

2012 NY EMA CLIENT SATISFACTION SURVEY

PILOT FINDINGS

Thursday, March 14, 2013

FINDINGS FROM A
PORTFOLIO-WIDE
CLIENT
SATISFACTION
SURVEY

**HIV Care, Treatment
and Housing Program
Bureau of HIV/AIDS
Prevention and Control
New York City
Department of Health
and Mental Hygiene
(NYC DOHMH)**

- Mary Irvine, DrPH, MPH – *Director, Research and Evaluation Unit*
- Matthew Feldman, PhD, MSW- *Senior Research Analyst*
- Stephanie Chamberlin, MIA, MPH - *Evaluation Specialist*
- Elena DiRosa, MPH – *Evaluation Specialist*
- Sunoz Soroosh, MPH - *Consultant*
- Beau Mitts, MPH – *Director, Technical Assistance*

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 STRATEGY¹

A. Improving health outcomes for people living with HIV

❖ Research has shown that higher satisfaction levels related to²:

- 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

1 National HIV/AIDS Strategy for the United States. July 2010.

2 New York State Department of Health, AIDS Institute. "Patient Satisfaction Survey for HIV Ambulatory Care". March 2002.

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

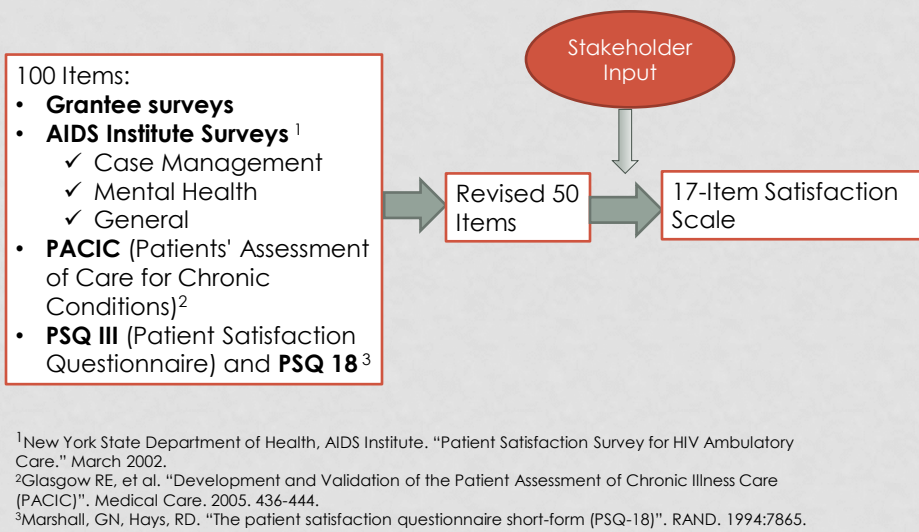
APPROACH

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



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

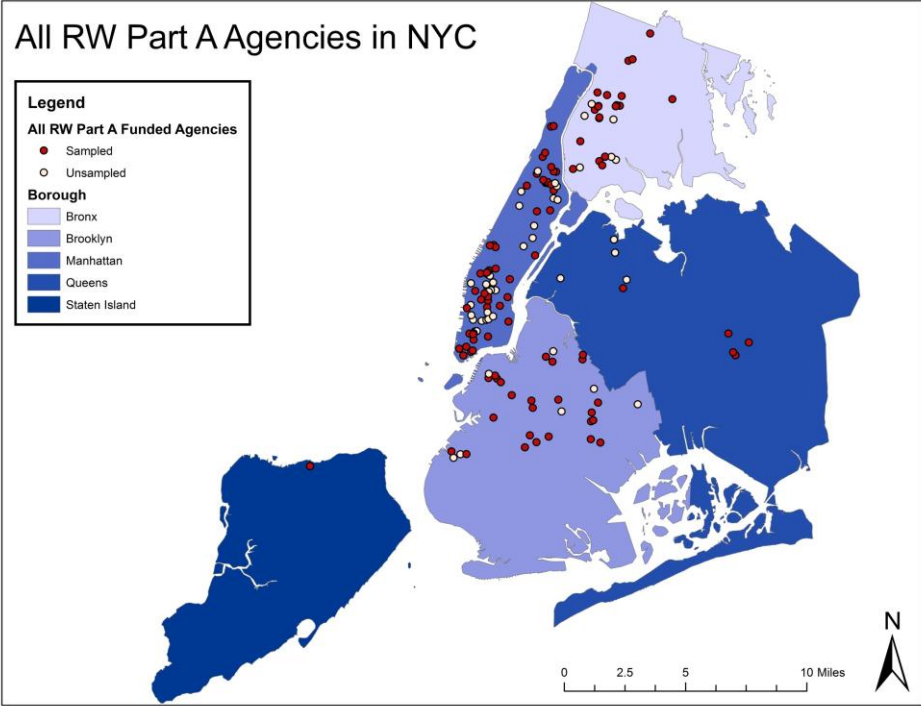
SURVEY SAMPLE

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





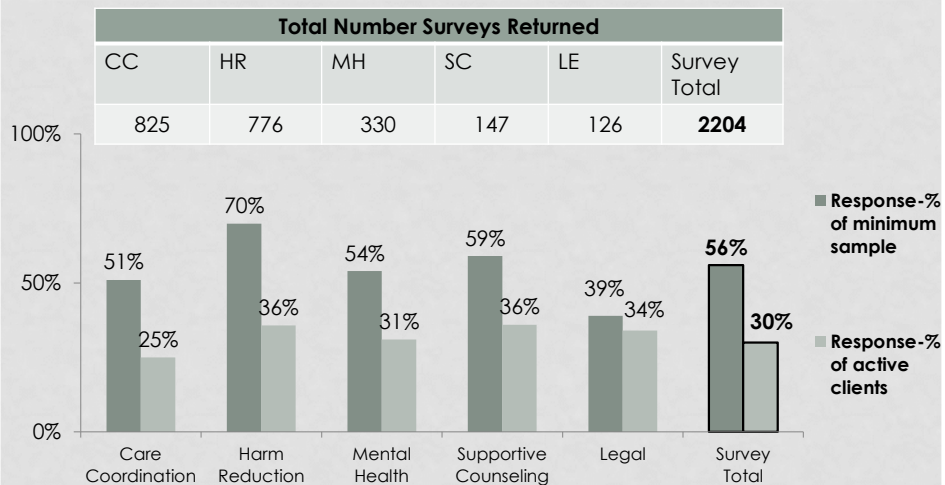
PILOT PHASE: DATA COLLECTION

- Data collected over 6 weeks in February/March 2012
- Anonymous and confidential data collection: secure boxes placed at each agency



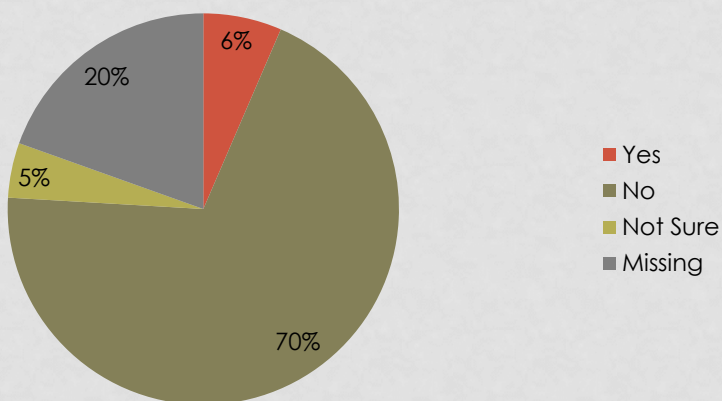
- Hard-copy survey responses in English and Spanish were collected (no electronic responses)

RESPONSE RATES



COMPLETED SAME SURVEY IN PAST 2 MONTHS

Completed Same Survey

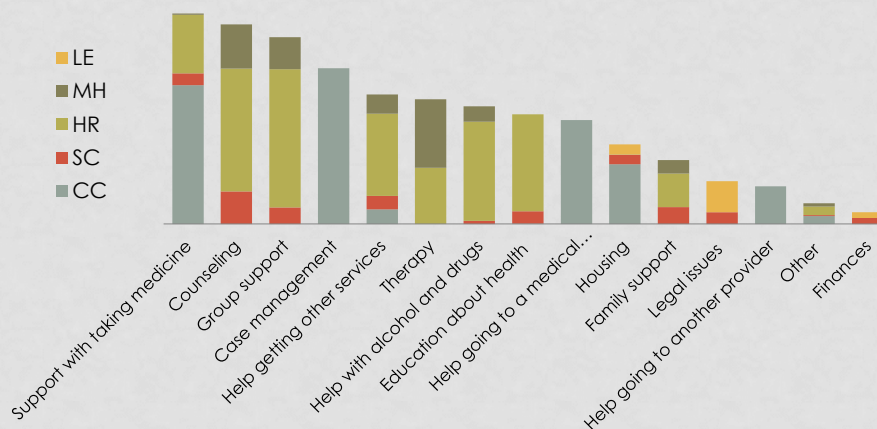


SERVICE TYPES

Service Category	Case management	Support with taking medicine	Education about health	Help getting other services	Help going to a medical provider	Housing Support	Help going to another provider	Counseling	Help with alcohol and drugs	Group Support	Family Support	Help with Legal issues	Therapy	Help with Finances	Other
CC	✓	✓	✓	✓	✓	✓	✓								✓
SC		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	✓
HR		✓	✓	✓				✓	✓	✓	✓		✓		✓
MH				✓				✓	✓	✓	✓		✓		✓
LE				✓		✓						✓		✓	✓

SERVICE TYPES

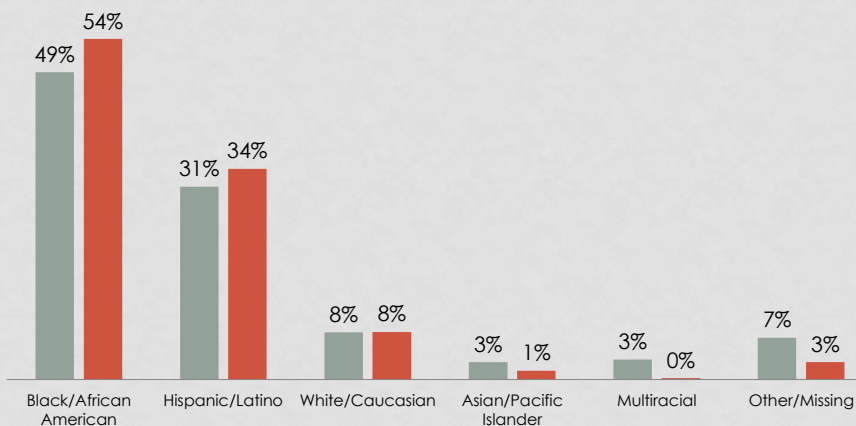
of Service Types Selected by Service Category



DEMOGRAPHICS: RACE/ETHNICITY

Total Race/Ethnicity - %

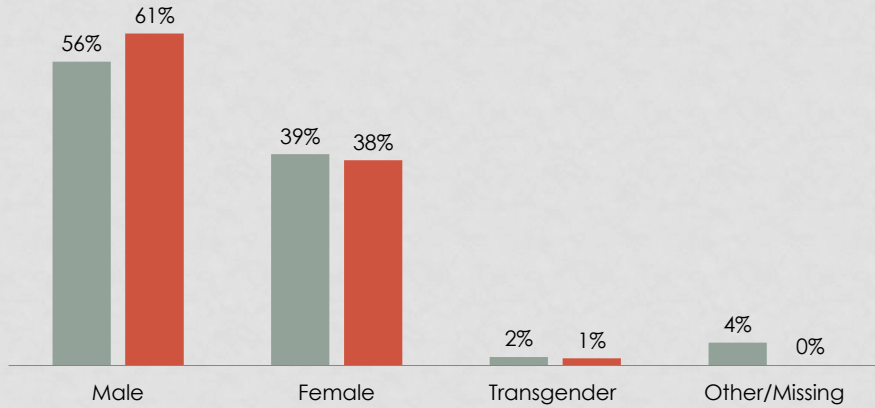
■ CSS (%) ■ Active Client Population (%)



DEMOGRAPHICS: GENDER

Total Gender - %

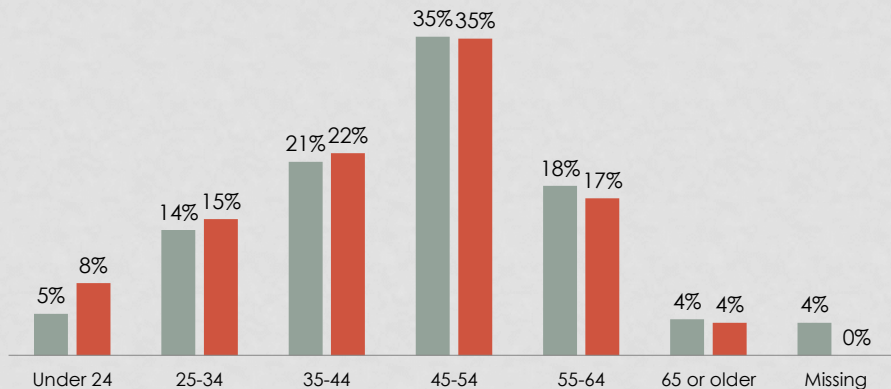
■ CSS (%) ■ Active Client Population (%)



DEMOGRAPHICS: AGE

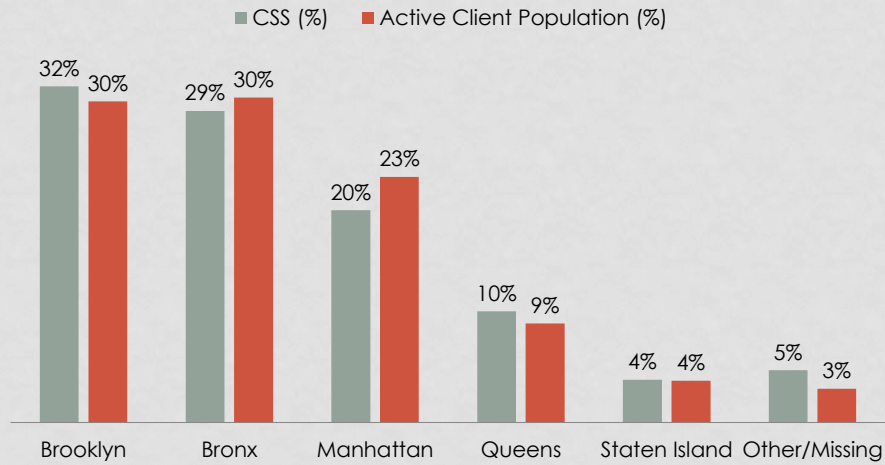
Total Age - %

■ CSS (%) ■ Active Client Population (%)



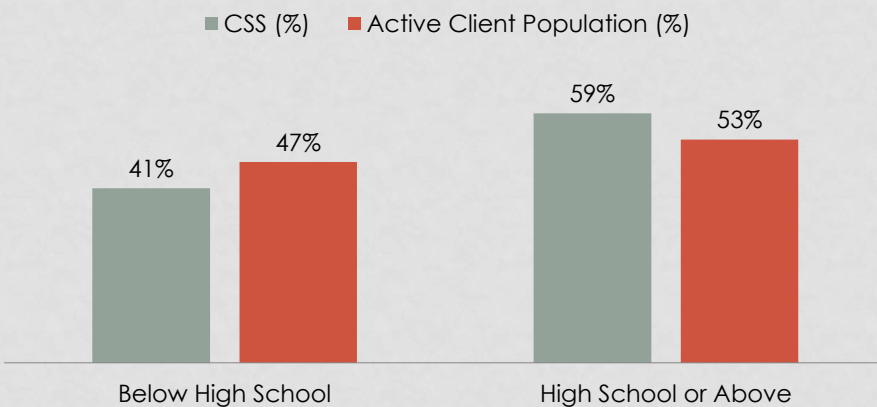
DEMOGRAPHICS: BOROUGH

Total Borough- %



DEMOGRAPHICS: EDUCATION

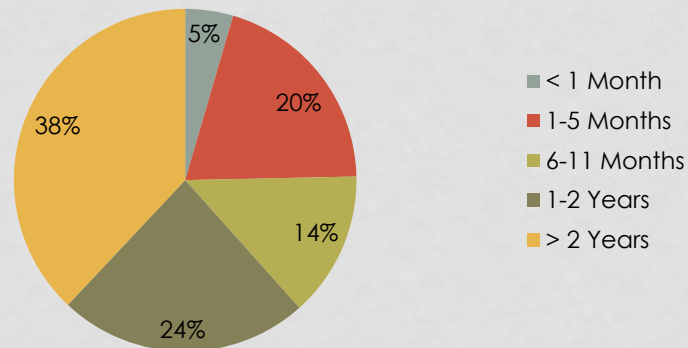
Highest Level Education* - %



*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)



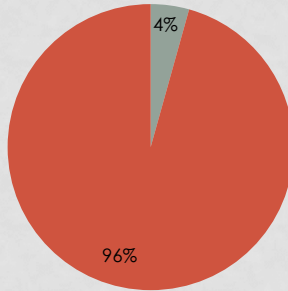
FINDINGS

CLIENT SATISFACTION SURVEY (CSS)

PERCEPTION OF TREATMENT

Felt Treated Poorly*

■ Yes ■ No

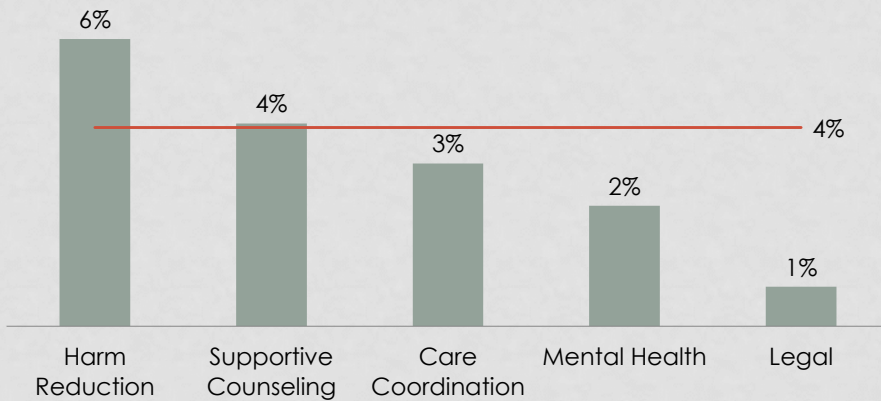


* Percentages are out of those who responded to this question; missing data (9%) is excluded from the denominator.

PERCEPTION OF TREATMENT

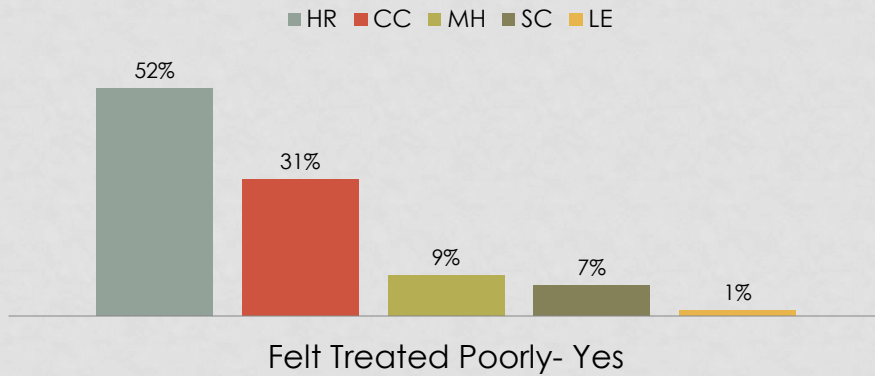
“Yes” Felt Treated Poorly – By Service Category

■ % - Service Category — % - Survey Total



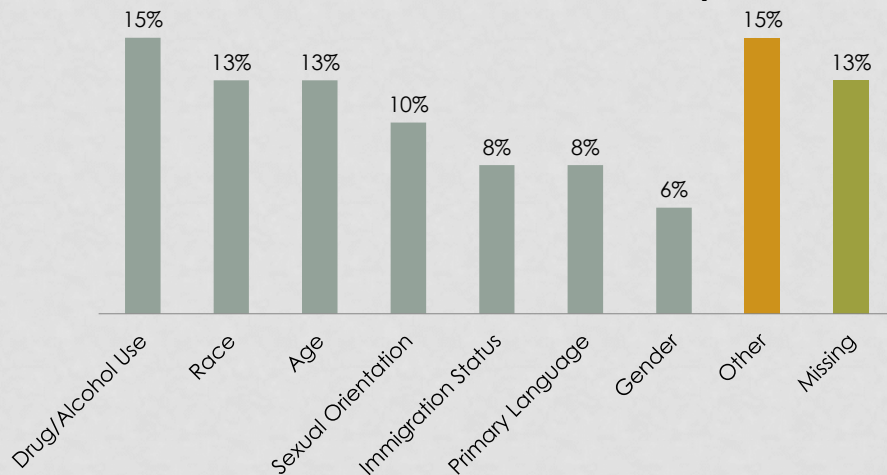
PERCEPTION OF TREATMENT

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



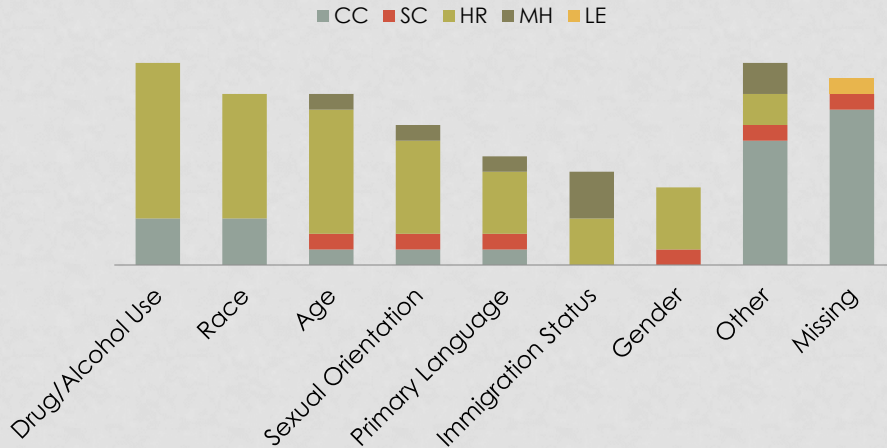
PERCEPTION OF TREATMENT: REASON

Reason Clients Felt Treated Poorly



PERCEPTION OF TREATMENT: REASON

- Reason Felt Treated Poorly



PERCEPTION OF TREATMENT: QUALITATIVE RESPONSE EXAMPLES

Can't be helped or seen

Group Disrespect

Haters

My counselor was strange

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

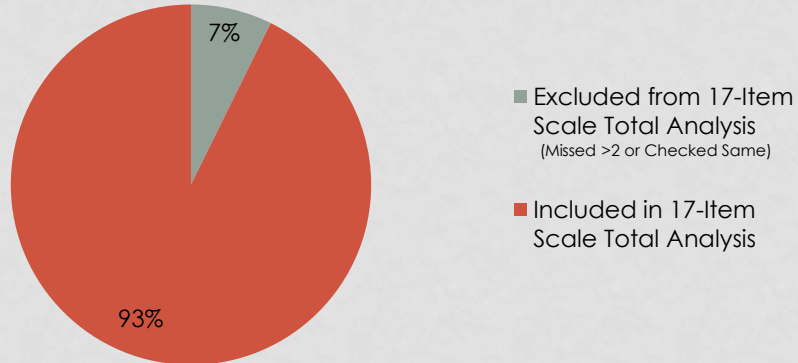
CHANGES IN THERAPIST

Disagreements

Being white I feel a lot of reverse discrimination

SURVEY SCALE: MISSING DATA

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



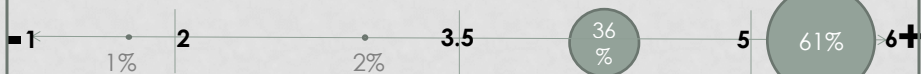
PRELIMINARY FINDINGS

- 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

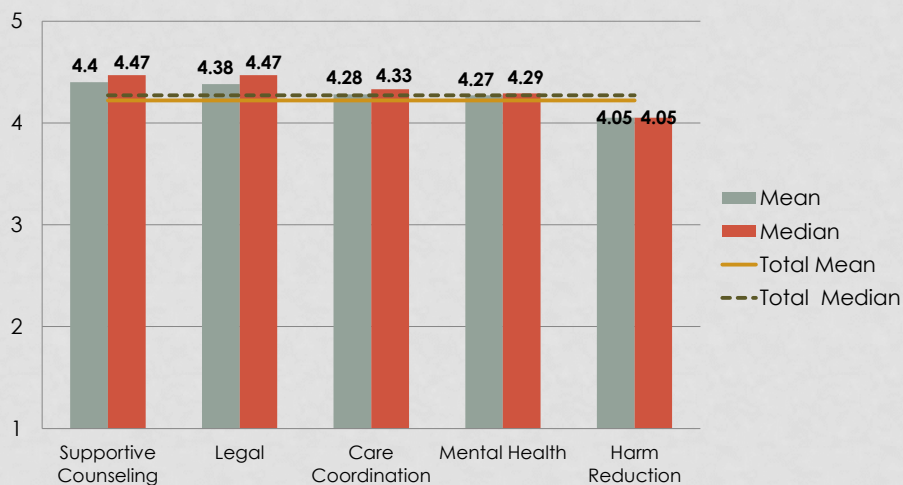
- Scores on 1 item measuring overall satisfaction, with a 6-point response scale, where 6 = Very Satisfied



- > Mean =5.42
- > Median =6.0

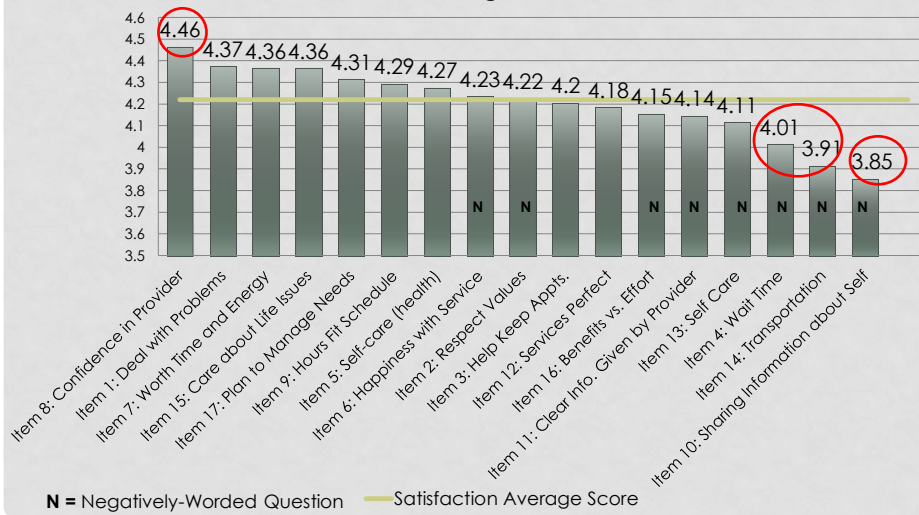
SATISFACTION

Mean and Median Satisfaction by Service Category



SATISFACTION

Total Average Score

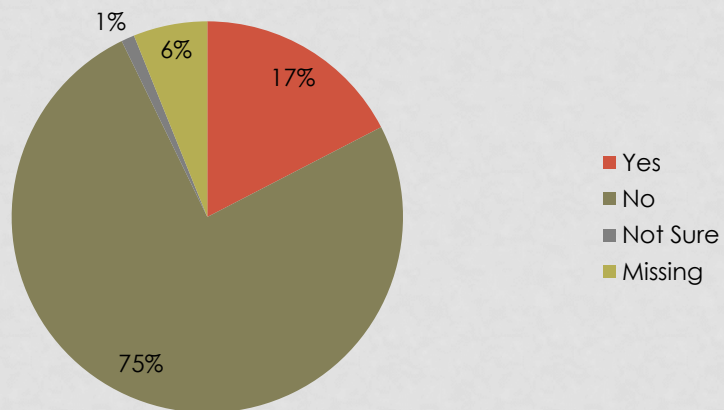


SURVEY COMPLETION PROCESS

EDUCATION AND LITERACY

RECEIVED HELP COMPLETING SURVEY

Survey Sample: Received Help



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 ($p=.000^*$).

	<High School	>= High School
Mean	4.1843	4.2636

*Mann-Whitney test

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!