

# MN HIV SERVICES PLANNING COUNCIL CONSUMER SATISFACTION SURVEY 2002

## Background

This document reports results of a **Consumer Survey** conducted in January-March, 2002 for consumers (clients) of Ryan White-funded services in Minnesota. This survey was distributed through service providers and returned by mail (postage paid) to the evaluators, *CLEAR* [Calabash: Learning, Evaluation and Assessment Research]. By March 15, 2002 898 completed, useable surveys had been returned or conducted by phone interview – an estimated 23% response rate.

This **2002 Consumer Survey** is a repetition, with some revisions, of the first survey conducted in 1998-1999. The initial survey was developed as part of an overall evaluation plan developed for the Council and advocated by an advisory committee of HIV+ Minnesotans. The purpose of the initial survey was:

- 1) To gather information from consumers (adults living with HIV/AIDS in Minnesota) about their evaluation of Ryan White CARE Act-funded services.
- 2) To gather from consumers their suggestions of improving services and their comments about these services.
- 3) To provide the MN HIV Services Planning Council and other interested stakeholders with information about how consumers evaluation currently funded services, their suggestions for improving services, and to explore whether there are significant differences in satisfaction level for different subgroups of consumers.
- 4) To give service providers, through an independent third party, information about how consumers evaluate their services and their suggestions for improving services.

The **2002 Consumer Survey** similarly embraces these purposes – in addition it provides an opportunity to:

- 1) Compare consumer satisfaction from 1998-1999 on key, repeated questions.
- 2) To ask some questions about satisfaction with primary health care for HIV and provide an opportunity for consumers to pass on comments or concerns about their health care to the MN HIV Services Planning Council.

This document reports results, beginning with information about the method used, a report of overall results and by service area, concluding with analysis of results by demographics. Where possible, results are reported with comparison to findings from the 1998-99 survey.

## METHOD

Development of the **2002 Consumer Survey** began with review of the 1998-99 survey. The survey instrument and key findings were reviewed by the evaluators, grantees and two Council Committees – the Needs Assessment and Evaluation Committee and the HIV Positive Committee. Both committees provided numerous helpful suggestions were made about wording, format and strategies for distributing the survey. In addition, we held informational meetings about the planned survey for service providers in mid-December; they made additional helpful suggestions.

All of the additions or changes to the 2002 survey reflected the Council's increased interest in primary medical care for HIV. Two questions (#10 and #11) were added asking consumers to indicate how services supported their access to and utilization of medical care. In addition, a set of questions were added asking about medical care (A through E) asking consumers to indicate whether they have a physician for HIV care, their satisfaction with medical care, their satisfaction with treatment at the clinic or hospital where they see their HIV Ophysicial, whether they know how to make a complaint about medical care if needed, and inviting any general comments about medical care.

As in the 1998-99 survey, consumers were also asked to check answers in several demographic categories: gender, race, ethnicity, sexual orientation and monthly income. In 2002, we added a question asking consumers to check if they had already completed a survey for another service – so that we could make an estimate of unduplicated demographics for those responding to the survey.

These questions were then used to create a survey form on a single folded page, consisting of four 8 ½ x 11 pages. The first page including a cover letter explaining the purpose of the survey and how the information would be used, assuring client confidentiality, identifying the service and agency being evaluated, and explaining how to return the survey. The second and third pages included the questions, asking clients to circle numbers or check boxes to indicate their answers. The final page provided the cover page for the survey, which could be folded, taped and dropped in the mail.

Surveys were also translated into Spanish by a professional translator and copies provided to agencies who serve primarily Latino communities, and to any other service providers who requested copies in Spanish.

Surveys were printed on buff-colored paper, with the name of the service and service provider printed on the box on the cover letter page. A generous supply of questionnaires was delivered to each service provider in early January, with instructions to distribute to their clients between January 15 and March 1, 2002. A client was defined as someone who is still considered an active client of that agency (e.g., does not have a "closed" case, and who has used that service in the previous grant year.

Each service provider distributed the survey to their clients during this time. It is important to realize that this is done in a variety of different ways, according to the service provider and the service which they provide. For example, outstate programs

are more likely to mail surveys to their clients – as are large programs in the metro area who do not see clients on a regularly scheduled basis (such as emergency financial services). Some programs distributed surveys on site, such as a congregate food program, while others gave surveys in person to clients when they came for scheduled case management or other appointments.

The intent of this survey distribution was to get a copy of a survey form into the hands of consumers who use each of the services. We realized that some consumers would receive a number of surveys, given that they might use multiple services (for example, case management, transportation, food and nutrition services, insurance, drugs, dental and nutrition programs, complementary care, etc.). We know it is relatively unrealistic to imagine that consumers would complete separate forms for every service – particularly when one agency might provide multiple services to an individual client. We did print multiple services per agency where that agency wished to do so and we encouraged agencies to distribute the forms through what they considered to be their primary program first.

An option was also provided on the cover letter for consumers to call either of two phone numbers to complete the survey in a brief telephone interview. Approximately 14 individuals took advantage of this option.

Surveys which were completed and mailed were opened and assigned a 3-digit number based on the order received. Data from the survey questions was entered into an SPSS program, including a code assigned to each service and agency. A coding protocol was developed to provide consistent rules for handling ambiguities (e.g., if someone checked two responses, or between two responses). Open ended responses were entered verbatim on a table, coded again by service area, agency and questionnaire number.

Data were then analyzed using SPSS, including description statistics such as frequencies, means, and standard deviations. Analysis for significant differences by demographic categories was done by comparison of means using a one-way ANOVA and tests for homogeneity of variance. Open-ended comments were content analyzed to identify general themes in responses, overall and by service.

In addition to this report which provides findings overall and by service category, results for each service provider are generated (including demographics, responses to survey questions and suggestions and comments) and sent to that service provider. These become the property of that service provider. Grantees are also provided information about results for individual service providers. Reports to the Council and to the public, however, are done by service area and not by individual service provider.

## LIMITATIONS

There are a number of limits and cautions which ought be applied in reading results of this **2002 Consumer Survey**. First of all, it is important to realize that this is a survey of people who are *in services* – have been active clients and have used at least one Ryan White-funded service in the 2001-2002 contract year. *In no way should this survey be interpreted to reflect the opinions or evaluation by all HIV+ people in Minnesota.* Rather, it is intended to reach those in services – and there are further limits which may influence which of the current consumers complete the surveys they receive.

Many of these further limits are based on the traditional limits of survey research. Written surveys may not work well for everyone – they assume a level of literacy and require individual time and effort to complete. While we used strategies to increase the chances we would hear from people with limited literacy, reading/learning disabilities or language issues, we know that surveys work less well for people with these challenges.

We are aware that there are differing methods of distribution that are used. In addition, by working through service providers to distribute this survey, it is most likely that clients who received the survey in the designated time period are most likely to be those who are in fairly regular contact with providers or who have stable addresses and phone numbers.

Finally, we learned in our last survey from a focus group of HIV+ individuals that a brief written survey works best to express satisfaction with services, or to note occasional or minor problems. Most likely, if individuals feel there are overwhelming and complex problems with a service, a provider or with their health care, it would be difficult to capture on the brief form and space provided for written comments. [Our recognition of this fact and written survey limits give added emphasis to questions about whether consumers know how to make a complaint about a service or medical care.]

# SURVEY FINDINGS

This section of the report provides information about the unduplicated demographics of those who completed and returned surveys, followed by overall responses to survey questions.

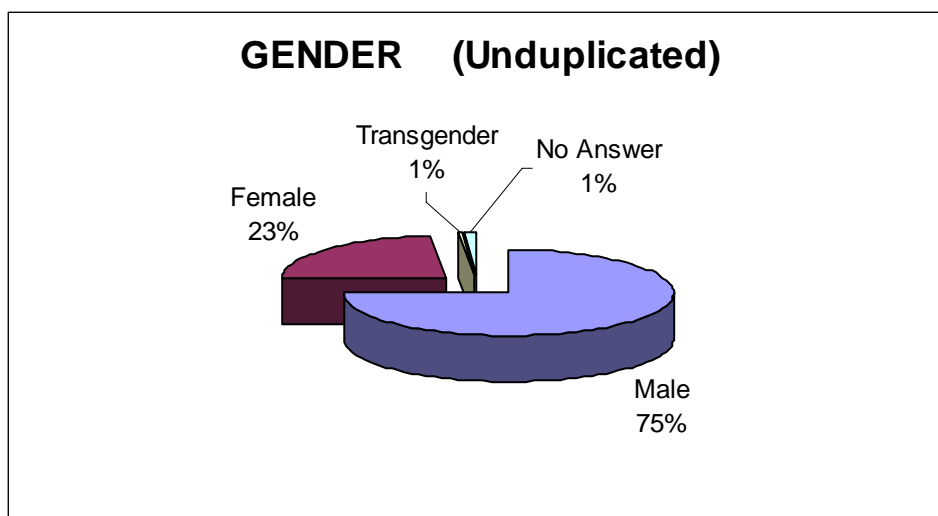
## DEMOGRAPHICS OF RESPONDENTS

Approximately 3920 surveys were distributed by service providers to clients currently receiving Ryan White CARE Act-funded services in Minnesota between January 15 and March 1, 2002. By March 15, 2002, 898 surveys (and telephone interviews) had been completed and returned to CLEAR – an approximate response rate of 23%. [See Appendix B for more information about response rates and returns by agency and for service areas.]

It is useful to look at the demographic characteristics of those who completed and returned surveys, in order to determine if the survey respondents are representative of the population of HIV+ individuals using services. We asked individuals to check if they had previously completed a survey, so that we could try to present a picture of unduplicated responses in this overall demographic picture. [Demographics by service area do not use this question to determine unduplicated responses. We assume the duplication is between/across service areas.] the total number of unduplicated responses was 662 (74% of all respondents).

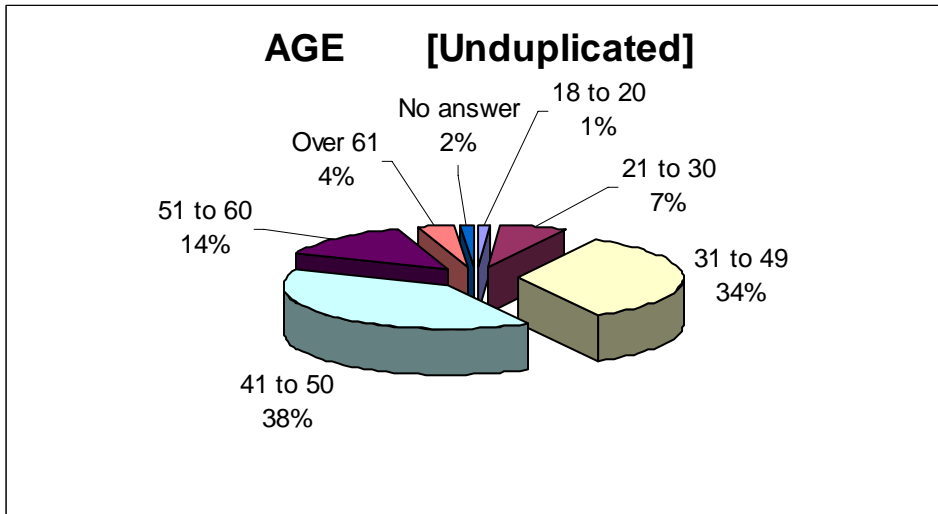
**GENDER** The 662 unduplicated people responding to this survey identified their gender as follows:

496, or 74.9%	male
155, or 23.4%	female
3, or 0.5%	transgender
8, or 1.2%	did not answer this question



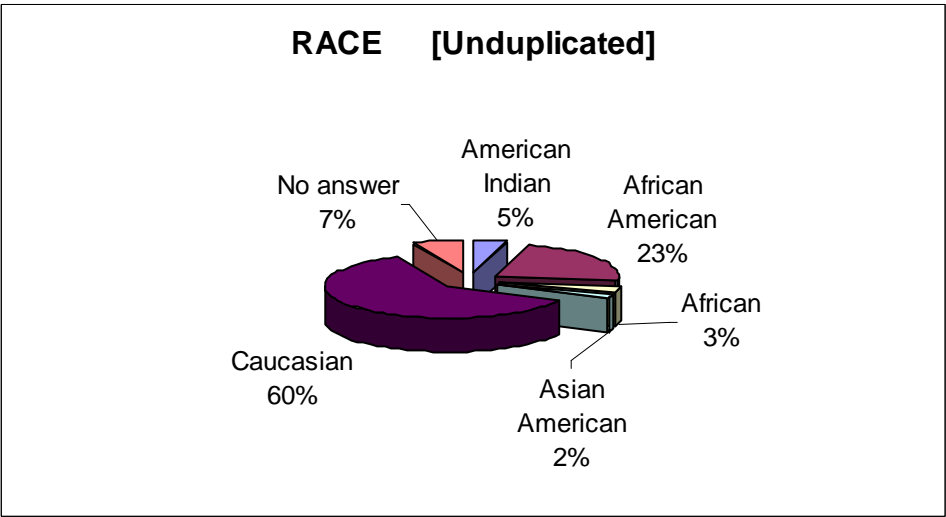
**AGE:** The consumers completing this survey were asked to check their age category. The results:

- 8, or 1.2% are 18 to 20 years
- 44, or 6.6% are 21 to 30 years
- 225 or 34.0% are 31 to 46 years
- 260 or 39.3% are 41 to 50 years
- 91 or 13.7% are 51 to 60 years
- 24 or 3.6% are 61 years or more
- 10 or 1.5% did not identify their age



**RACE.** The 662 unduplicated people responding to this survey were asked, "Which race best describes you?" They were allowed to check more than one box. The results:

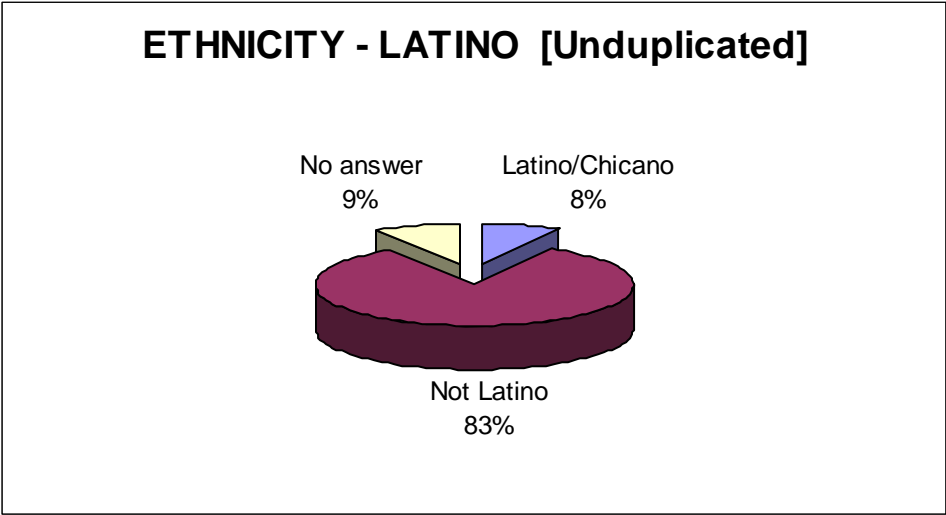
- 30 or 4.5% chose American Indian
- 152 or 23.0% chose African American/Black
- 20 or 3.0% chose African
- 11 or 1.7% chose Asian American
- 405 or 61.2% chose Caucasian/White
- 44 or 6.6% did not identify a race



A total of 15 people indicated an additional race. These included 2 who indicated American Indian, 1 who indicated African American, 3 who indicated African, 1 who indicated Asian and 8 who indicated White/Caucasian.

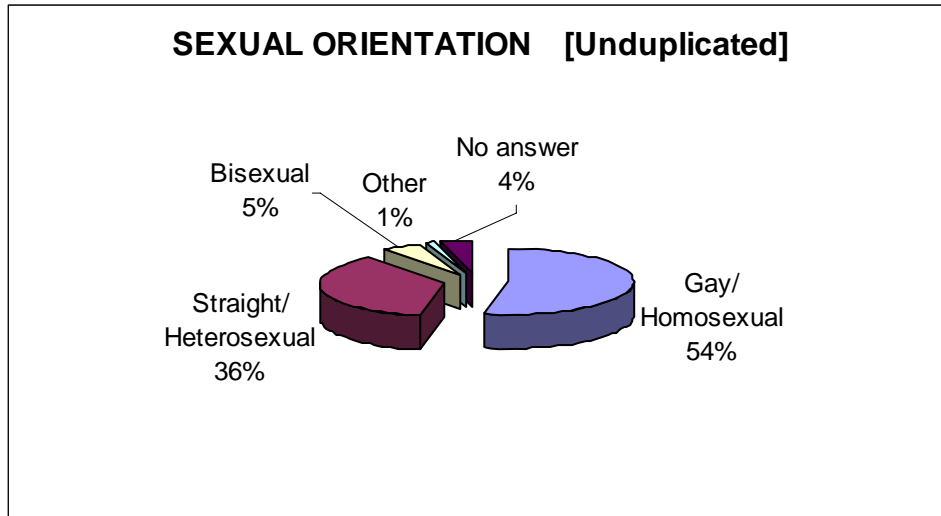
**ETHNICITY.** In addition, the respondents were asked “Are you Latino/Chicano/Hispanic?” The results:

- 53 or 8.0% indicated Yes – Latino/Chicano/Hispanic
- 551 or 83.2% indicated No – Not Latino/Chicano/Hispanic
- 58 or 8.8% did not answer this question



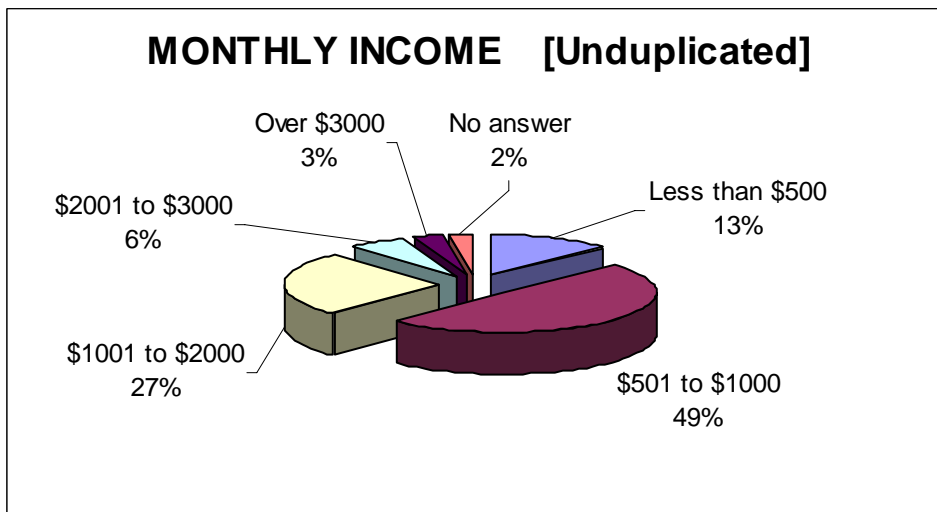
**SEXUAL ORIENTATION.** Survey respondents were asked “What is your sexual orientation?” The responses:

- 351 or 53.0% indicated Gay/Homosexual
- 241 or 36.4% indicated Straight/Heterosexual
- 34 or 5.1% indicated Bisexual
- 8 or 1.2% indicated Other
- 28 or 4.2% did not answer this question



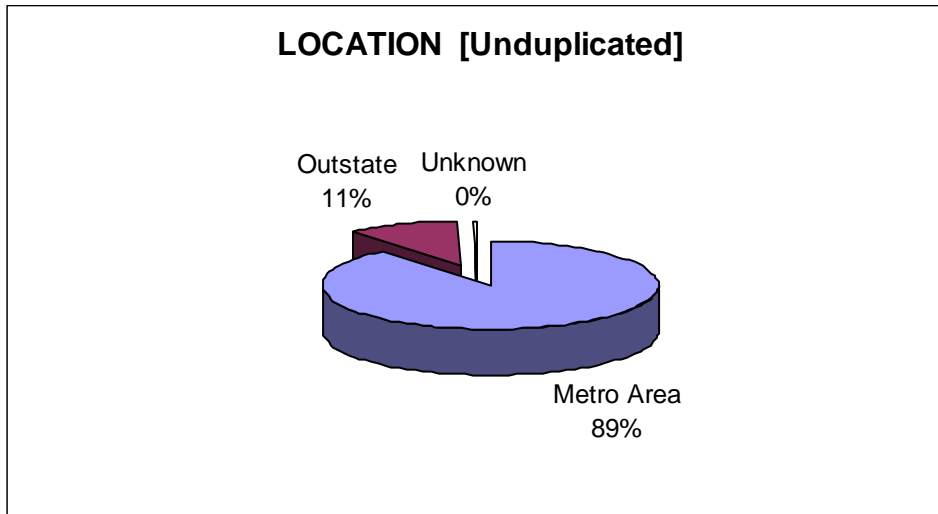
**INCOME:** The consumers completing this survey were asked to indicate “What is your typical monthly income, from all sources?” The responses:

- 86 or 13.0% indicated less than \$500 a month
- 324 or 48.9% indicated \$501 to \$1000 a month
- 176 or 26.6% indicated \$1001 to \$2000
- 39 or 5.9% indicated \$2001 to \$3000 a month
- 21 or 3.2% indicated more than \$3000 a month
- 16 or 2.5% did not answer this question



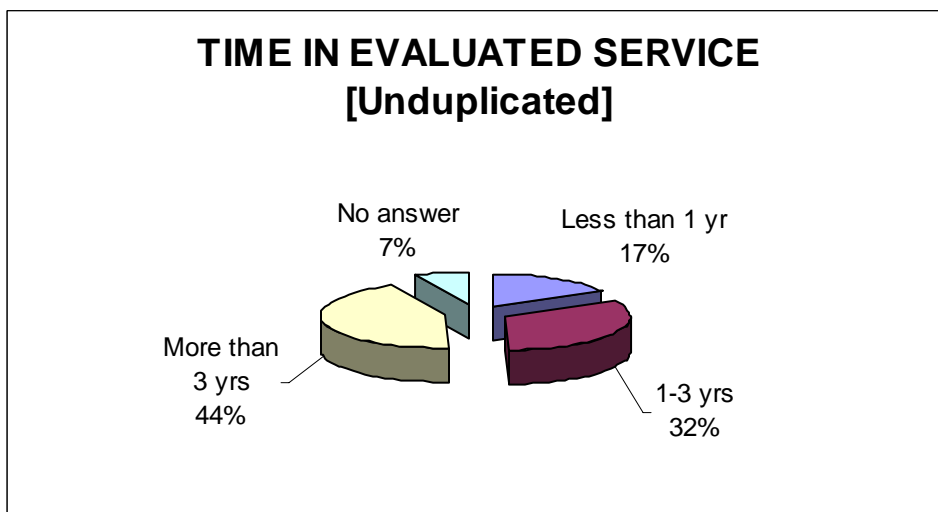
**LOCATION.** We used a recording of zip code mailing to determine location of those who completed and returned surveys. The division between metro area and outstate/ Greater Minnesota for the 662 unduplicated individuals completing this survey was:

Location	Number	Percent
In Metro Area (Mpls./St. Paul and suburbs)	801	89.0%
In Greater Minnesota	97	10.8%
Can't be determined	2	0.2%



**LENGTH OF TIME RECEIVING SERVICE.** Following the questions about services, clients were also asked to indicate how long they had been using that service. The responses:

- 112 or 16.9% said less than 1 year
- 215 or 32.5% said between 1 and 3 years
- 287 or 43.4% said more than 3 years
- 48 or 7.3% did not answer this question



**COMPARING DEMOGRAPHICS.** The following pages provide two ways to consider the demographics of respondents for this survey. The first page following provides a comparison of survey respondents with the epidemiological and service date. This comparison shows that in this survey's respondents:

- ✓ Females are overrepresented by 6%, compared to the epi, as they are in services.
- ✓ African Americans are slightly underrepresented on the epi, and 7% underrepresented compared to the services data
- ✓ Latinos are slightly underrepresented (1.6%) compared to services but slightly higher than the epi (2%).
- ✓ Heterosexuals are overrepresented (10%) even compared to the services data, which tends to be higher (by 16%) compared to the epi. Correspondingly, MSM compared to self reported gay/homosexual orientation suggests some underrepresentation.
- ✓ Survey respondents tend to be slightly older – 40 –60+ year olds are overrepresented compared to the epi and services data, while people in their 20's and 30's are slightly underrepresented.

### SURVEY RESPONDENTS COMPARED TO EPI AND SERVICES DATA

<b>*Demographics</b>	<b>Epi #</b>	<b>Epi %</b>	<b>ALL Service Use #</b>	<b>ALL Service Use %</b>	<b>2002 Consumer Survey #</b>	<b>2002 Consumer Survey %</b>
ALL	4031	100%	2695	100%	898	100%
<b>Gender:</b>						
Male	3344	83%	2063	76.5%	496	74.9%
Female	687	17%	632	23.5%	155	23.4%
<b>Race:</b>						
American Indian	86	2%	117	4.3%	30	4.5%
Asian/Pacific Islander	37	1%	28	1.0%	11	1.7%
Black	1098	28%	900	33.4%	172*	26.0%
Caucasian	2567	64%	1356	50.3%	405	61.2%
<b>Ethnicity:</b>						
Latino	213	6%	260	9.6%	53	8.0%
<b>*Transmission:</b>						
MSM	2352	58%	1229	45.6%	351	53.0%
IDU [Incl. MSM/IDU]	630	15%	342	12.7%		
Heterosexual	404	10%	700	26.0%	241	36.4%
Perinatal	33	0.8%	27	1.0%		
Blood/hemophilia	55	1.4%	35	1.3%		
Unknown	645	16%	362	13.4%		
<b>**Age:</b>						
<20/ 18-20	49	1.3%	44	1.6%	8	1.2%
20-29/ 21 to 30	336	8.4%	290	10.8%	44	6.6%
30-39/ 31 to 40	1638	41.2%	1107	41.0%	224	33.8%
40-49/ 41 to 50	1438	36.1%	933	34.6%	260	39.3%
50+ / 51 to 60, 61+	515	12.9%	321	11.9%	115	17.3%
Unknown	8	0.2%	0	0.0%	10	1.5%
<b>Geography:</b>						
Metro Area	3666	90%	2382	90%	801	89.0%
Greater Minnesota	402	10%	269	10%	97	10.8%

Data from "Persons Living with HIV/AIDS by Exposure Category, Minnesota, 2000" by MDH, n.d.

Geographic data compiled on request by Tracy Sides, 8/14/01. \*\*Epi data does not include Wisconsin counties.

\*Note that the transmission categories are not the same as self reported sexual orientation. The figures here are given for a general comparison and should not be seen as the same.

\*\*Note that the age categories are not identical. The first category listed is for epi and services, the second (following the /) is for the 2002 Consumer Survey.

\*The Needs Assessment and Evaluation Committee recommends that over or under utilization be based on a 20% variation in the services utilization data as compared to the epi data.

A second way to consider whether this is a representative sample is presented on the following table: a comparison between demographics of the **2002 Consumer Survey** unduplicated count, overall respondents, and the **1999 Survey**.

<b>Category</b>	<b>2002 UD Number</b>	<b>2002 UD Percent</b>	<b>2002 ALL Number</b>	<b>2002 ALL Percent</b>	<b>1996 ALL Number</b>	<b>1999 ALL Percent</b>
ALL	662	100%	898	100%	968	100%
Male	496	74.9%	674	75.1%	700	73.1%
Female	155	23.4%	208	23.2%	200	20.9%
Transgender	3	0.5%	6	0.7%	9	0.9%
No Answer	8	1.2%	10	1.1%	49	5.1%
<b>AGE*</b>						
Under 20 yrs.	8	1.2%	8	0.9%	7	0.7%
21 to 30 yrs	44	6.6%	58	6.5%	80	8.4%
31 to 40 yrs.	224	33.8%	287	31.9%	349	36.4%
41 to 50 yrs	260	39.3%	368	40.9%	332	34.7%
51 to 60 yrs	91	13.7%	134	14.9%	109	11.5%
61 yrs +	24	3.6%	33	3.7%	13	1.4%
No answer	11	1.7%	10	1.1%	68	7.1%
<b>RACE</b>						
American Indian	30	4.5%	40	4.4%	62	6.5%
African American	172	26.0%	225	25.1%	224	23.4%
Asian	11	1.7%	14	1.6%	5	0.5%
Caucasian	405	61.2%	537	59.8%	548	57.2%
Other**	7	--	13	--	16	1.7%
No answer	44	6.6%	52	5.8%	53	5.5%
<b>ETHNICITY</b>						
Latino/Hispanic	53	8.0%	67	7.5%	54	5.6%
<b>INCOME</b>						
>\$500/mo	87	13.2%	107	11.9%	124	12.9%
\$501 to \$1000	324	48.9%	459	51.1%	446	46.6%
\$1000-\$2000	176	26.6%	242	26.9%	264	27.6%
\$2001 to \$3000	39	5.9%	44	4.9%	29	3.0%
>\$3000	21	3.2%	30	3.3%	14	1.5%
No answer	15	2.3%	16	1.7%	81	8.5%
<b>LOCATION</b>						
Metro area	588	89.8%	801	89.0%	869	90.7%
Outstate/Gr MN	72	10.9%	97	10.8%	89	9.3%
<b>TIME*</b>						
Less than 1 yr.	112	16.9%	150	16.7%	272	29.0%
1-3 years	215	32.5%	286	31.8%	316	34.7%
More than 3 years	287	43.4%	406	45.2%	277	30.5%

\*Time and Age categories were slightly different on the 1998-99 Survey. These should be viewed as approximate, not exact, comparisons.

\*\*This was asked as a separate question, so reporting percentages is not appropriate.

In comparing the unduplicated count to all who completed surveys in 2002, there are relatively few and minor differences. The differences exceeding a full percentage point (1.0) **in the total count compared to the unduplicated count** are:

#### **AGE**

- ✓ 31 to 40 year olds are fewer (-1.9).
- ✓ 41 to 50 year olds are greater (+1.6).
- ✓ 51 to 60 year olds are greater (+1.2%).

#### **RACE**

- ✓ African Americans are greater (+2.3).
- ✓ Caucasians are fewer (-1.5%).

#### **INCOME**

- ✓ Those with a monthly income of less than \$500 a month are fewer (-1.1%).
- ✓ Those with a monthly income of \$501 to \$1000 are greater (+2.1%).

#### **TIME IN SERVICES**

- ✓ Those in services more than three years (+1.7%)

[Note that “greater” means that more people in this category completed more than one survey. This could be due to use of more services.]

In comparing the **1999 and 2002 surveys**, again there are relatively few and minor differences. The greatest overall difference is that there were fewer “no answers” particularly on age, income and race/ethnicity categories. Other differences include:

#### **GENDER**

- ✓ More females (2.2%) in 2002 compared to 1999.

#### **RACE**

- ✓ More African Americans (+4.9%) compared to 1999.
- ✓ More Caucasians (+2.5) compared to 1999.
- ✓ More Latinos (+1.8%) compared to 1999.

#### **INCOME**

- ✓ Fewer <\$500/month income (-1.0%) compared to 1999.
- ✓ More \$501-\$1000/month income (+4.4) compared to 1999.
- ✓ Fewer \$2001 to \$3000/month income (+1.9%) compared to 1999.
- ✓ Fewer >\$3000/month income (+1.8%) compared to 1999.

#### **LOCATION**

- ✓ Fewer metro area (-1.7%) compared to 1999.
- ✓ Greater outstate Minnesota (+2.4) compared to 1999.

There were also differences based on age and time in services. These ought be viewed with extreme caution, because there were differences in categories/wording between the two years’ surveys and because the large number of “no answers” in the 1999 survey.

#### **AGE**

- ✓ Fewer 20-30 year olds (-2.0%) compared to 1999.

- ✓ Fewer 31 to 40 year olds (-4.5%) compared to 1999.
- ✓ More 41 to 50 year olds (+4.5) compared to 1999.
- ✓ More 51 to 60 year olds (+3.4%) compared to 1999.
- ✓ More 61+ year olds (+2.3) compared to 1999.

#### **TIME IN SERVICES**

- ✓ Fewer people in service less than 1 year (-2.3%) compared to 1999.
- ✓ Fewer people in services 1 to 3 years (-2.9%) compared to 1999.
- ✓ More people in services 3 years or more (+4.6%) compared to 1999.

## SURVEY QUESTION RESULTS – ALL SERVICES

The following table provides a “big picture” look at the survey responses, based on all respondents. This table indicates the mean (average) response for each of the 2002 survey questions, with comparisons to the means for comparable questions asked on the 1999 survey. The final column shows the differences, based on the 2002 mean compared to the 1999 mean. Plus signs indicate there was an increased/higher average rating between 1999 and 2002; a minus sign indicates a decreased/lower rating in 2002, compared to 1999.

<b>QUESTIONS.</b> <i>The first 12 questions use a scale of Strongly Agree (5) to Strongly Disagree (1).</i>	2002 MEAN N=898	1998-99 MEAN N=958	Difference 2002-1999
1. [Once in the program], I receive <b>timely</b> responses to my requests for services.	4.4822	4.5131	-.0309
2. *The staff (and volunteers) treat me <b>respectfully</b> .	4.6459	4.7015	-.0556
3. The staff (and volunteers) respect and maintain my <b>confidentiality</b> .	4.6110		
4. The staff (and volunteers) are very <b>knowledgeable</b> about the HIV disease and its effects.	4.4496	4.4862	-.0366
5. The staff (and volunteers) are <b>aware and knowledgeable</b> about <b>my culture</b> (including my race/ethnicity).	4.3120	4.2611	+.0509
6. *I feel <b>personally supported</b> through this service	4.4811	4.4084	+.0727
7. *Someone <b>explained this service</b> and my <b>eligibility</b> for this service.	4.4158	4.2914	+.1244
8. *I know how I could <b>make a complaint</b> if I had a problem with this service.	4.0450	3.8719	+.1731
9. This service helps me be <b>stable</b> ( <i>manage stress/avoid crisis</i> ) in my life.	4.4032	4.4205	-.0173
10. This service makes a difference in helping me get to <b>medical appointments</b> .	4.0074		
11. This service makes a difference in helping me be <b>healthy</b> (or as healthy as possible).	4.5070		
12. This service has a <b>positive impact</b> on my <b>quality of life</b> .	4.6579	4.6154	+.0425
<i>The following question used a scale of Excellent (5) to Poor (1).</i>			
13. *Overall, I would rate the <b>quality of service</b> from this agency as:	4.5827	4.4686	+.1141

\*Indicates a statistically significant difference from 1999 to 2002.

On the two pages which follow, further information is provided about responses to these questions by all survey participants. The first page following is a table which provides frequencies and standard deviations for each question, in addition to means. The second page following provides a graphic comparison of means from both years for questions asked in both 1999 and 2002.

## 2002 CONSUMER SURVEY – MEANS, STANDARD DEVIATION AND FREQUENCIES

<b>QUESTIONS.</b> <i>The first 12 questions use a scale of Strongly Agree (5) to Strongly Disagree (1).</i>	MEAN	Standard Deviation	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1	DOES NOT APPLY 0
1) [Once in the program], I receive <b>timely</b> responses to my requests for services.	<b>4.4822</b>	.763	521 57.9%	286 31.8%	43 4.8%	12 1.3%	11 1.2%	13 1.4%
2) The staff (and volunteers) treat me <b>respectfully</b> .	<b>4.6459</b>	.641	629 69.9%	206 22.9%	38 4.2%	2 0.2%	6 0.7%	9 1.0%
3) The staff (and volunteers) respect and maintain my <b>confidentiality</b> .	<b>4.6110</b>	.678	609 67.7%	206 22.9%	49 5.4%	4 0.4%	6 0.7%	9 1.0%
4) The staff (and volunteers) are very <b>knowledgeable</b> about the HIV disease and its effects.	<b>4.4496</b>	.768	503 55.9%	253 28.1%	83 9.2%	9 1.0%	6 0.7%	29 3.2%
5) The staff (and volunteers) <b>are aware and knowledgeable</b> about my culture (including my race/ethnicity).	<b>4.3120</b>	.868	433 48.1%	235 26.1%	120 13.3%	19 2.1%	7 0.8%	72 8.0%
6) I feel <b>personally supported</b> through this service	<b>4.4811</b>	.779	542 60.2%	241 26.8%	69 7.7%	17 1.9%	6 0.7%	9 1.0%
7) Someone <b>explained this service</b> and my <b>eligibility</b> for this service.	<b>4.4158</b>	.817	499 55.4%	278 30.9%	65 7.2%	22 2.4%	9 1.0%	12 1.3%
8) I know how I could <b>make a complaint</b> if I had a problem with this service.	<b>4.0450</b>	1.13	297 44.1%	253 28.1%	105 11.7%	80 8.9%	31 3.4%	21 2.3%
9) This service helps me be <b>stable</b> ( <i>manage stress/avoid crisis</i> ) in my life.	<b>4.4032</b>	.899	533 59.2%	210 23.3%	94 10.4%	21 2.3%	15 1.7%	15 1.7%
10) This service makes a difference in helping me get to <b>medical appointments</b> .	<b>4.0074</b>	1.09	302 33.6%	154 17.1%	159 17.7%	39 4.3%	20 2.2%	211 23.4%
11) This service makes a difference in helping me be <b>healthy</b> (or as healthy as possible).	<b>4.5070</b>	.734	531 59.0%	247 27.4%	66 7.3%	5 0.6%	7 0.8%	30 3.3%
12) This service has a <b>positive impact</b> on my <b>quality of life</b> .	<b>4.6579</b>	1.94	605 67.2%	208 23.1%	48 5.3%	4 0.4%	9 1.0%	10 1.1%
<i>The following question used a scale of Excellent (5) to Poor (1).</i>	<b>MEAN</b>	Standard Deviation.	Excellent 5	Very Good 4	Average 3	Not Very Good 2	Poor 1	DOES NOT APPLY 6
13) Overall, I would rate the <b>quality</b> of this service as:	<b>4.5827</b>	.676	576 64.0%	233 25.9%	44 4.90%	8 0.9%	4 0.4%	3 0.3%

## SIGNIFICANT DIFFERENCES - MEAN RESPONSE 1999 - 2002 ALL SERVICES

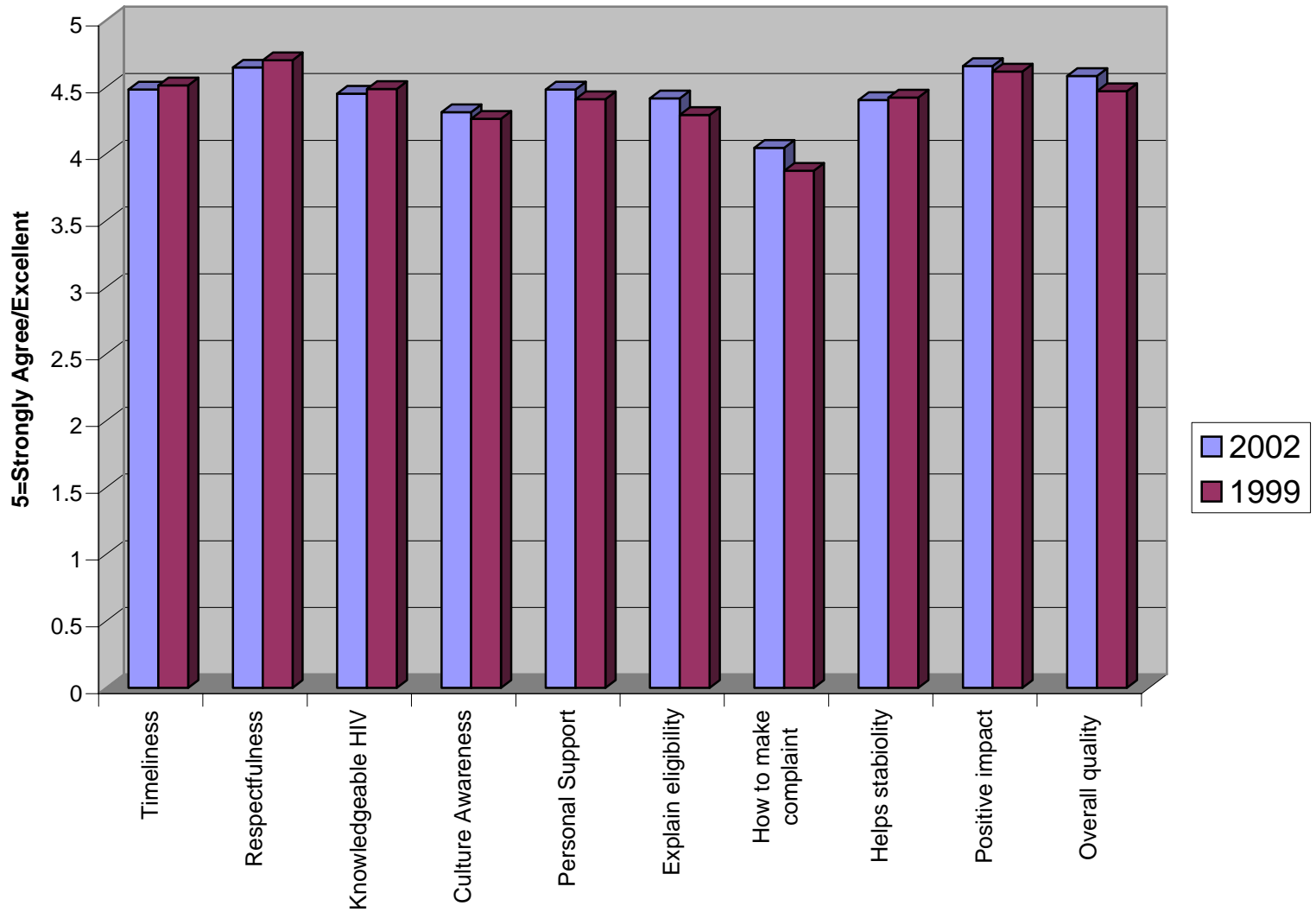
The following table provides a comparison of overall means for 1999 and 2002. This table indicates only the means that are statistically significantly different from 1999 to 2002.

The final column shows the level of significant difference. This means that the probability of finding this difference due to chance, versus finding a true difference, is less than the P (probability) indicated. So, a probability of .05 means there is less than 5 chances in 100; a probability of .001 means that there is less than one chance in 1000 of finding this difference due to chance.

Plus signs indicate there was an increased/higher average rating between 1999 and 2002; a minus sign indicates a decreased/lower rating in 2002, compared to 1999.

<b>QUESTIONS.</b> <i>The first 12 questions use a scale of Strongly Agree (5) to Strongly Disagree (1).</i>	2002 MEAN N=898	1998-99 MEAN N=958	Difference 2002-1999	T Score	Significance Level
2. The staff (and volunteers) treat me <b>respectfully</b> .	4.6459	4.7015	-.0556	-2.031	P = .05
6. I feel <b>personally supported</b> through this service	4.4811	4.4084	+.0727	2.186	P = .05
7. Someone <b>explained this service</b> and my <b>eligibility</b> for this service.	4.4158	4.2914	+.1244	3.567	P = .001
8. I know how I could <b>make a complaint</b> if I had a problem with this service.	4.0450	3.8719	+.1731	3.588	P = .001
<i>The following question used a scale of Excellent (5) to Poor (1).</i>					
13. Overall, I would rate the <b>quality of service</b> from this agency as:	<b>4.5827</b>	4.4686	+.1141	3.962	P = .001

# COMPARING MEANS 2002 AND 1999



## **SIGNIFICANT DIFFERENCES BY DEMOGRAPHIC FACTORS**

We analyzed these data in order to determine “if satisfaction with services is different for different groups of people.” We analyzed each of the 10 questions according to demographic characteristics (e.g., gender, race, ethnicity, age, location) in order to determine if differences among groups was significant – most likely due to real differences and not to chance.

To conduct this analysis, we used a one-way ANOVA with the ten questions as the dependent variables and the demographic factors as independent variables. This was followed by multiple comparison F-tests/contrasts to determine which groups differ from one another at a level of significance of at least  $p=.05$  or less. In some cases, the data were recoded to compare individual racial/ethnic groups with all others, as the numbers for each group are too small to yield reliable results.

The following reports these differences in narrative form; the page which follows provides a summary of the means and standard deviations for each reported significant difference.

### **GENDER**

Women were more likely than men to agree that services help them get to medical appointments ( $p=.036$ ).

Women were more likely than men to rate quality of services highly ( $p=.001$ )

### **RACE**

Black people were more likely [than all other races combined] to agree that they know how to make a complaint ( $p=.034$ ).

Black people were more likely [than all other races combined] to agree that services help them get to medical appointments ( $p=.010$ ).

Non white people were more likely than white people to agree that staff and volunteers are knowledgeable about HIV ( $p=.046$ ).

Non white people were more likely than white people to agree that services help them get to medical appointments ( $p=.005$ ).

White people were more likely than nonwhite people to rate quality of services highly ( $p=.025$ ).

## **ETHNICITY**

Latino people were more likely than non-Latino people to agree that staff and volunteers were knowledgeable about HIV (p=.009).

Latino people were more likely than non-Latino people to agree that someone explained the service and service eligibility to them (p=.049).

## **SEXUAL ORIENTATION**

Gay/bisexual people were more likely than straight people to agree that the service respected their confidentiality (p=.051).

Straight people were more likely than gay/bisexual people to agree that services help them get to medical appointments (p=.018).

## **INCOME**

People with monthly income more than \$500 a month were more likely than those with less than \$500 a month income to agree that they felt personally supported by services.

## **LOCATION**

People in greater Minnesota were more likely than metro people to agree that they received timely responses to their requests for services (p=.023)

People in Greater Minnesota were more likely than metro people to agree that they receive respectful treatment (p=.027).

People in Greater Minnesota were more likely than metro people to agree that someone explained the service and service eligibility to them (p=.002).

People in greater Minnesota were more likely than metro people to agree that services help them get to medical appointments (p=.002).

People in Greater Minnesota were more likely than metro people to rate the quality of services highly (p=.019).

## **TIME IN SERVICE**

People who have been longer in services were more likely to agree that they know how to make a complaint if they have a problem.

<b>Dependent Variable</b>	<b>SIGNIFICANT DIFFERENCE</b>	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>
Gender	Q10 Helps keep medical appointment <b>.036</b>	Male = 3.9393	1.0941	Female = 4.1437	1.0714
Gender	Q13 Quality of service <b>.001</b>	Male = 4.5369	.7061	Female = 4.765	.5643
Black	Q8 Know how to make a complaint <b>.034</b>	Black = 4.1734	1.0902	Non Black = 3.9935	1.1387
Black	Q10 Helps keep medical appointment <b>.010</b>	Black = 4.1614	1.0991	Non Black = 3.9313	1.0759
White	Q4 Knowledgeable about HIV <b>.046</b>	White = 4.4122	.7850	Non White = 4.5203	.7316
White	Q10 Helps keep medical appointment <b>.005</b>	White = 3.9118	1.0641	Non White = 4.1541	1.1103
White	Q12 Positive impact on quality of life <b>.025</b>	White = 4.6375	.6856	Non White = 4.5215	.7450
Latino	Q4- Knowledgeable about HIV <b>.009</b>	Yes Latino = 4.6349	.5765	Non Latino = 4.4256	.7915
Latino	Q7 Explain Service Eligibility <b>.049</b>	Yes Latino = 4.5692	.6366	Non Latino = 4.395	.8416
Gay/Bisexual	Q3 Respects confidentiality <b>.051</b>	Gay/Bi = 4.6530	.6255	Straight = 4.5634	.7315
Gay/Bisexual	Q10 Helps keep <b>.018</b>	Gay/Bi = 3.966	1.1022	Straight = 4.1053	1.0760
Income	Q6 Feels personally supported <b>.041</b>	< \$500 = 4.3333	.8002	> \$500 = 4.5006	.7746
Location	Q1- Timely response <b>.023</b>	Metro = 4.4634	.7704	GMN = 4.6383	.6855
Location	Q2- Respectful Treatment <b>.027</b>	Metro = 4.6320	.6527	GMN = 4.6383	.5192
Location	Q7- Explained Service, Eligibility <b>.002</b>	Metro = 4.3910	.8308	GMN = 4.6237	.6580
Location	Q10- Helps keep medical appointment <b>.002</b>	Metro = 3.9635	1.0991	GMN = 4.3803	.9160
Location	Q13- Quality of service <b>.019</b>	Metro = 4.5653	.6809	GMN = 4.7283	.6131
Time	Q8- Know how to make a complaint <b>.025</b>	Less Year = 3.8356	1.2263	More Years = 4.0673	1.1053

## QUESTIONS ABOUT MEDICAL CARE

As mentioned earlier, the Minnesota HIV Services Planning Council has an increasing emphasis on access to and quality of medical care for HIV. Because of this, the 2002 survey included a small set of questions about medical care. These questions began with a statement:

BECAUSE ALL RYAN WHITE-FUNDED SERVICES ARE INTENDED TO SUPPORT THE HEALTH OF PEOPLE WHO ARE HIV+, WE WOULD LIKE TO ASK A FEW QUESTIONS ABOUT YOUR MEDICAL CARE.  
IF YOU HAVE ANSWERED THESE QUESTIONS BEFORE, YOU DO NOT NEED TO ANSWER THEM AGAIN.

The first question asked each consumer “Do you currently have a physician for HIV medical care? The responses are summarized on the following table.

Do you currently have a physician for HIV medical care? <b>Responses</b>	Unduplicated Count Responses [N=662]		All Survey Respondents [N=900]	
	Number	Percent	Number	Percent
YES	603	91.1%	817	90.9%
NO	23	3.5%	27	3.0%
No Answer	36	5.4%	54	6.0%
Total	662	100%	898	100%

Next, two questions about satisfaction with medical care and treatment at clinics/hospitals were asked. Mean responses are presented below – on a scale from Very Satisfied (5) to Very Dissatisfied (1):

Overall, how satisfied are you with your HIV medical care?	Overall, how satisfied are you with <b>the way you are treated</b> at the clinic or hospital (by clinic staff, nurses, etc.) where you see your HIV doctor?
Mean (average) Unduplicated [N=662] <b>4.5117</b>	Mean (average) Unduplicated [N=662] <b>4.5469</b>
Mean (average) All [N=898] <b>4.5029</b>	Mean (average) All [N=898] <b>4.5483</b>

The frequencies for these two questions are summarized on the page which follows.

Overall, how satisfied are you with your <b>HIV medical care</b> ?	Unduplicated Count Responses [N=662]		All Survey Respondents [N=900]	
<b>Responses</b>	Number	Percent	Number	Percent
Very satisfied	419	63.3%	561	62.5%
Satisfied	164	24.8%	212	23.6%
Neutral	33	5.0%	57	6.3%
Dissatisfied	17	2.6%	22	2.4%
Very Dissatisfied	8	1.2%	9	1.0%
No Answer	21	3.2%	37	4.1%
Total	662	100%	898	100%

Overall, how satisfied are you with <b>the way you are treated</b> at the clinic or hospital (by clinic staff, nurses, etc.) where you see your HIV doctor?	Unduplicated Count Responses [N=662]		All Survey Respondents [N=900]	
<b>Responses</b>	Number	Percent	Number	Percent
Very satisfied	439	66.3%	589	65.6%
Satisfied	138	20.8%	185	20.6%
Neutral	42	6.3%	59	6.6%
Dissatisfied	16	2.4%	19	2.1%
Very Dissatisfied	5	0.8%	7	0.8%
No Answer	21	3.2%	39	4.3%
Total	662	100%	898	100%

Finally, we asked if consumers know how to make a complaint about their medical care.

If you had a <b>complaint about your HIV medical care</b> , do you know how to make a complaint?	Unduplicated Count Responses [N=662]		All Survey Respondents [N=900]	
<b>Responses</b>	Number	Percent	Number	Percent
YES	385	58.2%	549	61.1%
NO	214	32.2%	256	28.5%
No Answer	63	9.5%	95	10.6%
Total	662	100%	898	100%

**WRITTEN COMMENTS ABOUT MEDICAL CARE.** The **2002 Consumer Survey** asked an open-ended question about medical care following the specific questions reported above. This question was:

IS THERE ANYTHING ELSE YOU THINK THE MN HIV SERVICES PLANNING COUNCIL SHOULD KNOW ABOUT YOUR MEDICAL CARE FOR HIV/AIDS?

One hundred and fifty two of the respondents provided written comments – just under 20% of all those who completed and returned surveys. These comments were content analyzed in order to be grouped into categories of similar responses. The number of responses in each grouping is indicated on the following chart, followed by a description and example of comments for each.

<b>Category/Theme of Comments</b>	<b>Number</b>
Thanks/appreciation for care and services	28
Comments about Physicians	23
Positive comments about physicians	11
Other comments about physicians/care	12
Medical Care Treatment, Complains and Concerns	21
The way people are treated	8
Complaints	8
Med Treatment Issues/Concerns	7
Coverage Issues	16
Nonmedical Needs	15
System/Community communications	11
Dental Care	9
Complementary Care	9
Access Issues	8
System/Eligibility Issues	6
Miscellaneous	6

**THANKS/APPRECIATION FOR CARE AND SERVICES.** The largest number of comments were expressions of thanks or appreciation for medical care and related services. The following are examples of the kinds of comments in this category:

“The help I receive takes a lot of stress off me and that helps so I can do a lot more on my own.”

“I would like to just thank every medical people and their staff. All the charities and therapy I am receiving. Without this my health and well being would not be as good as I feel today. Thank you very much.”

“My medical care for HIV is excellent. Also my medication is on order. Thanks.”

“Thank you so much for the incredible effort put forth to help people affected by HIV.”

“Thanks to you I can lead a normal life and contribute to society. I count my blessings daily and thank you for keeping me healthy.”

“No, very satisfied – living a better life now than at least 10 years prior to being diagnosed.”

“As you can see, I’m extremely impressed and thrilled with everyone and everything at MN HIV services! They’re always completely helpful, professional, respectful and most importantly, friendly to deal with.”

**COMMENTS ABOUT PHYSICIANS.** Twenty-three people completing the survey made comments about physicians. Eleven of these comments were positive comments or praise for doctors. The following are illustrative examples:

“He cares about me as a person, not just a number or chart. I am very satisfied with my doctor within [clinic name]. “

“She is the best doctor I have ever been to!!!”

“I’m privileged to have one of the best HIV physicians in the country.”

“[Clinic name] offers the best care available in the Metro area.”

“He is doing well, he is good and a caring man.”

“They should all get a raise! [clinic name] ☺”

An additional twelve individuals made other comments about their physicians or medical care. Three of those commented on the need for Regions Clinic to have an HIV doctor. Two comments reflected on the pressures the medical care system exerts on their physicians:

“My physician is way too overbooked, it’s hard to arrange an appointment w/her sooner than 6-7 weeks. She does not have time enough for one patient. Sometimes I’d like to talk more about treatment possibilities, but I feel she’s too busy, I don’t want to hold her up w/questions.”

“The doctors at [clinic name] are way overburdened.”

Another person commented on the challenges of seeing a doctor at a teaching clinic:

“The [clinic name] is a teaching clinic. Every two years I have to train a new primary care physician. They are young and don’t know my history with this

disease and the effects from medication. They think they know everything and often don't respect my views. It usually takes an argument or two before they begin listening to me. Changing doctors every two years becomes very stressful."

Another commented on difficulties contacting a doctor:

"Very hard to actually contact my doctor at [clinic name], and they don't call back."

Finally, two respondents made comments about their perceptions of physician ties to the pharmaceutical industry:

"I feel that physicians are pharmaceutical lackeys!"

"I feel that HIV/AIDS physicians are too closely tied to the pharmaceutical companies."

**MEDICAL CARE TREATMENT, COMPLAINTS AND CONCERNS.** A total of 21 comments were made about how people are treated by medical care clinics/hospitals, making complaints about care and treatment concerns. Eight comments in total focused on the way people are treated by those involved in their medical care. One comment reflected positively – "No, I am treated with the respect that is given to people w/o HIV." The others were more critical:

"Doctors and hospitals need to be more sensitive when a person is ill."

"If it were not for my caseworker through [name of agency] and my psychiatrist I don't think I would keep my medical appointments. I dread each time I have to go to the [name of clinic]."

"Doctors and nurses need sensitivity training. They need to learn about psychosocial issues."

Six people indicated specific complaints about their experience with medical care. Two were critical of a health care/insurance system and its billing procedures:

"Eliminate [name of health plan]! They constantly make "mistakes" and bill me for them!"

"[Name of health plan] always makes billing mistakes and then expects me to pay. Bills have gone into collection before they admit to making a mistake."

Another indicated concern not with the physician, but the HMO:

"I haven't had much response, let alone success with complaining about my

medical care. While I am satisfied with my doctor, I am not all that satisfied with my HMO. I think my doctor is spread too thin, and I don't see any concern from the HMO about the high costs of drugs."

Two people complained about a racist doctor and a third suggested getting rid of a specific doctor in Greater Minnesota. These comments have been passed on to ..... to address.

Finally, seven individuals commented on specific issues of medical treatment. One individual urged more frequent checking of potassium and other mineral issues – citing an experience which caused an emergency room visit which he felt was caused by a doctor "screw up." Another comment wished that pain management was better managed, while another person wished for better options for those who suffer side effects from currently available medications.

Three people commented on medications, one calling for better explanation on medications. Another commented:

"Make sure it's driven home to the HIV person if they don't take all the medicine every day on time – medicine doesn't work. Was on the news!"

Another individual wished for better information about how addiction affects health in relationship to HIV:

"Throughout more than 10- years of services, I have often been addicted or homeless or both. I sometimes wish I could have more access to info about how addiction affects your general health in relation to HIV and longevity."

**COVERAGE ISSUES.** Seventeen survey respondents made some comment about limitations to current medical insurance coverage. Several of these comments refer to related medical problems not currently covered:

"Medication program should cover other meds which relate to my HIV status, i.e., cardiac meds."

"We need better dental care and broader drug pharmacy. My HIV meds have caused elevated cholesterol and migraines and stomach ulcers yet these meds aren't covered."

"Help us get better medication insurance for stuff not for AIDS."

"It would be nice if they had coverage for pain medication. For neuropathy etc. that is covered by funding end up paying about \$120/mo. Cover my pain meds. For about 2 months. That's a total of about \$240."

Other comments had to do with coverage for complementary care/alternative medicines which make a difference:

“Juven should be one medication that should be covered under the nutrition program. Helps people not go through the wasting process and helps keep the fat on people.”

“My vitamins aren’t covered w/my other pharmacy, so I pay only \$4.95/month. No big deal.”

“Nutritional needs especially, antioxidants for oxidative stress is my personal choice. I spend \$79-90/month, I think it helps tremendously.”

Another person indicated how additional costs affects money needed for medications:

“I need help receiving the medicine that I’m prescribed to, sometimes I have to take money out of my pocket for other medications.”

Two comments had to do with the nutrition program coverage for Ensure:

“I never get enough Ensure to get through the month – I use it to take medication b/c I have to eat w/them. I take medication 2 times a day, but only get enough Ensure for 1 time a day. It costs almost \$9 per 6 pack and 1 6-pack lasts 3 days (2 times a day) half a month my Ensure costs close to \$50/month after I get \$50/month covered. This is a large burden on me since I am a single parent too!”

One person also had a complaint about their experience with the nutrition program:

“I did use the nutrition program but got denied after the 3<sup>rd</sup> pickup at [name of store in suburban area] because they said state was not reimbursing, so I stopped! And they were SO RUDE!”

**NONMEDICAL NEEDS.** Fifteen people made comments about non-medical needs which they or other HIV+ people have. Three comments were made about the need for housing, on calling for more HIV-specific housing. Another called for more help for people who own their own homes, but need help in maintaining their homes and paying bills. Another pointed to chronic financial need: “Just that HIV/AIDS people need more help on bills w/more money.” Another asked for “More job services so people can be on their own.”

Several comments asked for more support groups or strategies for peer support:

“It’s great. I have a tremendous support system for physical, emotional and social well being. I’m fortunate, others are not. Upon being diagnosed and near death, in 2000 I was lost, hopeless with no future in sight. For the newly

diagnosed, a group of peers would be useful to show that life w/AIDS/HIV can be good, productive and even fun. Having a positive attitude is essential in receiving medical care. A 'volunteer', 'welcome wagon' for the newly diagnosed may be a positive benefit medically and emotionally not only for the newcomer but for those already living with HIV/AIDS."

"There could be more education for people new to taking meds. It would help to have more HIV support groups for us, since it gets real lonely trying to deal with all the issues w/mostly people who aren't positive at all."

One person perceived a serious issue of depression through the community:

"Depression flows through out community at an all time high. We keep seeking help but we are not receiving the help to deal with our depression."

Several people completing this survey commented on the need for information about services and programs;

"There could be some classes or workshops on applying for various HIV/AIDS programs held on a regular basis at some of the institutions that provide HIV/AIDS care and case management."

"Sometimes it's difficult understanding Social Security. It would be nice if they knew further information."

**SYSTEM COMMUNICATION ISSUES.** Another eleven comments were made about how information is available throughout the community, or between consumers and the HIV Services Planning Council. In fact, three people provided name and phone numbers for Council members to contact them. Another indicated, "I'm new in the area and had a hard time finding where to start w/getting services." Yet another pointed to communication issues in his/her county – "I think the problem has to do with my county social department and communication of my coverage."

Others suggested ways to communicate:

"Could there be more newsletters about new medications and treatments for people living with HIV? This would be extremely helpful."

"Precise explanations, coordination and services w/care providers and available support programs."

Another requested better and ongoing communication with the Council:

"I would like to experience better communication with MN HIV Services Planning Council not just once a year input b/c the needs of people living with this is not

short term illness! Many factors come into play and the process to get care and services is important.”

**DENTAL CARE.** Nine individuals made comments about dental care. One person noted: Dental is a critical component to medical coverage in regards to HIV/AIDS care. Several made comments about availability of dental care:

“I have no adequate dental care and my dental needs aren’t met.”

“The dental care for HIV persons is very inadequate, primitive and insufficient! Very hard to find a dentist.”

Three comments were specific about coverage limits in the current dental program:

“I have my teeth cared for at the [name of dental clinic]. THEY DON'T CONSIDER THE OTHER OTHER OPTIONS AS PERMANENT CARE! So9, THERE REALLY IS NO !!! PERMANENT CARE FOR ONE THAT WOULD NEED A CROWN.”

“Make crowns available and cover supplements that deal with side effects of HIV.”

“Dental care needs to be addressed. People living longer but their teeth cannot get the repairs and work necessary under current guidelines.”

**COMPLEMENTARY CARE.** Nine individuals made comments about complementary care. Several of these focused on concerns about continued funding for complementary care through a metro service provider:

“Stop cutting funds at the [name of agency].”

“Again, please maintain complementary care services.”

“Medical care, as I see it, involves effort on my part as well as many others. “Aliveness” provides a more holistic approach – acupuncture, chiropractor, massage and balanced meals. I find that all are helpful! I feel sometimes -- based on outcomes – that these surveys or the results never get read by the decision makers! It is a disappointment, but I still keep sending them in.”

Others emphasize the ways in which alternative therapies benefit them:

“I depend on more than just western medicine for my care. Complementary is very important to me.”

“I need alternative therapies like acupuncture, massage, herbs, etc. to offset the awful reactions from the meds and illness. Legalize marijuana for upset and pain.”

**ACCESS ISSUES.** Eight people made comments about access to medical care and services. Five of these specifically commented on issues of access in Greater Minnesota:

“My doctor is 200 miles away. Having help w/transportation makes seeing my doctor possible....period. ☺”

“More greater MN access, everything requires to travel one or more hours for support or services!”

“Rural area has minimal services. Not able to get updated information.”

“Not all people are the same and when you live in the country, you are isolated drive to distance and experiences needed to attend functions, which makes you isolated.”

One person made a comment about access to services through the case manager:

“I suggest again an access to individual case manager pager or phone # after business hours. Thanks.”

**ELIGIBILITY ISSUES.** Six people made comments about eligibility for medical care or services. Four of these comments had to do with working, return to work and related income:

“Yes, everyone should get this service, no matter if they’re working or not.”

“It would be nice to be able to make more than \$700/month when you work part time and going to school and trying to get back into the system. Give us a chance to get both legs under us before the chair is pulled away! I appreciate all the state has done for me and look forward to being a productive citizen again b/c of your help! Thanks!”

“Something the doctor didn’t consider in returning me to work is the loss of previous employers and social security income. My new employer doesn’t have health coverage. As my COBRA runs out I’m left without insurance and can’t afford to take time off work for doctor appointments anyway. Please help these doctors under they shouldn’t dictate what us long time survivors can or can’t handle consider all of what returning to work means! Such as I often don’t have the energy to do laundry, cook, clean, etc.”

Another comment urged for a new eligibility test:

“I think people should be tested for illegal drugs or alcohol abuse and if they fail they shouldn’t be allowed to receive Ryan White funding of any kind.”

**MISCELLANEOUS.** Finally there were several miscellaneous comments.

“Money or medicine in Ethiopia. Beginning April 2002 through US Embassy.”

“Do not put on the internet! Do NOT computerize my records!”

“Could use some better ideas.”

“There has to be a cure somewhere.”

“Just a compassionate heart. Thanks!”

**RESULTS BY SERVICE AREA.** Survey results are analyzed not only by demographic factors but by service areas. The table on the following page provides the means for each question in the survey by service area. As this indicates, there are not dramatic differences between service areas – the only question for which several service areas fell below 4.0 on a 5-point scale was the question “This service makes a difference in helping me get to medical appointments.” This table does indicate (with asterisks and shading) the top two scores for each question, by service area. It is important to keep in mind while reading the table the N (or number of respondents) in each service area. Some are quite small and results should be viewed with caution.

In Appendix A of this report more information is provided for each service area, including a chart showing demographics, means for survey questions and a listing of all written comments for each service area.



## 2002 CONSUMER SURVEY FOR THE MINNESOTA HIV SERVICES PLANNING COUNCIL – MEANS FOR ALL AND BY SERVICE AREA

<i>The first 12 questions used a scale from Strongly Agree (5) to Strongly Disagree (1)</i>	2002 ALL MEAN N=900	1998-99 MEAN N=958	2002 Case Mgmt N=150	2002 Comp Care N=72	DHS HIV Progrs N=298	Emerg Fin Aid N=126	Emot Supp/ Mtl Hlth N=72	Food & Nutr Servs N=112	Home Hlth N=12	Prim Care Med Adh N=36	Transp Serv N=88	Hlth Educ N=31	**Info Access Serv N=121
1. [Once in the program], I receive <b>timely</b> responses to my requests for services.	<b>4.4822</b>	4.51	4.520	4.514	4.461	4.504	<b>4.627*</b>	4.523	4.182	<b>4.583*</b>	4.494	4.533	4.426
2. The staff (and volunteers) treat me <b>respectfully</b> .	<b>4.6459</b>	4.70	4.671	4.653	4.577	4.637	<b>4.797*</b>	4.667	<b>4.833*</b>	4.806	4.756	4.807	4.672
3. The staff (and volunteers) respect and maintain my <b>confidentiality</b> .	<b>4.6110</b>		4.637	4.694	4.529	4.626	4.652	4.664	<b>4.917*</b>	<b>4.722*</b>	4.698	4.645	4.653
4. The staff (and volunteers) are very <b>knowledgeable</b> about the HIV disease and its effects.	<b>4.4496</b>	4.49	4.631	4.403	4.298	4.431	4.638	4.349	4.333	<b>4.833*</b>	4.683	<b>4.807*</b>	4.504
5. The staff (and volunteers) are <b>aware and knowledgeable</b> about my culture (including my race/ethnicity).	<b>4.3120</b>	4.26	4.493	4.324	4.133	4.290	4.618	4.177	<b>4.750*</b>	4.618	4.538	<b>4.700*</b>	4.371
6. I feel <b>personally supported</b> through this service.	<b>4.4811</b>	4.41	4.651	4.606	4.336	4.484	4.686	4.568	<b>4.750*</b>	4.543	<b>4.688*</b>	4.600	4.500
7. Someone <b>explained this service</b> and my <b>eligibility</b> for this service.	<b>4.4158</b>	4.29	4.432	4.414	4.287	4.480	4.594	4.505	4.636	<b>4.667*</b>	4.590	<b>4.867*</b>	4.449
8. I know how I could <b>make a complaint</b> if I had a problem with this service.	<b>4.0450</b>	3.87	4.151	4.225	3.816	3.933	4.319	4.321	<b>4.500*</b>	4.118	4.202	<b>4.355*</b>	4.180
9. This service helps me be <b>stable</b> ( <i>manage stress/avoid crisis</i> ) in my life.	<b>4.4032</b>	4.42	4.507	4.511	4.292	4.480	<b>4.629*</b>	4.468	<b>4.833*</b>	4.389	4.535	4.483	4.384
10. This service makes a difference in helping me get to <b>medical appointments</b> .	<b>4.0074</b>		4.331	3.822	3.804	<b>4.934*</b>	4.356	3.687	4.286	4.546	<b>4.561*</b>	4.308	3.875
11. This service makes a difference in helping me be <b>healthy</b> (or as healthy as possible).	<b>4.5070</b>		4.541	4.569	4.450	4.390	4.672	4.604	4.546	<b>4.886*</b>	4.667	<b>4.679*</b>	4.523
12. This service has a <b>positive impact</b> on my <b>quality of life</b> .	<b>4.6579</b>	4.62	4.640	4.722	4.540	4.568	4.691	4.708	<b>4.833*</b>	<b>4.765*</b>	4.674	4.741	4.586
<i>The following question used a scale of Excellent (5) to Poor (1).</i>													
13. Overall, I would rate the <b>quality of service</b> from this agency as:	<b>4.5827</b>	4.47	4.660	4.667	4.523	4.654	4.671	4.622	<b>4.750*</b>	<b>4.694*</b>	4.624	4.586	4.526

\*Highlighted/bolded squares indicate the top two highest rating among the service areas for each of the 13 questions.

\*\*For this chart, information access services combines benefits counseling, information access and legal assistance.

## CONCLUSIONS AND RECOMMENDATIONS

We urge everyone to recognize that this is a survey of current, overall consumer satisfaction with services available to HIV+ people in Minnesota. It is simply a snapshot of this point in time. This survey doesn't cover all of the issues, the complexities or possible challenges in providing these services, but it does provide an overall picture of consumer satisfaction with current services, as evaluated by people currently receiving those services. It also offers consumers an opportunity to both praise and complain about those services.

We would like to offer our conclusions and recommendations, not as final or definitive, but to further the discussion about how this survey can be used to consider current services and improving services for HIV+ Minnesotans.

### CONCLUSIONS:

- **People receiving HIV services are in general very positive in their evaluation of these services.** All ratings are above 4 on a 5-point scale, and over half of the written comments convey thanks and appreciation for these services. In fact, this is consistent with previous research and with the previously conducted Consumer Survey. The Minnesota HIV Services Planning Council, the grantee/s, and service providers should feel positive about how they provide services across gender, race, age, sexual orientation and geographic communities within Minnesota.
- **This survey shows very little change from the previous survey.** If the previous survey is considered a baseline (as we recommended in 1999), these results suggest that a high level of satisfaction with services has been maintained despite changes (in services, providers, and consumers) in the past four years.
- **People who are HIV+ and in services are also very positive about their evaluation of medical care, and of treatment at the hospitals, clinics and offices where they receive that care.** Written comments about health care reflect a high number of positive and appreciative comments, and a relatively very small number of concerns focused on medical care.

### RECOMMENDATIONS:

**We recommend that specific agencies and grantees follow up on specific suggestions and complaints** – in order to improve services and enhance the credibility of all efforts to solicit consumer feedback.

**We recommend that the Minnesota HIV Services Planning Council continue in its efforts to provide consumers with information about available services, eligibility and with information about how to make complaints if they have a problem with services.** Although these issues were not identified as specific problems, the lowest rating among survey questions concerned knowing about how to make complaints, and comments about needing information

about services was a recurrent theme in written comments across service areas. This poses an ongoing challenge, and therefore, ongoing commitment.

**We recommend that the Minnesota HIV Services Planning Council explore additional and emerging options for soliciting consumer response to services before they undertake another Consumer Survey.** While this vehicle offers a good overall picture of consumer response to services, it is probably more difficult to expect consumers to use this mechanism when also participating regularly in client-based outcome information. As the grantees, consultants and Council continue to seek ways to streamline the collection of information and to assure maximum use of information collected, they should consider alternatives to this survey before deciding whether to conduct it again. We see possibilities linked to the Council's web site, emerging web-based technologies and other options as possible means to collect similar information. However, it is also important to remember that not all consumers typically have technology access, so that future options may need to include a mix of possible response formats.

**THANKS.** Finally, we would like to extend our thanks to the many, many people who participated in creating and implementing this survey. This includes: The Needs Assessment and Evaluation Committee and the HIV+ Committee of the Minnesota HIV Services Planning Council, the grantees and IGA representatives, the service providers, and the HIV+ people in services in Minnesota. We hope that this survey does justice to your voices and concerns in the ongoing work to provide the best of medical care, services, and overall quality of life for HIV+ Minnesotans.