15-30 minutes. Only 4.7% (180) of the respondents had to wait more than 60 minutes to be attended by a counselor (Figure 6). According to the responses of the clients, the average length of time waiting to be seen by the counselor was 22 minutes in the 2004 CSS and 23 minutes in the 2002 survey.

**Figure 6. Length of Time Waited to be Seen by a Counselor,
(2002) N=3,159, (2004) N=3,806**



Of those who were surveyed, the majority (61.2% or 2,334) were there to be tested for HIV and 23.3% (885) were there to get their HIV test results. These findings are very similar to the 2002 CSS. However in 2004 there was a decrease of 32.7% in the proportion of people who did not complete the information about their reason for the visit (missing) (Figures 7a and 7b).

Figure 7a. Reason for the Visit, CSS 2004, N = 3,806

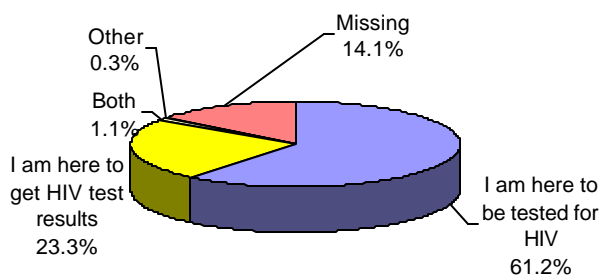
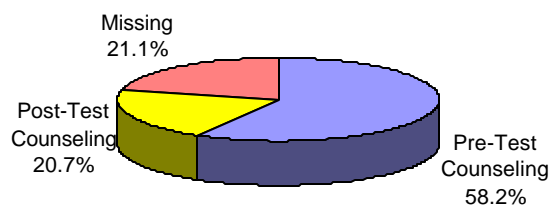
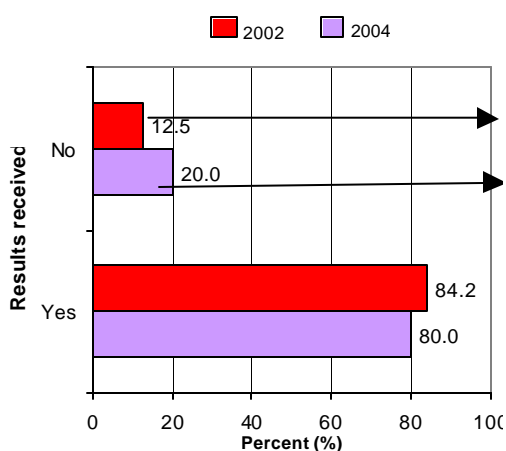


Figure 7b. Type of Visit, CSS 2002, N = 3,159



For those clients who had a prior HIV test (not including this visit), the majority indicated that they received their most recent HIV test result (84.2% or 2,819), compared with 80.0% in the CSS 2002. Almost 13% (353) of the respondents reported that they did not receive the results of their last HIV test, while 20% did not get them in 2002. Figure 8 compares the results for the two years of the CSS. Those clients who did not receive their prior test results (12.5%) were asked to identify a reason. Of those, 13.9% (49) planned to get them on their next visit, 12.2% (43) forgot to get them, and 10.5% thought someone would find them if they were infected and give them their results. The “Other” category included several unique responses.

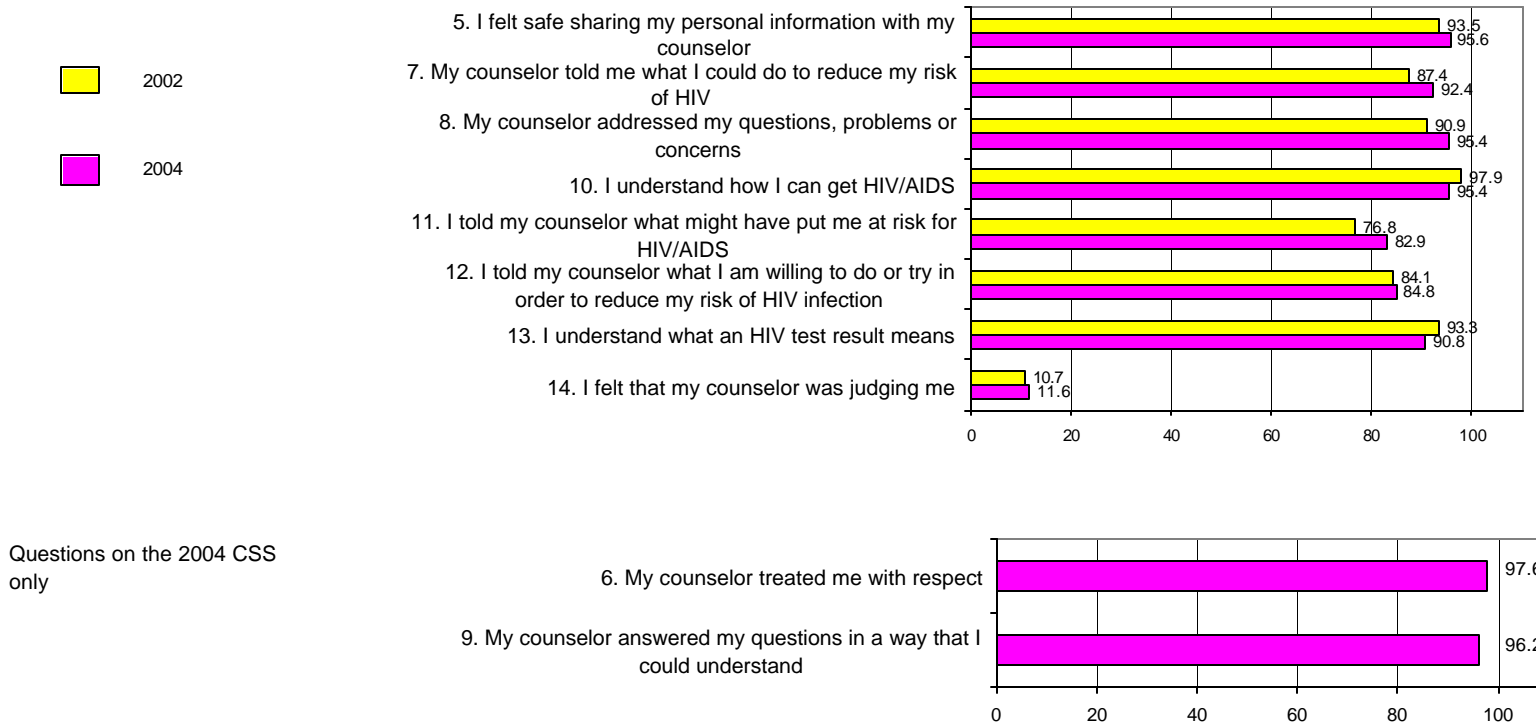
Figure 8. Received Results of Last HIV Test (2002) N = 2,258, (2004) N = 3,172



	2004 (N= 353)	2002 (N= 225)
Planned to get them on their next visit	13.9%	14.7%
Forgot to get results	12.2%	11.1%
Thought someone will find them if they were positive	10.5%	-
Don't remember the reason	7.1%	14.7%
Was scared	5.4%	16.0%
Had to work	4.0%	4.4%
No transportation	2.8%	4.4%
Other	17.8%	34.7%
Missing	26.3%	-

Figure 9 displays the percentage of clients who answered “yes” on questions related to the quality of CTL services received. The question numbers are also included to allow the survey instrument to be used as reference for the exact wording of the questions (Appendix A). Almost all (95.6% or 3,638) of the clients felt safe sharing their personal information with their counselor (question 5), an increase of 2.2% compared with the 2002 CSS. When asked if the counselor treated them with respect, 97.6% or 3,713 clients responded ‘yes’ (question 6); this question was not included in the 2002 CSS. Almost 93.0% (3,516) of the clients surveyed agreed that their counselor had told them what they could do to reduce their risk of getting HIV; this percentage was 87.4% in the 2002 CSS. The majority of respondents understood the meaning of an HIV test result (90.8% or 3,460), and they also understood how can they could get HIV/AIDS (95.4% or 3,634) (questions 13 and 10). In the 2002 CSS, these percentages were 93.3% and 97.9% respectively. Approximately 95.0% (3,631) indicated that their counselor addressed their questions, problems, or concerns (question 8), compared with 90.9% in the 2002 CSS. Almost all (96.2% or 3,662) respondents agreed that their counselor answered all their questions in a way that they could understand (question 9), this question was not addressed in the 2002 CSS. Only 11.6% (440) of the respondents felt that their counselor was being judgmental (question 14).

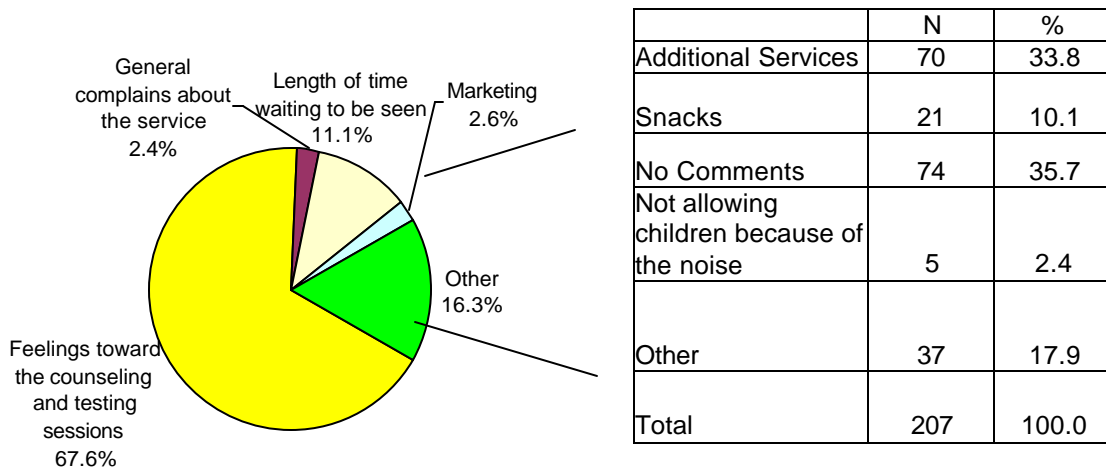
Figure 9. Statewide Responses to the HIV CTL Client Satisfaction Survey, Florida 2004, 2002



Client Feedback

Clients were asked to provide additional comments about the CTL services they received. A total of 1,272 responses were given. Their comments were grouped into categories: clients' feelings toward the counseling and testing session (the counselor, the clinic staff and information and resources); general complaints about the CTL/HIV services; the length of time waiting to be seen; marketing; and other suggestions like snacks in the waiting room, additional services, etc.

Figure 10. Clients Comments



Overall Perception

The majority of respondents (67.6% or 861) wrote positive comments about the counseling services.

Written comments from respondents in their own words about the counseling and testing session included:

- “Great so far and I appreciate the service and the counseling.”
- “Keep doing what you do and helps others understand what HIV is and how to prevent themselves from getting it.”
- “Continue to be the way you are. 12 years I’ve been seen here and I’m always treated very good.”
- “My visit today could not have been any better. Everyone was nice and everything was explained very well. Thank you for being so good!”

What the people wrote about the counselor:

- “Counselor’s methods of handling was excellent! Very well done!”
- “He was cool and he told me everything I needed to know and I would like to thanks him for his coming every 3 or 6 months to give me counseling.”
- “She had done a wonderful job in explaining it in simple terms so that I may understand.”
- “There is nothing you need to do to improve your methods, The counselor was patient, empathetic, and funny! He is very gifted.”

Perception of the clinic staff:

- “Just keep your very courteous and respectable staff.”
- “Keep it the same with the same caring doctors and nurses.”
- “This place runs very smoothly and I was treated very well.”
- “I have no complaints or suggestions. Service was good. The staff was polite and helpful.”
- “Keep the workers you have and pay them more! They are the friendliest and most helpful health care providers I’ve ever met.”

Complaints about the Service

Thirty (2.4%) respondents also commented on challenges experienced during the HIV counseling session:

- “By putting yourself in the patients shoes to try to help them more.”
- “I know this could be hard, but don’t treat everyone like a number.”
- “Maybe make the patient a little more comfortable, like try to make them less nervous.”

Length of time comments

Some clients (141 or 11.1%) remarked about the length of time waiting to be attended:

- “More doctors, so less waiting time.”
- “Increase staff so that patients may be seen quicker instead of waiting 3 ½ hours.”
- “There isn’t to much that can be change just the time to wait.”
- “Cut the wait time in half. I was here at 7:20 and it is now 9:30 am.”

Marketing

Thirty three (2.6%) of the respondents indicated a need to increase the promotion of HIV/AIDS CTL services.

- “More advertising. Great service but not when people don’t know about it or use it!!”
- “More prevention ads and working on the streets.”
- “Get some more up to date pamphlets.”
- “Advertise more. I had a hard time finding this free service. But great!”

Other remarks

Respondents also commented about the need to have other services like home-based 20 minute tests, more anonymous testing services, and more services for adults. Some people did comment about serving snacks during the waiting time, not allowing children at the site and other general comments.

Conclusion

To continue assessing the quality of HIV counseling, testing and linkage services in publicly funded test sites, a second Client Satisfaction Survey (CSS) was implemented statewide in 2004. Again, the survey found a high level of satisfaction with services received. Overall, the counseling and testing program made gains when compared with the 2002 CSS. Counselors are doing a good job providing information, explaining methods for risk reduction, answering the clients' questions, and treating their clients with respect. In the CSS of 2004 there was an increase of 2.3% in the level of satisfaction of the clients with the counseling session. Although some clients still considered the length of the waiting period to see the counselor too long, there was an improvement in 2004 compared with 2002 from an average of 23 minutes in 2002 to 22 minutes in 2004. A remarkable improvement was seen in the participation of community-based organizations which returned 469 (12.3%) surveys compared with 109 (3.5%) surveys in 2002. The participation of the community-based organizations is vital in obtaining a good representation of all CTL providers.

Another important gain was the decreased number of variables with missing information. Specifically, gender, age of respondents, type of clinic, level of satisfaction, length of time waited to be seen, and the quality of CTL services received all saw improvements.

Approximately 11,331 persons received CTL services during the survey implementation period; the sample size needed was 2,062 (95% confidence level, +/- 2%). Although an adequate sample size was obtained (3,806), not every area of the state was well represented. Although clients surveyed appeared to be representative of those tested at registered tests sites during the same time period, data may not necessarily be generalizable to all clients receiving CTL services. Respondents are self-selected and may have been more satisfied or dissatisfied with the services received. Since the survey was self-administered, it is difficult to assess the validity of data.

It is hoped that findings from this second survey will be used to further improve CTL services. Specially, clients want some changes in the length of waiting time and the marketing of CTL services. It is very important to continue improving the percentage of people who come back to learn their HIV status. Those found to be infected with HIV could be linked with a variety of services that can help them lead long, productive lives and reduce the spread of their infection. Equally important is helping those who are not infected to remain that way.

Appendix A

Staff Use Only: _____ County: _____ Site No. _____

Client Satisfaction Survey

In an effort to improve the services provided to our clients, we would like to know your feelings about the HIV counseling services that you received today. *Do not put your name on this survey.* Your responses are confidential and your participation is voluntary. Please complete and return this survey before leaving today. Thank you for your time and cooperation.

Today's Date: ____/____/2004

Reason for Today's visit: I'm here to be tested for HIV
 I'm here to get HIV test results

Which of the following best describes where you received today's HIV counseling session? (select one)
 ["CHD" = County Health Department]

- | | | |
|---|--|---|
| <input type="checkbox"/> CHD Anonymous Test | <input type="checkbox"/> CHD STD Clinic | <input type="checkbox"/> Family Planning Clinic |
| <input type="checkbox"/> CHD Prenatal/OB Clinic | <input type="checkbox"/> TB Clinic | <input type="checkbox"/> Other CHD Site |
| <input type="checkbox"/> Drug Treatment Center | <input type="checkbox"/> Street/Park/Beach/Mobile Testing Unit | <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> Jail/Prison | <input type="checkbox"/> Other Test Site: _____ | |

Sex: Male Female Transgender
 Age Group: Less than 20 20-29 30-39 40-49 50+
 Race: (select one or more) White Black or African American Native Hawaiian or Other Pacific Islander
 Asian American Indian/Alaskan Native
 Ethnicity: Hispanic or Latino Not Hispanic or Latino

Please read the following statements and mark the correct box.

- How long did you wait to be seen?
 Less than 15 minutes 15-30 minutes 31-45 minutes
 46-60 minutes Over 60 minutes Don't remember
- How many times (before this test) have you been tested for HIV?
 0 1 2 3 or more Don't remember
- Not including this test, did you receive the results of your last HIV test?
 Yes No Don't remember This is my first test
- If you did not receive the results of your last HIV test, why not? (select one)
 I planned to get them on my next visit I did not have a ride I had to work
 I thought someone would find me if I'm positive I forgot to get them I was scared
 Other reason: _____ I don't remember This is my first test

The "counselor" is the person who talked to you today about HIV testing. Please read the following statements. Mark "Yes" if the statement is correct or true. Mark "No" if the statement is incorrect or false.

	YES	NO
5. I felt safe sharing my personal information with my counselor	<input type="checkbox"/>	<input type="checkbox"/>
6. My counselor treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>
7. My counselor told me what I could do to reduce my risk of HIV	<input type="checkbox"/>	<input type="checkbox"/>
8. My counselor addressed my questions, problems or concerns	<input type="checkbox"/>	<input type="checkbox"/>
9. My counselor answered my questions in a way that I could understand	<input type="checkbox"/>	<input type="checkbox"/>
10. I understand how I can get HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
11. I told my counselor what might have put me at risk for HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
12. I told my counselor what I am willing to do or try in order to reduce my risk of HIV infection	<input type="checkbox"/>	<input type="checkbox"/>
13. I understand what an HIV test result means	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt that my counselor was judging me	<input type="checkbox"/>	<input type="checkbox"/>
15. My overall feeling about the counseling session today is: <input type="checkbox"/> Very Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very Dissatisfied		

16. How can we improve the services that we provide? _____

Please fold and return your completed survey before you leave today.
 Thank you very much for your time and cooperation.