

# Technology and community: Coming together to improve the quality of HIV services in New York through a routine client satisfaction survey process



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# Objectives



- Share a large-scale participatory survey tool design and revision process
- Discuss survey implementation across a range of HIV service provision settings
- Discuss the successes and lessons learned from the revised implementation of a routine satisfaction survey

# Purpose of the Ryan White Part A Client Satisfaction Survey (CSS)



## Incorporating client input

- Consumer input on services is an essential component of the RW Part A program

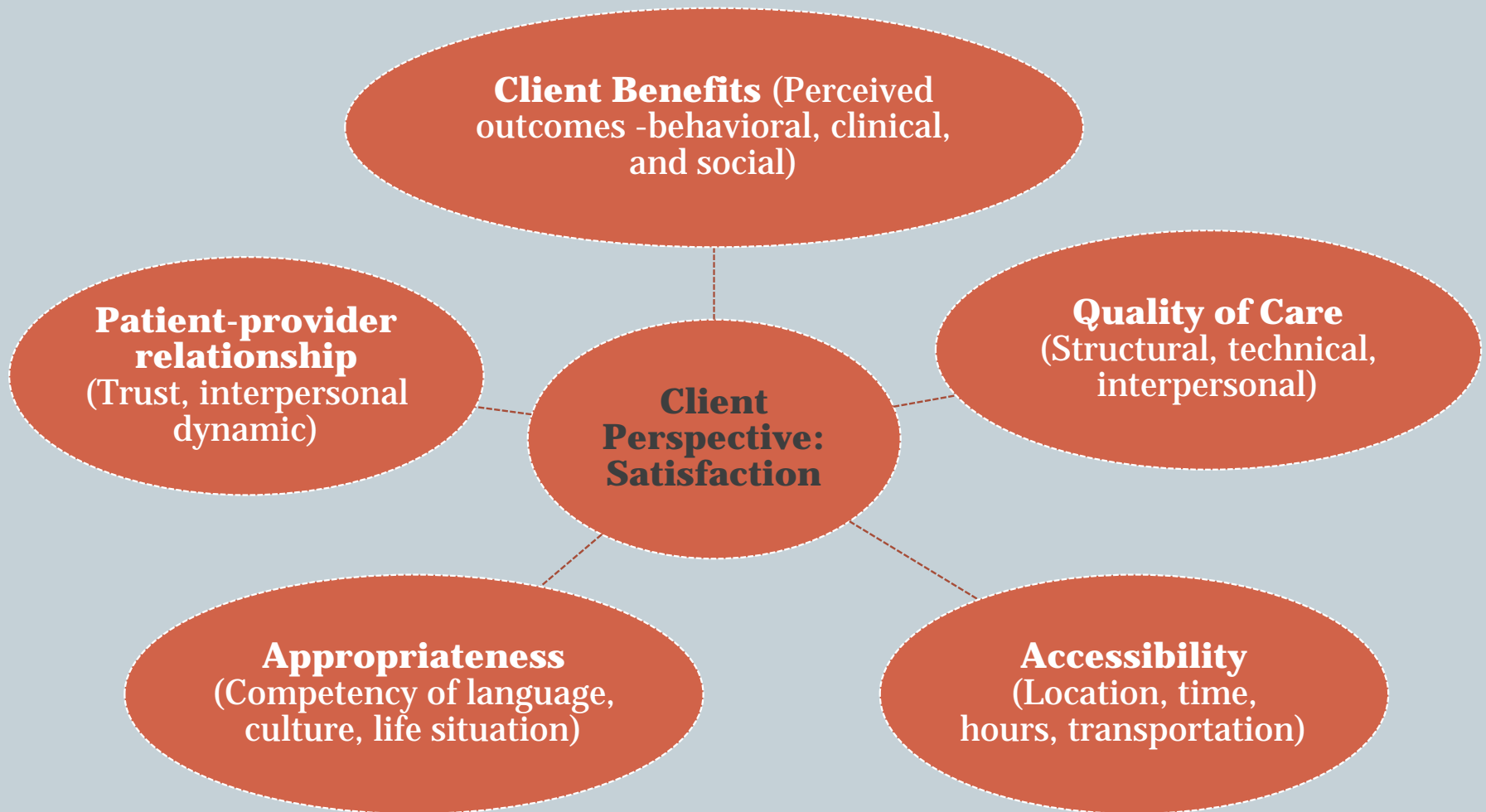
## Comparing client experiences in different service settings

- Collecting client feedback in a standardized and comparable manner allows for data aggregation and analysis at multiple levels

## Improving services

- Learning about barriers and facilitators to client service utilization allows for improved services and access

# Domains of Satisfaction



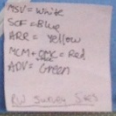
# 2012 Pilot Survey Design (NYC only)



In early 2012, the pilot of the CSS tool was launched:

- Community-based survey tool development process
- Paper surveys hand-delivered via HIV service providers to clients at their point of service
- Spanish and English
- Anonymous and confidential data collection (secure drop boxes placed at each agency) →







Date \_\_\_\_\_

### Care Coordination Services - Client Satisfaction Survey

We are interested in your opinions, both good and bad, about the services you receive from this program. Please answer based on your personal experience over the past year. The purpose of this survey is to improve the quality of services, based on your feedback. Your answers will not in any way affect your ability to receive services or benefits.

Do not write your name on this form. This survey is anonymous, and your responses cannot be linked to you.

Check the boxes below that best describe the services you receive from the program you are here for today (check all that apply):

- ☐ Case management      ☐ Education about health      ☐ Help going to a provider  
☐ Support with taking medicine      ☐ Help getting other services  
☐ Other \_\_\_\_\_

In the past 2 months, have you completed this same survey for these same services at this agency?

☐ Yes      ☐ No      ☐ Not Sure

Think about the services you just checked above. Based on your experience over the <u>past year</u> , how strongly do you agree or disagree with the following statements?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	(check <u>one</u> for each statement)				
1. I am better able to deal with my problems since receiving these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The people providing these services do not respect my values and beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. These services help me to keep appointments with my primary care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am frustrated by how long I have to wait when I come for these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am better able to take care of my health because of these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am unhappy with these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. These services are worth the time and energy I spend to receive them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am confident in the skills of the people providing these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. These services are available at times that fit my schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel uncomfortable sharing information about myself with the people providing these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The information given to me by the people providing these services is not very clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. These services are just about perfect for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. These services have not helped me to take better care of myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. It is hard for me to find transportation to get to these services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The people providing these services care about the issues in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The benefits I get from these services are not worth the effort I put into them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The people providing these services helped me make a plan for my needs that I could manage day-to-day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the next page →

Think about the services you checked on the first page...

A. At any point, did you feel that you were treated poorly when receiving these services? ☐ Yes ☐ No (If no, skip to question "B")

A.1. If "Yes" to "A" above, please check any of the reasons you feel may have caused you to be treated poorly. (check all that apply) My...

- ☐ Race      ☐ Age      ☐ Gender      ☐ Sexual Orientation      ☐ Immigration status      ☐ Primary language      ☐ Use of drugs or alcohol      ☐ Other \_\_\_\_\_

B. When receiving these services in the past year, how satisfied were you overall? (check one)

- Very satisfied      Mostly satisfied      Somewhat satisfied      Somewhat dissatisfied      Mostly dissatisfied      Very dissatisfied

B.1. What could the people providing these services do to increase your satisfaction?

C. How long have you been coming to this agency for the types of services you checked on the first page?

- ☐ Less than 1 month → Is this your first visit? ☐ Yes ☐ No  
☐ 1-5 months      ☐ 6-11 months      ☐ 1-2 years      ☐ More than 2 years

Please tell us more about yourself...

I. How do you identify your gender? (check one)

- ☐ Male      ☐ Female      ☐ Transgender (Identify as Male)      ☐ Transgender (Identify as Female)      ☐ Other (specify) \_\_\_\_\_

II. What is your age group? (check one)

- ☐ Under 18 Years      ☐ 18 to 24 Years      ☐ 25 to 34 Years      ☐ 35 to 44 Years  
☐ 45 to 54 Years      ☐ 55 to 64 Years      ☐ 65 to 79 Years      Specify year of birth \_\_\_\_\_  
☐ 80 Years or Older (Do not specify year of birth)

III. What is your racial/ethnic background? (check all that apply)

- ☐ Black/African American      ☐ Hispanic/Latino(a)      ☐ White/Caucasian      ☐ Asian/Pacific Islander  
☐ Native American/American Indian      ☐ Don't Know      ☐ Other (Specify) \_\_\_\_\_

IV. What is your highest level of education completed? (check one)

- ☐ Some Elementary/Middle School      ☐ Some High School (Secondary)      ☐ High School Diploma/GED (Secondary) (Primary)  
☐ Some College      ☐ Certificate/Associates Degree      ☐ College Graduate  
☐ Graduate School      ☐ Other (Specify) \_\_\_\_\_      ☐ Don't Know

V. Which borough do you live in? (check one)

- ☐ Bronx      ☐ Brooklyn      ☐ Manhattan      ☐ Queens      ☐ Staten Island      ☐ Other (Specify) \_\_\_\_\_

What else would you like to share about your experience with these services?

Did you receive any help completing any part of this survey?

- ☐ Yes      ☐ No      ☐ Not Sure

Thank you for taking the time to complete this survey!

If you have any further questions or concerns regarding this survey, please contact a staff member.

# Stage I: Lessons Learned From the Pilot & Potential Solutions



Evidence of literacy, language, and education as a barrier

Contextual and qualitative feedback was limited

Anonymous survey

Multiply-enrolled clients

Paper surveys are time- and resource-intensive

Lower the overall literacy level

ACASI<sup>1</sup> web-based tool with simpler layout

Look into patient-provider relationship

Link survey responses to existing data sources

Confidential survey (1 survey per client)

Live, web-based data collection/entry

Shorten the survey

Add other languages

<sup>1</sup> Audio computer-assisted self-interview



# Stage 2: Community Feedback Process



- Pre-implementation points of debate from 7 provider meetings and 4 brainstorming sessions one year prior to implementation:
  - Client comfort with technology
    - ✦ Bias associated with providers helping clients
  - Client access to electronic devices
  - Client literacy
  - Client interest in a survey without incentives
  - Timeliness of data
  - Provider burden/resources
  - Linking to provider reporting system for more information about clients
  - Provider access to data
- Contextual changes during the feedback process:
  - Snowden/NSA
  - Funding cuts to Ryan White Part A
  - Reporting burden due to implementation of a new data system

# Stage 3: Solutions to Community Concerns

## Community Concerns:

- Client access to computers and smartphones
- Client literacy/technological literacy/language
- Bias resulting from provider assistance and survey completions at agency
- Lack of anonymity (if linked to existing data sources)
- Lack of client interest/engagement in survey
- Too resource-intensive for providers

## Solutions to Concerns:

- Purchased tablets for each contract/charge Wi-Fi cost to administrative budget
- ACASI tool allows clients to take on own/added a limited paper option to be chosen by client
- Included English, Spanish, and French
- Introduced an anonymous option to be chosen by client
- Created introduction sheet to explain survey/simple, easy-to-use survey ID cards for each client

# Preparing for Survey Launch: Survey ID Cards



# Electronic Survey Design

NYC Area Client Satisfaction Survey

Powered By: 

Confidentiality Statement





Think about the **food bank/home-delivered meals** services you receive from **Agency Name**. Based on your recent personal experiences, please respond to the following questions.

## Question 9:

Is there anything that would make it easier for you to get these **food bank/home-delivered meals** services? Please check all that apply.

- ☐ Transportation to **Agency Name**
- ☐ Different times of services
- ☐ Child care or other family care
- ☒ Different location of **food bank/home-delivered meals** services
- ☐ Shorter wait time
- ☐ Translation services
- ☐ Fewer appointments
- ☐ More appointments
- ☐ Shorter appointments
- ☐ Longer appointments
- ☐ Other

 Turn On Autoplay

 Play All

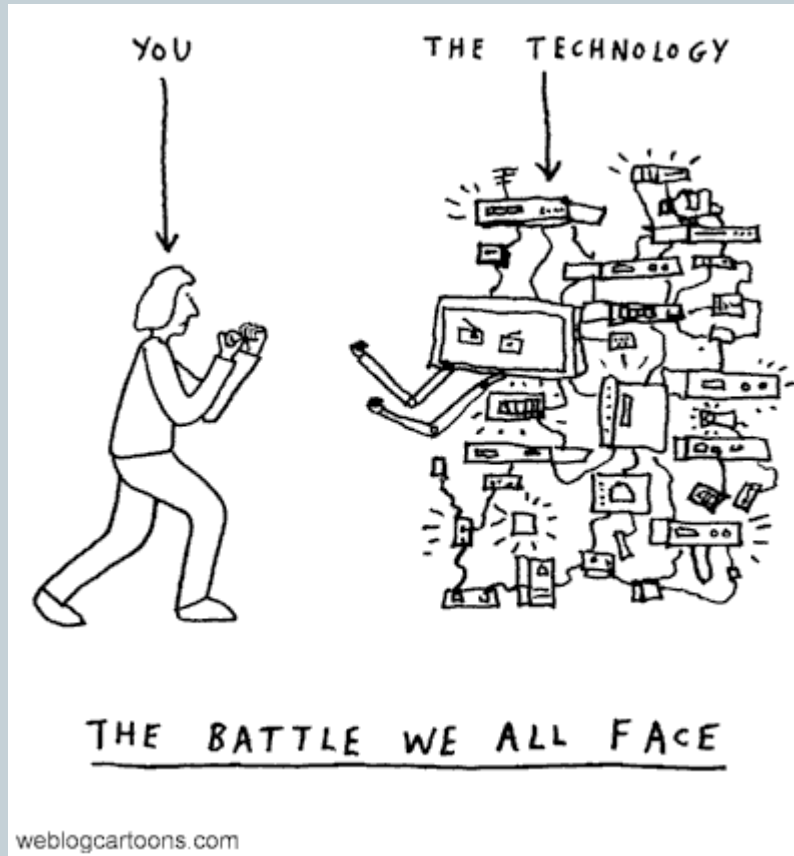
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50%

75%

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# Technology



# Preparing for Survey Launch



- **Electronic tablet pickups at NYC DOHMH**
  - Included: tablet, secure cable lock to ensure safety, protective covering, headphones, and information for Wi-Fi purchase
- **8 webinars provided to providers; each program required to participate in at least one**
  - Slides with speaker's notes sent to each provider to encourage additional staff trainings at sites
- **Delivery of survey materials via NYC DOHMH transportation unit**
  - Received signatures from each site ensuring successful delivery of confidential materials



# The Data Collection Period



- Web-based survey was open for 12 weeks
- Consistent communications delivered to ensure provider participation
  - Reminders about webinars, survey launch, and survey close date
  - Two e-mails containing individual program response rate throughout data collection period
    - ✦ High response
    - ✦ Medium response
    - ✦ Low response
  - Phone call/e-mail check-ins
  - Help from staff in the DOHMH HIV Technical Assistance unit
- Site staff have full-time jobs; this was an added burden for them in obtaining a high response rate

# Scope of CSS: Pilot and Portfolio-Wide



**~20,000:**

Number of people living with HIV/AIDS (PLWHA) receiving Ryan White Part A supportive services per year in New York

## 2012 Pilot Survey:

**65** agencies with **82** contracts

**2,204:**

Number of surveys returned =  
response rate of **30%**

## 2014 Revised and Expanded Survey:

**79** agencies with **117** contracts

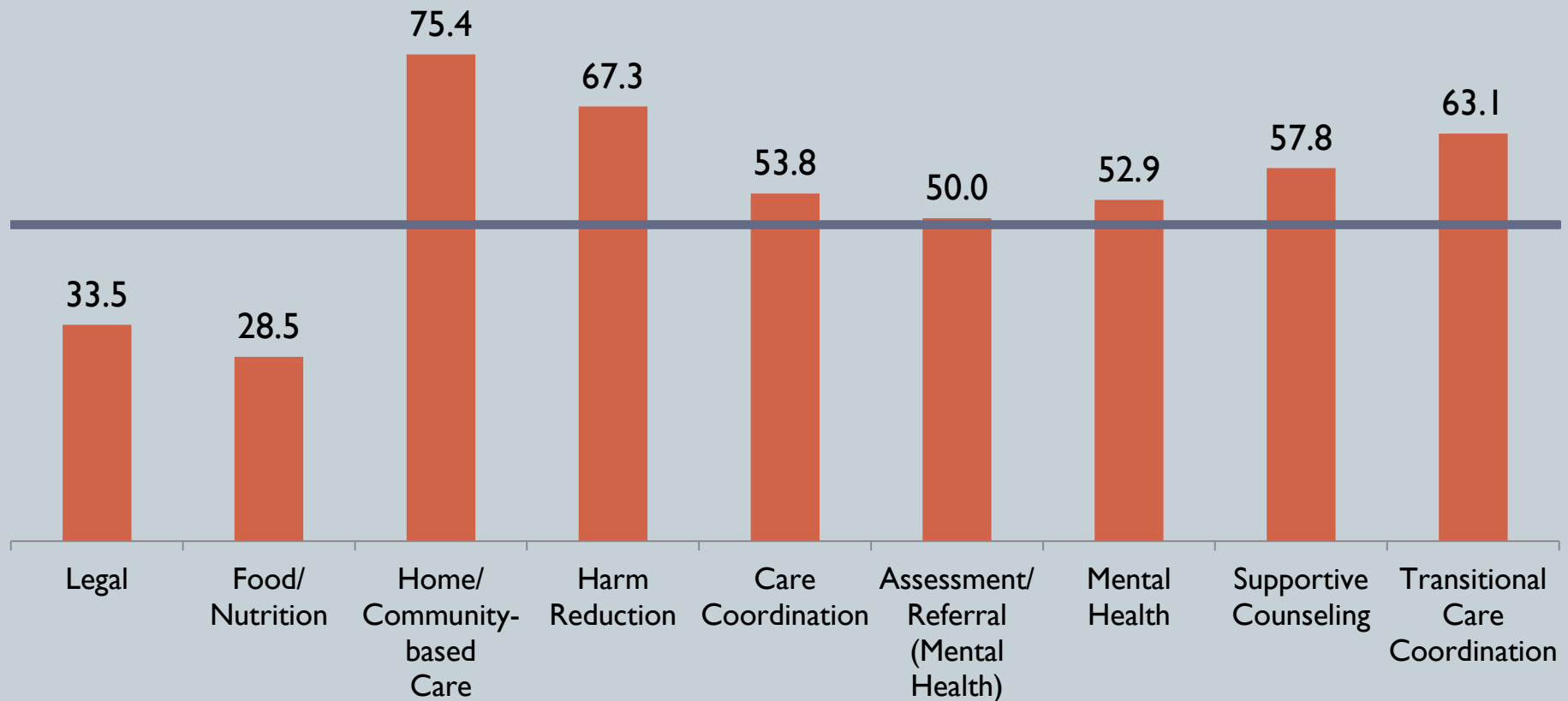
**4,196:**

Number of surveys returned =  
response rate of **49%**

# NYC Response Rates(%): Sampled Active Clients\*



Service Category — All NYC (49%)

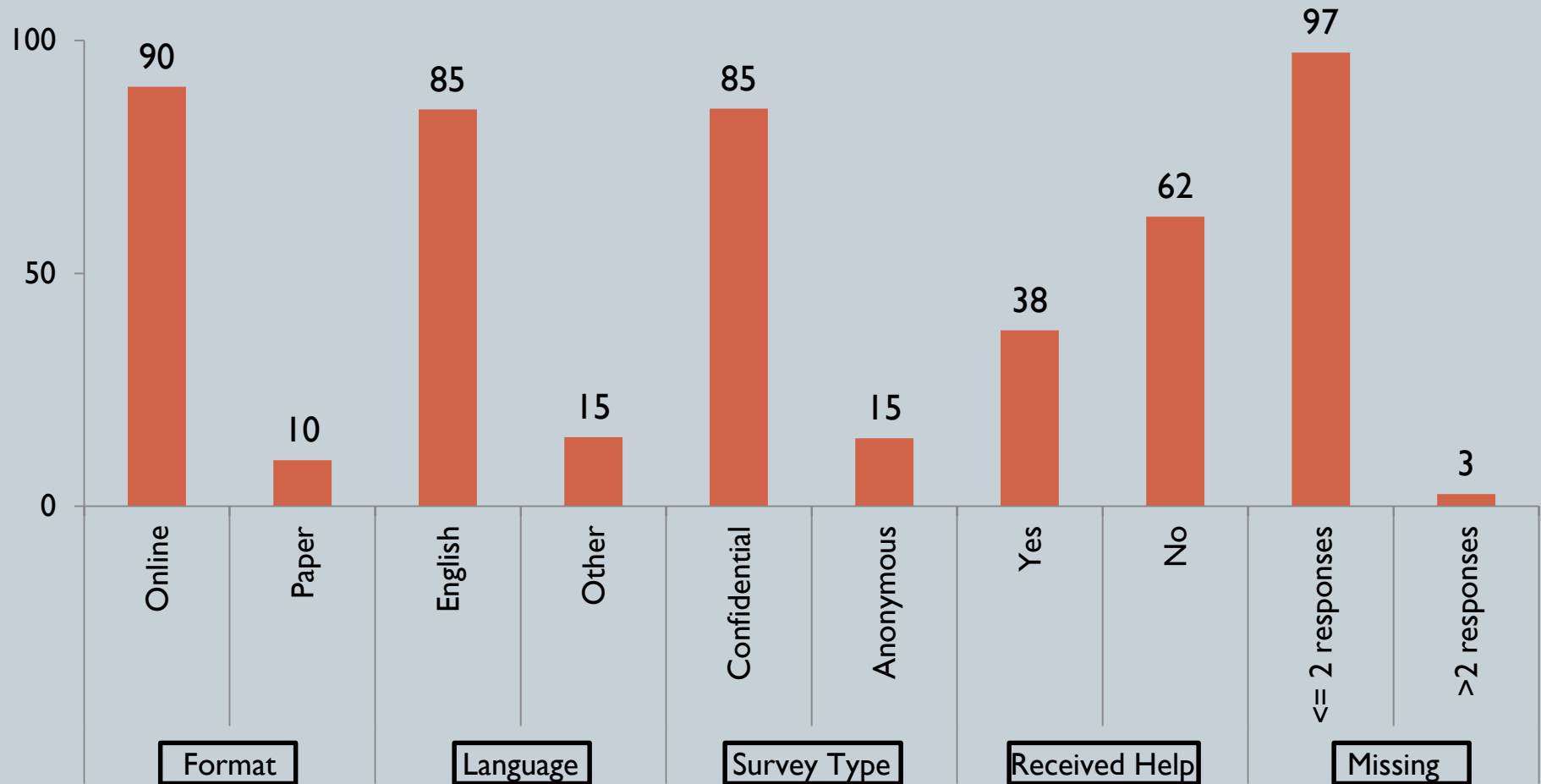


\*Excludes sampled clients who were not served during the survey period.

# Format/Completeness (%)



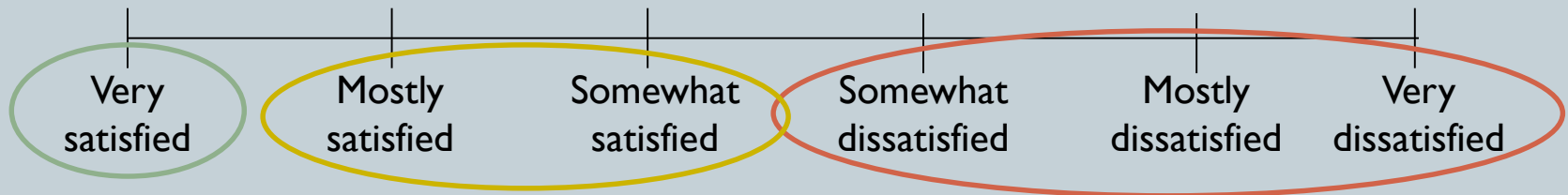
■ NYC



# Overall Satisfaction



- **92%** of clients very or mostly satisfied with services overall



I am very happy with what they've done for me. I've been other places and I've never stayed this long. I've found something good here, help.

They know how to take care of clients and respect clients. Very smiley and open.

CONTINUE THE WORK THEY ARE DOING AND REDUCE THE WAITING TIME, AND MAKE THE OFFICE AREA MORE CONFIDENTIAL.

I wish they could have less cases so I could get more individual care. Sometimes its hard for me to get what I need because care coordinators are so busy trying to manage the needs of all of their patients/cases.

I don't feel that they are [providing] me with good services.

Too much education stuff. First get me a place to live and food before you start trying to teach me about the medical [stuff] that can wait a couple of months.

# Anecdotal Post-Implementation Provider Feedback



## Client-specific

- Clients appreciated the opportunity to share their experiences
- Some clients appreciated the opportunity to use the tablet
- Clients primarily reported either feeling too overwhelmed with their healthcare and life stability to focus on and take a satisfaction survey
- Some clients felt distrustful of surveys and how the information would be used

## Structural

- Many clients sampled were no longer active in program
- Lack of incentives was a barrier for this client population
- Survey ID cards created a user-friendly process and helped providers keep track of who took the survey
- Substantial site staff effort was required to get the level of responses expected



# Acknowledgements



**Client Respondents**

**Service Providers**

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**BHIV Program and Administrative Staff**

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**RDE Systems, Inc. (web-based tool developers)**

**Public Health Solutions, Inc. (contractual role)**

**DOHMH Transportation Unit**

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