2012 NY EMA CLIENT SATISFACTION SURVEY

PILOT FINDINGS

Thursday, March 14, 2013

FINDINGS FROM A PORTFOLIO-WIDE CLIENT SATISFACTION SURVEY

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OUTLINE

- Why measure satisfaction?
- The NYC EMA’s Approach: Measuring client satisfaction across the RW Part A portfolio
- The survey sample and demographics
- Findings: Perceived treatment and satisfaction
- Findings: Survey completion process
- Discussion: Lessons learned, limitations, next steps

MORE THAN A REQUIREMENT

WHY DO WE CARE ABOUT CLIENT SATISFACTION?
CONNECTIONS BETWEEN CLIENT SATISFACTION AND THE GOALS OF THE NATIONAL HIV/AIDS STRATEGY

A. Improving health outcomes for people living with HIV
   - Research has shown that higher satisfaction levels related to:
     - Maintaining more stable relationships with health care providers
     - Complying more closely with medical advice and treatment
     - Keeping appointments

B. Reducing HIV-related health disparities
   - Addressing both access and quality of care
   - Pursuing a client-centered approach to evaluation

C. Achieving a more coordinated response
   - Ensuring a consistent measurement of satisfaction across service categories and service sites

THE PURPOSE OF THE NYC EMA’S SATISFACTION SURVEY

- Improve quality service delivery through feedback to stakeholders and service providers.
- Inform the Part A planning process and the Care, Treatment and Housing Program’s technical assistance for service providers.
- Gain portfolio-wide information about the clients’ experiences of Ryan White Part A services.
- Provide a more comprehensive picture of services by complementing other program monitoring and evaluation efforts.
INFLUENCES ON SATISFACTION

• Actual quality of care and happiness with services received
• Experiences with other service providers
• Individual life experiences:
  ➢ life stressors
  ➢ long travel time
  ➢ frustrations due to wait time
  ➢ positive life event
• Lower expectations or lack of comparison
  ➢ Limited choices in service providers can change perceptions of “good”
• Selection factors (the client who receives services)
  ➢ Some clients may leave care if they are unsatisfied
• Fear of negative consequences, such as losing services
  ➢ Clients are aware of changes in the funding and policy environment

KEY FINDINGS

This presentation will go into more depth regarding these central findings, for 5 service categories across NYC:

• High satisfaction was reported across service categories
  ➢ > 4 on a scale of 1 to 5, with 5 signifying highest satisfaction
  ➢ Average = 4.22
• Only 4% of clients reported feeling treated poorly
• The satisfaction tool appears to be both valid and reliable (Cronbach’s alpha > .8)
• There are issues with the literacy level of the tool
  ➢ This is most clearly demonstrated by differences in education levels
APPROACH
THE SURVEY PROCESS

WHAT IS CLIENT SATISFACTION?

• We measured satisfaction based on:
  ▪ **Client benefits** (Perceived outcomes - behavioral, clinical, and social)
  ▪ **Appropriateness of services** (Language, culture, life situation)
  ▪ **Quality of care** (Structural, technical, interpersonal)
  ▪ **Accessibility** (Location, time, hours)
ITEM SELECTION

100 Items:
• **Grantee surveys**
• **AIDS Institute Surveys**
  - Case Management
  - Mental Health
  - General
• **PACIC** (Patients’ Assessment of Care for Chronic Conditions)
• **PSQ III** (Patient Satisfaction Questionnaire) and **PSQ 18**


FINAL TOOL: SURVEY FORMAT

- 17 questions with 5 categories:
  - □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree
- 2 additional closed-ended satisfaction items
  - Overall satisfaction
  - Treated Poorly
- 2 open-ended questions
  - How to increase satisfaction
  - Share your experience
- Length of time receiving services
- 5 demographic questions
  - Age
  - Race/Ethnicity
  - Gender
  - Education
  - Borough
SURVEY SAMPLE

CLIENT SATISFACTION SURVEY (CSS)

SCOPE OF PILOT: NYC

- In 2012, there were 195 Ryan White Part A contracts, awarded to 112 agencies across the NY EMA
- For the pilot survey we included: 65 agencies with 82 contracts in 5 service categories in NYC

- Care Coordination (28)
- Harm Reduction (25)
- Mental Health (12)
- Legal Services (11)
- Supportive Counseling (6)
All RW Part A Agencies in NYC

Legend
All RW Part A Funded Agencies
- Sampled
- Unsampled

Borough
- Bronx
- Brooklyn
- Manhattan
- Queens
- Staten Island

3/7/2013
PILOT PHASE: DATA COLLECTION

- Data collected over 6 weeks in February/March 2012
- Anonymous and confidential data collection: secure boxes placed at each agency
- Hard-copy survey responses in English and Spanish were collected (no electronic responses)

RESPONSE RATES

<table>
<thead>
<tr>
<th>Total Number Surveys Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>825</td>
</tr>
</tbody>
</table>

- Care Coordination: 51% (25% of minimum sample)
- Harm Reduction: 70% (36% of active clients)
- Mental Health: 54% (31% of minimum sample)
- Supportive Counseling: 59% (36% of minimum sample)
- Legal: 36% (39% of minimum sample)
- Survey Total: 56% (30% of active clients)
**COMPLETED SAME SURVEY IN PAST 2 MONTHS**

- **Completed Same Survey**
  - Yes: 6%
  - No: 20%
  - Not Sure: 5%
  - Missing: 70%

**SERVICE TYPES**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CC</th>
<th>SC</th>
<th>MR</th>
<th>MH</th>
<th>LE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Support with taking medicine</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Education about health</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Help getting other services</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Help going to a medical provider</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Housing Support</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Help going to another provider</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Counseling</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Help with alcohol and drugs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Group Support</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Family Support</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Help with Legal issues</td>
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<td>✓</td>
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<td>✓</td>
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</tr>
<tr>
<td>Therapy</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Help with Finances</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Other</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
SERVICE TYPES

# of Service Types Selected by Service Category

DEMOGRAPHICS: RACE/ETHNICITY

Total Race/Ethnicity - %

CSS (%)  Active Client Population (%)
DEMOGRAPHICS: GENDER

Total Gender - %

- CSS (%) - Active Client Population (%)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Transgender</th>
<th>Other/Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>56%</td>
<td>61%</td>
<td>39%</td>
<td>38%</td>
<td>2%</td>
</tr>
<tr>
<td>3%</td>
<td>1%</td>
<td>4%</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

Male | Female | Transgender | Other/Missing |
--- | ------ | ----------- | --------------|
56% | 61%   | 39%        | 38%           |
2%  | 1%    | 4%         | 0%            |

CSS (%): 8%
Active Client Population (%): 12%

DEMOGRAPHICS: AGE

Total Age - %

- CSS (%) - Active Client Population (%)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Under 24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65 or older</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 24</td>
<td>5%</td>
<td>14%</td>
<td>15%</td>
<td>21%</td>
<td>22%</td>
<td>18%</td>
<td>4%</td>
</tr>
<tr>
<td>25-34</td>
<td>8%</td>
<td>15%</td>
<td>14%</td>
<td>21%</td>
<td>22%</td>
<td>17%</td>
<td>4%</td>
</tr>
<tr>
<td>35-44</td>
<td>18%</td>
<td>14%</td>
<td>15%</td>
<td>21%</td>
<td>22%</td>
<td>17%</td>
<td>4%</td>
</tr>
<tr>
<td>45-54</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>4%</td>
</tr>
<tr>
<td>55-64</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>65 or older</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Missing</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>0%</td>
</tr>
</tbody>
</table>

CSS (%): 8%
Active Client Population (%): 12%
DEMOGRAPHICS: BOROUGH

**Total Borough - %**

- **CSS (%)**
- **Active Client Population (%)**

<table>
<thead>
<tr>
<th>Borough</th>
<th>CSS (%)</th>
<th>Active Client Population (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooklyn</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>Bronx</td>
<td>29%</td>
<td>30%</td>
</tr>
<tr>
<td>Manhattan</td>
<td>20%</td>
<td>23%</td>
</tr>
<tr>
<td>Queens</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Staten Island</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Other/Missing</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

DEMOGRAPHICS: EDUCATION

**Highest Level Education* - %**

- **CSS (%)**
- **Active Client Population (%)**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>CSS (%)</th>
<th>Active Client Population (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below High School</td>
<td>41%</td>
<td>47%</td>
</tr>
<tr>
<td>High School or Above</td>
<td>59%</td>
<td>53%</td>
</tr>
</tbody>
</table>

*Data on education was limited due to differences in data collection systems. Thus, missing data is excluded from the denominator.
LENGTH OF SERVICE TIME

Length of Time Coming to Agency (CSS)

- < 1 Month: 5%
- 1-5 Months: 38%
- 6-11 Months: 20%
- 1-2 Years: 14%
- > 2 Years: 24%

FINDINGS

CLIENT SATISFACTION SURVEY (CSS)
PERCEPTION OF TREATMENT

Felt Treated Poorly*

* Percentages are out of those who responded to this question; missing data (9%) is excluded from the denominator.

PERCEPTION OF TREATMENT

“Yes” Felt Treated Poorly – By Service Category

- Harm Reduction: 6%
- Supportive Counseling: 4%
- Care Coordination: 3%
- Mental Health: 2%
- Legal: 1%

%- Service Category  —-% - Survey Total
PERCEPTION OF TREATMENT

% of Total Survey Clients Who Responded “Yes” to “Felt Treated Poorly,” by Service Category

Felt Treated Poorly- Yes

PERCEPTION OF TREATMENT: REASON

Reason Clients Felt Treated Poorly
PERCEPTION OF TREATMENT: REASON

# - Reason Felt Treated Poorly

<table>
<thead>
<tr>
<th>Reason</th>
<th>CC</th>
<th>SC</th>
<th>HR</th>
<th>MH</th>
<th>LE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug/Alcohol Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Primary Language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immigration Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Can't be helped or seen

Group Disrespect

Change from 2nd patient navigator to a 3rd patient navigator. I should have been contacted by management or Dr. *** about such changes and why!!

Haters

My counselor was strange

Disagreements

Being white I feel a lot of reverse discrimination

CHANGES IN THERAPIST
SURVEY SCALE: MISSING DATA

% of Respondents Who Missed >2 or Checked All Same Responses

- 7% Excluded from 17-Item Scale Total Analysis (Missed >2 or Checked Same)
- 93% Included in 17-Item Scale Total Analysis

PRELIMINARY FINDINGS

Summary scores on 17-item satisfaction scale, on a 5-point scale, where 5 = Strongly Agree (i.e. Most Satisfied):
- Mean = 4.22
- Median = 4.27

Scores on 1 item measuring overall satisfaction, with a 6-point response scale, where 6 = Very Satisfied:
- Mean = 5.42
- Median = 6.0
Mean and Median Satisfaction by Service Category

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Mean</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Counseling</td>
<td>4.4</td>
<td>4.38</td>
</tr>
<tr>
<td>Legal</td>
<td>4.47</td>
<td>4.33</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>4.28</td>
<td>4.27</td>
</tr>
<tr>
<td>Mental Health</td>
<td>4.29</td>
<td>4.29</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>4.05</td>
<td>4.05</td>
</tr>
</tbody>
</table>

Total Average Score

<table>
<thead>
<tr>
<th>N = Negatively-Worded Question</th>
<th>Satisfaction Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1: Would the Provider...</td>
<td>4.46</td>
</tr>
<tr>
<td>Item 2: Plan to Manage Needs</td>
<td>4.37</td>
</tr>
<tr>
<td>Item 3: Help Keep AP100s</td>
<td>4.34</td>
</tr>
<tr>
<td>Item 4: Wall Time</td>
<td>4.15</td>
</tr>
<tr>
<td>Item 5: SelfCare Weekly</td>
<td>4.14</td>
</tr>
<tr>
<td>Item 6: Help Keep AP100s</td>
<td>4.13</td>
</tr>
<tr>
<td>Item 7: Comply Weekly</td>
<td>4.11</td>
</tr>
<tr>
<td>Item 8: Confidence in Provider</td>
<td>4.01</td>
</tr>
<tr>
<td>Item 9: SelfCare Weekly</td>
<td>3.91</td>
</tr>
<tr>
<td>Item 10: Sharing Information</td>
<td>3.85</td>
</tr>
</tbody>
</table>
SURVEY COMPLETION PROCESS

EDUCATION AND LITERACY

RECEIVED HELP COMPLETING SURVEY

Survey Sample: Received Help

- Yes: 17%
- No: 75%
- Not Sure: 6%
- Missing: 1%
SUB-GROUP DIFFERENCES IN SATISFACTION

- There was no difference (statistical) in satisfaction for those who received help vs. those who did not (p=.305*).

- There was no difference (statistical) in satisfaction between surveys completed in English vs. Spanish (p=.17*).

- Those with higher education had statistically higher average satisfaction levels on the 17-item satisfaction scale (p=.000*).

*Mann-Whitney test

<table>
<thead>
<tr>
<th></th>
<th>&lt;High School</th>
<th>&gt;= High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>4.1843</td>
<td>4.2636</td>
</tr>
</tbody>
</table>

COMPLETING THE SURVEY

- There was no relationship (statistically) between missing questions and education (p=.112*).

- For surveys completed in Spanish or English, there was no relationship (statistically) between missing questions and receiving help (p=.845*).

- Those with high school education or above were statistically less likely to have received help with completing the survey(p=.000*).

- On average, satisfaction scores for negatively-worded questions were statistically lower than for positively-worded questions (p=.000**)

*Chi-square test (Yates)
**Wilcoxin Signed Rank test
DISCUSSION

KEY TAKE-AWAYS

LIMITATIONS: APPLYING FINDINGS

• Only measured people who are currently engaged
• Difficult to speak to satisfaction with offsite services
• Findings may not be specific to Ryan White-funded services
• Findings are not generalizable beyond the service provider and service category
• Literacy, language and education barriers may have limited client feedback
  • Example: Negatively-worded questions
• Positive response bias (e.g. concern with losing services)
• Tool is still being tested and refined
• Contextual and qualitative feedback is limited
KEY TAKEAWAYS

- Demographically representative sample
- High level of satisfaction across service categories
- Differences in satisfaction by education level
- Literacy issues appear to be related to appropriate survey completion

NEXT STEPS

- Revising the survey tool and testing it again with additional service categories
- Utilizing existing service provider meetings to distribute survey materials and provide trainings
- Utilizing findings from other data sources (e.g. CHAIN, comprehensive plan, focus groups) to provide context for analyses
- Implementing the survey electronically through an online tool (ACASI)
ELECTRONIC SURVEY

- Delivering survey electronically will allow us to:
  - Conduct survey across the entire EMA and all service categories
  - Address literacy issues via the addition of French surveys and audio assistance with clear visual cues
  - Improve response rates through ease of access (can be submitted via internet at home or any convenient location)
  - Analyze data quickly
    - Improved data quality through electronic validation (less time needed to clean data)
    - Data automatically entered (no need for data entry)

- Some questions remain regarding the most confidential manner for implementation

RECOMMENDATIONS

- Tailor quality management initiatives to address satisfaction survey findings
  - Staff meetings/trainings to address satisfaction scale questions with low scores
    - Ex.: Emphasis on how to improve client comfort when sharing personal information with providers

- Consider holding focus groups and/or discussing survey results with Community Advisory Boards
  - This will provide additional context to understand findings and areas for quality improvement
QUESTIONS?

Thank you!