



HIV Counseling, Testing & Linkage Services

2010 Statewide Report of Client Satisfaction Survey

Prepared by: Bureau of HIV/AIDS
Prevention Section



Bureau of HIV/AIDS goal: Through voluntary counseling and testing, increase the proportion of HIV-infected people in Florida who know they are infected from the current estimated 80% to 95%.



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 (CHDs); community-based organizations (CBOs), which include faith-based organizations; drug treatment centers; correctional facilities; community health centers; anonymous test sites; outreach programs; and mobile testing units. There are policies, procedures, and guidelines in place to ensure every client receives science-based and culturally competent CTL services. Counselors and their trainers are required to meet minimum standards and receive training on an annual basis. This annual training requirement is to ensure that the information passed on is accurate, complete, and up-to-date.

As part of our overall monitoring and evaluation plan, a Client Satisfaction Survey (CSS) has been conducted every two years since 2002. The results of these surveys were and are instrumental in assessing strengths and weaknesses, identifying client concerns, and determining opportunities for improving the services provided.

Survey Administration

The CSS was offered to clients receiving CTL services at registered test sites in Florida between March 15 and 26, 2010. The CTL services include risk assessment, pre-test counseling, informed consent, and post-test counseling as required by Department of Health (DOH) policies, protocols, and guidelines.

The state is divided into 17 areas each served by a local Early Intervention Consultant (EIC). Local EICs are responsible for coordinating CTL services, providing training to counselors, and providing technical assistance to test sites. The EICs distributed the survey to all test sites in their respective areas and encouraged participation. The survey was completed by clients anonymously.

A memorandum from the Deputy Secretary for Health strongly encouraged all county health department sites to participate in conducting the survey. The participation of community-based test sites was completely voluntary, but encouraged. The survey was printed in English, Spanish, and Creole. Clients were asked to complete a survey after receiving CTL services. The HIV counselor was responsible for completing the top portion of the survey form, which included the date, test site number, and county name. The surveys were collected by the EIC and sent to Tallahassee to be entered into the Client Satisfaction Survey Database.

Summary of Findings

A total of 6,545 clients participated in the survey. Respondents were very similar to the total population of persons tested at registered test sites during the same period with respect to race/ethnicity, gender, and age. Half of the respondents reported being seen by a counselor in 15 minutes or less (3,272 or 50.0%), and almost all of the survey respondents indicated that they understood how HIV is transmitted (6,129 or 93.6%). Respondents were also asked if the counselor performed specific tasks as required by DOH policies and guidelines. Generally, responses showed that most of the counselors

performed the required procedures such as: treating clients with respect (6,241 or 95.4%), creating an environment where clients felt safe sharing their personal information with the counselor (6,168 or 94.2%), and answering questions in a way that the clients could understand (6,126 or 93.6%).

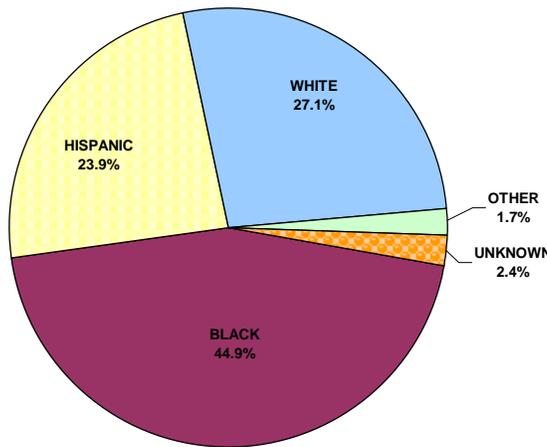
Demographics

Overall, the 6,545 respondents completing the CSS were representative of clients tested in Florida’s registered testing sites (16,879) during the survey implementation period (March 15 – 26, 2010) with respect to race/ethnicity, gender, and age group.

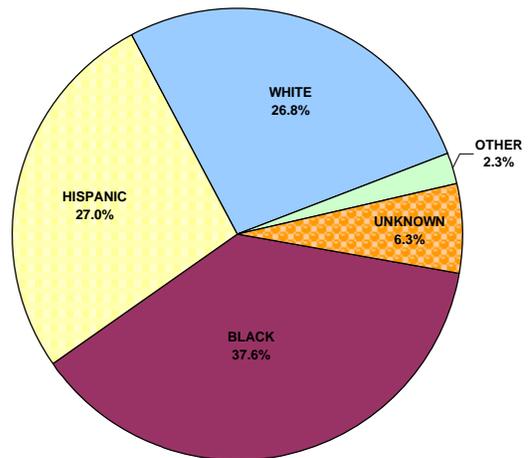
Race/Ethnicity

Figure 1a shows the distribution of persons tested during the survey period by race/ethnicity and Figure 1b shows the distribution of persons responding to the survey by race/ethnicity. Blacks were slightly under-represented with 44.9% (7,580) of the total population tested and 37.6% (2,459) of the survey respondents. Hispanics were slightly over-represented with 23.9% (4,042) of tests and 27.0% (1,765) of the surveys. Whites accounted for 27.1% (4,572) of persons tested and 26.8% (1,754) of persons surveyed. The “other” category included American Indian, Asian, and Native Hawaiian/Pacific Islander. This group appears to be over-represented with 2.3% (153) of the surveys versus 1.7% (288) of the tests. However, within the “other” category more people stated they were American Indian in the survey (71) than were tested (41). This may represent a more accurate representation since this population is often under-counted.

**Figure 1a. HIV Tests by Race/Ethnicity
N = 16,879**



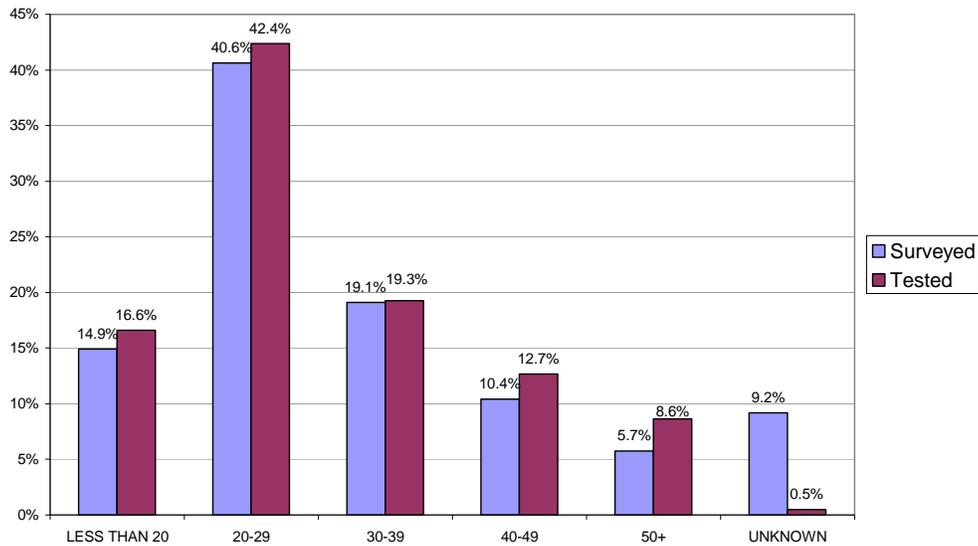
**Figure 1b. Respondents by Race/Ethnicity
N = 6,545**



Age

Figure 2 shows that the age distribution of respondents was very similar to that of persons tested during the survey period. Persons aged 20 to 29 made up the largest proportion of both those tested (42.4% or 7,152) and those who took the survey (40.6% or 2,659). A higher proportion of persons completing the survey chose not to disclose their age than persons tested (9.2% or 601 versus 0.5% or 82, respectively).

Figure 2. HIV Tests and Survey Respondents, by Age Group, 2010

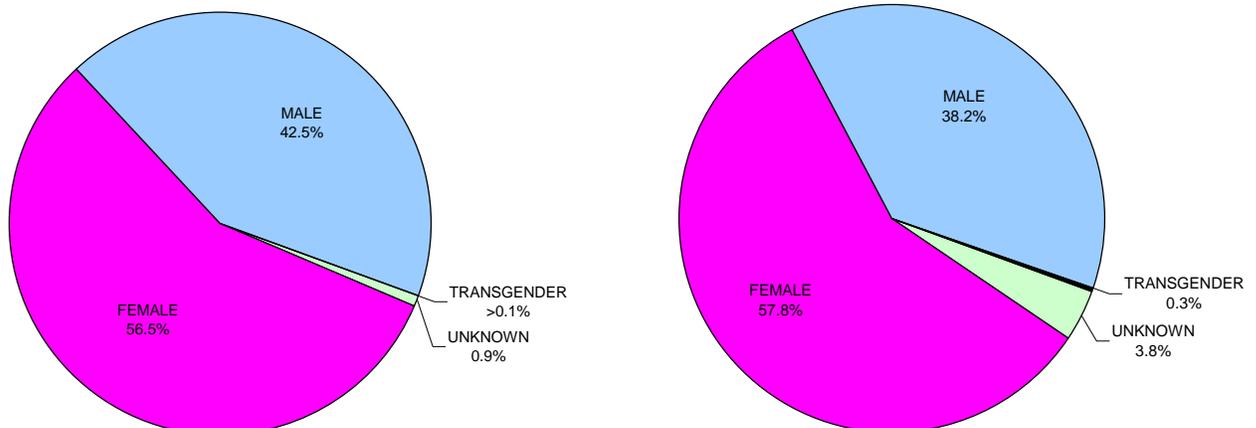


Sex

Figure 3a shows the distribution of persons tested during the survey period by sex and Figure 3b shows the distribution of persons responding to the survey by sex. Females make up majority of both testers (56.5% or 9,539) and survey respondents (57.8% or 3,786). Males accounted for 42.5% (7,182) of the tests but only 38.2% (2,500) of the survey respondents. Persons who didn't specify their sex were over-represented with 3.8% (247) of the surveys and only 0.9% (144) of the tests.

Figure 3a. HIV Tests by Sex, N = 16,879

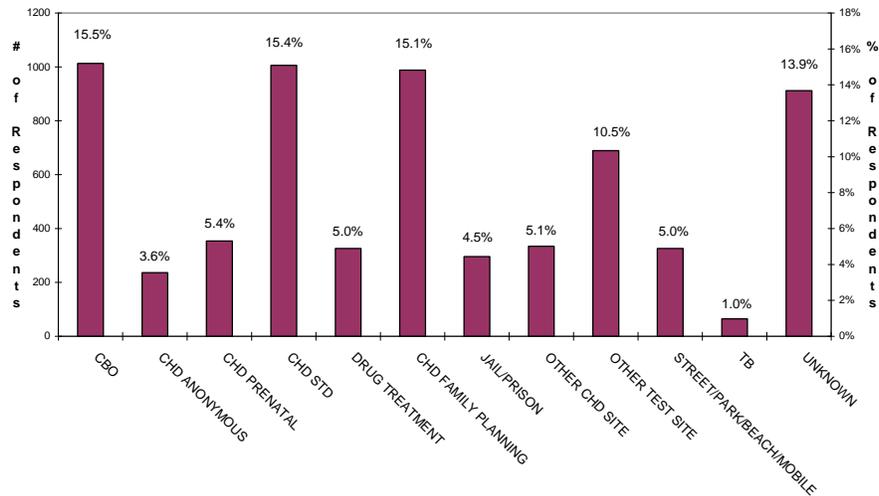
Figure 3b. Respondents by Sex, N = 6,545



Type of Clinic

Figure 4 shows that, as with previous surveys, community-based organizations (CBO) had the most survey respondents (15.5% or 1,013) followed closely by CHD sexually transmitted disease (STD) clinics (15.4% or 1,006) and CHD family planning clinics (15.1% or 988).

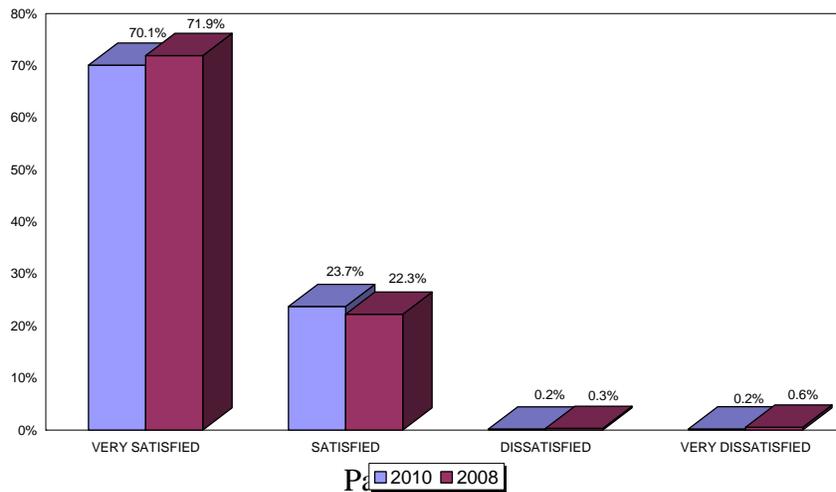
Figure 4. Respondents by Type of Clinic Used for HIV CTL Services, 2010, N= 6,545



Results

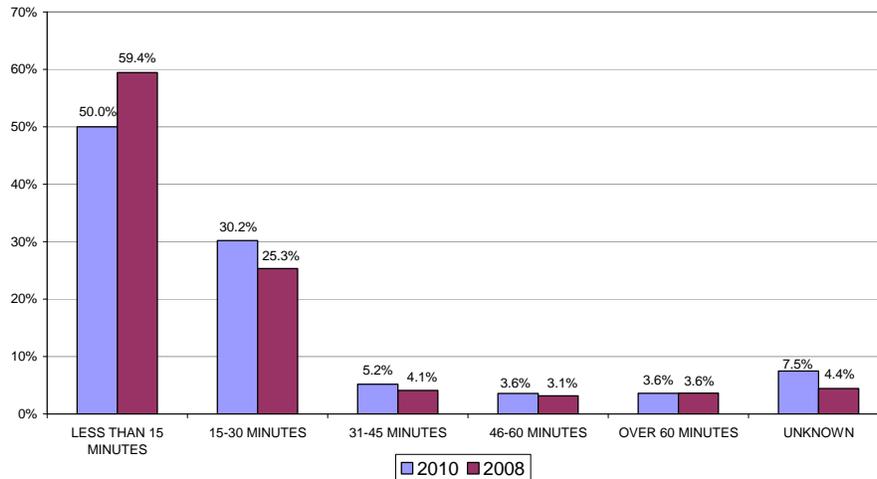
The 2010 Client Satisfaction Survey showed a very high level of satisfaction among clients receiving CTL services with 93.8% (6,141) of respondents either “Very Satisfied” (70.1% or 4,587) or “Satisfied” (23.7% or 1,554). Very few of the respondents were either “Very Dissatisfied” (0.2% or 15) or “Dissatisfied” (0.2% or 14). The level of satisfaction is unknown for 5.7% (375) of the respondents. Figure 5 compares the level of satisfaction with the 2008 Client Satisfaction Survey. The overall satisfaction rate is comparable to 2008. While the proportion of respondents who were “Very Satisfied” was slightly smaller in 2010 than in 2008, the proportion of respondents who were “Very Dissatisfied” or “Dissatisfied” was also smaller.

Figure 5. Overall Satisfaction with Counseling Session (2010) N = 6,545, (2008) N = 4,449



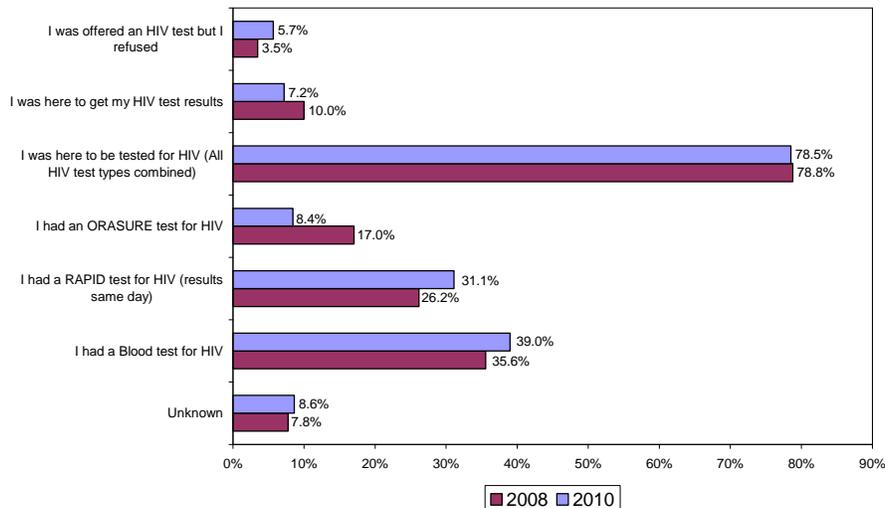
Most of the respondents had short wait times to see a counselor. Half of all respondents (50.0% or 3,272) were seen by a counselor in less than 15 minutes and another 30.2% (1,977) waited between 15 and 30 minutes. Even though the majority of the respondents were seen by a counselor in 30 minutes or less, the wait times were longer when compared to 2008, as Figure 6 shows. The proportion of respondents seen in less than 15 minutes was less in 2010 than 2008 (50.0% versus 59.4%) while the proportion was higher in 2010 than 2008 for virtually every other length of wait time group.

Figure 6. Length of Time Waited to be Seen by a Counselor
(2010) N = 6,545, (2008) N = 4,449



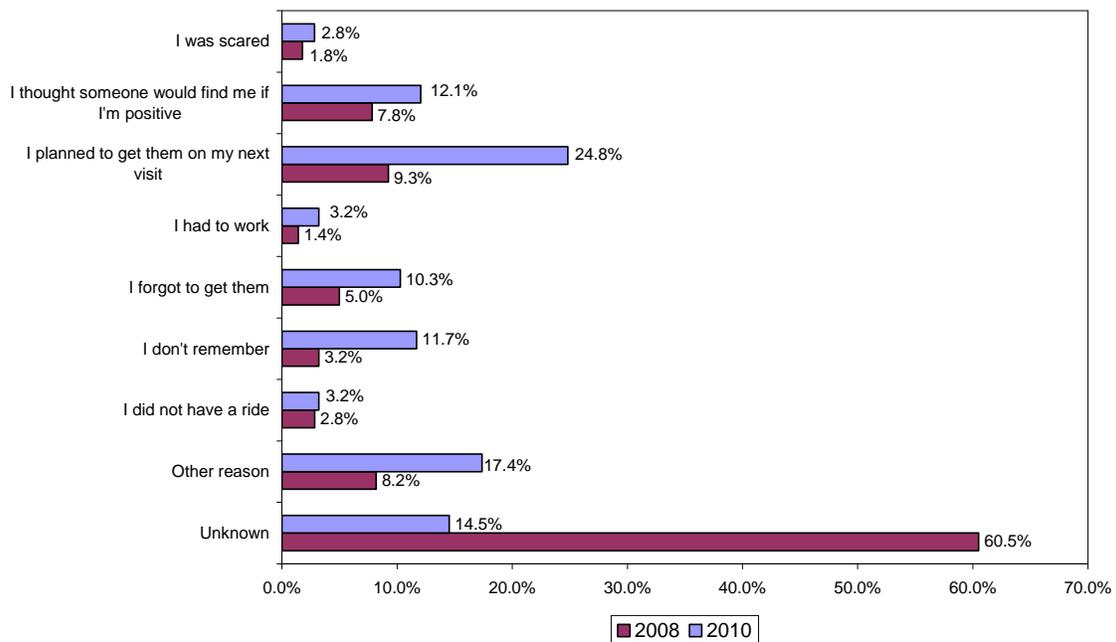
Of those surveyed, the most common reason for the visit was to obtain an HIV test (78.5% or 5,138). As shown in Figure 7, the proportion of those who had a rapid test increased from 26.2% (1,165) in 2008 to 31.1% (2,036) in 2010. As expected with an increase in rapid testing which has same day results for negative tests, the proportion of respondents surveyed who came to get their conventional test results decreased in 2010 from 2008 (7.2% or 471 versus 10.0% or 445, respectively). The number of respondents who were offered but refused an HIV test increased from 154 (3.5%) in 2008 to 371 (5.7%) in 2010.

Figure 7. Reason for the Visit
(2010) N = 6,545, (2008) N = 4,449



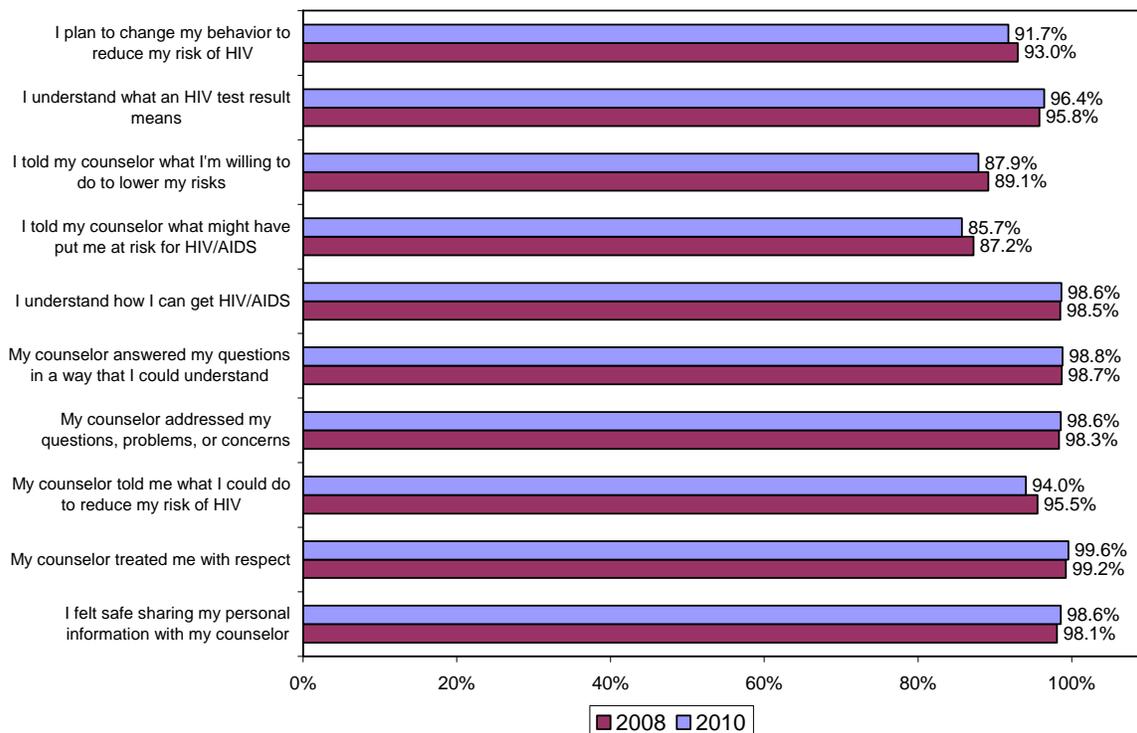
In the 2010 CSS, the proportion of respondents who had previously tested for HIV was roughly the same as the 2008 CSS (70.2% or 4,595 in 2010 and 70.7% or 3,144 in 2008). Of those previously tested, the majority (94.0% or 4,319) reported that they received the results from their prior HIV test. The respondents who did not receive their prior HIV test results were asked to identify a reason why. The responses are shown in Figure 8. The most popular reasons for not getting their results were “I planned to get them on my next visit,” with 24.8% (70) in 2010 and 9.3% (26) in 2008 and “I thought someone would find me if I am positive,” with 12.1% (34) in 2010 and 7.8% (22) in 2008.

Figure 8. Reasons Given for Not Receiving Results of Last HIV Test (2010) N = 282, (2008) N = 281



The CSS contained 11 yes/no questions pertaining to the actual HIV counseling session. There was one question, “I felt my counselor was judging me,” where a “yes” answer was actually a negative response. In the 2010 CSS, 93.7% (5,582) of the respondents, who answered that question, answered with a “no” response. Figure 9 shows the percentage of “yes” answers from the respondents who answered the remaining questions regarding the counselor and CTL services. The majority of questions had over 90% agreement with “My counselor treated me with respect” receiving the most “yes” answers at 99.6% (6,241). The three questions with the fewest “yes” answers pertained to the respondents’ actions and planned future actions rather than the counselor’s actions or the counseling session.

Figure 9. "Yes" Responses Regarding Counseling Session, 2010 and 2008



Client Feedback

The survey respondents were asked to provide comments and feedback on how to improve the services provided. A total of 1,644 responses were given including 91 in languages other than English. While the survey was given in Spanish and Creole in previous years, this was the first year where comments and feedback were supplied by the respondents in those languages. The foreign language responses were translated and combined with the English responses. Together their comments were grouped into categories: general positive feedback, complaints about length of wait time, complaints about CTL services, marketing suggestions, and other remarks.

Most of the respondents (77.9% or 1,280) wrote positive comments about the counseling services they received. Written comments from respondents in their own words about the counseling and testing session included:

- “Yo creo que es excelente” (I believe it is excellent)
- “This was my first test and I was nervous but understood the importance of having it done. The ladies that assisted me were very kind and made me feel comfortable”
- “I have always had excellent services provided here at this clinic. Everyone is always kind and non judgmental.”

Complaints About Length of Wait Time

The most consistent complaint and area pointed out for improvement was the length of time waiting to be seen by a counselor (6.6% or 109). Some of the remarks included:

- “Try to make the waiting less of a hassle.”
- “It was excellent except for the waiting.”
- “The waiting time is too long, this needs to be worked on, it’s a major complaint.”

Complaints About the Service

While most of the complaints were about the length of wait time, 2.3% (38) were about challenges experienced during the counseling session:

- “By treating clients more like people instead of cattle”
- “Give a little more time to talk about what’s going on”
- “More noise in background like a radio to assure patient confidentiality”

Marketing Suggestions

44 respondents (2.7%) provided suggestions to increase awareness about HIV/AIDS and the CTL services available:

- “Offer HIV info pamphlets or flyers in waiting room for clients to read or take home”
- “Mas promocion del servicio” (More promotion of services)
- “Using local tv station about getting tested”

Other Remarks

Providing food or snacks during wait time (15 or 0.9%), more/better incentives (12 or 0.7%) and increased condom selection and availability (8 or 0.5%) were also suggested. Other suggestions were for more staff and other services such as OB/GYN or STD testing. Some respondents requested more services in Spanish; this is of note since most of the requests (4 out of 5) were made in Spanish.

Conclusion

To continue assessing the quality of HIV counseling, testing, and linkage services in publicly funded test sites, a fifth biennial Client Satisfaction Survey (CSS) was conducted statewide in 2010. The survey found a high level of satisfaction with services received.

- 93.8% of those surveyed were satisfied or very satisfied with the services provided.
- Counselors are doing a good job providing information, explaining methods for risk reduction, answering the clients’ questions, and treating their clients with respect.
- Although some clients still considered the length of wait time too long, 80.2% of the participants were seen in 30 minutes or less.

Approximately 16,879 persons received CTL services during the survey implementation period; the sample size needed was 2,102 (95% confidence level, +/- 2%). Although an adequate sample size was obtained (6,545), not every county of the state was equally represented. Even though clients surveyed appeared to be representative of those

tested at registered test sites during the same time period, data may not necessarily be generalized to all clients receiving CTL services. Respondents were 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 the data.

The findings from this fifth survey will be used to further improve CTL services. Specifically, clients want more improvement in the length of wait time as well as increased marketing of CTL services. This will no doubt be challenging as CHDs and other sites continue to experience budget cuts and increased patient loads. 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.