



HIV Counseling, Testing & Linkage Services

2008 Statewide Report of Client Satisfaction Survey

Prepared by: Bureau of HIV/AIDS
Prevention 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 (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.

In an effort to improve the quality of HIV counseling, testing, and linkage services, 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 April 14 and April 25, 2008. 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 17 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. The EICs distributed the survey to all test sites in their respective areas and encouraged participation.

A memorandum from the Director of the Division of Disease Control 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 4,449 clients participated in the survey. Respondents were very similar to the total population of persons tested at registered test sites during the same 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 (2,644 or 59.4%), and almost all of the survey respondents indicated that they understood how HIV is transmitted (4,291 or 96.4%). Respondents were also asked if the counselor performed specific tasks as required by Florida Department of Health (DOH) policies and guidelines. Generally, responses

showed that most of the counselors performed the required procedures such as: explaining methods for risk reduction (4,148 or 93.2%), treating clients with respect (4,355 or 97.9%), and answering questions in a way that the clients could understand (4,286 or 96.3%). Overall, the vast majority of the respondents were satisfied with the CTL services received (4,190 or 94.2%).

Demographics

A total of 4,449 clients completed the Client Satisfaction Survey. Overall, respondents were representative of clients tested in Florida's registered testing sites (15,095) during the survey implementation period (April 14 – 25, 2008) with respect to race/ethnicity, gender, and age group.

Race/Ethnicity

Figures 1a and 1b show the distribution of persons tested and respondents during the survey period. Blacks represented 39.3% (5,928) of the total population tested and 41.7% (1,856) of the survey respondents. The proportion of Hispanics tested and surveyed was 25.1% (3,788) and 23.1% (1,027), respectively. Whites accounted for 27.6% (1,226) of those surveyed versus 30.9% (4,669) of those tested. The "other" category included American Indian, Asian, and Native Hawaiian/Pacific Islander. This group was over-represented with 3.2% (140) surveyed versus 2.0% (306) tested. More respondents did not report their race (4.5% or 200) than persons tested (2.7% or 404).

**Figure 1a. HIV Tests by Race/Ethnicity
N = 15,095**

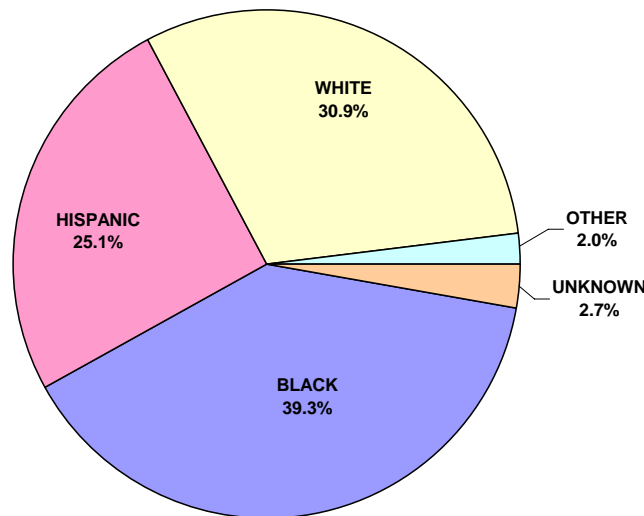
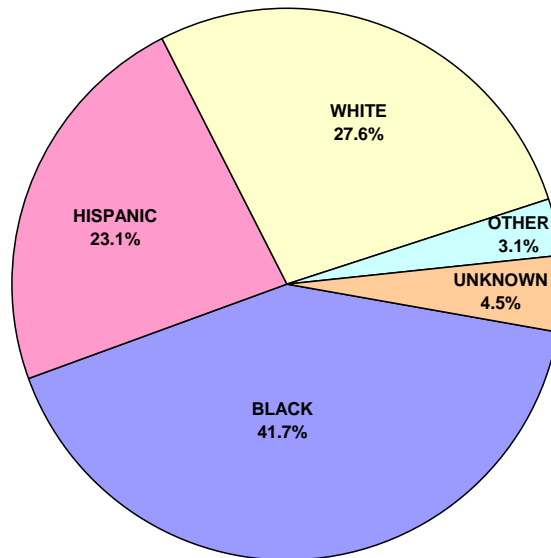


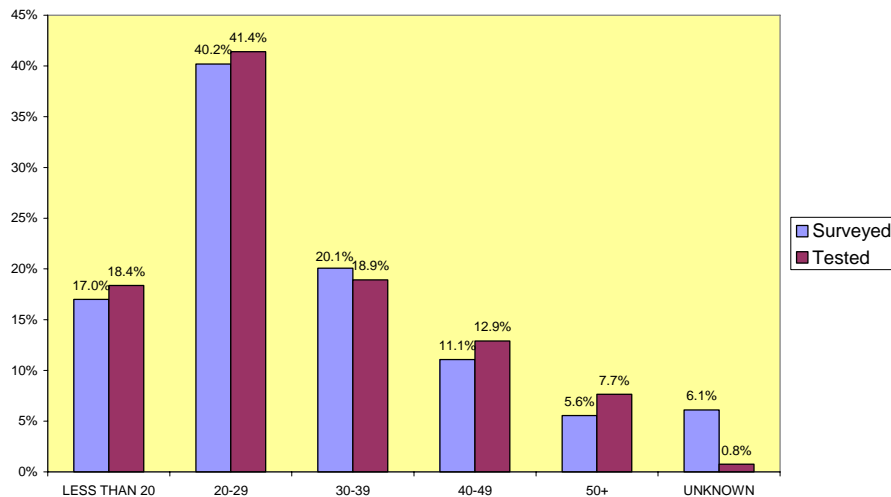
Figure 1b. Respondents by Race/Ethnicity
N = 4,449



Age

Figure 2 shows that the age distribution of respondents was very similar to that of persons tested during the survey period. Persons aged 20-29 made up the largest proportion of both those tested (41.4% or 6,250) and those who took the survey (40.2% or 1,788). Persons less than 20 years of age and person older than 40 years of age were slightly under-represented in the survey.

Figure 2. HIV Tests and Survey Respondents, by Age Group, 2008



Gender

Figures 3a and 3b show the distribution of persons tested and respondents by gender. The gender distribution of respondents is virtually identical to that of persons tested during the survey period. The majority of respondents were female (58.4% or 2,597), while males accounted for 40.0% (1,778).

Figure 3a. HIV Tests by Gender N = 15,095

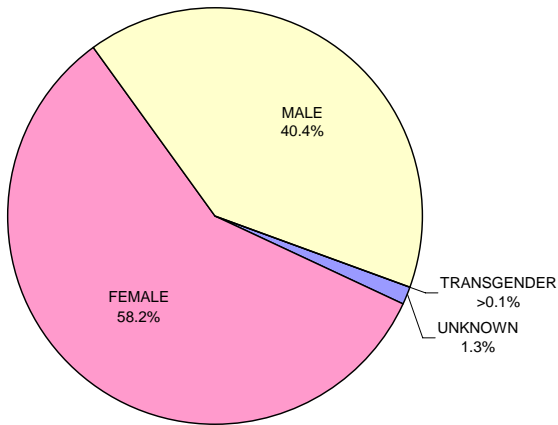
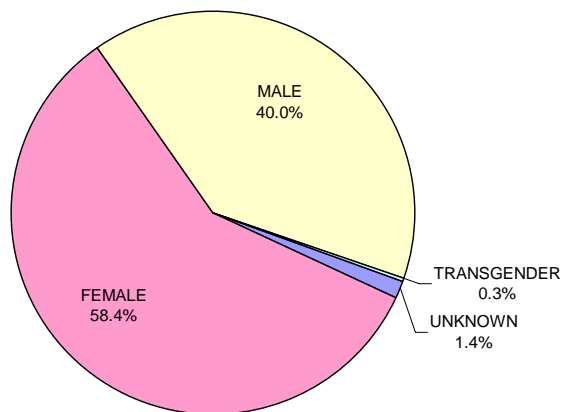


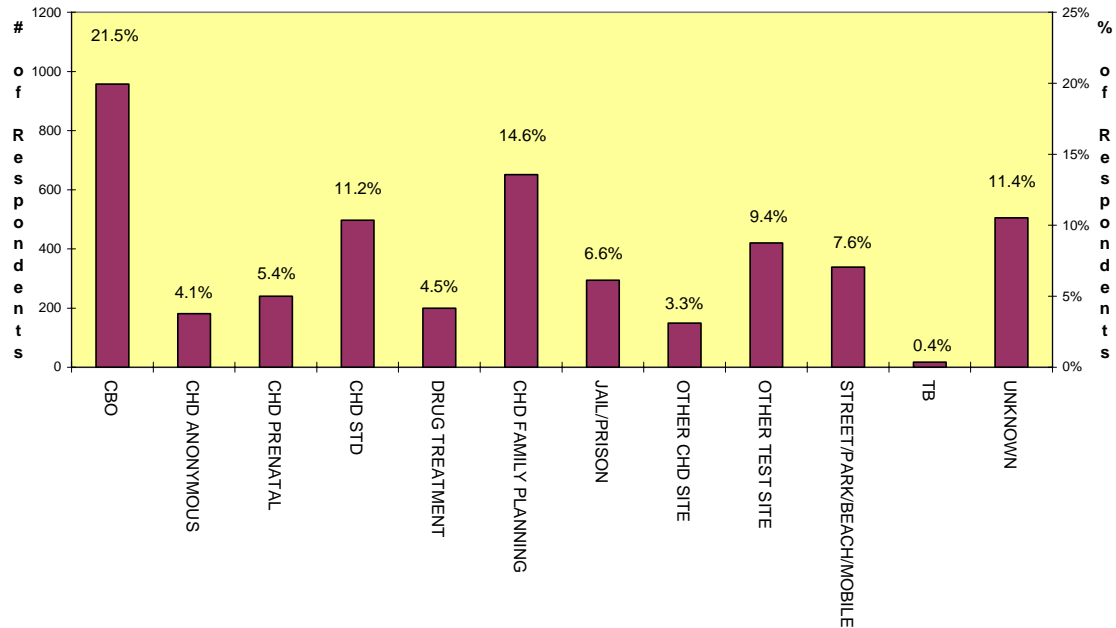
Figure 3b. Respondents by Gender N = 4,449



Type of Clinic

Figure 4 shows that, as with previous surveys, CBOs had the most survey respondents (21.5% or 957) followed by CHD family planning (14.6% or 651) and sexually transmitted disease clinics (11.2% or 497).

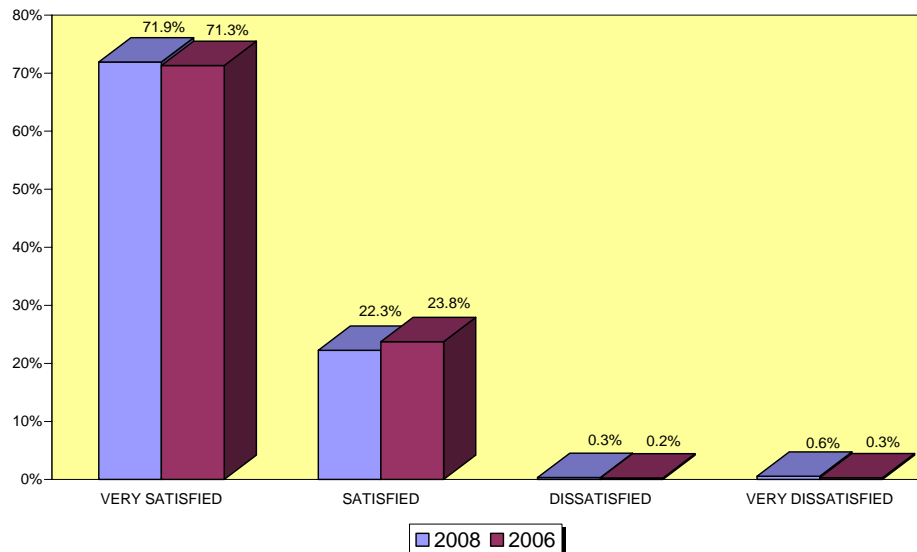
Figure 4. Respondents by Type of Clinic Used for HIV CTL Services, 2008, N= 4,449



Results

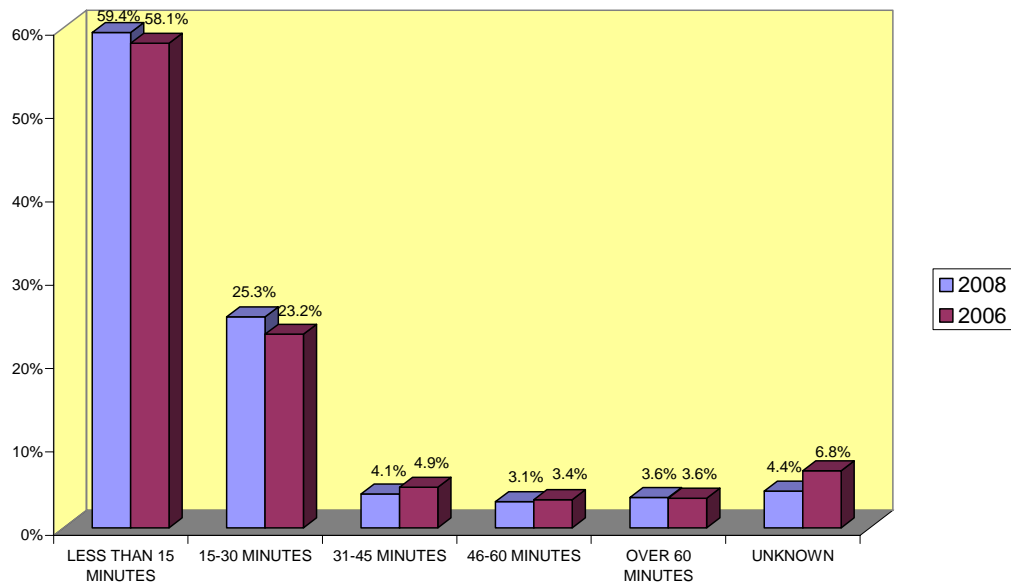
The 2008 Client Satisfaction Survey showed a very high level of satisfaction among clients receiving CTL services with 94.2% (4,190) of respondents either “Very Satisfied” (71.9% or 3,200) or “Satisfied” (22.3% or 990). Very few respondents were either “Very Dissatisfied” (0.6% or 25) or “Dissatisfied” (0.3% or 15). The level of satisfaction is unknown for 4.9% (219) of respondents. When compared to the 2006 Client Satisfaction Survey, the overall satisfaction rate has decreased slightly (see Figure 5).

**Figure 5. Overall Satisfaction with Counseling Session
(2008) N = 4,449, (2006) N = 3,346**



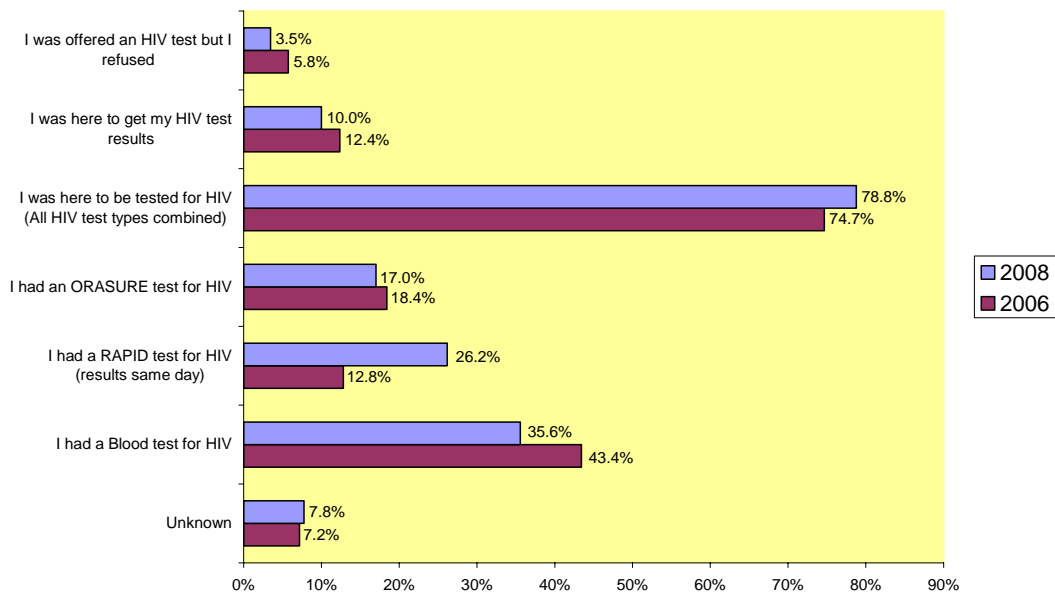
Most of the respondents had short wait times to see a counselor (see Figure 6). The majority (59.4% or 2,644) were seen by a counselor in less than 15 minutes and another 25.3% (1,126) waited between 15 and 30 minutes. This is an improvement from the 2006 CSS where 58.1% (1,945) waited less than 15 minutes and 23.2% (777) waited between 15 and 30 minutes. While the number of respondents who had a wait time of an hour or longer increased slightly (162 in 2008 versus 119 in 2006), the proportion of respondents remained the same at 3.6%.

**Figure 6. Length of Time Waited to be Seen by a Counselor
(2008) N = 4,449, (2006) N = 3,346**



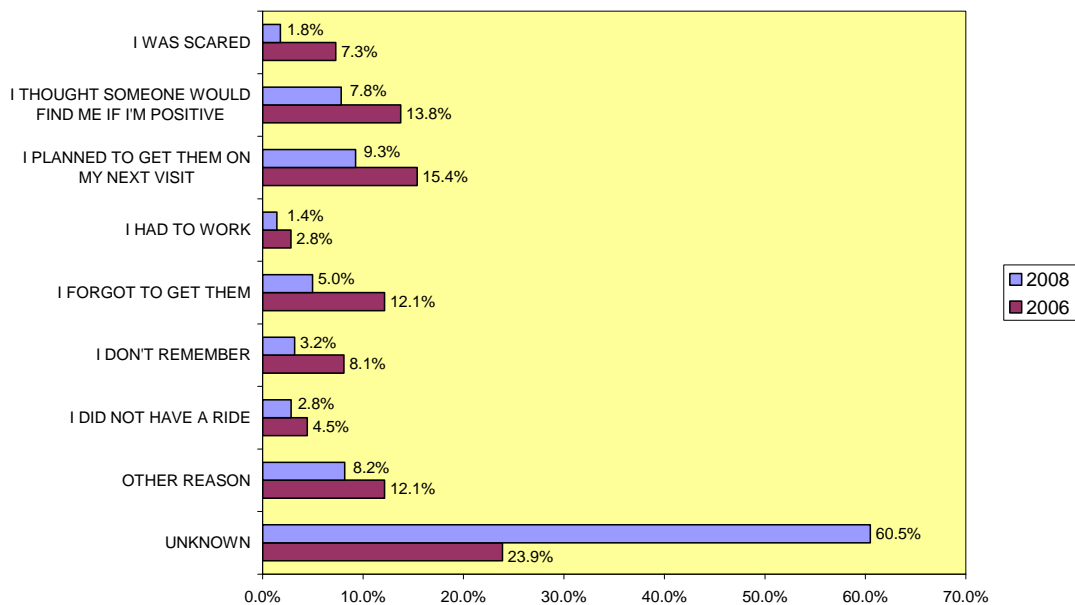
Of those surveyed, the most common reason for a visit was to obtain an HIV test (3,505 or 78.8%). As shown in Figure 7, the proportion of clients surveyed who had a rapid test jumped from 12.8% (429) in 2006 to 26.2% (1,165) in 2008. The number of respondents who were offered but refused an HIV test decreased from 193 (5.8%) in 2006 to 154 (3.5%) in 2008.

**Figure 7. Reason for the Visit
(2008) N = 4,449, (2006) N = 3,346**



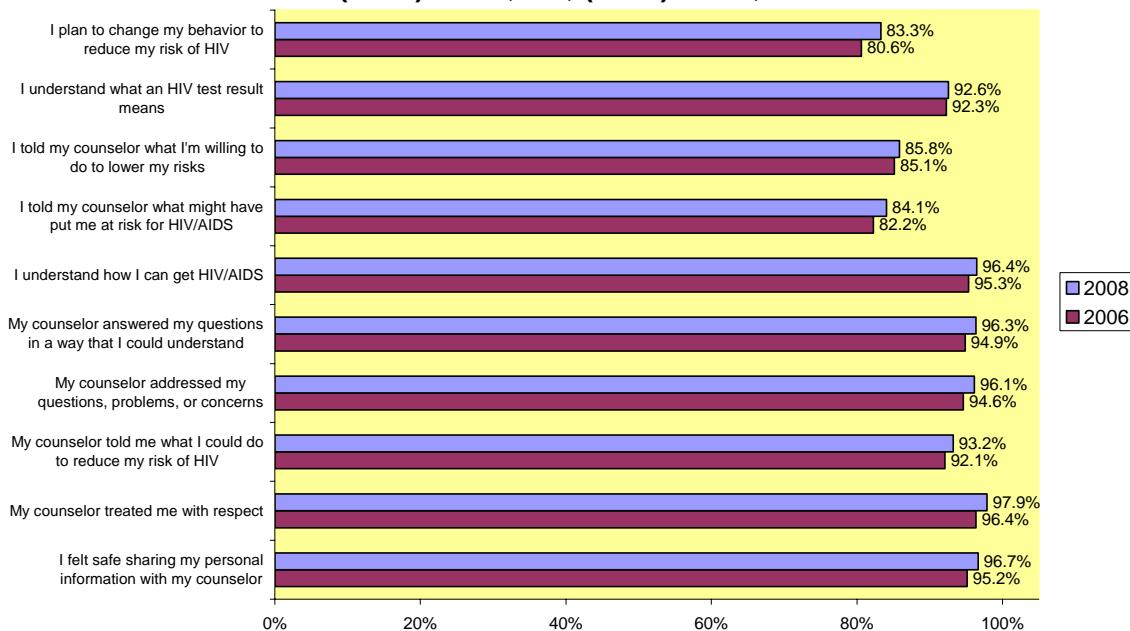
In the 2008 CSS, there was an increase in the proportion of respondents who had previously been tested for HIV with 70.7% (3,144) compared to 66.6% (2,230) in 2006 (data not shown). Of those previously tested, the majority (91.4% or 2,873) reported that they received the results from their prior HIV test. This is a small increase from the 2006 CSS where 90.5% (2,019) received their previous HIV test results. The respondents who did not receive their prior HIV test results were asked to identify a reason why. The responses are shown in Figure 8. The most popular reasons for not getting their results were “I planned to get them on my next visit,” with 9.3% (26) in 2008 and 15.4% (38) in 2006 and “I thought someone would find me if I am positive,” with 7.8% (22) and 13.8% (34) for 2008 and 2006, respectively. There was a significant increase in the number of respondents who did not provide a reason why they did not receive their results.

Figure 8. Reasons Given for Not Receiving Results of Last HIV Test (2008 N = 281, (2006) N = 248



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” response was actually a negative answer. In the 2008 CSS 18.0% (800) of the respondents answered “yes” to that question. Figure 9 shows the percentage of “yes” answers to the remaining questions regarding the counselor and CTL services. The majority of questions had over 90% agreement with “My counselor treated me with respect” receiving the most “yes” answers at 97.9% (4,355). 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.

Figure 9. "Yes" Responses Regarding Counseling Session, (2008) N = 4,449, (2006) N = 3,346



Client Feedback

The survey respondents were asked to provide comments and feedback on how to improve the services provided. A total of 489 responses were given. 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 respondents (69.1% or 338) wrote positive comments about the counseling services they received. Written comments from respondents in their own words about the counseling and testing session included:

- "I feel the staff is very helpful. This is my first time taking a test and I was very scared at first but now that they talked to me, I feel better."
- "It was simply delightful if that can be said about getting tested. No hassles and no stink eyes just very friendly very helpful people."
- "I have come here for many years and the service has changed for the better."

Complaints about length of wait time

The most consistent complaint and area pointed out for improvement was the length of time waiting to be seen by a counselor (8.2% or 40). Some of the remarks included:

- "Improve the wait time. The staff was wonderful."
- "Time is crucial"
- "Maybe less waiting for HIV/STD people to be seen since most are very nervous already."

Complaints about the Service

While most of the complaints were about the length of wait time 2.5% (12) were about challenges experienced during the counseling session:

- “Don’t require IDs”
- “Try bringing your voice down to a level 2”
- “Be more open with the patients and respect their feelings and emotions. We all have them.”

Marketing Suggestions

18 respondents (3.7%) provided suggestions to increase awareness about HIV/AIDS and the CTL services available:

- “Commercial on TV like the Herpes commercial”
- “Have what is called a house party here at the facility to make it interesting for people to learn more about HIV & AIDS”
- “Tell that there is also Free HIV Testing”

Other remarks

Providing food or snacks during the wait time was the second most common suggestion (12 or 2.5%) after marketing. Some respondents expressed their wish for increased funding and more workers. Others suggested information and testing for other diseases along with requests to find a cure for HIV/AIDS.

Conclusion

To continue assessing the quality of HIV counseling, testing, and linkage services in publicly funded test sites, a fourth Client Satisfaction Survey (CSS) was conducted statewide in 2008. The survey found a high level of satisfaction with services received.

- 94% of those surveyed were satisfied or very satisfied with the services provided.
- Counselors are doing a good job providing information, explaining methods for risk reductions, answering the clients’ questions, and treating their clients with respect.
- Although some clients still considered the length of wait time too long, more participants were seen in less than 15 minutes and between 15 and 30 minutes than in previous surveys.

An improvement was seen in the participation of CBOs which returned 957 (21.5%) surveys compared to 518 (15.5%) surveys in 2006. Participation of the CBOs 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, length of wait time, and the quality of CTL services received all had improvements. However, the reason for not receiving previous test results had a large increase in missing information.

Approximately 15,095 persons received CTL services during the survey implementation period; the sample size needed was 2,072 (95% confidence level, +/- 2%). Although an adequate sample size was obtained (4,449), not every area of the state was equally represented. 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 fourth 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. 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.