



HIV Counseling, Testing &
Linkage Services

2014 Statewide Client Satisfaction Survey Report

Prepared by:
HIV/AIDS Section
Prevention Program

HIV/AIDS Section/HIV Prevention Program 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 HIV Prevention Program 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 17 and 28, 2014. 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). 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 CHD 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 4,972 clients participated in the survey. Respondents were similar to the total population of persons tested at registered test sites during the same period with respect to race/ethnicity, gender and age. Most respondents reported being seen by a counselor in 15 minutes or less (3,218 or 64.7%), and almost all of the survey respondents who answered the question, indicated that they understood how HIV is transmitted (4,745 out of 4,795 or 99.0%). 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 (4,840 out of 4,855 or 99.7%), creating an environment where clients felt safe sharing their personal information with the counselor (4,797 out of 4,840 or 99.1%), and answering questions in a way that the clients could understand (4,743 out of 4,773 or 99.4%). [Not every client answered every question on the survey.]

Demographics

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 45.0% (7,417) of the total population tested and 42.3% (2,102) of the survey respondents. Hispanics represented 23.8% (3,928) of tests and 25.5% (1,266) of the surveys. Whites represented 25.8% (4,253) of persons tested and 24.7% (1,226) of persons surveyed. The “other” category included American Indian, Asian and Native Hawaiian/Pacific Islander.

Figures 1a and 1b

Figure 1a. HIV Tests by Race/Ethnicity
N = 16,484

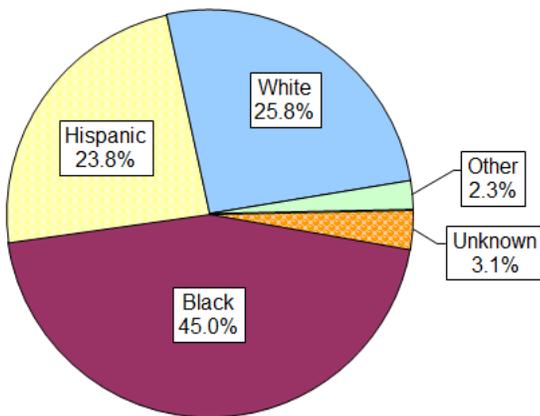
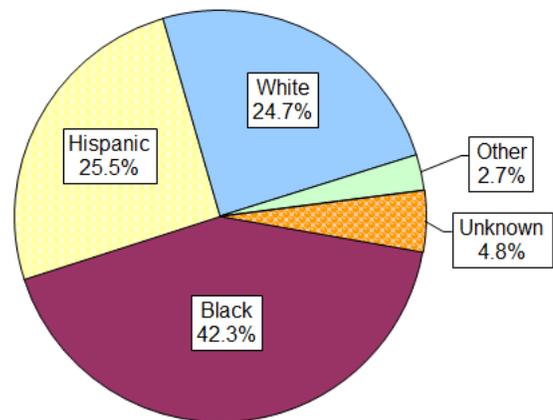


Figure 1b. Survey Respondents by Race/Ethnicity
N = 4,972



Age

Figure 2 shows that the age distribution of respondents was similar to that of persons tested during the survey period. Persons aged 20 to 29 made up the largest proportion of both those tested (41.9% or 6,915) and those who took the survey (40.2% or 2,000). Clients 50 and older were slightly under-represented in the survey (survey: 8.2%, tests for same time period: 11.2%). A higher proportion of persons completing the survey chose not to disclose their age than persons tested (7.5% or 374 versus 0.3% or 57, respectively).

Figure 2. Number of HIV Tests and Survey Respondents by Age Group for the 2014 Survey

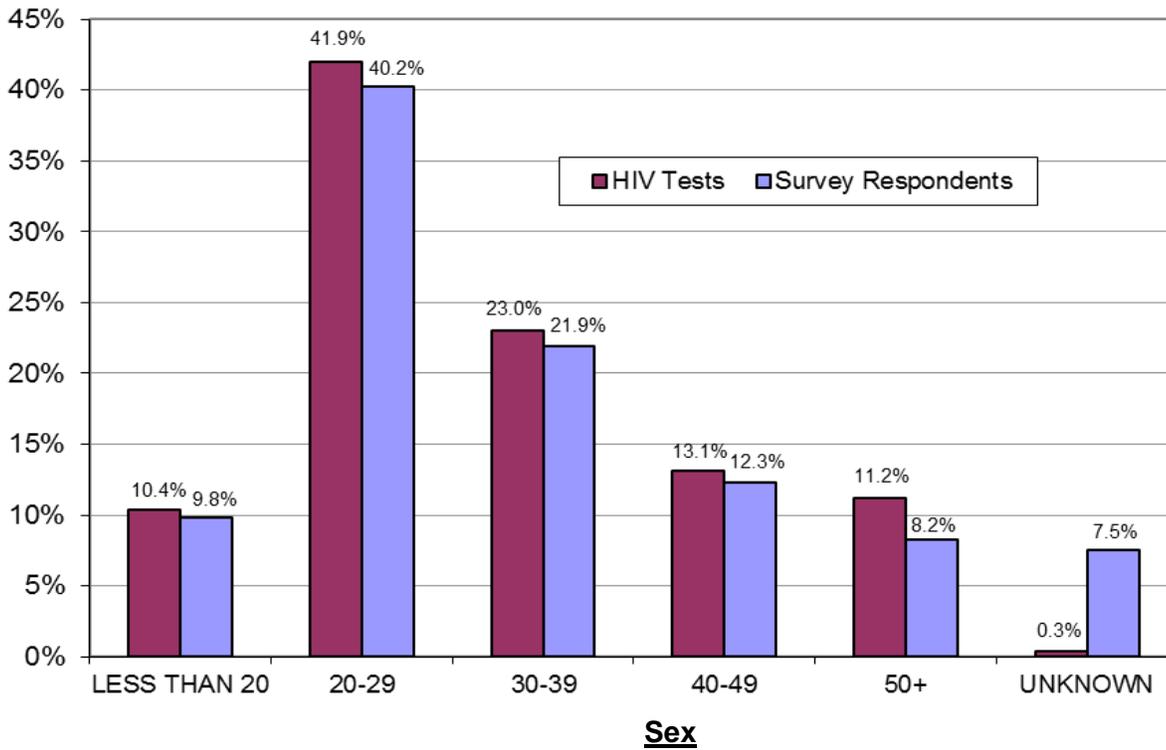


Figure 3a shows the distribution of persons tested during the survey period by sex and Figure 3b shows the distribution of persons responding to the survey by sex. Females made up the majority of both testers (52.8% or 8,699) and survey respondents (52.7% or 2,619). Males accounted for 45.7% (7,541) of the tests and 44.3% (2,203) of the survey respondents. Persons who didn't specify their sex were over-represented with 2.7% (132) of the surveys and only 1.4% (230) of the tests.

Figures 3a and 3b

Figure 3a. HIV Tests by Sex (N = 16,484)

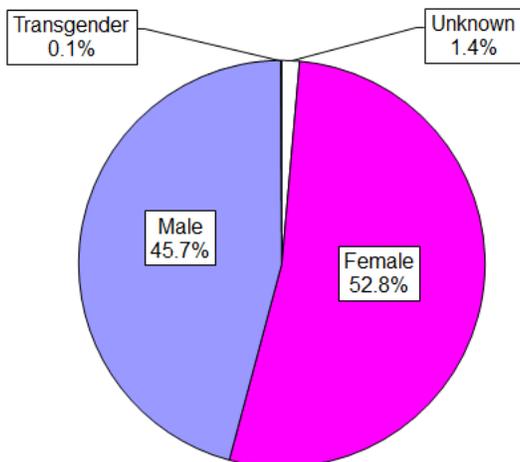
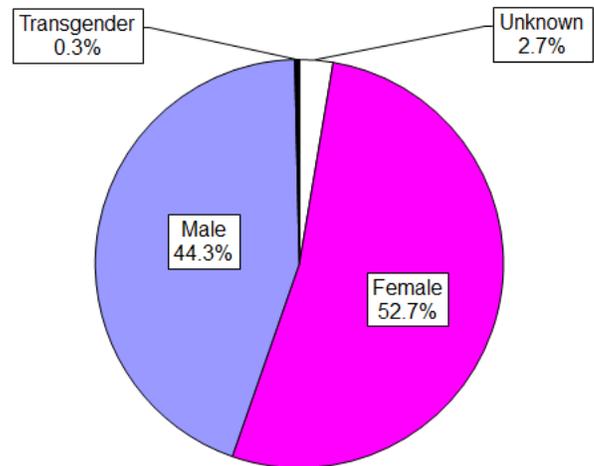


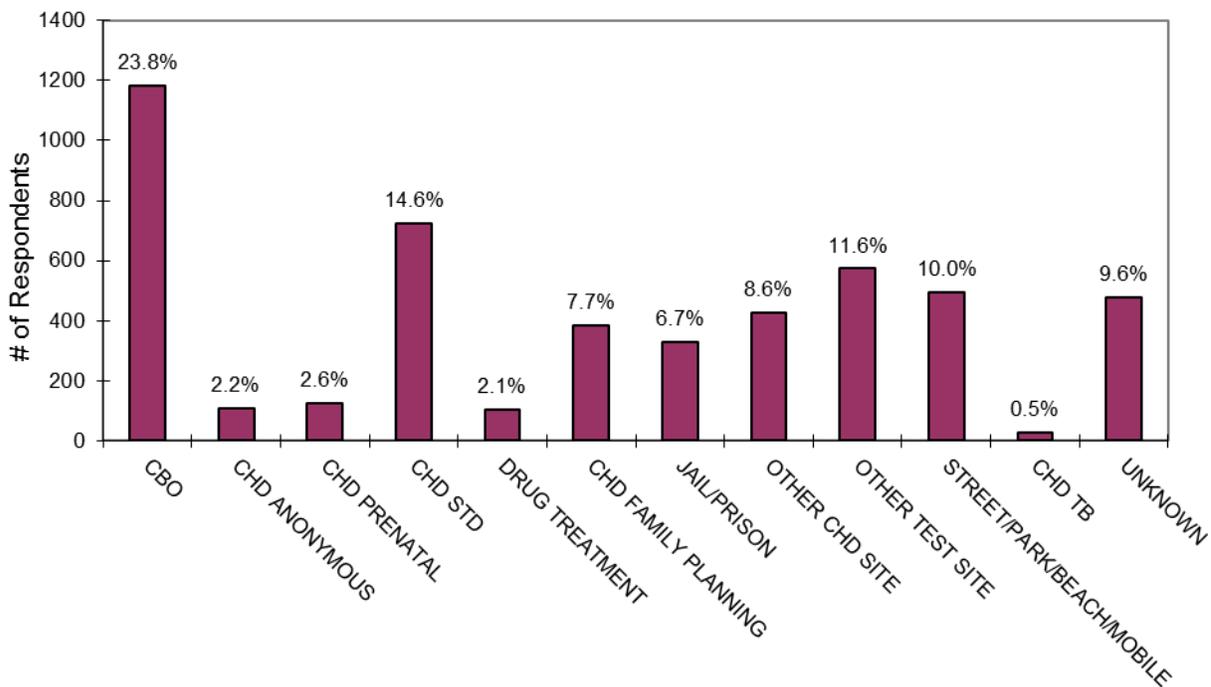
Figure 3b. Survey Respondents by Sex (N = 4,972)



Test Site Type

Clients have a variety of clinic types to choose from for HIV testing in Florida. Figure 4 shows the distribution of clinic types for the 2014 survey period. As with previous surveys, for the known types of test settings, CBOs had the most survey respondents (23.8% or 1,183). The next most common known test sites were: CHD sexually transmitted disease (STD) clinics (14.6% or 726) and street/park/beach/mobile unit (10.0% or 495). The distribution of persons tested during the survey period also reflected CBO (30.4% or 5,019) as having tested the most clients, and STD clinics testing the third highest numbers (14.5% or 2,387). Emergency departments and community health centers accounted for the second highest number of clients (14.9% or 2,453) (data not shown). We will consider adding these sites as a separate choice in future surveys.

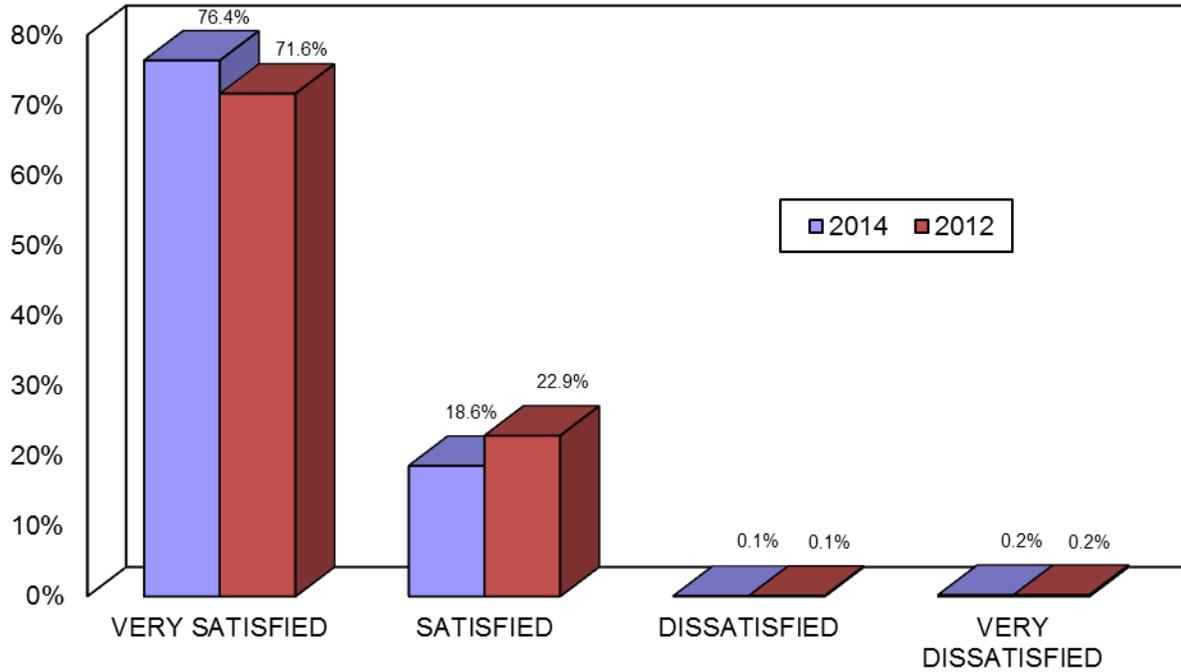
Figure 4. 2014 Survey Respondents by Test Site Type Used for HIV CTL Services (N= 4,972)



Results

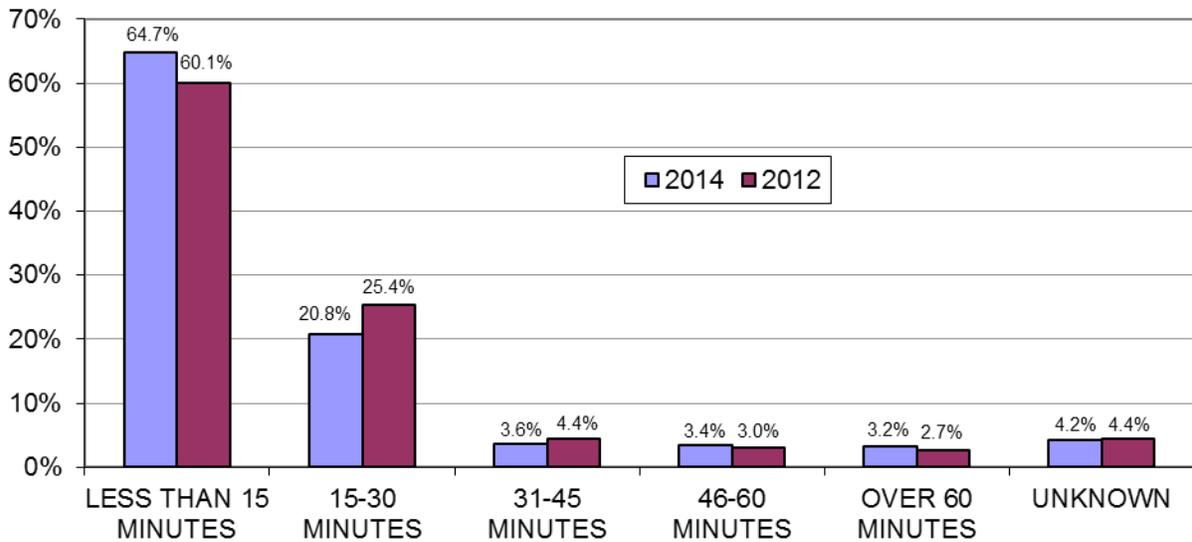
The 2014 Client Satisfaction Survey showed a very high level of satisfaction among clients receiving CTL services with 95.0% (4,723) of respondents either “Very Satisfied” (76.4% or 3,797) or “Satisfied” (18.6% or 926). Very few of the respondents were either “Very Dissatisfied” (0.2% or 11) or “Dissatisfied” (0.1% or 4). The level of satisfaction is unknown for 4.7% (234) of the respondents. Figure 5 compares the level of satisfaction with the 2012 Client Satisfaction Survey. The proportion of clients very satisfied with services increased from 71.6 in 2012 to 76.4 in 2014. [Clients who did not answer the satisfaction question (N=234, 4.7% for 2014) are excluded from Figure 5.]

Figure 5. Overall Satisfaction with Counseling Session for 2014 (N = 4,972) and 2012 (N = 4,832)



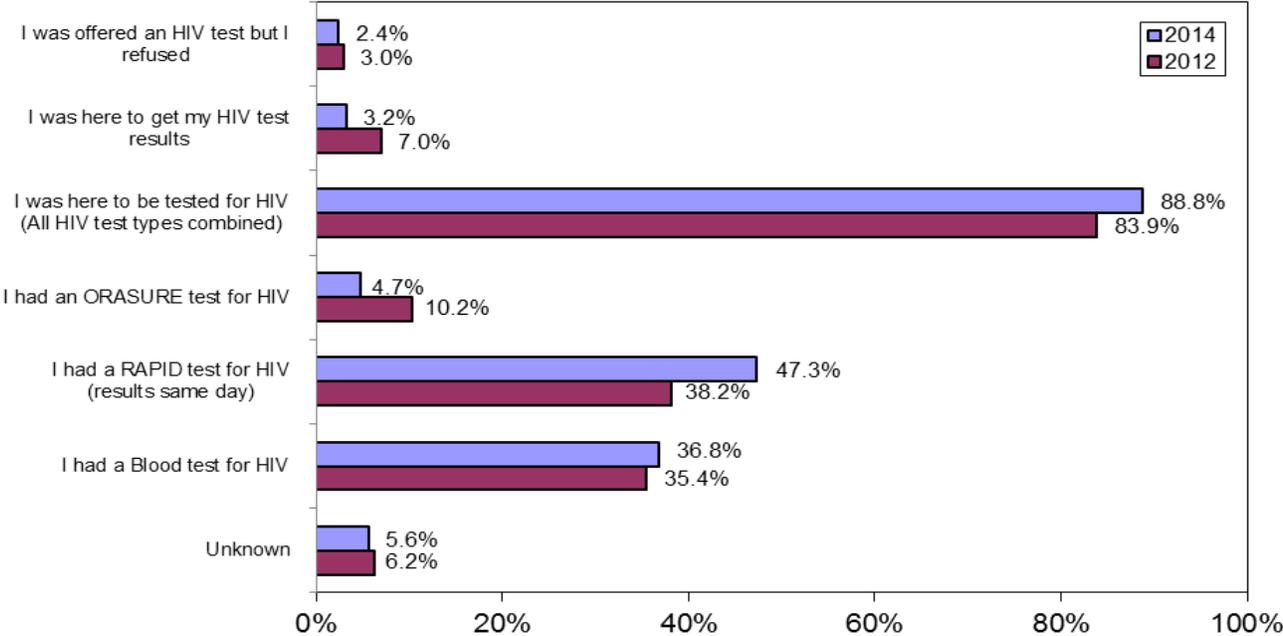
Most of the respondents had short wait times to see a counselor. Almost two-thirds (64.7% or 3,218) were seen by a counselor in less than 15 minutes. Another 20.8% (1,035) waited between 15 and 30 minutes. Proportionately more respondents were seen in less than 15 minutes in 2014 than in 2012.

Figure 6. Length of Time Waited to be Seen by a Counselor 2014 (N= 4,972) and 2012 (N = 4,832)



Of those surveyed in 2014, the most common reason for the visit was to obtain an HIV test (88.8% or 4,414). As shown in Figure 7, the proportion of those who had a rapid test increased from 38.2% (1,846) in 2012 to 47.3% (2,350) in 2014. 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 continues to decrease. For 2014 it was 3.2% or 159 compared to 2012 when it was 7.0% or 336. The number of respondents who were offered but refused an HIV test decreased from 143 (3.0%) in 2012 to 121 (2.4%) in 2014.

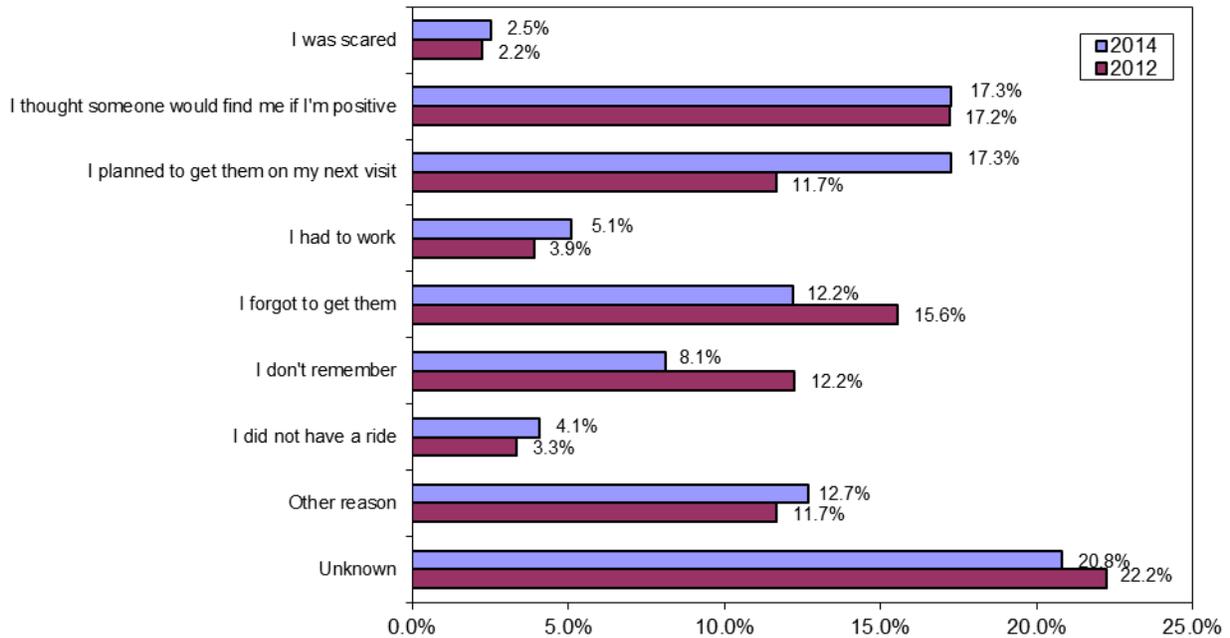
**Figure 7. Reason for the Visit
2014 (N = 4,972) and 2012 (N = 4,832)**



In the 2014 CSS, the proportion of respondents who had previously tested for HIV was similar to the 2012 CSS (73.8% in 2014 and 71.0% in 2012). For 2014, of those previously tested, 88.6% reported that they received the results from their prior HIV test. This has decreased from 94.8% in 2012.

The small proportion of respondents who did not receive their prior HIV test results were asked to identify a reason why. The responses are shown in Figure 8. Of the known reasons given, the most popular reasons given in 2014 were “I planned to get them on my next visit” (N=34 or 17.3%) and “I thought someone would find me if I was positive” (also N=34 or 17.3%). The most popular reasons in 2012 were: “I thought someone would find me if I was positive” (N=31 or 17.2%) and “I forgot to get them” (N=28 or 15.6%).

Figure 8. Reasons Given for Not Receiving Results of Last HIV Test, 2014 (N = 197) and 2012 (N = 180)

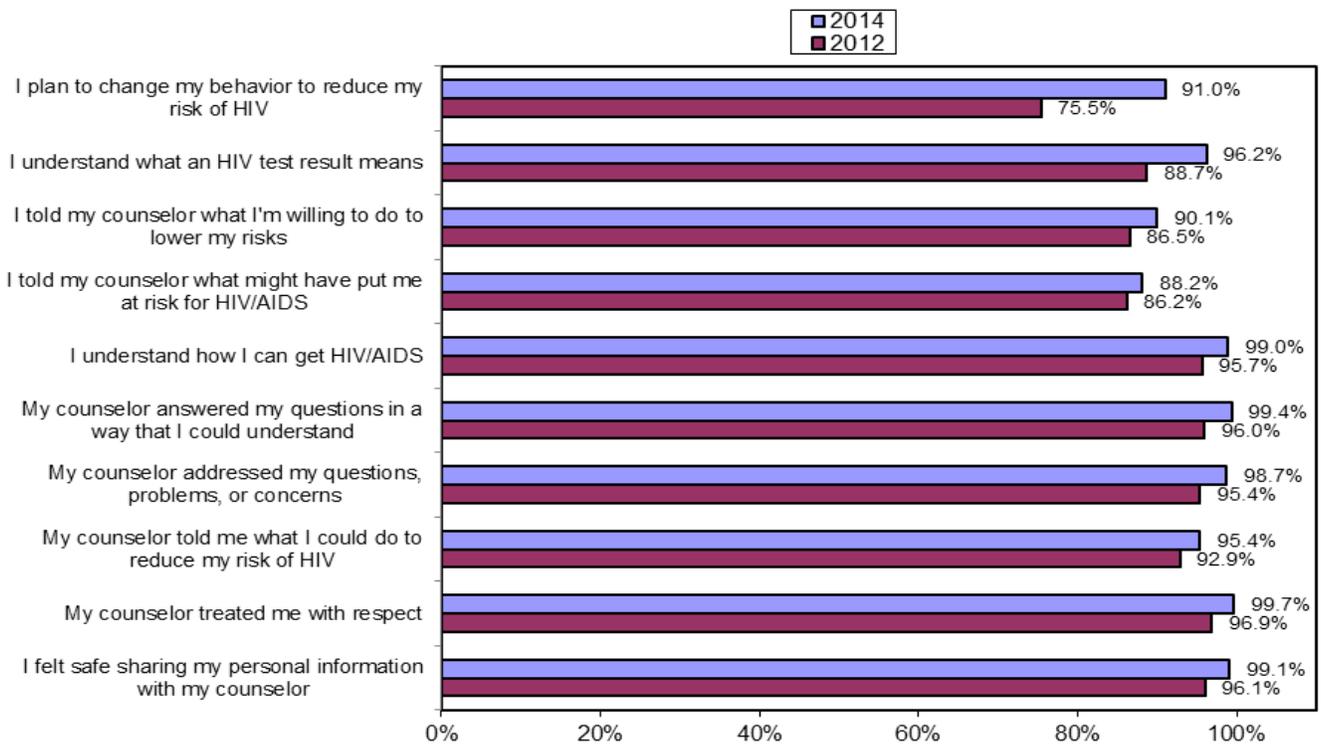


The CSS contained 11 yes/no questions pertaining to the actual HIV counseling session. There was one question, “I felt my counselor was judging me”, where a “yes” answer was actually a negative response. In the 2014 CSS, 84.8% (4,020) of the respondents who answered that question, answered with a “no” response. This is an improvement from 2012 when 78.0% answered “no.”

Figure 9 shows the percentage of “yes” answers from the respondents who answered the remaining questions regarding the counselor and CTL services. For the majority of these questions, more than 90% of the clients answered “yes”. The question: “My counselor treated me with respect” received the largest proportion of “yes” answers at 99.7% (4,840). [Not every client answered every question on the survey.]

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. There was improvement on all questions between 2012 and 2014. The greatest opportunity for improvement involves clients being more willing to discuss with their counselors what put the client at risk for HIV/AIDS. This is the only question (“I told my counselor what might have put me at risk for HIV/AIDS”) where less than 90% answered “yes” (4,152 or 88.2%) for 2014.

Figure 9. "Yes" Responses Regarding Counseling Session



Client Feedback

The survey respondents were asked to provide comments and feedback on how to improve the services provided. A total of 1,405 responses were given including in languages other than English. While the survey was given in Spanish and Creole in previous years, this was the third time 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 comments (80.2% or 1,127) about the counseling services were positive, in that the clients made comments ranging from: services were at least satisfactory with no need for improvement - to - services were excellent. Written comments from respondents in their own words about the counseling and testing session included:

“Continue do what you are doing. Continue to respect and treat the patient well. I appreciate the doctor and nurse that assist me today.”

”Don't change anything, my counselor was easy to talk to and explained everything to me. I didn't feel the need to lie or hide anything, because he let me know this was between us and I could be honest.”

“Keep being honest and truthful with your patients and helpful in exampling about what you are talking about.”

“Continue the same practices and continue giving others the hope and help they need.”

Complaints About Length of Wait Time

The most common, specific complaint about CTL services continues to be about lengthy waiting room times once the client got to the clinic (6.5% or 91). Some of the remarks included:

“By being on time seeing patient. I believe if I have an appointment at certain time I shouldn't be seen almost two hours after my appointment time.”

“Long on the waiting time in the lobby and also once the patient is in the room.”

“You're doing a great job, but it takes to long to see you.”

Complaints About the Service

There were 18 (1.3%) specific complaints about privacy, confidentiality and/or lack of discretion on the part of the staff. Often, this complaint centered around the computerized sign in process. The following complaint was typical:

“Add some privacy guards to the screens where you check in (touch screens are open for anyone to see in what is a very busy store).”

There were 7 (0.5%) specific complaints about rude and/or inappropriate behavior by staff:

“Lady at front desk was very rude both on the phone and face to face.”

“Better ‘table side manners’”

Marketing Suggestions

Thirty-five respondents (2.5%) provided general suggestions to increase awareness about HIV/AIDS, the CTL services available and community outreach:

“You could improve with better information.”

“Advertise, more people need to know more about your services.”

“Provide mobile services more often specially in poor neighborhoods.”

Other Remarks

Providing food or snacks during wait time (15 or 1.1%) and more/better incentives (5 or 0.4%) were also suggested. Other suggestions were for more staff, extended hours and days for operation and other services such as STD testing.

Conclusion

To continue assessing the quality of HIV counseling, testing and linkage services in publicly funded test sites, a seventh biennial CSS was conducted statewide in 2014. The survey found a high level of satisfaction with services received.

Client satisfaction levels remain excellent, as 95.0% of those surveyed were either “satisfied” or “very satisfied” with CTL services. Moreover, there was a slight increase in overall satisfaction between 2012 and 2014. Although some clients still considered waiting room times too long, 85.5% of survey participants were seen in 30 minutes or less.

Overall, CTL counselors are doing an excellent job providing information, explaining methods for HIV risk reduction, answering the clients’ questions, and treating their clients with respect. There was some improvement in all measurements between the 2012 and 2014 survey periods.

During the survey implementation period, 16,484 persons received CTL services. 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 seventh survey will be used to further improve CTL services. Specifically, clients want more improvement in the length of wait time, confidentiality, extended hours of operation as well as increased marketing of CTL services. This will no doubt be challenging as CHDs and other sites have experienced budget cuts and increased patient loads. It is very important to continue improving the proportion of people who 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.