



HIV Counseling, Testing & Linkage Services

2006 Statewide Client Satisfaction Survey Report

Prepared by: Bureau of HIV/AIDS
Early Intervention 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, community-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 trainers are required to meet minimum standards and receive training on an annual basis. The annual training is to ensure that the information passed on is accurate, complete, and up-to-date.

In an effort to improve the quality of HIV counseling, testing, and linkage services, a Client Satisfaction Survey (CSS) was conducted for the first time in 2002 and again in 2004. The results of these surveys were instrumental in assessing strengths and weaknesses, identifying client concerns, and determining opportunities for improving the services provided. In 2002 there were a total of 3,159 participants and in 2004 there were 3,806 participants. The results from the 2006 survey are compared to these prior surveys.

Survey Administration

The Client Satisfaction Survey (CSS) was offered to clients receiving CTL services at registered test sites in Florida between March 22 and April 2, 2006. The CTL services include risk assessment, pre-test counseling, informed consent, and post-test counseling as required by Department of Health policies, protocols, and guidelines.

The state is divided into seventeen 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. EICs disseminated the survey to all test sites in their area and encouraged participation.

In a memorandum from the Deputy Secretary for Health, all county health department test sites were strongly encouraged to participate in conducting the survey. The participation of community-based test sites was completely voluntary. The survey was printed in English, Spanish, and Creole. Clients were encouraged to complete a survey after receiving CTL services. The HIV counselor was responsible for the completion of 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 3,346 clients participated in the survey. Respondents were very similar to the total population of persons tested at registered test sites during the same time period with respect to race/ethnicity, gender and age. Over half of the respondents reported being seen by a counselor in 15 minutes or less (1,945 or 58.1%), and almost all of the clients surveyed indicated that they understood how HIV is transmitted (3,177 or 94.9%).

Respondents were also asked if the counselor performed specific tasks as required by DOH policies and guidelines. Generally, responses showed that the majority of counselors performed the required procedures such as: explaining methods for risk reduction (3,017 or 90.2%), answering questions in a way that clients could understand (3,110 or 92.9%), and treating the clients with respect (3,160 or 94.4%). Overall, findings show the vast majority of respondents were satisfied with the CTL services received (3,181 or 95.1%).

Demographics

A total of 3,346 clients completed the client satisfaction survey. Overall, respondents were representative of clients tested in Florida's registered testing sites (8,856) during the survey implementation period (March 22-April 2) with respect to race/ethnicity, gender, and age group.

Race/Ethnicity

Figure 1a. HIV Tests by Race/Ethnicity
N = 8,856

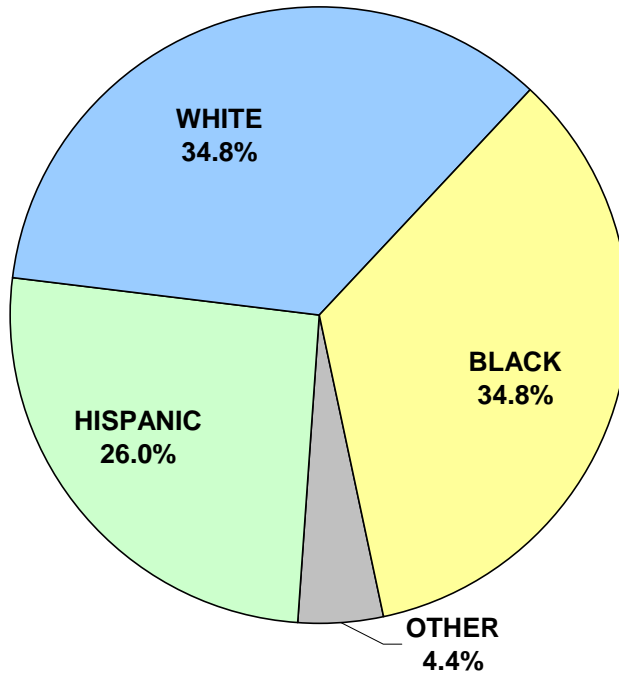
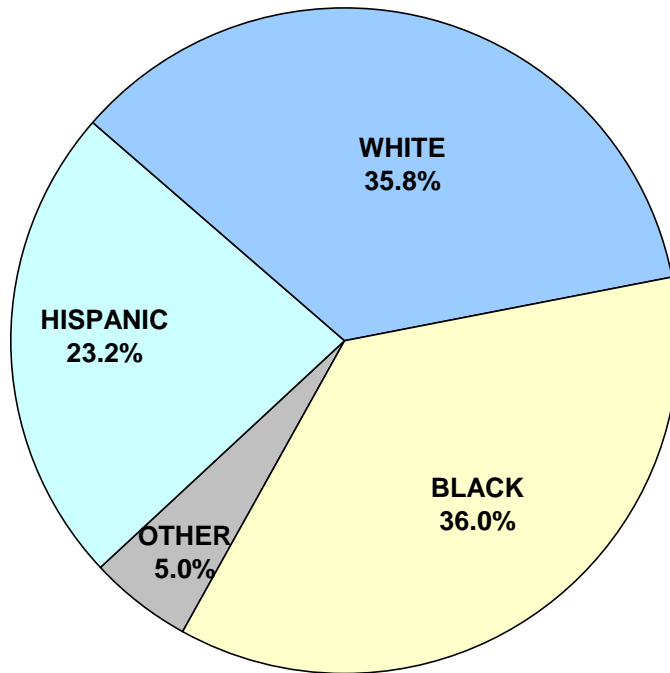


Figure 1b. Respondents by Race/Ethnicity
N = 3,346



During the survey period, whites represented 34.8% (3,084) of the total population tested and 35.8% (1,198) of the survey respondents. The proportion of blacks reflected among those tested and surveyed was 34.8% (3,081) and 36.0% (1,204), respectively. Hispanics were somewhat under-represented with 23.2% (777) surveyed versus 26.0% (2,300) tested. The “other” category included Asian, Pacific Islander, American Indian, and those respondents who identified their race/ethnicity as other. Participation by this group in the CSS was minimal (less than 6%), although they were slightly over-represented compared to their proportion of tests (4.4%).

Gender

Figures 2a and 2b show the distribution of respondents by gender. The proportion of female and male survey respondents is very similar to that reported for persons tested in Florida during the same time period. The majority of respondents were females (58.5% or 1,957), while males accounted for 38.3% (1,280).

Figure 2a. HIV Tests by Gender N=8,856

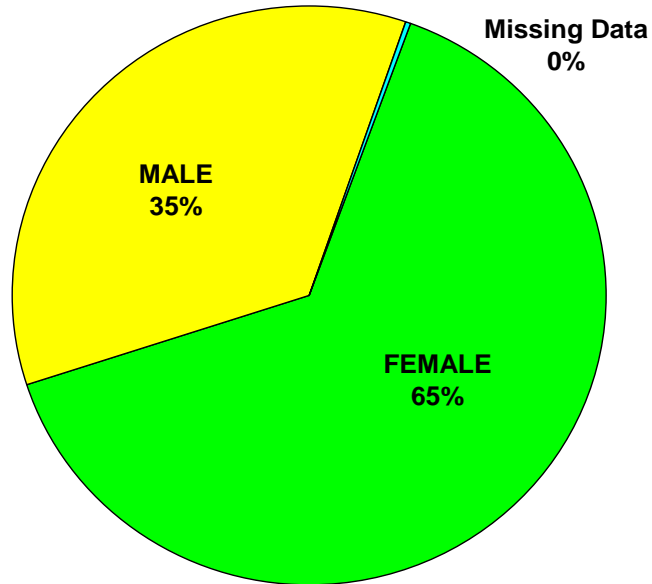
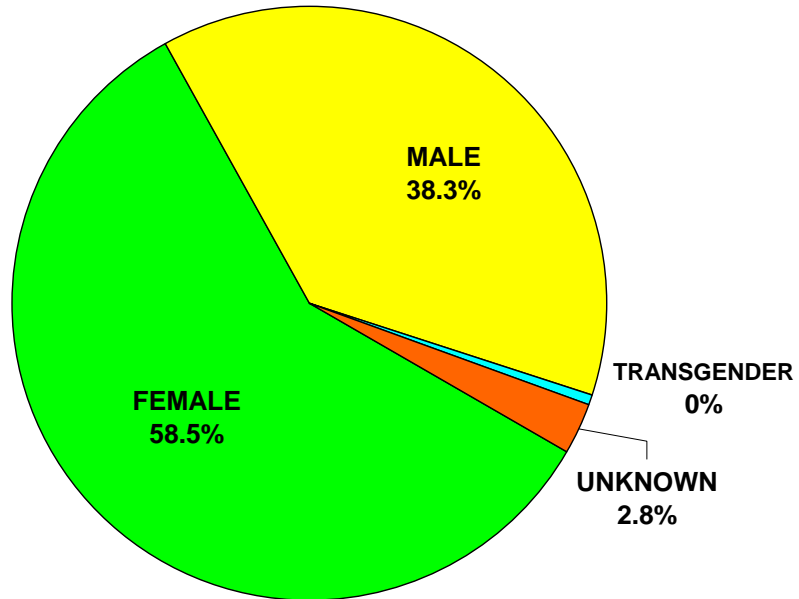


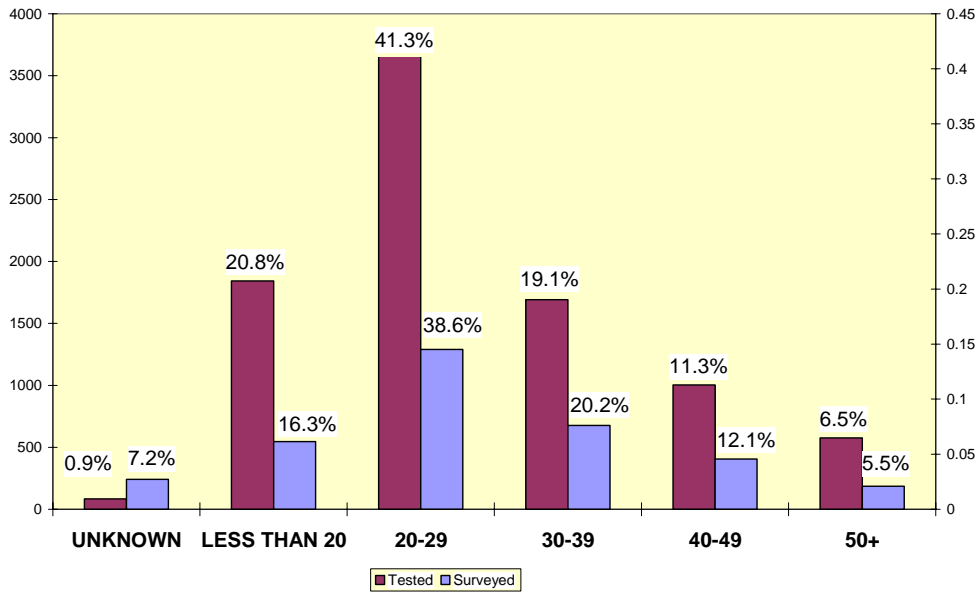
Figure 2b. Respondents by Gender N = 3,346



Age

The age distribution of survey respondents was very similar to that of persons tested during the same period. Persons aged 20-29 made up the largest proportion of both groups. Those less than 20 years of age were slightly under-represented in the survey sample (Figure 3).

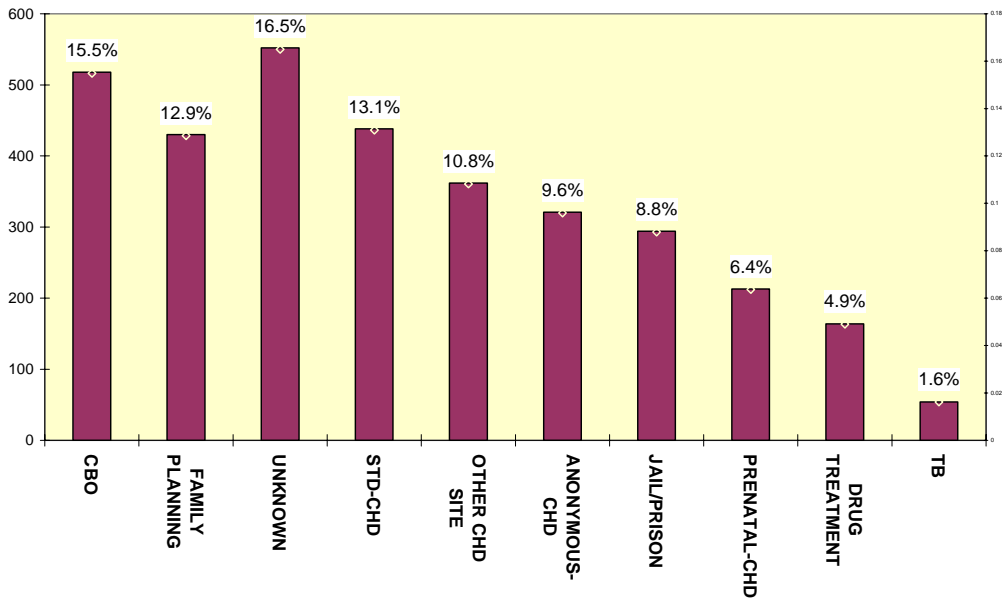
Figure 3. HIV Tests and Survey Respondents, by Age Group, 2006



Type of Clinic

Of those who responded to the CSS, 15.5% (518) attended a community-based organization. Approximately 13% were surveyed at STD clinics and family planning clinics. In the “other” clinic category, respondents made up 10.8% (362) of the surveys taken.

Figure 4. Type of Clinic Used for HIV CTL Services, 2006, N=3,346

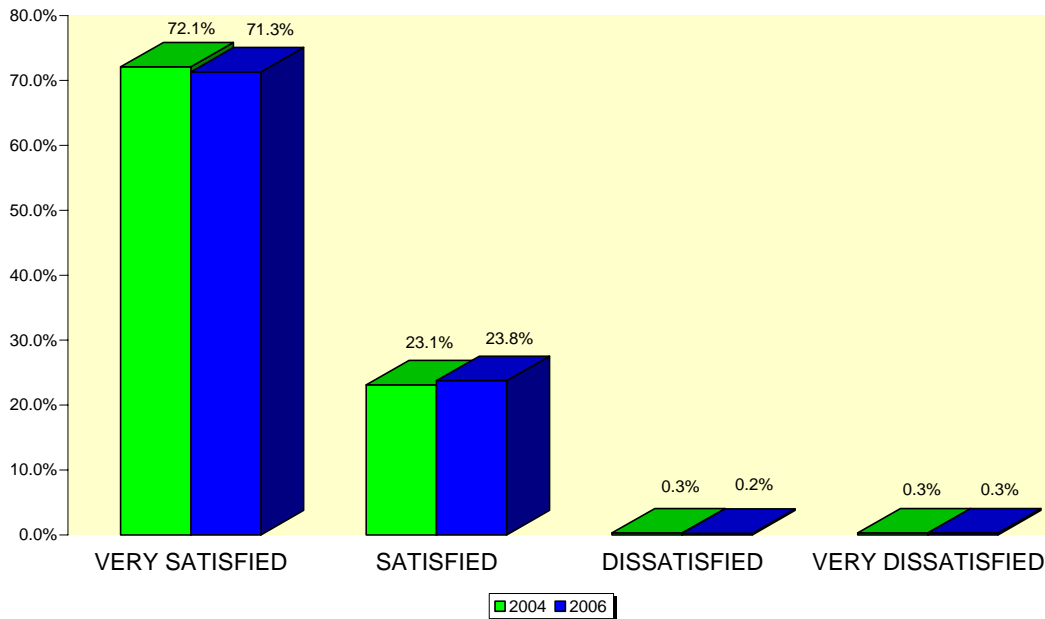


Survey respondents were very similar to persons tested during the same time period with respect to age, gender, and race/ethnicity in both the 2004 and 2006 surveys. Participation was higher in the 2004 survey, with 3,806 respondents compared to 3,346 in 2006. There were more participants from CBOs in 2006 (15.5% vs. 12.3%) and less from family planning clinics (12.9% vs. 17.8%) than in 2004.

Results

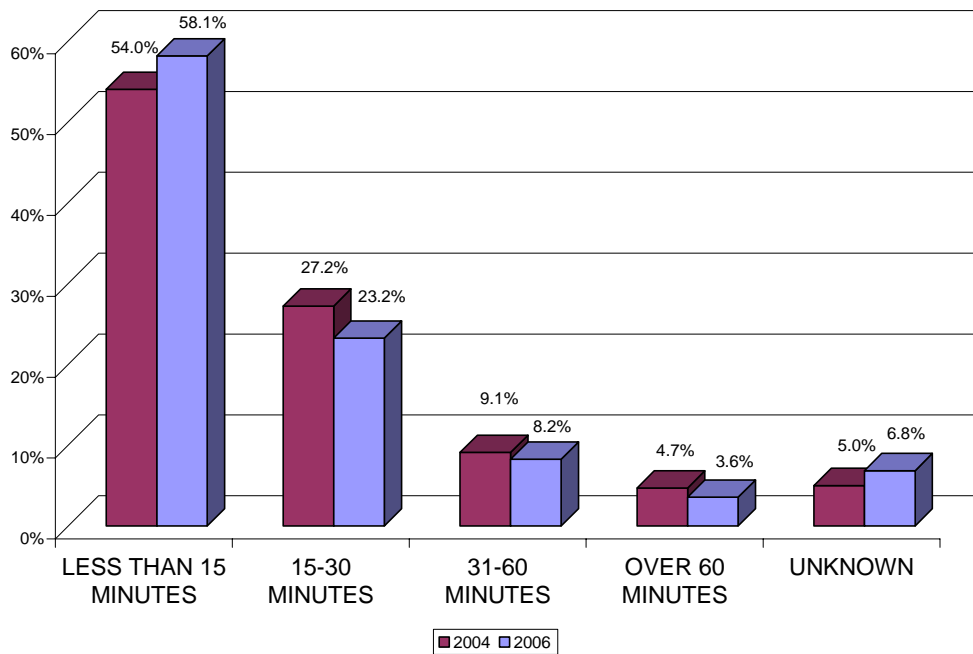
Overall, the 2006 Client Satisfaction Survey showed a very high level of satisfaction among clients receiving CTL services. Generally, 95.1% (3,181) of the clients were “very satisfied” or “satisfied” with their counseling session. Only 0.5% (18) of the respondents were “very dissatisfied” or “dissatisfied” with their counseling session (Figure 5). Level of satisfaction is unknown for 4.4% of the surveys. Compared to the 2004 Client Satisfaction Survey, there has been a slight increase (0.9%) in the satisfied group. This increase corresponds to the slight decrease in the very satisfied group.

**Figure 5. Overall Satisfaction with Counseling Session
(2004) N= 3,806, (2006) N= 3,346**



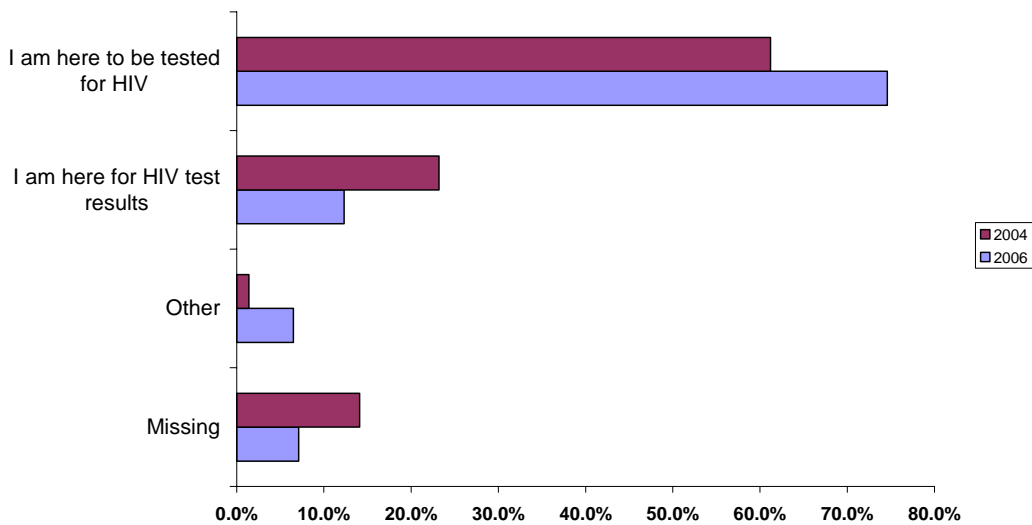
The majority of clients (81.3% or 2,722) began their counseling session within half an hour of their appointment time. Approximately 58.1% (1,945) of the clients responded that they were seen in less than 15 minutes, while 23.2% (777) saw a counselor within 15-30 minutes. Only 3.6% (119) of the respondents had to wait more than 60 minutes to be attended by a counselor (Figure 6). According to the responses of the clients, the average length of time waiting to be seen by the counselor was 22 minutes in the 2004 CSS and 21 minutes in the 2006 survey.

**Figure 6. Length of Time Waited to be Seen by a Counselor
(2004) N= 3,806, (2006) N= 3,346**



Of those who were surveyed, the majority (74.6% or 2,498) were there to be tested for HIV, and 12.3% (414) were there to get their HIV test results. These findings are similar to the 2004 CSS. However, the proportion of surveys missing the reason for visit decreased from 14.1% in 2004 to 7.2% in 2006.

**Figure 7. Reason for the Visit
(2004) N=3,806 (2006) N=3,346**



For those clients who had a prior HIV test (not including this visit), the majority indicated that they received their most recent HIV test result (83.7% or 1,971), compared with 84.2% in the 2004 CSS. 8.1% (198) of the respondents reported that they did not receive the results of their last HIV test, while 12.5% did not get them in 2004. Those clients who did not receive their prior test results were asked to identify a reason. Figure 8 compares the reasons for not receiving the test results for CSS 2004 and 2006. Of those who did not receive their test results, the leading response for 2006 was “they thought someone would find them if they were positive”, with 16.7% (33). There was a significant decrease in the number of people who left this question blank. In 2004 the missing data rate was 26%, while it was 14.6% in 2006. The “other” category included several unique responses.

Figure 8. Reasons Given for Not Receiving Results of Last HIV Test (2004 N=353 (2006 N=198

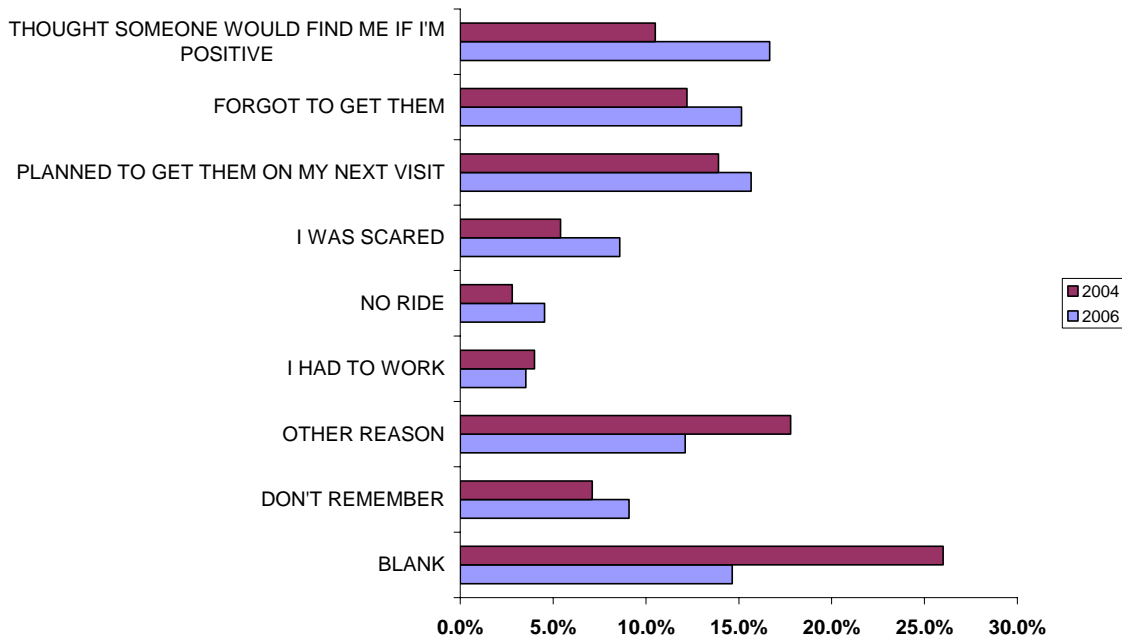
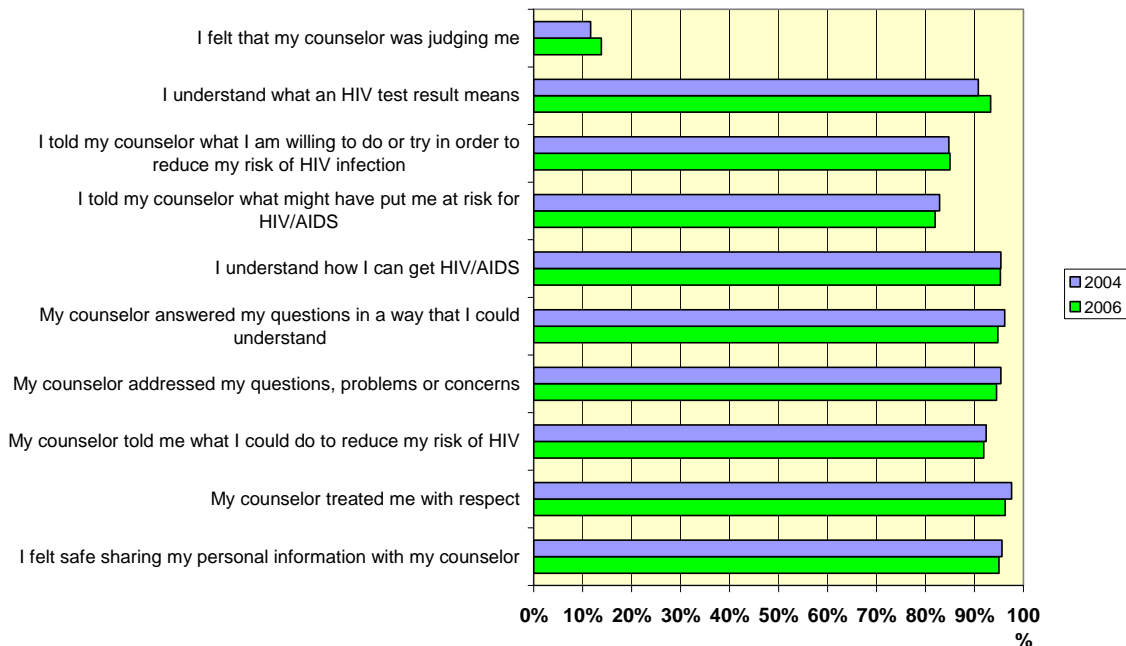


Figure 9 displays the percentage of clients who answered “yes” on questions related to the quality of CTL services received. The overall response to the CTL services received was very favorable. There were three statements that had less than 90% agreement from those surveyed. The first, “I felt that my counselor was judging me”, had a small increase from 11.4% in 2004 to 13.1% in 2006. The second statement, “I told my counselor what might have put me at risk for HIV/AIDS”, had a 0.9% decrease in those giving “yes” as their answer. The third statement was, “I told my counselor what I am willing to do or try in order to reduce my risk of HIV infection”, and there was no change in the response to this question from 2004.

Figure 9. Statewide Responses to the HIV CTL Client Satisfaction Survey, Florida 2004, 2006



Client Feedback

Clients were asked to provide additional comments about the CTL services they received. A total of 407 responses were given. Their comments were grouped into categories: clients’ feelings toward the counseling and testing session; general complaints about the CTL/HIV services; the length of time waiting to be seen; marketing; and other suggestions.

Many respondents (39.3% or 160) wrote positive comments about the counseling services they received. Written comments from respondents in their own words about the counseling and testing session included:

- “Continue with the very same friendly people as always.”
- “Keep providing services as you do, your services is great. I'm very comfortable with speaking to you all because your direct, thorough and very courteous which makes the visit more relaxing.”
- “Everything was done very well, kind, and very understanding”.

Complaints about the Service

28 (6.88%) respondents also commented on challenges experienced during the HIV counseling session:

- “Need counselors to speak Spanish for people that can't speak or understand English.”
- “Don't ask so many personal questions on the survey, it's very invasive or have people fill them out themselves.”

- “The employees could talk more, they are "cold". It makes you feel worse given the circumstances.”

Length of time comments

Some clients (65 or 12.2 %) remarked about the length of time waiting to be attended:

- “Be faster at getting people in.”
- “Too long of a wait”
- “See clients faster”

Marketing

15 (3.69%) of the respondents indicated a need to increase the promotion of HIV/AIDS CTL services.

- “This is a great service to have available. More info should be shared of this organization.”
- “Put more flyers on the street..”
- “Have information and educational stuff for people to read, etc.”

Other remarks

Respondents also commented about the need to have other services like home-based tests, more anonymous testing services, and more testing services for adults. Some people did comment about serving snacks or candy during the waiting time, and some clients thought that gas vouchers would be helpful.

Conclusion

To continue assessing the quality of HIV counseling, testing and linkage services in publicly funded test sites, a third Client Satisfaction Survey (CSS) was implemented statewide in 2006. The survey found a high level of satisfaction with services received.

- Overall, the counseling and testing program was rated the same when compared with the 2004 CSS.
- 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 the waiting period to see the counselor too long, there was an improvement in 2006 compared with 2004 from an average of 22 minutes in 2004 to 21 minutes in 2006.

An improvement was seen in the participation of community-based organizations which returned 518 (15.5%) surveys compared with 469 (12.3%) surveys in 2004. The participation of the community-based organizations is vital in obtaining a good representation of all CTL providers. Another important gain was the decreased number of variables with missing information. Specifically, gender, age of respondents, type of clinic, level of satisfaction, length of time waited to be seen, and the quality of CTL services received all saw improvements.

Approximately 8,856 persons received CTL services during the survey implementation period; the sample size needed was 1,889 (95% confidence level, +/- 2%). Although an adequate sample size was obtained (3,346), not every area of the state was equally represented. Although clients surveyed appeared to be representative of those tested at registered tests sites during the same time period, data may not necessarily be generalizable to all clients receiving CTL services. Respondents are 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 data.

It is hoped that findings from this third survey will be used to further improve CTL services. Specifically, clients want some changes in the length of waiting time and the marketing of CTL services. 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.