Meeting of the
NEEDS ASSESSMENT COMMITTEE
Lee Hildebrand, DSW, Chair

March 14, 2013
Cicatelli Associates, 505 Eighth Avenue
19th Floor Training Room
9:00 am – 11:00 am

Members Present: Randall Bruce, H. Daniel Castellanos, Carrie Davis, Guillermo Garcia-Goldwyn, Graham Harriman, Lee Hildebrand, DSW, Sabina Hirshfield, PhD, Natalie Humphrey, PhD, Rosemary Lopez, Anne Lyster, Frank Machlica, Antonio Munoz, Glen Phillip, Marcy Thompson

Members Absent: Angela Aidala, PhD, Terri Faulkner, Jennifer Irwin, Julie Lehane, PhD, Tamella McCowen, Ariel Negron, Jan Carl Park, Rob Shiau, Ricardo Vanegas-Plata, DDS

NYC DOHMH Staff Present: Stephanie Chamberlin, Elena DiRosa, Matthew Feldman, PhD, Rafael Molina, Nina Rothschild, DrPH

Public Health Solutions Staff Present: Tania Farmiga

Others Present: Billy Fields, Mallory Lowenstein

Material Distributed:

- Agenda
- Minutes from the February 14, 2013 Needs Assessment Committee Meeting
- Presentation by Stephanie Chamberlin and Colleagues on the Client Satisfaction Survey
- Planning Council Calendar for March 2013

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes:

Dr. Lee Hildebrand welcomed meeting participants. Meeting members introduced themselves. The moment of silence was led by Randall Bruce. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the February meeting of the Needs Assessment Committee were approved for posting on the Planning Council website at nyhiv.org.

Client Satisfaction Survey: Dr. Hildebrand introduced the presentation on the Client Satisfaction Survey (CSS) by noting that Committee members have talked a lot about the treatment cascade and would see whether the CSS informs the cascade. Stephanie Chamberlin noted that Research and Evaluation Unit staff members did presentations to elicit input into the CSS and are now preparing agency-level reports. Ms. Chamberlin and Elena DiRosa will present on the CSS to the full Planning Council in two weeks.

A connection exists between the survey and the goals of the National HIV/AIDS Strategy (NHAS). NHAS cites several goals, including reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities. Measuring satisfaction is important for several reasons: satisfaction is related to adherence and to keeping appointments with health care providers, and satisfaction with services and remaining in services can help to reduce health disparities. The goal of this pilot survey is to improve the quality of service delivery through feedback to stakeholders and service providers, to inform the planning process, and to inform the technical assistance provided by the Care and Treatment technical assistance team.

Factors influencing the findings include client happiness, experience with other providers, individual life stressors, long travel time, frustrations because of waiting times, low expectations, limited comparison with other service providers, and fear of losing services. Seventeen items were used to measure satisfaction such as client benefits, appropriateness of services, quality of care, and accessibility with a Likert scale (strongly agree to strongly disagree). Prior to implementing the survey, REU staff went to the Consumers Committee, Needs Assessment, the full Planning Council, and all agencies. For the pilot, evaluators included 65 agencies with 82 contracts in 5 service categories. Providers were trained to give out only one survey per client per services. The total survey sample size was 2204.

Although the sample response rate was small, we still gained some knowledge about consumers' response to services. Generally, the researchers found high satisfaction across the five service categories sampled. Only 4% of clients reported feeling that they were treated poorly. Some literacy issues emerged regarding the tool, but most clients did not receive help filling out the survey. No statistical difference in satisfaction emerged for those who received help completing the survey vs. those who

did not. Individuals with higher education had statistically higher average satisfaction levels on the 17-item satisfaction scale.

Who were these clients? The survey was slightly less representative of Hispanic and Asian American populations, and it was less representative of males than evaluators would have expected. Most clients were between ages 45-54. Fewer clients responded to the survey in Manhattan. The survey sample had a slightly higher education level than the active client population as a whole.

Thirty-eight percent of clients reported receiving services at the agency for more than two years. Five percent of clients reported receiving services for less than one month. Ninety-five percent of clients fell on the satisfied side of the scale. Although the vast majority of clients did not feel treated poorly, those who did feel treated poorly were mostly receiving harm reduction services. Supportive counseling produced the highest feeling of satisfaction, followed by legal services. Those care coordination clients who felt treated poorly generally didn't provide a reason for their response. Item #8 yielded the highest mean – clients are satisfied with and confident in their providers' skills. A low mean was found with access to care – e.g., long wait for services, transportation issues.

Limitations of the survey include the fact that it only measured people who are currently engaged in services. Theoretically, we could also learn a lot from the responses of people who are not engaged in services. In addition the findings are not generalizable beyond these providers and service categories. Clients may not have wanted to rate their services negatively, lest the services be taken away. Contextual and qualitative feedback is limited, and not all patients provided complete answers. Generally, however, evaluators found a high level of satisfaction across service categories.

Next Steps: REU staff members need to revise the tool and test it on additional service categories. We may want to take this data and compare it with other utilization surveys. We could, for example, look at satisfaction over time. In the future we will include Tri-County and will provide the survey in French, Spanish, and English and expect a better response rates because of use of the internet to access it. The ACASI (audio computer assisted survey instrument) format allows for audio and for skip patterns.

Ms. Davis asked about the wording of the question on gender and suggested another way of phrasing the question and allowing the respondent to check more than one category. Dr. Hirschfield asked whether evaluators learned about dissatisfaction by service site. She also asked whether having someone on-site to help with filling out the survey tool, given the problems with literacy, would be helpful. Ms. Chamberlin noted that giving a Metrocard in

return for a survey might influence a positive response. Regarding literacy, Guillermo Garcia-Goldwyn noted that someone with issues might be intimidated. Ms. Chamberlin reminded the group that evaluators are moving to an electronic format and noted that questions could be worded in a simpler manner. With surveys, literacy will always be an issue. Dr. Hildebrand noted that even the formatting may impact on people with low literacy.

Frank Machlica suggested that the survey be translated into Chinese because of the large Chinese-speaking population in NYC. He also suggested using peers to assist clients in filling out the surveys either one-on-one or in groups. Members discussed the possibility of offering the survey in French, not Creole, because most Haitians read and write in French, and French would also work for West Africans. Marcy Thompson noted that assisting with answering the survey would be a great project for peers, especially if they were provided with a stipend.

Ms. Chamberlin noted that the CSS used items from validated surveys used nationally and by the AIDS Institute, but the researchers are breaking ground with using a portfolio. Community member Billy Fields noted that he lives in a Creole area of the City where, surprisingly, many people do not speak French. Glen Phillip asked about having the survey as an app.

Nina Rothschild noticed the high level of satisfaction with supportive counseling and family stabilization services and wondered whether the satisfaction was connected to this service category's use of peers. Randall Bruce noted that peers are always in the office and, therefore, have more opportunity to fill out the survey. A recommendation was made to hold focus groups at the agency-level to find out what's going on – specifically, what elements of the service make it more satisfying? For example, if the service is offered at home, might the satisfaction emerge because clients don't have a lengthy wait for transportation to access the service? A suggestion was made to consider asking clients whether they had ever thought of leaving their agency and going to other locations.

Dr. Hildebrand asked how the CSS can help us as we consider the treatment cascade. What is happening with our services designed to address retention and adherence? We see a large drop off there in the cascade. The Committee is a good place to have these discussions. Randall Bruce noted that he filled out a service form at one agency not as a client but because he was taking a course there and also filled it out at his own agency.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.