



HIV Counseling, Testing &
Linkage Services

2012 Statewide Report of Client
Satisfaction Survey

Prepared by: HIV/AIDS and
Hepatitis Program
Prevention Section

Prevention Section 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/AIDS and Hepatitis Program 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 19 and 30, 2012. 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 an 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 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 4,832 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. Blacks were slightly under-represented in the survey. Three out of five respondents reported being seen by a counselor in 15 minutes or less (2,902 or 60.1%), and almost all of the survey respondents indicated that they understood how HIV is transmitted (4,623 or 95.7%). 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 (4,682 or 96.9%), creating an environment where clients felt safe sharing their personal information with the counselor (4,642 or 96.1%), and answering questions in a way that the clients could understand (4,637 or 96.0%).

Demographics

Generally, the 4,832 respondents completing the CSS were representative of clients tested in Florida's registered testing sites (12,401) during the survey implementation period (March 19-30, 2012) with respect to race/ethnicity, gender, and age group. Blacks were slightly under-represented in the survey.

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 43.6% (5,412) of the total population tested and 39.4% (1,902) of the survey respondents. Hispanics represented 25.5% (3,166) of tests and 26.2% (1,265) of the surveys. Whites represented 26.6% (3,295) of persons tested and 26.4% (1,277) of persons surveyed. The "other" category included American Indian, Asian, and Native Hawaiian/Pacific Islander. This group appears to be over-represented with 2.1% (104) of the surveys versus 2.0% (239) of the tests. However, within the "other" category more people stated they were American Indian in the survey (50) than were tested (17). This may represent a more accurate representation since this population is often under-counted (data not shown).

Figures 1a and 1b

Figure 1a. HIV Tests by Race/Ethnicity
N = 12,401

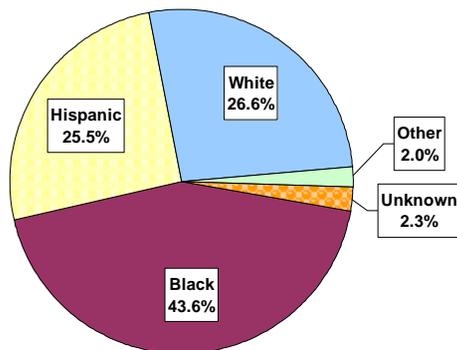
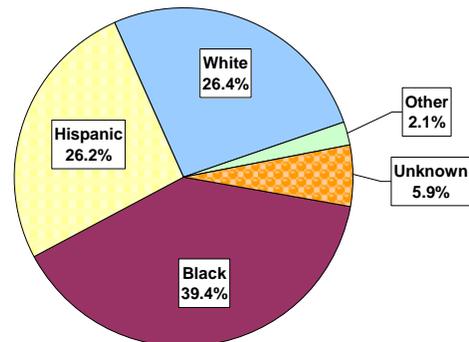


Figure 1b. Survey Respondents by Race/Ethnicity
N = 4,832



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 (43.6% or 5,413) and those who took the survey (40.6% or 1,962). A higher proportion of persons completing the survey chose not to disclose their age than persons tested (8.3% or 399 versus 0.4% or 52, respectively).

Figure 2. Number of HIV Tests and Survey Respondents by Age Group for the 2012 Survey

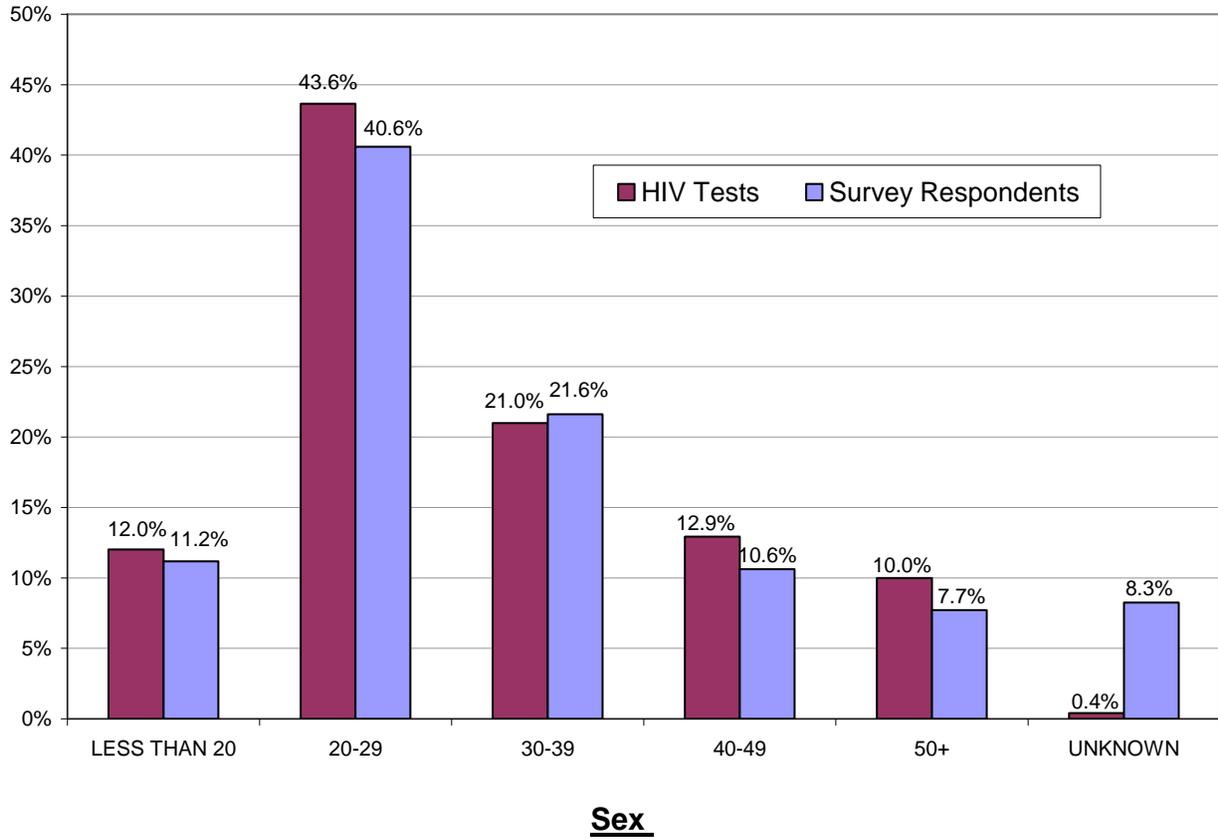
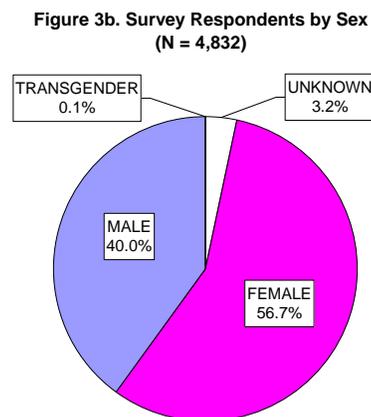
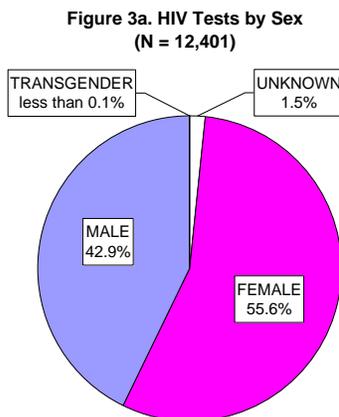


Figure 3a shows the distribution of persons tested during the survey period by sex and Figure 3b shows the distribution of persons responding to the survey by sex. Females make up majority of both testers (55.6% or 6,891) and survey respondents (56.7% or 2,738). Males accounted for 42.9% (5,315) of the tests and 40.0% (1,931) of the survey respondents. Persons who didn't specify their sex were over-represented with 3.2% (157) of the surveys and only 1.5% (192) of the tests.

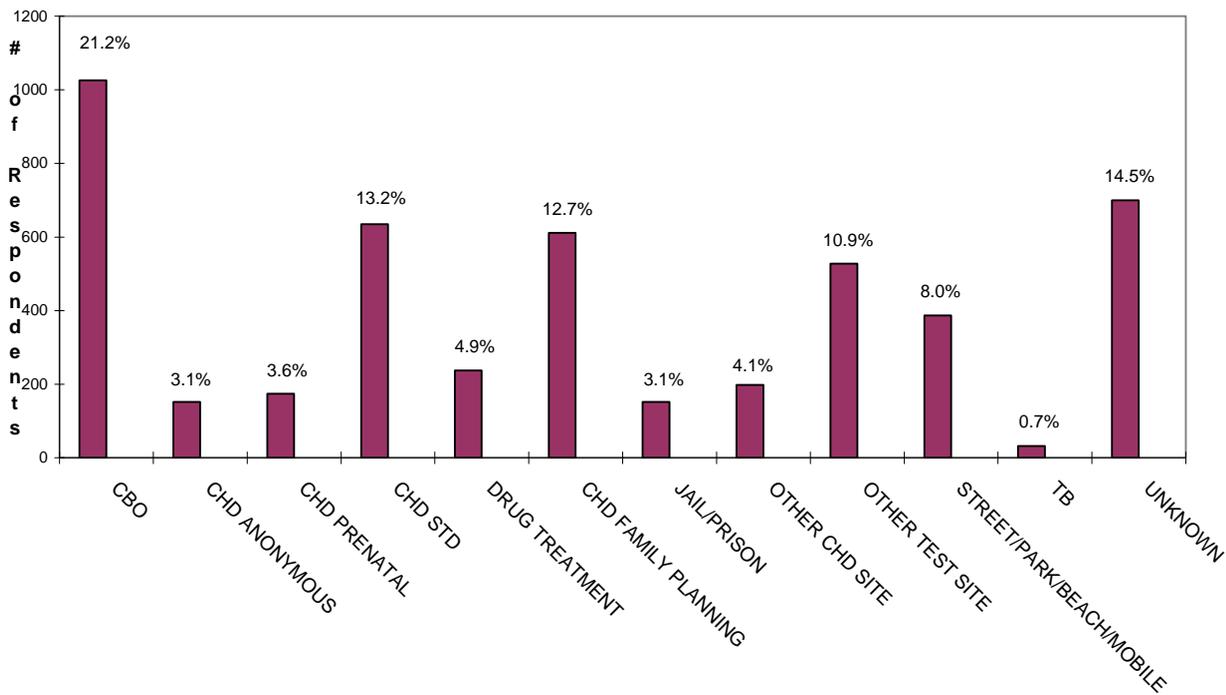
Figures 3a and 3b



Type of Clinic

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 2012 survey period. As with previous surveys, for the known types of test settings, community-based organizations (CBO) had the most survey respondents (21.2% or 1,026) followed by CHD sexually transmitted disease (STD) clinics (13.2% or 635) and CHD family planning clinics (12.7% or 611).

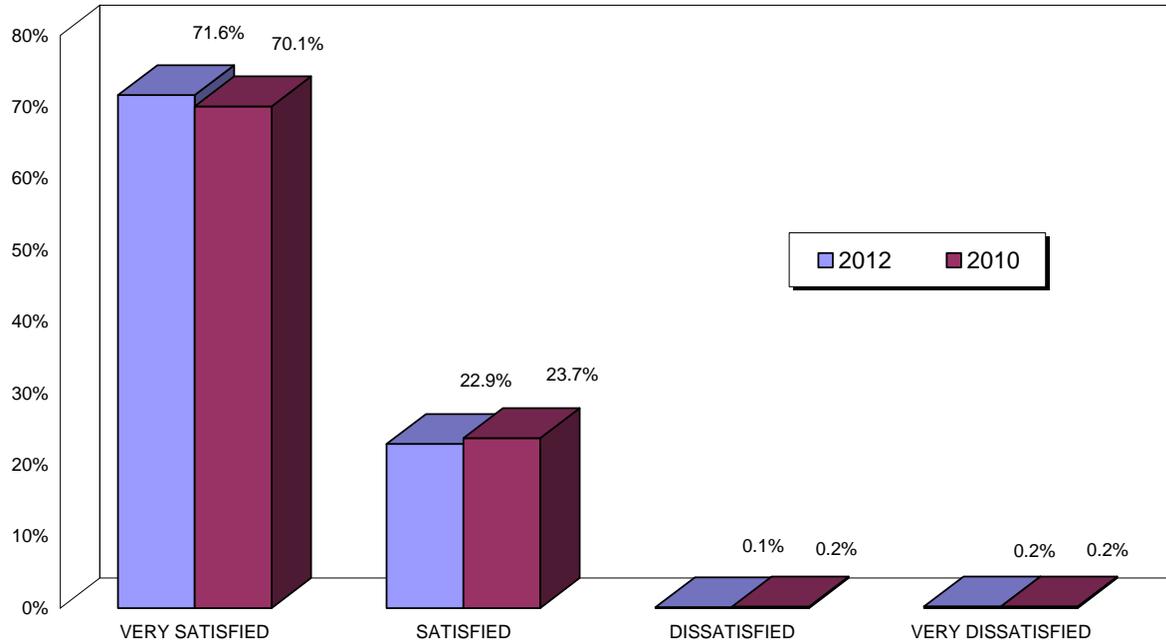
Figure 4. 2012 Survey Respondents by Type of Clinic Used for HIV CTL Services (N= 4,832)



Results

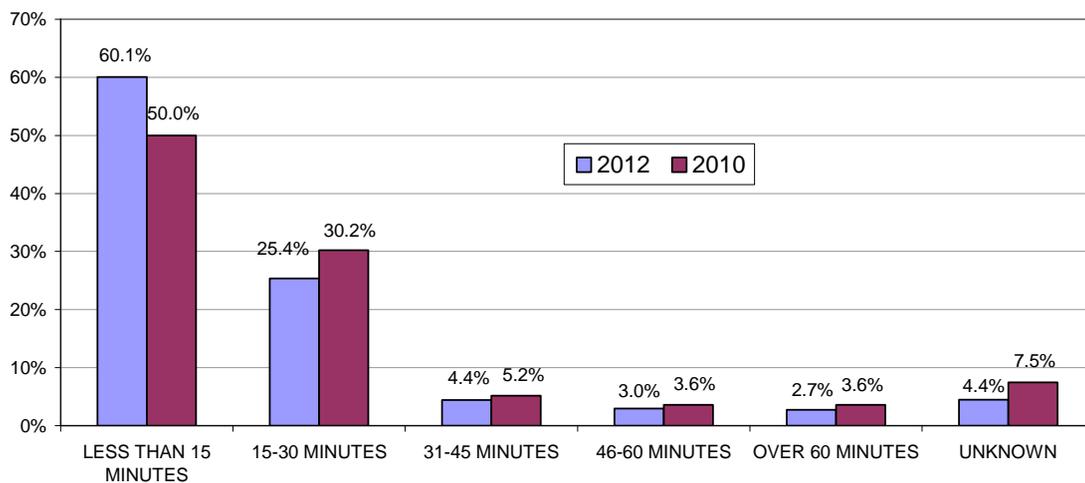
The 2012 Client Satisfaction Survey showed a very high level of satisfaction among clients receiving CTL services with 94.5% (4,569) of respondents either “Very Satisfied” (71.6% or 3,462) or “Satisfied” (22.9% or 1,107). Very few of the respondents were either “Very Dissatisfied” (0.2% or 11) or “Dissatisfied” (0.1% or 5). The level of satisfaction is unknown for 5.1% (247) of the respondents. Figure 5 compares the level of satisfaction with the 2010 Client Satisfaction Survey. [Clients who did not answer the satisfaction question (N=247, 5.1% for 2012) are excluded from Figure 5.]

Figure 5. Overall Satisfaction with Counseling Session for 2012 (N = 4,832) and 2010 (N = 6,545)



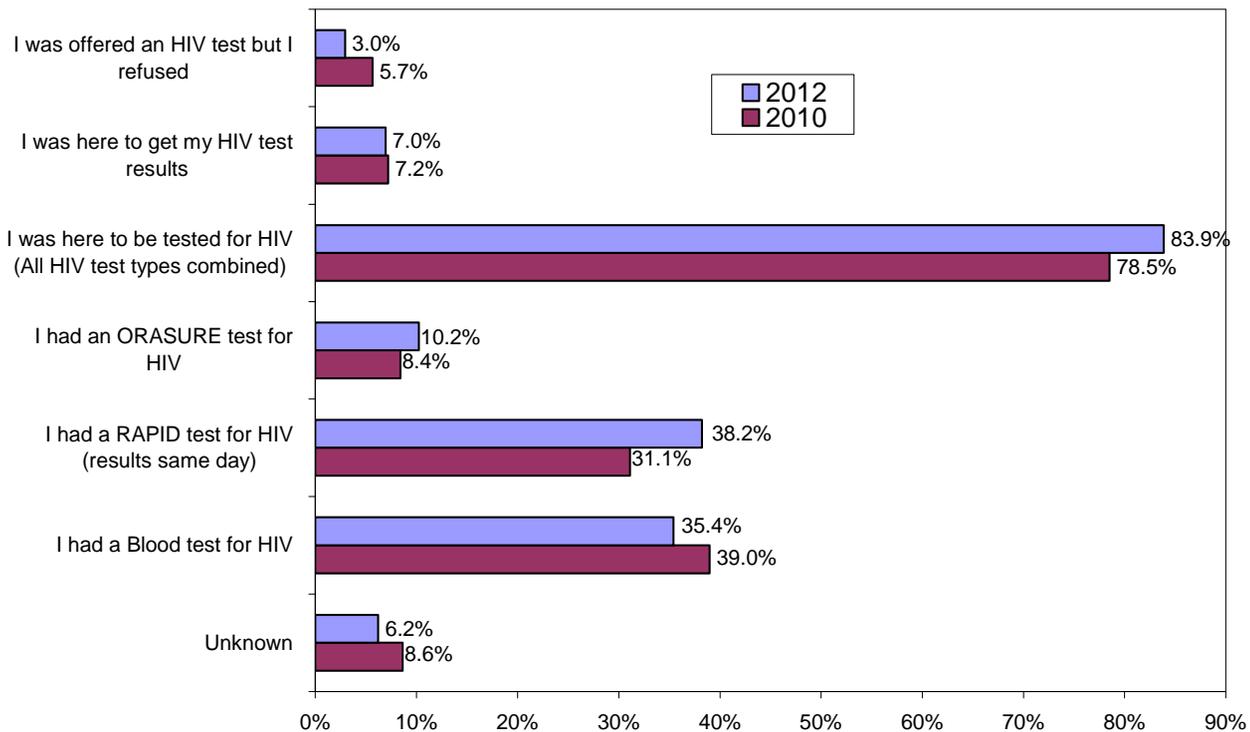
Most of the respondents had short wait times to see a counselor. Three out of five of respondents (60.1% or 2,902) were seen by a counselor in less than 15 minutes and another fourth (25.4% or 1,226) waited between 15 and 30 minutes. Wait times improved between 2010 and 2012 and are comparable to the wait times of 2008 (2008 data not shown).

Figure 6. Length of Time Waited to be Seen by a Counselor 2012 (N= 4,832) and 2010 (N = 6,545)



Of those surveyed in 2012, the most common reason for the visit was to obtain an HIV test (83.9% or 4,052). As shown in Figure 7, the proportion of those who had a rapid test increased from 31.1% (2,036) in 2010 to 38.2% (1,846) in 2012. 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 slowly. For 2012 it was 7.0% or 336 compared to 2010 when it was 7.2% or 471. The number of respondents who were offered but refused an HIV test decreased from 371 (5.7%) in 2010 to 143 (3.0%) in 2012.

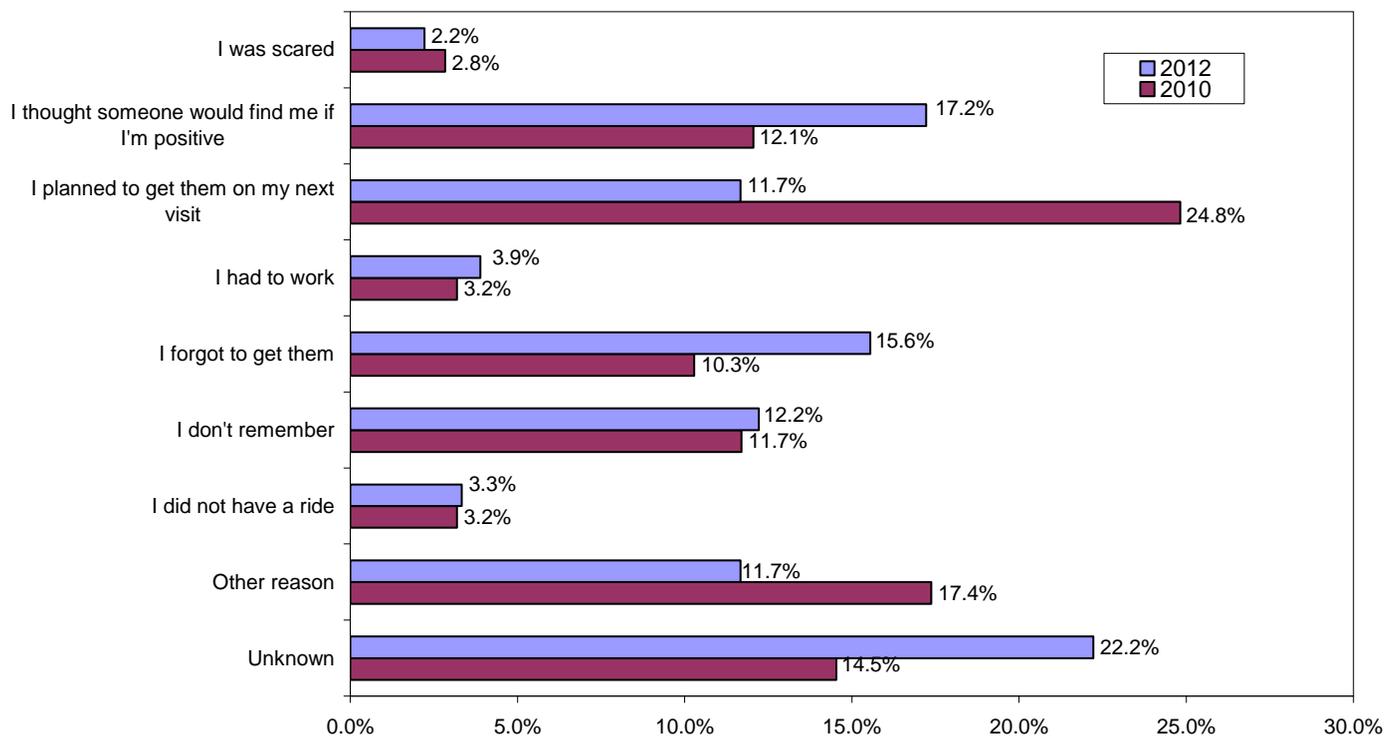
**Figure 7. Reason for the Visit
2012 (N = 4,832) and 2010 (N = 6,545)**



In the 2012 CSS, the proportion of respondents who had previously tested for HIV was virtually the same as the 2010 CSS (71.0% in 2012 and 70.2% in 2010). For 2012, of those previously tested, 94.8% reported that they received the results from their prior HIV test.

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 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%). The most popular reasons in 2010 were “I planned to get them on my next visit”, 24.8% (70) and “I thought someone would find me if I am positive” with 12.1% (34).

Figure 8. Reasons Given for Not Receiving Results of Last HIV Test, 2012 (N = 180) and 2010 (N = 282)

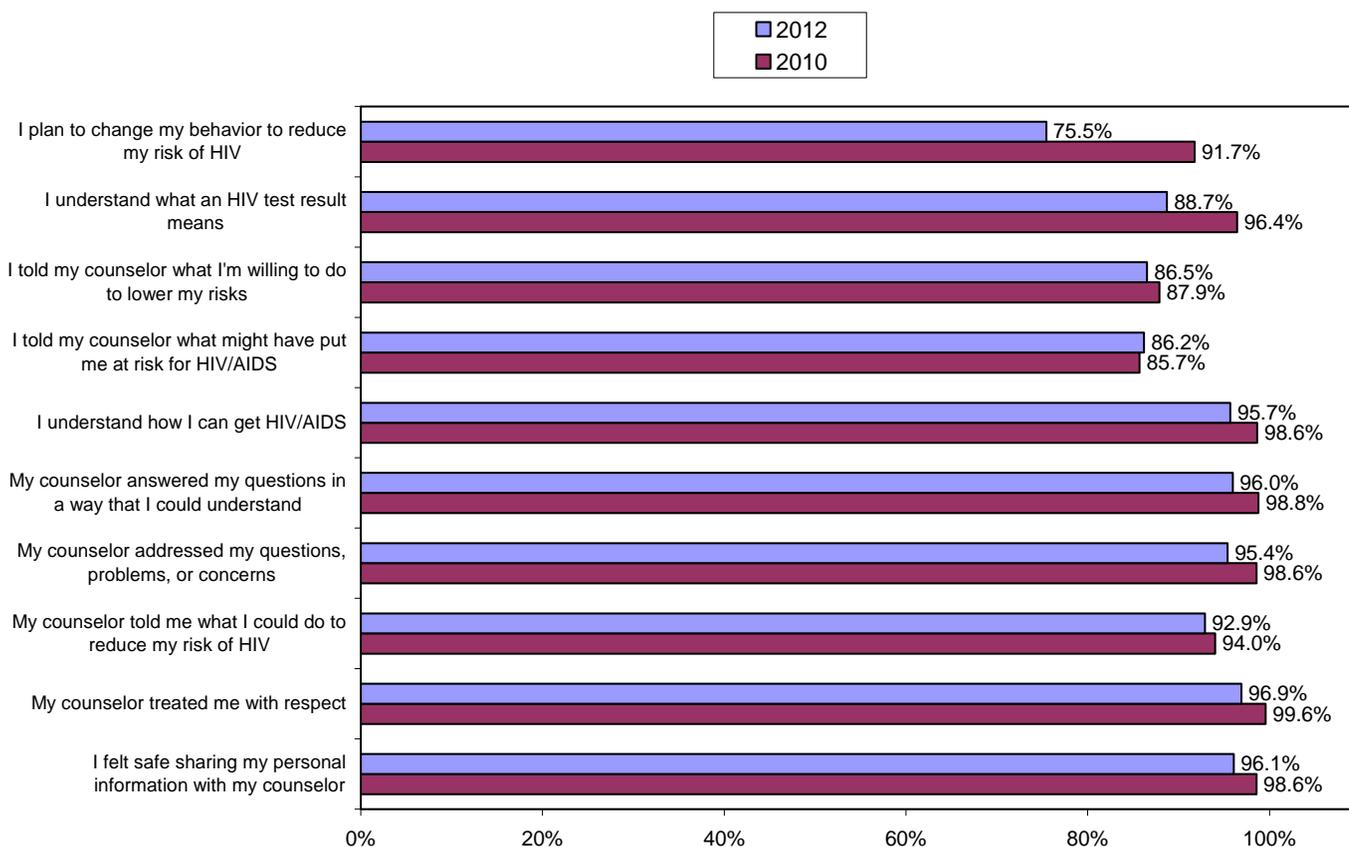


The CSS contained 11 yes/no questions pertaining to the actual HIV counseling session. There was one question, “I felt my counselor was judging me”, where a “yes” answer was actually a negative response. In the 2012 CSS, 78.0% (3,769) of the respondents, who answered that question, answered with a “no” response. This is down from 2010 when 93.7% 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 percent of the clients answered “yes”; however, all of these questions showed decreases in the proportion of positive responses. The question: “My counselor treated me with respect” received the most “yes” answers at 96.9% (4,682).

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. Of note here is the decrease between 2010 and 2012 of clients’ plans to change their behavior to reduce their risk of HIV and the clients’ understanding of what an HIV test result means. It is very important to note and follow the trend on these two questions as well as the question regarding “I felt my counselor was judging me”, as this may well have policy, training, and educational implications.

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 950 responses were given including 38 in languages other than English. While the survey was given in Spanish and Creole in previous years, this was the second 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 (76.4% or 726) about the counseling services were positive. Written comments from respondents in their own words about the counseling and testing session included:

“Pues para mi todo esta bien ye se los agradezca de Corazon”
(For me all is well, thanks from the heart.)

“No improvement, she was really nice and made me feel like I'm doing the right thing.”

“I have always had excellent services provided here at this clinic. Everyone is always kind and non judgmental.”

“None. Very organized and friendly organization. I feel comfortable coming to this location for testing.”

Complaints About Length of Wait Time

The most common, specific complaint about CTL services was about lengthy waiting room times once the client got to the clinic (5.4% or 51). Some of the remarks included:

“It shouldn't take 40 minutes to hour to see someone. My only complaint is the timing.”

“Menos tiempo de espera more persona; por favor.” (Please do not expect people to wait so long.)

“The time you have to wait, not enough staff, my appointment was at 2pm and I didn't go to the back till 2:20 and went to the back to wait.”

Complaints About the Service

While specific complaints were about lengthy waiting room times, 8.8% (84) were about general challenges experienced during the counseling session:

“[Staff were] Talking at people and not to them. The counselor was very good.”

“To tell the people at the desk to stop looking at people that way.”

“Better tasting Ora-sure test.”

Marketing Suggestions

Eleven respondents (1.2%) provided suggestions to increase awareness about HIV/AIDS and the CTL services available:

“Dando fondos monetario para programas como estos para los Latinos.”
(Funding programs such as these for Latinos.)

“Text messages, Facebook account, the newspaper and [bill] boards on [highways].”

“You can ask people that you tested and tell them to tell others.”

Other Remarks

Providing food or snacks during wait time (14 or 1.5%) and more/better incentives (4 or 0.4%) were also suggested. Other suggestions were for more staff 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 sixth biennial Client Satisfaction Survey (CSS) was conducted statewide in 2012. The survey found a high level of satisfaction with services received.

Client satisfaction levels remain excellent, as 94.5% of those surveyed were either “satisfied” or “very satisfied” with CTL services. Moreover, there was a slight increase in overall satisfaction between 2010 and 2012. 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 good job providing information, explaining methods for HIV risk reduction, answering the clients’ questions, and treating their clients with respect. Of note is a decrease between 2010 and 2012 of clients’ perception of whether are not they are being judged by CTL counselors, clients’ plans to change their behavior to reduce their risk of HIV, and the clients’ understanding of what an HIV test result means.

During the survey implementation period, 12,401 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 sixth 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.