



HIV Counseling, Testing &
Linkage Services

2018 Statewide Client Satisfaction Survey Report

Prepared by:
HIV/AIDS Section
Prevention Program

Background

HIV/AIDS Section/HIV Prevention Program goal: Through voluntary counseling and testing, increase the proportion of people in Florida who know they are living with HIV from the current estimated 80 percent to 95 percent. In keeping with the goal of increasing the proportion of 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 exists 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, 2018. The CTL services include risk assessment, pre-test counseling, informed consent in non-health care settings, and post-test counseling as required by Department policies, protocols, and guidelines.

The state is divided into 15 HIV/AIDS regional service areas, each served by a local Early Intervention Consultant (EIC). EICs are regional Department staff 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. Clients completed the survey voluntarily and anonymously.

A memorandum from the Deputy Secretary for Health strongly encouraged all CHD sites to participate in conducting the survey. 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 for analysis.

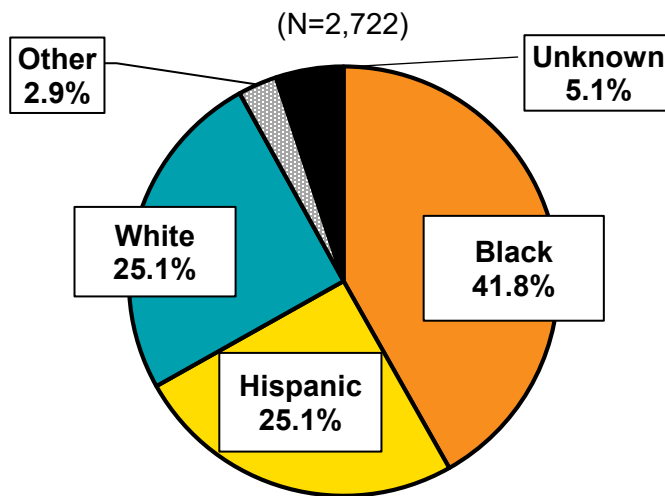
Summary of Findings

A total of 2,722 clients participated in the survey. Over 70 percent (1,912) of respondents reported being seen by a counselor in 15 minutes or less and nearly 96 percent (2,611) of survey respondents who answered the question indicated that they understood how HIV is transmitted. Respondents were also asked if the counselor performed specific tasks as required by Department policies and guidelines. Responses showed that counselors performed the required procedures: 96 percent of clients felt they were treated with respect; 96 percent of clients felt safe sharing their personal information with the counselor; and 97 percent of clients felt answers to questions were understandable.

Race/Ethnicity

Figure 1 shows the distribution of persons responding to the survey by race/ethnicity. Blacks were slightly represented with 42 percent of the survey respondents. Hispanics represented 25 percent of the surveys. Whites represented 25 percent of persons surveyed. The “Other” category included American Indian, Asian, and Native Hawaiian/Pacific Islander.

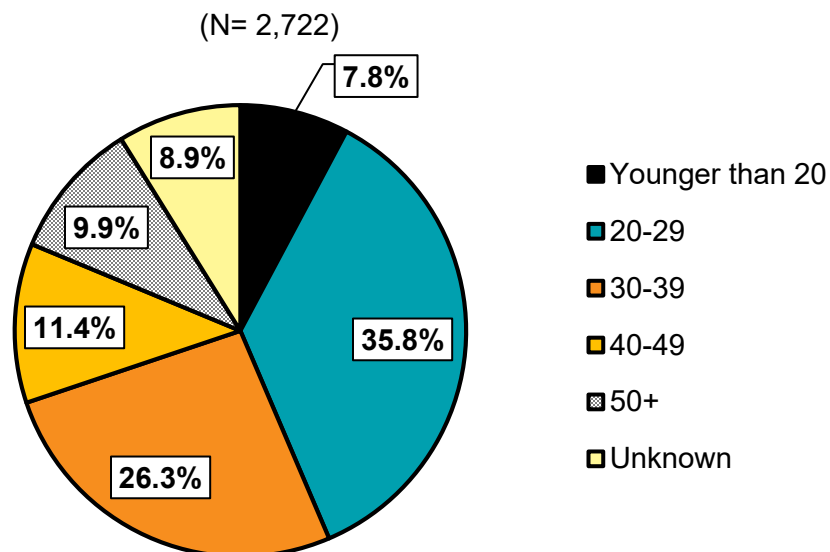
Figure 1. Survey Respondents by Race/Ethnicity



Age

Figure 2 shows the age distribution of respondents during the survey period. Persons aged 20 to 29 made up the largest proportion of those who took the survey at 36 percent. Clients 50 and older, were slightly represented at ten percent. A higher proportion of persons completing the survey chose not to disclose their age than persons tested.

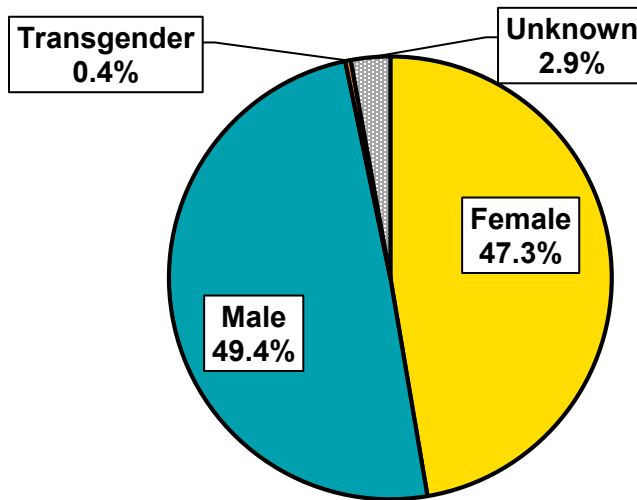
Figure 2. Survey Respondents by Age Group



Sex

Figure 3 shows the distribution of persons responding to the survey by sex. Males made up the majority of survey respondents at 49 percent. Females accounted for 47 percent of the survey respondents. Approximately 3 percent of respondents chose not to specify their sex.

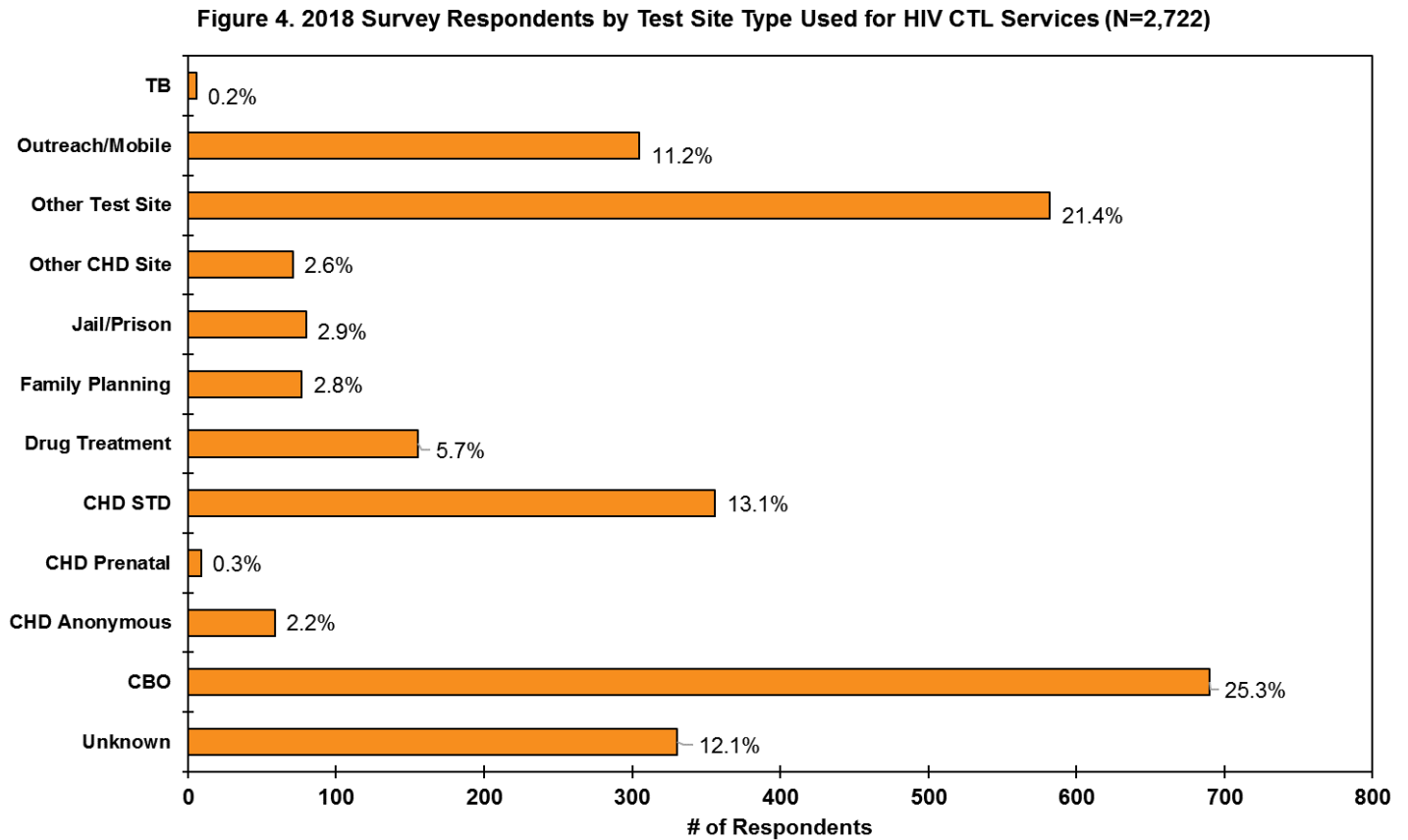
Figure 3. Survey Respondents by Sex
(N=2,722)



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 2018 survey period. As with previous surveys, for the known types of test settings, CBOs had the most survey respondents at 25 percent, followed by CHD sexually transmitted disease (STD) clinics (13%) and street/park/beach/mobile units (11%). Emergency departments and community health centers accounted for the second highest number of clients at 14 percent (data not shown). We will consider adding these sites as a separate choice in future surveys.

Figure 4. Survey Respondents by Test Site Type Used for HIV CTL Services, 2018 (N=2,722)

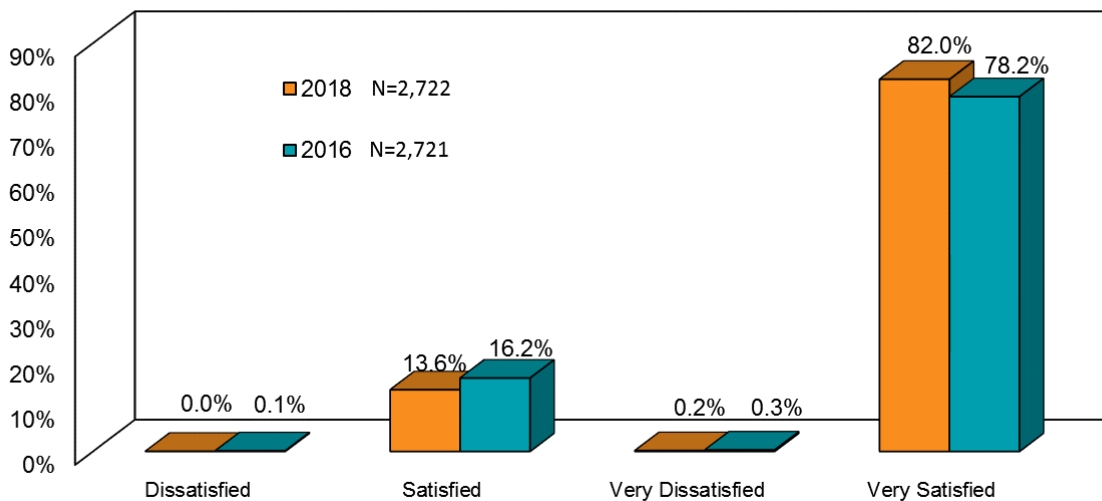


Survey Results

The 2018 Client Satisfaction Survey showed a very high level of satisfaction among clients receiving CTL services with 96 percent of respondents either “Very Satisfied” (82%) or “Satisfied” (14%). Very few of the respondents were either “Very Dissatisfied” or “Dissatisfied”. The level of satisfaction is unknown for four percent of the respondents.

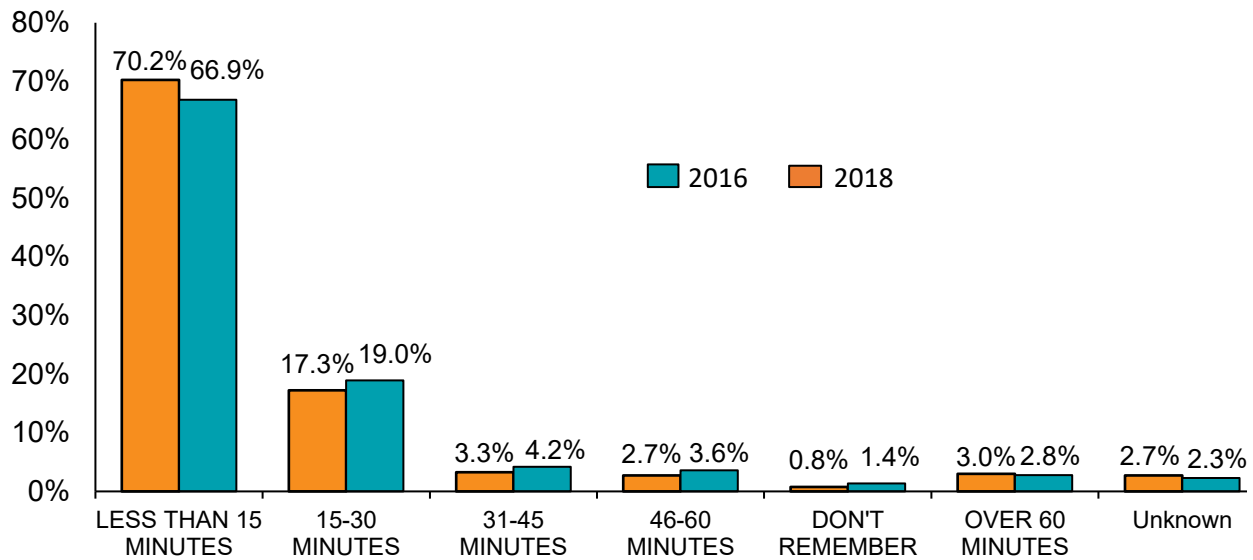
Figure 5 compares the level of satisfaction with the 2016 Client Satisfaction Survey. The proportion of clients very satisfied with services increased by 4 percent (78 percent in 2016 to 82 percent in 2018).

Figure 5. Overall Satisfaction with Counseling Session Comparison 2018 vs. 2016



Most of the respondents had short wait times to see a counselor. Seventy percent of the respondents were seen by a counselor in less than 15 minutes. Another 17 percent waited between 15 and 30 minutes. Proportionately more respondents were seen in less than 15 minutes in 2018, than in 2016.

Figure 6. Length of Wait Time to be Seen by a Counselor in 2018 (N=2,722) and 2016 (2,721)

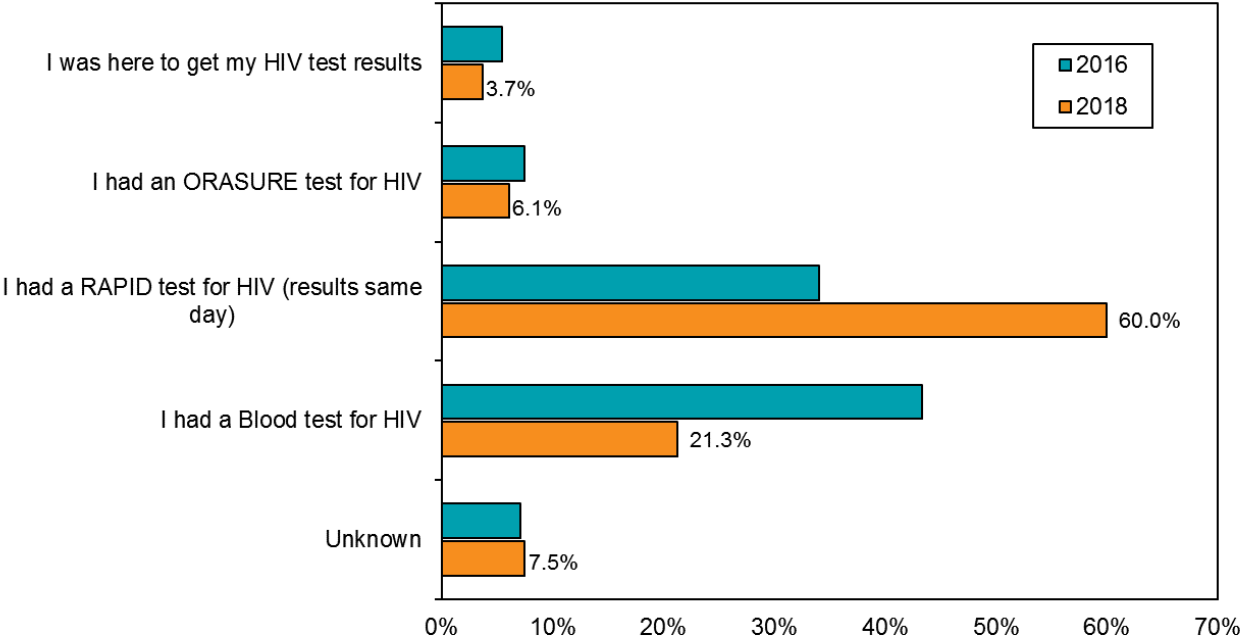


Of those surveyed in 2018, 87 percent indicated the most common reason for the visit was to obtain an HIV test. As shown in Figure 7, the proportion of those who had a rapid test increased from 34 percent in 2016 to 60 percent in 2018. As expected with an increase in rapid testing, which provides same day results, the proportion of respondents surveyed who returned to collect their conventional test results continues to decrease—for 2018 (4%) compared to 2016 (5%). This decrease supports the Department’s recommendation for the increased use of rapid testing and routine testing opposed to conventional testing. The number of respondents who were offered but refused an HIV test decreased from three percent in 2016 to two percent in 2018.

In the 2018 CSS, the proportion of respondents who had previously tested for HIV was similar to the 2016 CSS (77% in 2018, 75% in 2016). For 2018, of those previously tested, 90 percent reported that they received the results from their prior HIV test, an increase from 87 percent in 2016.

Figure 7. Reason for the Clinic Visit in 2018 (N=2,722) and 2016 (N=2,721)

**Figure 7. Reason for the Visit 2018
(N=2,722) and 2016 (N= 2,721)**



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 2018 were “Other reason” (N=14 or 17%) and “I planned to get them on my next visit” (also N=10 or 12%). The most popular reasons in 2016 were: “Other reason” (N=14 or 16%) and “I thought someone would find me if I’m positive” (N=12 or 14%).

Figure 8. Reasons Given for Not Receiving Results of Last HIV Test in 2018 (N=2,722) and 2016 (2,721)

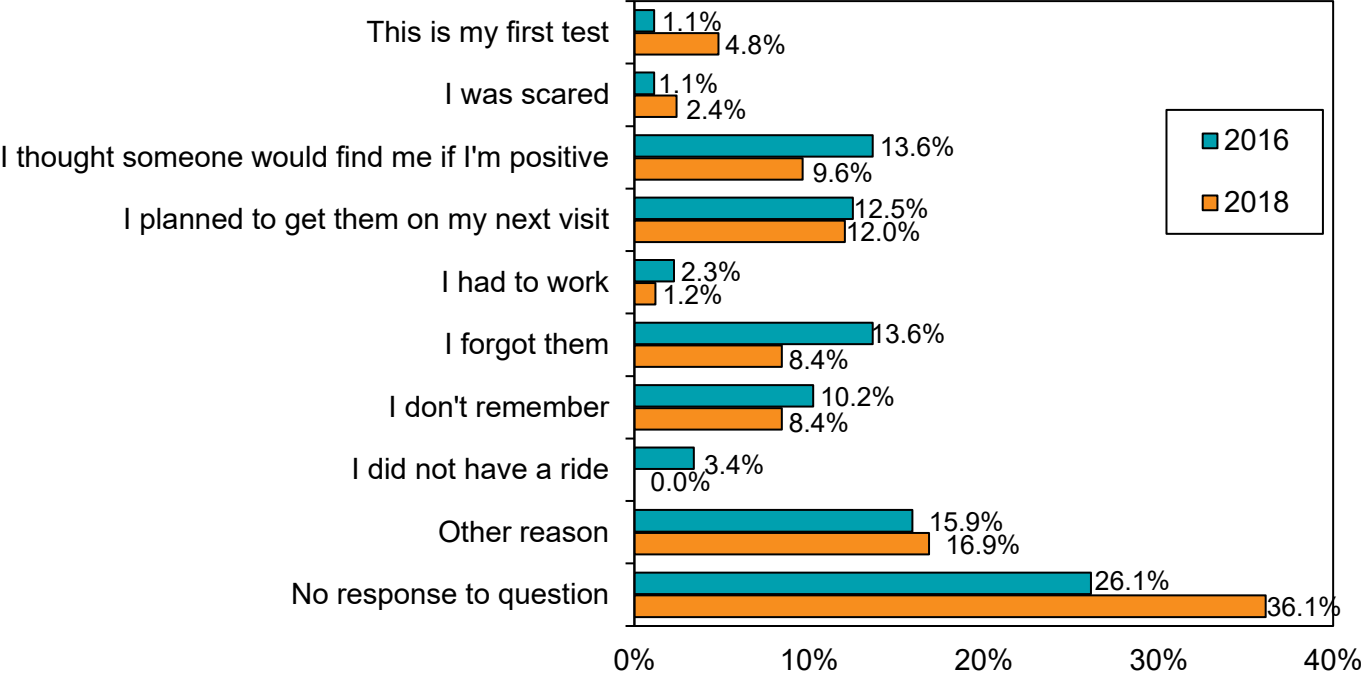
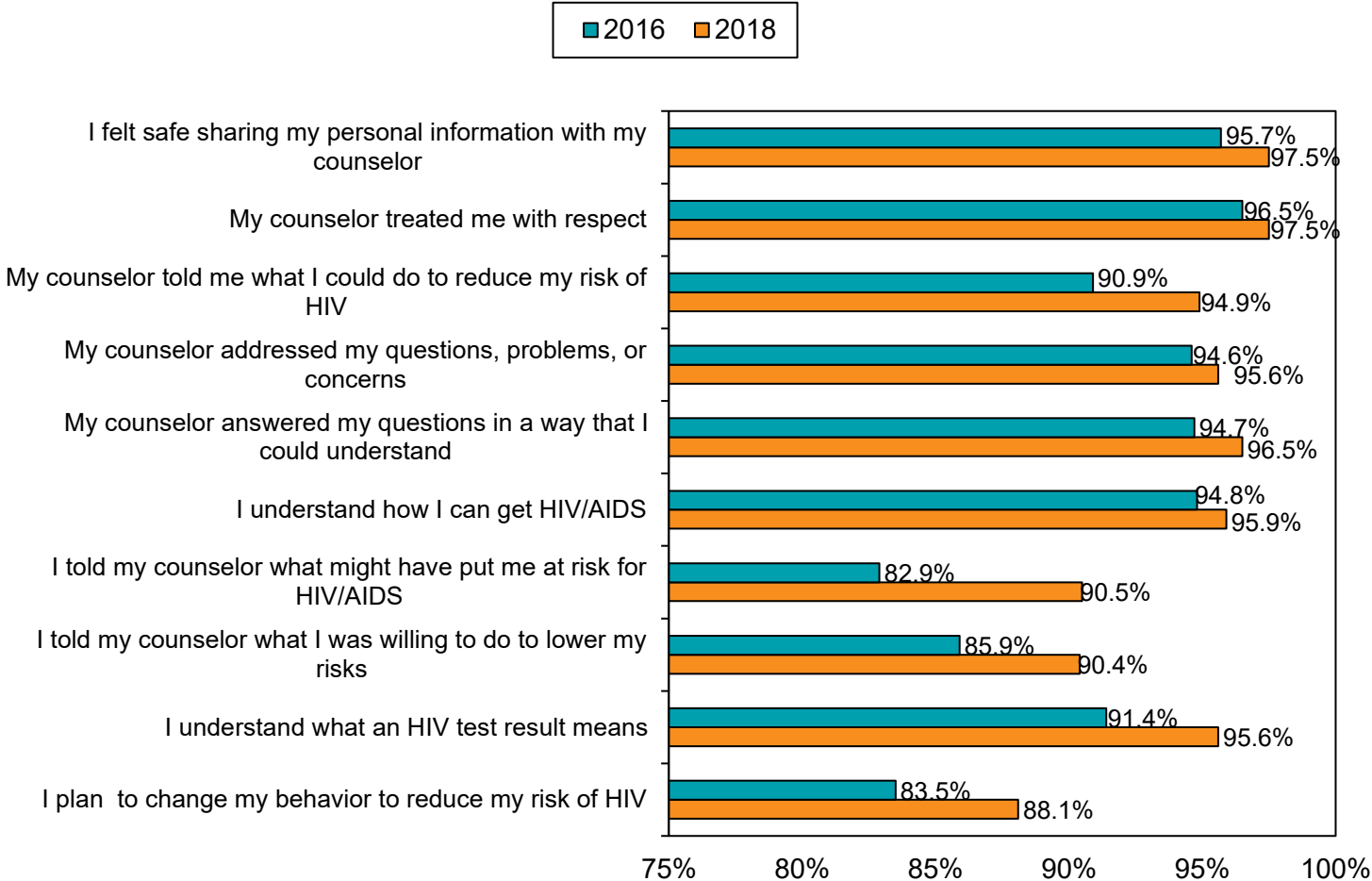


Figure 9 shows the percentage of “yes” answers from the respondents who answered the remaining questions regarding the counselor and CTL services. For the majority of these questions, more than 90 percent of the clients answered “yes”. The question: “My counselor treated me with respect” received the largest proportion of “yes” answers at 98 percent.

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 2016 and 2018. The greatest opportunity for improvement involves clients being more willing to discuss with their counselors what put the client at risk for HIV. This is the only question (“I plan to change my behavior to reduce my risk for HIV”) where 88 percent answered “yes” for 2018.

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 749 responses were provided by respondents in English, Spanish, and Creole. While the survey was provided in Spanish and Creole in previous years, this was the third-time 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.

Sixty-four percent of the on counseling services were positive, and recognized the counselor for their good work and how great the service was they received from the locations. Written comments from respondents in their own words about the counseling and testing session included:

“Everything was perfect. My questions were answered and have peace of mind.”

” Awesome service. Very educational. Staff was very kind and knowledgeable.”

“Amazing! So, helpful in every aspect. Couldn’t have gotten through this day without the counselor.”

Complaints About Length of Wait Time

The most common, specific complaint about CTL services continues to be about lengthy wait times once the client got to the clinic (3%). Some of the remarks included:

“Hire more staff to cut wait time. Overall great experience. The wait was worth it.”

“Lower the wait time/setup appointments for clients.”

“Different testing in one location.”

Complaints About the Service

There were seven 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:

“Suggestion to have some music in the waiting room. People who is coming in with any condition don’t want to be heard from the rest of the people!”

“Waiting area should be in a more private area.”

“Make the system faster to log in/making the application shorter.”

Marketing Suggestions

Thirty-two respondents provided general suggestions to increase awareness about HIV/AIDS, the CTL services available, and community outreach:

“More sites around town like the southwest clinic make testing easily accessible to everyone around town (mobile testing).”

“Offer PrEP clinics around town and testing”

“Provide mobile services more often in poor neighborhoods.”

Other Remarks

“Providing food or snacks during wait time”

“More/better incentives”

“Need more staff, more locations, and other services such as STD and hepatitis testing”

Conclusion

Client satisfaction levels remain high, as 96 percent of those surveyed were either “satisfied” or “very satisfied” with CTL services. Moreover, there was a slight increase in overall satisfaction between 2016 and 2018. Although some clients still considered wait times too long, 88 percent 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.

During the survey implementation period, 13,207 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.

Specifically, clients want more improvement in the length of wait time, confidentiality, more testing locations, extended hours of operation as well as increased marketing of CTL services. This may present challenges as some CHDs have experienced financial constraints and increased patient loads. It is very important to continue improving the proportion of people who learn their HIV status. Those found to be living with HIV are linked to HIV care and treatment, which in turn, helps them achieve viral suppression more quickly and leads to improved health outcomes overall. Ensuring all persons living with HIV are virally suppressed will also help reduce HIV transmission, as persons who achieve and maintain viral suppression have effectively no risk of transmitting the virus sexually. Persons testing negative are linked to pre-exposure Prophylaxis(PrEP) and other risk reduction services to ensure they remain negative. The findings from the 2018 survey are used to further improve CTL services by sharing the survey report statewide with EICs, community providers, private providers, and stakeholders. The report is used to identify opportunities for technical assistance with all those providing CTL services improving our overall customer service to the citizens and visitors of Florida.