

**Satisfaction Survey of Consumers
of HIV Case Management, Food, & Peer Support Services**

funded by the Ryan White Program Part A
in the Boston EMA

Final Report

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Survey and data analysis
conducted by staff of



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Summary

The purpose of this study was to evaluate the extent to which consumers of HIV case management, food, and peer support services in the Ryan White Part A Boston eligible metropolitan area (EMA) were satisfied with the quality and accessibility of the services they receive, as well as the role of services in their overall healthcare. Data were collected using mail and web-based surveys from 928 consumers (44% response rate). Despite the study limitations, consumers overall reported a high level of satisfaction across all three types of delivered services in the Boston EMA. However, there was a slightly greater level of satisfaction with case management services than with food and peer support. Additionally, we found that there was some variation in level of satisfaction with services across socio-demographic groups.

Introduction

The Boston Public Health Commission (BPHC) uses a variety of mechanisms to assess and monitor the quality of HIV services provided by Ryan White Part A funding in the Boston eligible metropolitan area (EMA), including (1) semi-annual reports from funded service providers that track changes in health and quality of life outcomes for people living with HIV/AIDS (PLWH) who receive services, (2) independent chart reviews at clinical care sites to ensure that HIV services meet public health guidelines, (3) site visits of funded providers to monitor adherence to standards of care for all services, and (4) periodic consumer needs assessments that, in addition to gathering information on PLWH needs and barriers, collect data on their experiences with services.

As part of its role to evaluate the impact of Part A funds in the Boston EMA, the Evaluation Committee of the HIV Health Services Planning Council recommended in May 2007 that the BPHC explore additional methods for obtaining “consumer-driven” data as part of ongoing or future evaluation and quality management activities. The objective of these additional activities was to help gather additional information from consumers to complement provider-driven data. In response to this recommendation, BPHC contracted with JSI Research and Training Institute (JSI) in November 2007 to conduct a “satisfaction survey” of consumers of **HIV case management, food, and peer support services** in the Boston EMA funded by Part A of the Ryan White Program. This report summarizes the results of the survey and includes data from all surveys received by February 29, 2008.

Survey Details

Beginning in November 2007, JSI worked closely with BPHC staff to identify the goals of the survey and to define the survey parameters, such as the service categories to be assessed and the number of surveys to be distributed. It was decided that the survey would focus on assessing consumer satisfaction with three service categories (case management, food, and peer support) based on the amount of Part A funds devoted to these services and the number of clients served in FY06. The survey would be mail-based, meaning that it would be distributed to clients by US mail in hard copy, and an online version was developed as a second option for clients who might prefer to complete their survey online. Based on available resources, it was decided that 2,198 mail surveys would be distributed across the three services, representing about one-third of the approximately 6,600 clients who received any Ryan White Part A funded service in FY06. The 2,198 surveys were allocated across the three service categories based on the proportion of clients represented by each category, with 812 targeting case management clients, 898 targeting food services clients, and 488 targeting peer support clients. Because most

consumers use more than one service and providers selected their samples at random, it is possible that a single consumer received a survey from more than one of the three service categories.

JSI also worked with BPHC to develop the satisfaction survey tools for each of the three service categories. The goal of the tools was to include simple questions focused on satisfaction with (1) **the quality of services**, (2) **the role of the service** in the consumer’s overall healthcare, and (3) **the accessibility of services**. Draft survey questions were developed and reviewed by members of the Evaluation Committee of the Boston EMA HIV Health Services Planning Council. The draft survey tools were revised and then designed in Teleform®, a suite of inter-related programs that allows us to design, process, and export forms all in the same software environment. The tools were piloted with consumers in mid-December 2007. Based on the pilot, the tools were revised, finalized, and approved by BPHC staff.

Each survey tool was one-page in length (front and back) and included 15 to 22 questions depending on the service category. The tools also included questions to gather demographic information from each respondent, such as age, gender, race, ethnicity, HIV transmission mode, and length of time living with HIV. Owing to resource and time constraints, the surveys were produced in English only. (See *Appendix A* for copies of each survey tool.)

The survey tools were designed to be completely anonymous, meaning they did not gather any identifying information from any client. The survey instructions informed each client that participation in the survey was completely voluntary and that access to services would not be affected by their participation or non-participation.

To reach the clients of the three services and to ensure their confidentiality, surveys were distributed through the organizations funded to provide each service. Using a list of funded service providers and their FY06 client service data, JSI staff developed a sampling plan for each organization. In general, organizations were asked to sample about 45% of their clients, selecting every other client on their client list to receive a survey. JSI produced “survey packets” in self-addressed, stamped envelopes containing the survey form, an instructional cover page (see *Appendix A*), a postage-paid return envelope, and an upfront “incentive” (three, \$1 gift certificates to Dunkin Donuts). In addition, JSI prepared a “follow up” survey packet that contained a reminder letter, another copy of the survey, and a postage-paid return envelope.

The survey packets (Mailing #1) and the reminder packets (Mailing #2) were packaged and delivered to providers during the first week of January 2008. Providers were asked to send out Mailing #1 to their clients by January 18, 2008 and Mailing #2 by January 31, 2008. JSI was available for and responded to a number of questions from providers about how to select their sample, distribute

	Case Management	Food Services	Peer Support	Total
FY06 clients served	1,815*	1,921	1,124*	4,860
Surveys distributed	812 (37%)	898 (41%)	488 (22%)	2,198 (100%)
Surveys distributed (adjusted estimate)	776 (37%)	858 (41%)	466 (22%)	2,100 (100%)
Completed surveys received	335 (36%)	397 (43%)	196 (21%)	928 (100%)
Response rate	43%	46%	42%	44%
*Includes MAI peer support and case management clients				

the surveys, and respond to unique needs of their clients. A number of providers excluded clients from their sample owing to a lack of address or client homelessness and/or because the client was known to be mono-lingual in a language other than English. Based on JSI's communication with providers, it is conservatively estimated that 2,100 surveys were actually distributed to clients. Table 2 below lists the 33 organizations that participated in the survey and the versions of the surveys that were distributed to their clients (based on the services that each organization is funded to provide).

Table 2: Participating Providers			
Organization	Survey Version Distributed		
	Case Management	Food Services	Peer Support
AIDS Project Worcester			X
AIDS Response Seacoast	X		
American Red Cross		X	
BMC Homeless Services	X		
Boston Living Center		X	X
Cambridge Cares About AIDS			X
Casa Esperanza	X		
Center for Community Health, Education, & Research (CCHER)	X	X	
Centro Latino de Chelsea	X		X
Community Servings		X	
Concilio Hispano, Inc.	X		
Dimock Community Health Center	X		X
Dorchester House Multi-service Center	X		
East Boston Neighborhood Health Center	X		
Greater Lawrence Family Health Center	X		X
Haitian Multi-Service Center			X
Harbor Health Services	X		
Health Awareness Services of Central Massachusetts	X		
Health Care of Southeastern Massachusetts	X		
Hispanic Office of Planning & Evaluation (HOPE)			X
Justice Resource Institute (JRI)			X
Latino Health Institute	X		
Lowell Community Health Center			X
Lynn Community Health Center	X		
Martha Eliot Health Center	X		
Massachusetts Alliance of Portuguese Speakers (MAPS)	X		
Merrimack Valley Assistance Program	X		
Montachusetts Opportunity Council (MOC)			X
Multicultural AIDS Coalition (MAC/Casa Iris)			X
SPAN, Inc.	X		
Upham's Corner Health Center	X		
Victory Programs	X		
Whittier Street Neighborhood Health Center	X		X

To facilitate survey completion, each survey tool was printed with a link to the online version of the survey, allowing each respondent to either complete the survey in hard copy or on the Web. The online survey required that the respondent enter a unique code found on the survey they received before they could continue. This allowed JSI to prevent duplicate responses from the same individual.

As shown in Table 1, 928 completed surveys were returned for a total response rate of 44% (ranging from 42% to 46% by category). The proportion of completed surveys received by service category very closely matched the overall proportion of surveys distributed (i.e., 37% of all surveys distributed were to case management clients, and 36% of all responses came from the same group).

A Analysis of Consumer Survey Data

All statistical analyses of consumer survey data were performed in SAS version 9 (SAS Institute, Inc., Cary NC). Characteristics of the survey respondents were described, reporting percentages for a variety of sociodemographic independent variables, including gender, age, race, ethnicity, HIV risk category and years living with HIV. Prevalence estimates were reported for respondents overall and then specifically for case management respondents, food respondents and peer support respondents. The number and percent of respondents that answered extremely, very, somewhat, a little and not at all was calculated for each question of each version of the satisfaction survey (case management, food and peer support). (Note: “n” refers to the number of people that responded to each question.) Since the response options for the survey questions were scaled, each response category was assigned a numeric value (e.g., “extremely” =5, “very” = 4, “somewhat” = 3, “a little” = 2, and “not at all” =1). This allowed the calculation of a mean (average) response for each question. **The higher the mean value reported, the higher overall satisfaction.**

Analysis of Variance (ANOVA) was used to determine whether there were any significant differences in the mean level of satisfaction between groups of respondents, based on sociodemographic variables such as race, ethnicity, gender, age, years living with HIV, and likely mode HIV transmission. Mean responses to each question were calculated for each sociodemographic group. For example, women’s mean response to a question could be compared to men’s mean response to the same question to determine whether there was a significant difference in satisfaction based on gender. In addition, mean responses were calculated for groups of consumers designated on how recently they reported using services, how long they had been using their current provider, and whether they believed that they received too few, too many or just the right number of visits in the previous year.

With ANOVA, a statistically significant difference in mean responses between groups is determined using an F-test. A calculated p-value of less than 0.05 for the F-test indicates that there indeed is a difference between groups. While mean responses are likely to vary between groups, these statistical tests allow us to determine which observed variations are statistically significant at the 95% level (or p-value less than 0.05). This can be interpreted to mean that we are at least 95% confident that the variation detected is not the result of chance, but rather is the result of some “real world” variation in perception or experience.

If the p-value from the F-test was less than 0.05, then a Tukey multiple comparison test (Tukey HSD) was used to identify *which* group-by-group comparisons were statistically different for those sociodemographic variables with more than two categories (e.g., race). The Tukey HSD accounts for the fact that we are making multiple comparisons between groups and properly adjusts the p-value.

The data tables below highlight the overall mean response for each question and indicate where the variation in mean responses between groups was statistically significant (asterisk or *). For example, an asterisk in the gender column means that the difference in the mean response to that question among men and women was statistically significant at the 95% level.

Survey Respondent Demographics

Table 3 below illustrates respondent demographics for all surveys and for each service category.

Table 3: Survey Respondent Demographics*								
	All Respondents		Case Mngmt. Respondents		Food Respondents		Peer Support Respondents	
	#	%	#	%	#	%	#	%
Total	928	100%	335	100%	397	100%	196	100%
Gender								
Male	573	63%	198	60%	268	69%	107	56%
Female	330	36%	130	40%	118	31%	82	43%
Transgender	2	<1%	0	0%	0	0%	2	1%
Age								
20 to 44 years	317	35%	121	37%	110	29%	86	45%
45 and above	580	65%	204	63%	271	71%	105	55%
Ethnicity								
Latino/a or Hispanic	264	31%	100	32%	77	22%	87	48%
Race								
White	350	41%	148	48%	140	38%	62	35%
Black/African American	272	32%	86	28%	143	39%	43	24%
Asian	10	1%	3	1%	6	2%	1	<1%
Native Hawaiian/P.I.	1	<1%	0	0%	0	0%	1	<1%
Am. Indian/Alaska Native	12	1%	0	0%	9	2%	3	2%
Other	211	25%	71	23%	72	19%	68	38%
HIV risk category								
Male-to-male sex (MSM)	250	28%	81	25%	129	35%	40	22%
Injection drug use (IDU)	175	20%	59	18%	77	20%	42	23%
MSM and IDU	10	1%	5	2%	4	1%	1	<1%
Heterosexual sex	287	33%	112	35%	107	29%	68	37%
Perinatal transmission	7	<1%	4	1%	1	<1%	2	1%
Receipt of blood	43	5%	17	5%	18	5%	8	4%
Unknown/undetermined	107	12%	45	14%	39	10%	23	13%
Years living with HIV								
Less than 1 year	51	6%	11	3%	25	6%	15	8%
1 to 4 years	104	11%	44	13%	35	9%	25	13%
5 to 9 years	161	17%	70	21%	53	13%	38	19%
10 to 14 years	219	24%	85	25%	94	24%	40	20%
15 or more years	393	42%	125	37%	190	48%	78	40%
*Column totals may vary due to non-responses. All percentages are based on the total that responded to each question.								

Case Management Survey

As indicated in Table 1, there were 335 total respondents to the Case Management Survey representing a response rate of 43%. Of this group, 41% said they had used or received case management services in the week prior to the survey, and another 31% had used or received services in the prior month. Five percent of respondents had not seen their case manager in the 12 months prior to the survey.

Respondents also reported on the length of time they had been seeing their current case manager. Nearly 32% reported that they had been seeing their current case manager for less than one year; 28% said one to two years; 21% said three to four years; and 19% said five or more years. When asked how many in-person, face-to-face visits they had had with their case manager in the previous 12 months, 51% of respondents reported that they had seen their case manager 10 or more times during that period. Over 84% of respondents said that the number of visits they had in the prior year was “just right”; 11% said it was “too few”; 5% said it was “too many.”

Case Management Survey Results

Tables 4, 5, and 6 below summarize the responses to the Case Management Survey questions, categorized by the three broad groups of questions – quality of services received, the role of services in the overall health care of PLWH, and the accessibility of services.

QUALITY OF SERVICES						
Survey Question	Extremely (5)	Very (4)	Somewhat (3)	A little (2)	Not at all (1)	* n
How satisfied are you with your case manager’s ability to understand your needs?	63%	27%	8%	2%	1%	328
How satisfied are you with your level of involvement in developing your case management service plan?	55%	31%	8%	4%	2%	328
How satisfied are you with your case manager’s knowledge of services and his/her ability to connect you with services?	61%	28%	6%	4%	2%	327
How satisfied are you that your case manager understands your culture or community?	62%	29%	5%	3%	2%	325
How satisfied are you with the amount of time your case manager spends with you during a regular visit?	63%	24%	6%	4%	2%	324
How satisfied are you with your case manager’s efforts to keep your personal information confidential?	73%	20%	5%	2%	1%	327
Overall, how satisfied are you with your case manager?	70%	21%	5%	3%	2%	329
How likely would you be to recommend your case manager to another person living with HIV/AIDS?	65%	24%	5%	3%	3%	321
How satisfied are you with the overall quality of the case management services you receive?	61%	28%	6%	2%	2%	327
* Column excludes those who selected “not applicable” or did not respond to this question.						

Table 5: Case Management Survey Results
ROLE OF SERVICES IN HEALTHCARE

Survey Question	Extremely	Very	Somewhat	A little	Not at all	*
	(5)	(4)	(3)	(2)	(1)	n
How important are the case management services you receive in keeping you healthy?	60%	27%	7%	4%	2%	324
How important are the case management services you receive in helping you keep regular HIV primary medical care appointments?	57%	27%	9%	2%	6%	312
How important are the case management services you receive in helping you access or obtain other HIV-related services (e.g., mental health, substance abuse, or dental care)?	57%	28%	9%	3%	3%	322
How important are the case management services you receive in helping you get access to HIV-related medications?	60%	27%	6%	3%	4%	305
When your case manager refers you to other services, in general, how likely are you to keep your appointment?	55%	36%	8%	1%	1%	317
When your case manager refers you to other services, in general, how satisfied are you that these referrals meet your needs?	50%	34%	12%	2%	2%	315
How effective are the case management services you receive in helping you set and achieve goals for your health and well-being?	53%	32%	11%	2%	2%	316
How effective are the case management services you receive in helping you take care of yourself or do things for yourself?	55%	33%	7%	3%	2%	312

* Column excludes those who selected “not applicable” or did not respond to this question.

Table 6: Case Management Survey Results
ACCESSIBILITY OF SERVICES

Survey Question	Extremely	Very	Somewhat	A little	Not at all	*
	(5)	(4)	(3)	(2)	(1)	n
In terms of the <u>hours of availability</u> of the agency and your case manager, how convenient are the case management services?	51%	37%	9%	2%	2%	327
In terms of the <u>location</u> of the agency and your case manager, how convenient are the case management services?	55%	33%	6%	4%	2%	324
How easy is it to contact or reach your case manager if you have a question or a problem?	60%	30%	7%	2%	2%	325
When you make appointments to see your case manager, how easy is it for you to schedule them for dates and times that are convenient?	57%	35%	4%	2%	2%	326
How satisfied are you with the ability of your case manager to communicate with you in your preferred language?	74%	23%	1%	1%	1%	326

* Column excludes those who selected “not applicable” or did not respond to this question.

Case Management Survey Analysis

According to the Ryan White Part A HIV Health Services Planning Council, case management services are defined as:

“Client-centered services that link with primary medical care and health-related support services in a manner that ensures timely, coordinated access to appropriate levels of care. Client-centered services support a client’s ability in maximizing his/her self-sufficiency and independence. Key activities include: information and referral; assessment of the client’s needs and personal support systems; development of a comprehensive individualized service care plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; periodic reevaluation and adoption of the plan.”

Quality of Services. For the case management survey, questions about service quality focused on the fundamental components of the service (based on the definition above), such as the case manager’s ability to understand the consumer’s needs, develop a service plan, and link consumers with other HIV-related services. As highlighted in Table 4, survey respondents reported an exceptionally high level of satisfaction with the quality of the case management services they receive. The combined percentage of respondents that reported either “extremely” or “very” in response to each question ranged from 86% (satisfaction with involvement in service planning) to 93% (satisfaction with case manager’s efforts to keep information confidential). In no case did the percentage of respondents that reported “not at all” exceed 3%.

Role of Service in Healthcare. Questions about the role of case management in consumers’ overall health care focused on the importance of case management services in helping consumers’ stay healthy, facilitate their access to primary care, drug treatment, and other HIV-related services, and move toward self-sufficiency. As highlighted in Table 5, respondents reported that case management services play a very important role in their overall healthcare, with between 84% and 86% reporting that case management is either “extremely” or “very” important in keeping them healthy and linking them to HIV medical and support services. In terms of referrals to services, 91% of respondents said that they are either “extremely” or “very” likely to keep their referral appointments, but a smaller percentage (84%) said they are either “extremely” or “very” satisfied that the referrals meet their needs. For all questions about the role of case management, the percentage reporting “not at all” ranged from 2% to 6%.

Accessibility. Questions about the accessibility of case management services focused on hours of availability, location, accessibility of the case manager for regular appointments or for questions, and linguistic competence. As shown in Table 6, respondents reported a very high level of satisfaction with service accessibility. Eighty-eight percent of respondents reported that they were “extremely” or “very” satisfied with the both the hours and location of case management services. Between 90% and 92% reported that it was “extremely” or “very” easy to contact their case manager or make an appointment for times that are convenient.

In terms of linguistic competence (i.e., the ability of case manager to communicate in the consumers’ preferred language), 87% of respondents reported that they were either “extremely” or “very” satisfied. It is important to note, however, that this survey was conducted only in English and is likely to have excluded non-English speakers and/or those with limited English literacy.

Variations in Responses. Table 7 highlights the overall mean response for each question. As shown in the table, the overall mean response for each question ranged from 4.3 to 4.7 (out of a maximum of 5; high and low values in **bold** type), demonstrating a very high level of satisfaction among consumers. This range was higher than the corresponding range for food and peer support services.

As noted in Table 7, there was significant variation in mean responses by gender, ethnicity, race, length of time living with HIV, when the service was last used, and length of time with current service provider. It is important to remember that the mean responses for all questions were very high, so the variations discussed highlight variations within a relatively satisfied group.

- By **gender**, women were more satisfied than men in the level of involvement in developing their case management service plans and their case manager understanding their culture or community. Overall, women were more satisfied than men with respect to the role of case management services in their health care. There were no gender differences identified in the “accessibility of services” questions.
- By **ethnicity**, for all but one question, the mean response for Latinos was higher than those who were not Latino. There was no difference by ethnicity regarding satisfaction with the ability of their case managers to communicate in their preferred language
- By **race**, in general, Blacks reported less satisfied than other racial groups (Whites, Asian, and Other) with respect to: importance of case management in helping them keep their regularly HIV primary medical care appointments; importance of case management in self-care; provided referrals meeting their needs; case managers’ ability to understand their needs; the amount of time their case managers spend with them; and the convenience of services (hours of availability and location).
- By **length of time living with HIV**, for a number of questions, the mean response of those living with HIV for 10-14 years was lower than those in living with HIV for 1 to 4 years, 5 to 9 years, and 15 or more years.
- By **last use of service**, for all questions, those who last used the service more than 12 months ago reported less satisfaction than those who used the service more recently.
- By **length of time with current service provider**, for many of the questions, the mean response of those who had been with their current provider for less than a year was lower than those who had been with their current provider longer (1 to 2 years, 3 to 4 years, or 5 or more years). This suggests that the longer a consumer has seen their provider, the more satisfied they were. For some questions, those in the 1 to 2 year range had the highest mean response, suggesting that satisfaction may “peak” during that period.

**Table 7: Overall Mean Responses to Case Management Survey
and Statistically Significant Variations in Means by Group**

Survey Question	Overall Mean Response	Gender	Age	Ethnicity	Race	HIV Mode	Time with HIV	Service last used	Time w/ provider
Quality of Services									
How satisfied are you with your case manager’s ability to understand your needs?	4.47			*	*		*	*	
How satisfied are you with your level of involvement in developing your case management service plan?	4.32	*		*				*	*
How satisfied are you with your case manager’s knowledge of services and his/her ability to connect you with services?	4.41			*				*	
How satisfied are you that your case manager understands your culture or community?	4.45	*		*				*	*
How satisfied are you with the amount of time your case manager spends with you during a regular visit?	4.45			*	*		*	*	*
How satisfied are you with your case manager’s efforts to keep your personal information confidential?	4.63			*			*	*	*
Overall, how satisfied are you with your case manager?	4.53			*			*	*	*
How likely would you be to recommend your case manager to another person living with HIV/AIDS?	4.45			*				*	
How satisfied are you with the overall quality of the case management services you receive?	4.43			*				*	
* Indicates that the mean response to this question varied significantly for this group.									

Table 7 (continued): Overall Mean Responses to Case Management Survey and Statistically Significant Variations in Means by Group

Survey Question	Overall Mean Response	Gender	Age	Ethnicity	Race	HIV Mode	Time with HIV	Service last used	Time w/ provider
Role of Services in Healthcare									
How important are the case management services you receive in keeping you healthy?	4.39	*		*			*	*	
How important are the case management services you receive in helping you keep regular HIV primary medical care appointments?	4.27	*		*	*		*	*	
How important are the case management services you receive in helping you access or obtain other HIV-related services (e.g., mental health, substance abuse, or dental care)?	4.32			*			*	*	
How important are the case management services you receive in helping you get access to HIV-related medications?	4.36	*		*			*	*	*
When your case manager refers you to other services, in general, how likely are you to keep your appointment?	4.43			*				*	
When your case manager refers you to other services, in general, how satisfied are you that these referrals meet your needs?	4.28			*	*	*		*	
How effective are the case management services you receive in helping you set and achieve goals for your health and well-being?	4.31	*		*				*	*
How effective are the case management services you receive in helping you take care of yourself or do things for yourself?	4.38	*		*	*	*		*	*
Accessibility of Services									
In terms of the <u>hours of availability</u> of the agency and your case manager, how convenient are the case management services?	4.33			*	*		*	*	*
In terms of the <u>location</u> of the agency and your case manager, how convenient are the case management services?	4.36			*	*		*	*	
How easy is it to contact or reach your case manager if you have a question or a problem?	4.45			*			*	*	
When you make appointments to see your case manager, how easy is it for you to schedule them for dates and times that are convenient?	4.43			*			*	*	*
How satisfied are you with the ability of your case manager to communicate with you in your preferred language?	4.69						*	*	
* Indicates that the mean response to this question varied significantly for this group.									

Food Services Survey

As indicated in Table 1, there were 397 total respondents to the Food Services Survey, representing a response rate of 46%. Of this group, 46% said they had used or received food services in the week prior to completing the survey, and another 27% had used or received services in the prior month. Six percent had not used food services in the 12 months prior to the survey.

Respondents also reported on the length of time they had been using food services. Over 39% reported that they had been using food services for five or more years; 28% said three to four years; 19% said one to two years; and 14% said less than one year.

Food Services Survey Results

Tables 8, 9, and 10 below summarize the responses to the Food Services Survey questions, categorized by the three broad groups of questions – quality of services received, the role of services in the overall health care of PLWH, and the accessibility of services.

Table 8: Food Services Survey Results						
QUALITY OF SERVICES						
Survey Question	Extremely (5)	Very (4)	Somewhat (3)	A little (2)	Not at all (1)	* n
How satisfied are you that the food services you receive provide food that you like to eat?	32%	41%	22%	4%	2%	390
How satisfied are you that the food services you receive meet your dietary restrictions (e.g., addresses your allergies, or your need for a low-sugar, low-salt, low-fat, and/or high protein diet)?	33%	39%	20%	6%	2%	387
How satisfied are you that the agency from which you receive food services keeps your personal information confidential?	56%	36%	6%	2%	1%	374
How likely would you be to recommend the food services you receive to another person living with HIV/AIDS who has food/nutritional needs?	54%	35%	7%	1%	2%	380
How satisfied are you with the overall quality of the food services you receive?	36%	43%	17%	2%	2%	378
* Column excludes those who selected “not applicable” or did not respond to this question.						

Table 9: Food Services Survey Results						
ROLE OF SERVICES IN HEALTHCARE						
Survey Question	Extremely (5)	Very (4)	Somewhat (3)	A little (2)	Not at all (1)	* n
How important are the food services you receive in keeping you healthy?	50%	36%	8%	4%	2%	384
How important are the food services you receive in helping you meet your daily nutritional needs?	41%	42%	12%	3%	1%	387
How important are the food services you receive in ensuring that you are able to keep your regular HIV primary medical care appointments?	41%	38%	13%	3%	5%	366
How important are the food services you receive in helping you access or use other HIV-related services (e.g., mental health, substance abuse, case management, dental care)?	35%	42%	14%	3%	5%	360
How important are the food services you receive in helping you take your HIV-related medications (including managing any side effects you experience)?	40%	36%	15%	4%	6%	365
* Column excludes those who selected “not applicable” or did not respond to this question.						

Table 10: Food Services Survey Results						
ACCESSIBILITY OF SERVICES						
Survey Question	Extremely (5)	Very (4)	Somewhat (3)	A little (2)	Not at all (1)	* n
In terms of the hours of availability, how convenient are the food services for you?	30%	39%	23%	6%	2%	386
In terms of the location of the agency from which you receive food services, how convenient are the food services for you?	31%	35%	23%	5%	6%	378
How satisfied are you with the way food services staff treat you?	54%	33%	10%	1%	2%	384
How easy is it to contact or reach a food services staff person if you have a question or a problem?	39%	38%	15%	5%	3%	374
How satisfied are you with the ability of food services staff to communicate with you in your preferred language?	51%	36%	8%	1%	3%	368
* Column excludes those who selected “not applicable” or did not respond to this question.						

Food Services Survey Analysis

According to the Ryan White Part A HIV Health Services Planning Council, food services are defined as:

“ . . . the provision of calorically and nutritionally appropriate prepared food, which may include, but is not limited to: prepared meals; congregate meals; home delivered food; food banks; nutritional supplements; and the provision of nutritional counseling under the supervision of a registered dietician.”

Quality of Services. For the food services survey, questions about service quality focused on whether the food services met the consumers’ preferences and/or dietary restrictions, as well as their overall quality. As highlighted in Table 8, survey respondents reported a high level of satisfaction with the quality of the food services they receive. The combined percentage of respondents that reported either “extremely” or “very” satisfied with food services ranged from 72% (meets dietary restrictions) to 79% (overall quality). This range is lower than the range for case management and peer support survey responses. In addition, for these same questions, the proportion of respondents who reported that they were “somewhat” satisfied with service quality was higher for food services than for case management and peer support, ranging from 17% to 22%. Ninety-two percent of respondents said that they were “extremely” or “very” satisfied in the agency’s efforts to keep information confidential, and 89% were likely to recommend the service to another PLWH. For any question, those who reported that they were “not at all” satisfied did not exceed 2%.

Role of Service in Healthcare. Questions about the role of food services in consumers’ overall health care focused on the importance of food services in helping consumers’ stay healthy, meeting their nutritional needs, and facilitating access to primary care and other HIV support services, as well as adherence to drug treatments. As highlighted in Table 9, respondents reported that food services play an important role in their overall healthcare, with between 76% and 86% reporting that food services are either “extremely” or “very” important in keeping them healthy and linking them to HIV medical and support services. For all of the questions about the role of food services, the percentage reporting “not at all” ranged from 1% to 6%.

Accessibility. Questions about the accessibility of food services focused on convenience (hours and location), how staff treats the consumer, accessibility of staff for responding to questions or problems, and linguistic competence. As shown in Table 10, respondents reported a moderate to high level of satisfaction with service convenience, with 66% to 69% reporting that they were “extremely” or “very” satisfied with the location and hours of food services respectively. Seventy-seven percent were “extremely” or “very” satisfied with their ability to reach a staff person for a question, while 87% were “extremely” or “very” satisfied with the way they were treated by staff and with the staff’s ability to communicate in their preferred language. It is important to note, however, that this survey was conducted only in English and is likely to have excluded non-English speakers and/or those with limited English literacy. For any question, those who reported that they were “not at all” satisfied ranged from 2% to 6%.

Variations in Responses. Table 11 highlights the overall mean response for each question. As shown in the table, the overall mean response for each question ranged from 3.8 to 4.4 (out of a maximum of 5; high and low values in **bold** type), demonstrating a high level of satisfaction among consumers.

As noted Table 11, there were some significant variations in mean responses by ethnicity, race, length of time living with HIV, and when the service was last used (listed below). It is important to remember that

the mean responses for all questions were high, so the variations discussed highlight variations within a relatively satisfied group.

- By **ethnicity**, the mean response for Latinos was higher than those who were not Latino in terms of hours of availability of food services and the food service providers communicating in their preferred language. Also, Latinos were more satisfied than non-Latinos with respect to: food services providing food they like to eat; the overall quality of food services; and most of the questions regarding the role of food services in their health care.
- By **race**, Blacks were more satisfied than Whites with the role of food in helping them keep their medical appointments, but were less satisfied than Whites and people of “other” racial backgrounds in the availability of and the treatment they received from food staff members. People of “other” racial backgrounds were less satisfied than Whites with the ability of food staff to communicate with them in their preferred language.
- By **length of time living with HIV**, those living with HIV for less than one year were less satisfied than all other age groups (1 to 4, 5 to 9, 10 to 14, and 15 or more) in three areas: less satisfied that food services provide food that they like to eat; less satisfied that food services meet their dietary restrictions (e.g., addresses allergies, or need for a low-sugar, low-salt, low-fat, and/or high protein diet); and less satisfied with the way food services staff treat them.
- By **transmission mode**, the mean response for those who acquired HIV through heterosexual contact was higher than those who acquired HIV through male-to-male sex in two areas: importance of food services in ensuring that they are able to keep their regular HIV primary medical care appointments; and importance of food services in helping them access or use other HIV-related services (e.g., mental health, substance abuse, case management, dental care). For the question about communicating in the consumers’ preferred language, the mean response of those who acquired HIV through the receipt of blood or blood products was lower than all other transmission modes.
- By **last use of service**, compared to those who used food services in the past two to three months, those who used the service in the past seven days reported greater satisfaction with the importance of food services in keeping them healthy and the hours of availability.
- By **length of time seeing their current provider**, those consumers who had been with their provider for under a year reported greater satisfaction than those consumers who had been with their provider for five years or more with respect to importance of food in keeping consumer healthy; compared to those who had been with their provider for three to four years, consumers who had been with their provider for under a year reported greater satisfaction with the convenience of food services location.

Table 11: Overall Mean Responses to Food Services Survey and Statistically Significant Variations in Means by Group

Survey Question	Overall Mean Response	Gender	Age	Ethnicity	Race	HIV Mode	Time with HIV	Service last used	Time w/ provider
Quality of Services									
How satisfied are you that the food services you receive provide food that you like to eat?	3.96			*			*		
How satisfied are you that the food services you receive meet your dietary restrictions (e.g., addresses your allergies, or your need for a low-sugar, low-salt, low-fat, and/or high protein diet)?	3.95						*		
How satisfied are you that the agency from which you receive food services keeps your personal information confidential?	4.43								
How likely would you be to recommend the food services you receive to another person living with HIV/AIDS who has food/nutritional needs?	4.37								
How satisfied are you with the overall quality of the food services you receive?	4.08			*					
Role of Services in Healthcare									
How important are the food services you receive in keeping you healthy?	4.27							*	
How important are the food services you receive in helping you meet your daily nutritional needs?	4.19			*					
How important are the food services you receive in ensuring that you are able to keep your regular HIV primary medical care appointments?	4.08			*	*	*			*
How important are the food services you receive in helping you access or use other HIV-related services (e.g., mental health, substance abuse, case management, dental care)?	3.99			*		*			
How important are the food services you receive in helping you take your HIV-related medications (including managing any side effects you experience)?	4.00			*					
Accessibility of Services									
In terms of the <u>hours of availability</u> , how convenient are the food services for you?	3.88			*				*	
In terms of the <u>location of the agency</u> from which you receive food services, how convenient are the food services for you?	3.81								*
How satisfied are you with the way food services staff treat you?	4.37				*		*		
How easy is it to contact or reach a food services staff person if you have a question or a problem?	4.38				*				
How satisfied are you with the ability of food services staff to communicate with you in your preferred language?	4.31			*	*	*			
* Indicates that the mean response to this question varied significantly for this group.									

Peer Support Services Survey

As indicated in Table 1, there were 196 total respondents to the Peer Support Services Survey, representing a response rate of 42%. Of this group, 39% said they had used peer support services in the week prior to completing the survey, and another 30% had used or received services in the prior month. Seven percent had not used peer support services in the 12 months prior to the survey.

Slightly less than one-half (49.5%) respondents said that they use both one-on-one and group peer support services; 29% said they use only one-on-one peer support; and 22% said they use only support groups. Respondents also reported on the length of time they had been seeing their current peer support provider. Over 26% reported that they had been seeing their current peer support services provider for five or more years; 27% said three to four years; 23% said one to two years; and 24% said less than one year.

When asked how many visits they had with their peer support provider in the previous 12 months, over 60% of respondents reported that they had 10 or more visits during that period. Nearly 74% of respondents said that the number of visits they had in the prior year was “just right”; 19% said it was “too few”; 8% said it was “too many.”

Peer Support Survey Results

Tables 12, 13, and 14 below summarize the responses to the Peer Support Services Survey questions, categorized by the three broad groups of questions – **quality of services** received, **the role of services** in the overall health care of PLWH, and the **accessibility of services**.

Table 12: Peer Support Services Survey Results						
QUALITY OF SERVICES						
Survey Question	Extremely (5)	Very (4)	Somewhat (3)	A little (2)	Not at all (1)	* n
How satisfied are you that the person who provides you with peer support services understands your needs?	44%	38%	9%	5%	3%	188
How satisfied are you with your peer support provider’s knowledge of services and his/her ability to connect you with services?	41%	41%	9%	6%	3%	191
How satisfied are you that your peer support provider understands your culture or community?	48%	35%	11%	4%	3%	188
How comfortable are you sharing personal and confidential information with your peer support provider or group leader?	42%	32%	16%	7%	4%	190
How satisfied are you with your peer support provider’s efforts to keep your personal information confidential?	53%	36%	6%	4%	1%	186
If you receive one-on-one peer support, how satisfied are you with the peer support provider?	47%	37%	7%	5%	4%	166
If you attend a peer support group, how satisfied are you with the quality of the group and the discussions?	40%	41%	14%	7%	2%	163
If you attend a peer support group, how satisfied are you with the group leader?	39%	44%	13%	4%	3%	166
How likely would you be to recommend your peer support service provider or group leader to another person living with HIV/AIDS?	54%	33%	6%	2%	5%	185
* Column excludes those who selected “not applicable” or did not respond to this question.						

Table 13: Peer Support Services Survey Results
ROLE OF SERVICES IN HEALTHCARE

Survey Question	Extremely	Very	Somewhat	A little	Not at all	*
	(5)	(4)	(3)	(2)	(1)	n
How important are the peer support services you receive in keeping you healthy?	47%	37%	11%	3%	3%	188
How important are the peer support services you receive in helping you keep regular HIV primary medical care appointments?	38%	40%	11%	3%	8%	184
How important are the peer support services you receive in helping you access or obtain other HIV-related services (e.g., mental health, substance abuse, case management, or dental care)?	38%	41%	14%	5%	3%	183
How effective are the peer support services you receive in helping you develop and improve skills and techniques for coping with anxiety, depression, or stress?	33%	44%	14%	3%	7%	178
How effective are the peer support services you receive in helping you maintain relationships with family, friends, and/or co-workers?	39%	37%	12%	6%	9%	172
How effective are the peer support services you receive in helping you take care of yourself or do things for yourself?	33%	44%	11%	7%	4%	180
When your peer support provider or group leader refers you to other services, in general, how likely are you to keep your appointment?	37%	39%	16%	4%	3%	186
When your peer support provider or group leader refers you to other services, in general, how satisfied are you that these referrals meet your needs?	27%	48%	16%	5%	3%	183

* Column excludes those who selected “not applicable” or did not respond to this question.

Table 14: Peer Support Services Survey Results
ACCESSIBILITY OF SERVICES

Survey Question	Extremely	Very	Somewhat	A little	Not at all	*
	(5)	(4)	(3)	(2)	(1)	“n”
In terms of the hours of availability of your peer support provider, how convenient are the peer support services you receive?	35%	46%	12%	3%	4%	184
In terms of the location of your peer support provider, how convenient are the peer support services you receive?	34%	49%	10%	3%	4%	187
How easy is it to contact or reach your peer support provider or group leader if you have a question or a problem?	37%	41%	13%	4%	5%	187
How satisfied are you that you can meet with your peer support provider or attend support groups at dates and times that are convenient for you?	33%	40%	22%	2%	4%	185
How satisfied are you with the ability of your peer support provider or group leader to communicate with you in your preferred language?	62%	27%	5%	3%	3%	187

* Column excludes those who selected “not applicable” or did not respond to this question.

Peer Support Services Survey Analysis

According to the Ryan White Part A HIV Health Services Planning Council, peer support services are defined as services that:

“ . . . provide assistance to clients where the person(s) providing the service is a person infected with HIV and of the client’s self-identified community and provide services to a full spectrum of individuals infected by HIV. Such services include the provision of culturally competent psychosocial support and assistance in obtaining a range of services and entitlement that will meet the needs of the client and are provided by licensed, or non-licensed, paraprofessional individuals.”

Quality of Services. For the peer support services survey, questions about service quality focused on the key components of the service delivery (as defined above), including understanding consumers’ needs, linking them to services, the quality of one-on-one and group support sessions, and consumer comfort sharing personal information. As highlighted in Table 12, survey respondents reported a high level of satisfaction with the quality of the peer support services they receive. The combined percentage of respondents that reported either “extremely” or “very” in response to the quality questions ranged from 74% to 89%. Paradoxically, the two end points of this range correspond to two related questions -- 89% of respondents reported a high level of satisfaction with their provider’s efforts to keep information confidential, but 74% reported that they were “extremely” or “very” comfortable sharing such information. For this same question about sharing personal information, the proportion who reported that they were “somewhat” comfortable was higher than the proportion who said “somewhat” for other questions. For any question, those who reported that they were “not at all” satisfied did not exceed 5%.

Role of Service in Healthcare. Questions about the role of peer support services in consumers’ overall health care focused on the importance of peer support services in helping consumers’ stay healthy, maintain relationships, develop coping skills, and access primary care, drug treatment, and other HIV support services. As highlighted in Table 13, respondents reported that peer support services play an important role in their overall healthcare, with between 75% and 84% reporting that peer support services are either “extremely” or “very” important or effective. The level of satisfaction with peer support referrals appears to be lower than for case management services. The proportion reporting that they were “extremely” satisfied that referrals meet their needs was 27% -- the lowest proportion of “extremely” responses on any of the three surveys. In addition, 7% to 9% of respondents reported that peer support services were “not at all” effective in helping them develop or improve coping skills, or to maintain relationships with family or friends, and 8% said that peer support was “not at all” important in helping them keep their regular HIV primary care appointments. Although these are still relatively small percentages, they are the highest proportions of “not at all” responses on all three surveys.

Accessibility. Questions about the accessibility of peer support services focused on convenience of the provider (hours and location), convenience in scheduling or attending peer support services, accessibility of staff for responding to questions or problems, and linguistic competence. As shown in Table 14, respondents reported a high level of satisfaction with service convenience, with 81% to 83% reporting that they were “extremely” or “very” satisfied with the location and hours of peer support services respectively. Nearly one-quarter of respondents said they were only “somewhat” satisfied that they can meet with their peer support provider or attend groups that are convenient for them. Seventy-eight percent were “extremely” or “very” satisfied with their ability to reach their peer support provider for a question, while 89% were “extremely” or “very” satisfied with their peer support provider’s ability to

communicate in their preferred language. It is important to note, however, that this survey was conducted only in English and is likely to have excluded non-English speakers and/or those with limited English literacy. For any question, those who reported that they were “not at all” satisfied ranged from 3% to 5%.

Variations in Responses. Table 15 below highlights the overall mean response for each question. As shown in the table, the overall mean response for each question ranged from 3.9 to 4.4 (out of a maximum of 5; high and low values in **bold** type), demonstrating a high level of satisfaction among consumers.

As noted in Table 15, there were some significant variations in mean responses by age, ethnicity, race, length of time living with HIV, transmission mode, and when the service was last used (listed below). It is important to remember that the mean responses for all questions were high, so the variations discussed highlight variations within a relatively satisfied group.

- By **age**, consumers age 20-44 years were more satisfied than consumers 45 years and over in two areas: satisfied that peer support providers understand their culture or community, and satisfied that their peer support providers’ knowledge of services and their ability to connect consumers with services.
- By **ethnicity**, overall, Latinos reported greater satisfaction with peer support services than non-Latinos.
- By **race**, those consumers identifying as “other” racial backgrounds reported greater satisfaction than Whites with respect to provider’s knowledge of services and importance of peer support in helping keep medical appointments; consumers of “other” racial backgrounds were more satisfied with their one-on-one peer support providers than Blacks.
- By **length of time living with HIV**, compared to those living with HIV for 15 or more years, those living with HIV for 10-14 years reported greater satisfaction with respect to their peer support provider understanding their culture or community.
- By **transmission mode**, there were two questions for which the mean response varied by transmission mode. For the importance of peer support in helping clients keep medical appointments, the mean response of those who acquired HIV through heterosexual contact was higher than the mean response of those who acquired HIV through male-to-male sex. For satisfaction with the ability of the provider to communicate in the consumer’s preferred language, the mean response of those infected through heterosexual and male-to-male sex was higher than those perinatally infected.
- By **last use of service**, those who used the service more than 12 months ago had lower mean values than those who used the service more recently with respect to: satisfaction with peer support provider understanding their needs; satisfaction with the group leader; importance of peer support services keeping them healthy; effectiveness of peer support services in maintaining relationships; convenience of support group date and times; and ability to communicate with peer support provider in preferred language.

Table 15: Overall Mean Responses to Peer Support Services Survey and Statistically Significant Variations in Means by Group

Survey Question	Overall Mean Response	Gender	Age	Ethnicity	Race	HIV Mode	Time with HIV	Service last used	Time w/ provider
Quality of Services									
How satisfied are you that the person who provides you with peer support services understands your needs?	4.15			*				*	
How satisfied are you with your peer support provider's knowledge of services and his/her ability to connect you with services?	4.10		*	*	*				
How satisfied are you that your peer support provider understands your culture or community?	4.21		*	*			*		
How comfortable are you sharing personal and confidential information with your peer support provider or group leader?	4.01								
How satisfied are you with your peer support provider's efforts to keep your personal information confidential?	4.35								
If you receive one-on-one peer support, how satisfied are you with the peer support provider?	4.18			*	*				
If you attend a peer support group, how satisfied are you with the quality of the group and the discussions?	4.05								
If you attend a peer support group, how satisfied are you with the group leader?	4.09			*				*	
How likely would you be to recommend your peer support service provider or group leader to another person living with HIV/AIDS?	4.29			*					
Role of Services in Healthcare									
How important are the peer support services you receive in keeping you healthy?	4.21							*	
How important are the peer support services you receive in helping you keep regular HIV primary medical care appointments?	3.98			*	*	*			
How important are the peer support services you receive in helping you access or obtain other HIV-related services (e.g., mental health, substance abuse, case mng'ment, or dental care)?	4.06			*					
How effective are the peer support services you receive in helping you develop and improve skills and techniques for coping with anxiety, depression, or stress?	3.92			*					
How effective are the peer support services you receive in helping you maintain relationships w/ family, friends, and/or co-workers?	3.89			*				*	
How effective are the peer support services you receive in helping you take care of yourself or do things for yourself?	3.96			*					
When your peer support provider or group leader refers you to other services, in general, how likely are you to keep your app.?	4.03								
When your peer support provider or group leader refers you to other services, in general, how satisfied are you that these referrals meet your needs?	3.90			*					
* Indicates that the mean response to this question varied significantly for this group.									

Table 15 (continued): Overall Mean Responses to Peer Support Services Survey and Statistically Significant Variations in Means by Group

Survey Question	Overall Mean Response	Gender	Age	Ethnicity	Race	HIV Mode	Time with HIV	Service last used	Time w/ provider
Accessibility of Services									
In terms of the hours of availability of your peer support provider, how convenient are the peer support services you receive?	4.03			*					
In terms of the location of your peer support provider, how convenient are the peer support services you receive?	4.04			*					
How easy is it to contact or reach your peer support provider or group leader if you have a question or a problem?	4.03			*					
How satisfied are you that you can meet with your peer support provider or attend support groups at dates and times that are convenient for you?	3.97			*				*	
How satisfied are you with the ability of your peer support provider or group leader to communicate with you in your preferred language?	4.42			*		*		*	
* Indicates that the mean response to this question varied significantly for this group.									

Limitations of Research

The data collected from the surveys provide a brief yet rich portrait of consumer satisfaction in the three service areas examined. However, there are several caveats that must be considered based on the limitations of the survey methodology. Because of resource and time limitations, the survey tools were only administered in English, excluding those clients who are monolingual in a language other than English. As a result of this limitation, some providers were unable to sample their clients or were forced to draw a selective sample of only known English-speakers. In addition, the survey sample excluded clients who have low literacy or cannot read. Because the survey was mailed, it could not be administered to those who have no mailing address or who are not stably housed. Despite these caveats, the response rate was high for this population and analysis of the data shows some statistically significant differences between groups.

Implications for Further Research

Although some HIV care and support service providers may conduct their own satisfaction surveys as part of their organizational quality improvement efforts, this project was the first time system-level survey conducted in the Boston EMA to measure consumer satisfaction with the services received within a service category across multiple providers. The project was considered a “pilot” to assess the feasibility of conducting a study of this nature, the degree to which consumers would respond, and the

utility of the survey data received. Based on the research process, the response rates, and the data received, it is clear that a survey of this type can be an effective method for measuring consumer satisfaction with services and a valuable mechanism for obtaining consumer feedback and monitoring service quality.

Because only three service categories were included in this study, additional surveys could be undertaken to assess consumer satisfaction with other service categories in the local continuum of HIV care and support services (e.g., mental health, housing, or transportation). If future studies of this nature are conducted, it is recommended that the survey tool be translated into Spanish (and other languages as resources allow) to ensure access for those who are monolingual in a language other than English. In addition, based on the high response rate, it is recommended that the strategy of providing an “up front” incentive be maintained.

The results of these surveys suggest a high level of satisfaction among consumers of case management, food, and peer support services in the Boston EMA. Further study using univariate and multivariate modeling might yield interesting results and weighting the data could be done to yield population level results. In addition, using the unique codes on each returned survey, analyses could be conducted to assess the responses of consumers who received the survey from a specific provider. Such information may be useful to a provider’s own program or agency quality improvement activities. Lastly, the same three service categories in this study could be surveyed at regular intervals in the future to track consumer satisfaction over time. Using the data in this report as a baseline, future survey data could help assess changes in consumer satisfaction potentially resulting from changes in the service continuum, consumer needs or expectations, and/or the nature of the HIV epidemic.

Appendix: Survey Tools

Ryan White Program HIV Case Management Survey

Your responses to the questions on this survey should refer only to the **case management services** that you receive from the agencies listed on the cover sheet. If you receive case management services from more than one agency, **your responses in this survey should refer to the agency you use most often.** If you have not used case management services in the past 12 months, please do not complete this survey.

Your participation in this survey is completely voluntary. Your responses are anonymous, meaning your name is not attached to this survey and your responses cannot be linked to you in any way. **Please complete both sides of this form.** The estimated time to complete this survey is 10 minutes. If you would prefer, you may fill out the survey online at <http://bph.jsi.com/>

THANK YOU!

Directions: Fill in circles darkly and completely.

INCORRECT MARKS



CORRECT MARK



Extremely
Very
Somewhat
A Little
Not at all
N/A

Quality						
1. How satisfied are you with your case manager's ability to understand your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How satisfied are you with your level of involvement in developing your case management service plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How satisfied are you with your case manager's knowledge of services and his/her ability to connect you with services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How satisfied are you that your case manager understands your culture or community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How satisfied are you with the amount of time your case manager spends with you during a regular visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How satisfied are you with your case manager's efforts to keep your personal information confidential?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Overall, how satisfied are you with your case manager?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How likely would you be to recommend your case manager to another person living with HIV/AIDS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How satisfied are you with the overall quality of the case management services you receive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role in Healthcare						
10. How important are the case management services you receive in keeping you healthy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How important are the case management services you receive in helping you keep regular HIV primary medical care appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How important are the case management services you receive in helping you access or obtain other HIV-related services (e.g., mental health, substance abuse, or dental care)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. How important are the case management services you receive in helping you get access to HIV-related medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. When your case manager refers you to other services, in general, how likely are you to keep your appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When your case manager refers you to other services, in general, how satisfied are you that these referrals meet your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. How effective are the case management services you receive in helping you set and achieve goals for your health and well-being?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. How effective are the case management services you receive in helping you take care of yourself or do things for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility						
18. In terms of the hours of availability of the agency and your case manager, how convenient are the case management services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. In terms of the location of the agency and your case manager, how convenient are the case management services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. How easy is it to contact or reach your case manager if you have a question or a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. When you make appointments to see your case manager, how easy is it for you to schedule them for dates and times that are convenient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. How satisfied are you with the ability of your case manager to communicate with you in your preferred language?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please return by January 31, 2008 to :
 Sarah Wolfrum, JSI, 44 Farnsworth Street, Boston, MA 02210
 If you have questions please call Sarah at 617-482-9485 or email swolfrum@jsi.com

OVER

64327



General

G1. Is there anything else you would like to add about your satisfaction with case management services?

G2. When was the last time you used or received case management services from one of the agencies listed on the cover sheet?

- In the last 7 days In the last 2-3 months In the last 12 months
 In the last month In the last 6 months More than 12 months ago

G3. How long have you been seeing your current case manager?

- Less than 1 year 3 to 4 years
 1 to 2 years 5 or more years

G4. How many in-person, face-to-face visits have you had with your case manager in the past 12 months?

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G5. Was this number of visits...

- Too many? Just right? Too few?

Demographics

D1. What is your gender?

- Male
 Female
 Transgender

D2. What is your age?

- 13 and under
 14 to 19
 20 to 44
 45 and above

D3. Are you of Latino/a or Hispanic ethnicity?

- Yes
 No

D4. What is your race? (select only one)

- White
 Black/African American
 Asian
 Native Hawaiian/Pacific Islander
 American Indian/Alaskan Native
 Other

D5. For how long have you been living with HIV?

<table border="1"><tr><td> </td><td> </td></tr></table>			Years	<table border="1"><tr><td> </td><td> </td></tr></table>			Months

D6. Which of the following categories best describes how you got HIV? (select only one)

- Male to male sex
 Injection drug use
 Male to male sex and injection drug use
 Heterosexual sex
 Perinatal transmission
 Hemophilia /Coagulation Disorder
 Receipt of transfusion of blood, blood components, or tissue
 Unknown or undetermined

This survey is supported by funding provided by the Boston Public Health Commission through Part A of the Ryan White HIV/AIDS Treatment Modernization Act of 2006.



Ryan White Program HIV Food Services Survey

Your responses to the questions on this survey should refer only to the **food services** that you receive from the agencies listed on the cover sheet. If you receive food services from more than one agency, **your responses in this survey should refer to the agency you use most often.** If you have not used food services in the past 12 months, please do not complete this survey.

Your participation in this survey is completely voluntary. Your responses are anonymous, meaning your name is not attached to this survey and your responses cannot be linked to you in any way. **Please complete both sides of this form.** The estimated time to complete this survey is 10 minutes. If you would prefer, you may fill out the survey online at <http://bph.jsi.com/>

THANK YOU!

Directions: Fill in circles darkly and completely.

INCORRECT MARKS



CORRECT MARK



Extremely
Very
Somewhat
A Little
Not at all
N/A

Quality						
1. How satisfied are you that the food services you receive provide food that you like to eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How satisfied are you that the food services you receive meet your dietary restrictions (e.g., addresses your allergies, or your need for a low-sugar, low-salt, low-fat, and/or high protein diet)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How satisfied are you that the agency from which you receive food services keeps your personal information confidential?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How likely would you be to recommend the food services you receive to another person living with HIV/AIDS who has food/nutritional needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How satisfied are you with the overall quality of the food services you receive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role in Healthcare						
6. How important are the food services you receive in keeping you healthy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How important are the food services you receive in helping you meet your daily nutritional needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How important are the food services you receive in ensuring that you are able to keep your regular HIV primary medical care appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How important are the food services you receive in helping you access or use other HIV-related services (e.g., mental health, substance abuse, case management, dental care)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How important are the food services you receive in helping you take your HIV-related medications (including managing any side effects you experience)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility						
11. In terms of the hours of availability, how convenient are the food services for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. In terms of the location of the agency from which you receive food services, how convenient are the food services for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. How satisfied are you with the way food services staff treat you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How easy is it to contact or reach a food services staff person if you have a question or a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How satisfied are you with the ability of food services staff to communicate with you in your preferred language?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVER
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Please return by January 31, 2008 to :
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If you have questions please call Sarah at 617-482-9485 or email swolfrum@jsi.com

39355



General

G1. Is there anything else you would like to add about your satisfaction with food services?

G2. When was the last time you used or received food services from one of the agencies listed on the cover sheet?

- In the last 7 days In the last 2-3 months In the last 12 months
 In the last month In the last 6 months More than 12 months ago

G3. How long have you been using food services?

- Less than 1 year 3 to 4 years
 1 to 2 years 5 or more years

Demographics

D1. What is your gender?

- Male
 Female
 Transgender

D2. What is your age?

- 13 and under
 14 to 19
 20 to 44
 45 and above

D3. Are you of Latino/a or Hispanic ethnicity?

- Yes
 No

D4. What is your race? (select only one)

- White
 Black/African American
 Asian
 Native Hawaiian/Pacific Islander
 American Indian/Alaskan Native
 Other

D5. For how long have you been living with HIV?

Years Months

D6. Which of the following categories best describes how you got HIV? (select only one)

- Male to male sex
 Injection drug use
 Male to male sex and injection drug use
 Heterosexual sex
 Perinatal transmission
 Hemophilia /Coagulation Disorder
 Receipt of transfusion of blood, blood components, or tissue
 Unknown or undetermined

This survey is supported by funding provided by the Boston Public Health Commission through Part A of the Ryan White HIV/AIDS Treatment Modernization Act of 2006.



Ryan White Program HIV Peer Support Services Survey

Your responses to the questions on this survey should refer only to the **peer support services** that you receive from the agencies listed on the cover sheet. If you receive peer support services from more than one agency, **your responses in this survey should refer to the agency you use most often.** If you have not used peer support services in the past 12 months, please do not complete this survey.

Your participation in this survey is completely voluntary. Your responses are anonymous, meaning your name is not attached to this survey and your responses cannot be linked to you in any way. **Please complete both sides of this form.** The estimated time to complete this survey is 10 minutes. If you would prefer, you may fill out the survey online at <http://bph.jsi.com/>

THANK YOU!

Directions: Fill in circles darkly and completely.

INCORRECT MARKS



CORRECT MARK



Extremely
Very *Somewhat*
A Little *Not at all*
N/A

Quality						
1. How satisfied are you that the person who provides you with peer support services understands your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How satisfied are you with your peer support provider's knowledge of services and his/her ability to connect you with services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How satisfied are you that your peer support provider understands your culture or community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How comfortable are you sharing personal and confidential information with your peer support provider or group leader?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How satisfied are you with your peer support provider's efforts to keep your personal information confidential?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If you receive one-on-one peer support, how satisfied are you with the peer support provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. If you attend a peer support group, how satisfied are you with the quality of the group and the discussions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. If you attend a peer support group, how satisfied are you with the group leader?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How likely would you be to recommend your peer support service provider or group leader to another person living with HIV/AIDS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role in Healthcare						
10. How important are the peer support services you receive in keeping you healthy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How important are the peer support services you receive in helping you keep regular HIV primary medical care appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How important are the peer support services you receive in helping you access or obtain other HIV-related services (e.g., mental health, substance abuse, case management, or dental care)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. How effective are the peer support services you receive in helping you develop and improve skills and techniques for coping with anxiety, depression, or stress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How effective are the peer support services you receive in helping you maintain relationships with family, friends, and/or co-workers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How effective are the peer support services you receive in helping you take care of yourself or do things for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When your peer support provider or group leader refers you to other services, in general, how likely are you to keep your appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. When your peer support provider or group leader refers you to other services, in general, how satisfied are you that these referrals meet your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility						
18. In terms of the hours of availability of your peer support provider, how convenient are the peer support services you receive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. In terms of the location of your peer support provider, how convenient are the peer support services you receive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. How easy is it to contact or reach your peer support provider or group leader if you have a question or a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. How satisfied are you that you can meet with your peer support provider or attend support groups at dates and times that are convenient for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. How satisfied are you with the ability of your peer support provider or group leader to communicate with you in your preferred language?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please return by January 31, 2008 to :
Sarah Wolfrum, JSI, 44 Farnsworth Street, Boston, MA 02210
If you have questions please call Sarah at 617-482-9485 or email swolfrum@jsi.com

OVER
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43588



General

G1. Is there anything else you would like to add about your satisfaction with peer support services?

G2. When was the last time you used or received peer support services from one of the agencies listed on the cover sheet?

- In the last 7 days In the last 2-3 months In the last 12 months
 In the last month In the last 6 months More than 12 months ago

G3. How long have you been seeing your current peer support provider?

- Less than 1 year 3 to 4 years
 1 to 2 years 5 or more years

G4. Indicate whether you use one-on-one peer support, support groups, or both.

- One on One Support Groups Both

G5. How many visits have you had with your peer support provider in the past 12 months?

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G6. Was this number of visits...

- Too many? Just right? Too few?

Demographics

D1. What is your gender?

- Male
 Female
 Transgender

D2. What is your age?

- 13 and under
 14 to 19
 20 to 44
 45 and above

D3. Are you of Latino/a or Hispanic ethnicity?

- Yes
 No

D4. What is your race? (select only one)

- White
 Black/African American
 Asian
 Native Hawaiian/Pacific Islander
 American Indian/Alaskan Native
 Other

D5. For how long have you been living with HIV?

<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Months
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D6. Which of the following categories best describes how you got HIV? (select only one)

- Male to male sex
 Injection drug use
 Male to male sex and injection drug use
 Heterosexual sex
 Perinatal transmission
 Hemophilia /Coagulation Disorder
 Receipt of transfusion of blood, blood components, or tissue
 Unknown or undetermined

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43588

