

Cape May County Department of Health

Clinic Services Evaluation

June 1 – August 31, 2010

Executive Summary

A survey was distributed to clients attending Health Department clinics between June 1 and August 31, 2010 to assess satisfaction with clinic services. Six hundred sixty-three surveys were completed during the three month period, representing 60% of all clinic patient visits. This response rate is markedly improved from 9.2% in 2009 and response rates are strong across all clinics.

General Information: Survey respondents were primarily female (94%) and white (85%). Seventeen percent of respondents identified themselves as Hispanic. Since 2008, the percentage of white respondents has increased and the percentage of Hispanic respondents has decreased. The average age of respondents was 28 (ranging from 13 to 83), with the largest percentage (40%) between 18-24 years. The largest percentages of respondents live in Middle Township (20%), Lower Township (19%), and Wildwood (11%). Fifty percent of respondents have a high school degree or lower (compared to 77% in 2008 and 57% in 2009). The majority of respondents (60%) had a combined household income of less than \$20,000 (compared to 71% in 2008 and 69% in 2009), and 81% had a combined household income of less than \$35,000.

Seven percent of respondents needed a translator (compared with 20% in 2008 and 10% in 2009). Spanish was the predominant spoken language. Ninety percent of respondents came to the clinic by car, either their own (61%) or in someone else's (29%). Ninety-five percent of respondents said it was "very easy" or "easy" to get to the clinic. Ninety-eight percent of respondents found it "very easy" or "easy" to make an appointment and 97% of respondents found the clinic hours convenient.

Eighty-one percent of respondents have access to the internet at home or at work (compared to 45% in 2008 and 67% in 2009). Respondents look to the internet, Health Department, hospital/physicians, and family members for health information.

Respondents chose a Health Department clinic because it was affordable and they don't have health insurance. In the past year, other services used by respondents were predominantly CEED services, child health clinic, and HIV/AIDS testing.

When asked about health care services respondents would be interested in, most responses were for dental care, general/primary care services, eye care, and wellness programs.

Satisfaction with Clinic Visit: Seventy-five percent of respondents rated their waiting time as "very good" or "good", and waited on average 29 minutes. Over 97% of respondents rated the way the physician or nurse helped them with their problem, the level of respect and courtesy shown to them by all staff, the way the physician or nurse talked to them about their treatment or medication plan, and the opportunity to ask questions as "very good" or "good". Overall, 99% of respondents rated their clinic experience as "very good" (81%) or "good" (18%).

Health Education: Each clinic's respondents were asked two health education questions. Opportunities for improved health education were identified in all clinics with the exception of Child Health clinics.

Introduction

A pilot study was conducted in May-June 2007 to evaluate health department clinic services. The findings from the pilot study were incorporated into an annual customer satisfaction survey for clinic patients. Data is collected each year for a three-month period, with varying three months used. The clerks working the clinics distribute the questionnaires to the patients and ask them to complete Part I while they are waiting. Part I collects general information about the patient and their reasons for choosing care at the clinic. After the patient's visit with the physician/nurse, the nurse working the clinic asks the patient to complete Part II, which asks the patient to evaluate their visit. The questionnaires are collected in a confidential survey box. The data is entered by a clerk into an Access database and then is imported into SAS by the Epidemiologist for analysis.

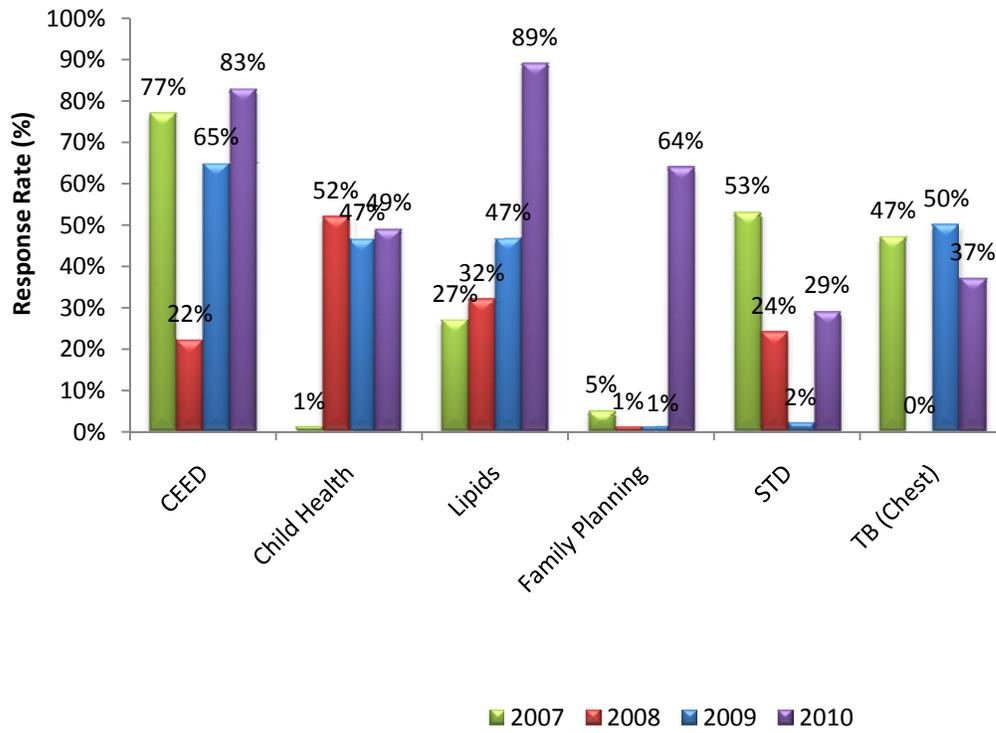
Data has been collected for August – October 2007, May 15 – August 15, 2008, September – November 2009, and the current period June 1 – August 31, 2010.

Between June 1 and August 31, 2010 there were a total of 1,104 patient visits to health department clinics. A total of 663 surveys were completed, for an overall response rate of 60%. The number of completed surveys (663) increased dramatically, from 92 (response rate of 9.2%) surveys in 2009. Table 1 shows the number of surveys completed by clinic. The response rate for all clinics was excellent and ranged from 29% in STD clinic to 89% in Lipids clinic. Of the total number of surveys received, the largest percentages were from Family Planning (75.1%) and CEED (8.1%). The unusually high number of surveys collected for Family Planning clinics in 2010 will alter the overall clinic demographic data from what was collected in previous years.

Clinic	Total # Patient Visits	# Completed Surveys	Response Rate (%)	% Surveys by Clinic
CEED	65	54	83%	8.1%
Child Health	37	18	49%	2.7%
Lipids	38	34	89%	5.1%
Family Planning	776	498	64%	75.1%
STD	136	40	29%	6.0%
TB (Chest Clinic)	52	19	37%	2.9%
TOTAL	1,104	663	60%	100%

The response rate by clinic differs by year, with marked increases in CEED, Lipids, Family Planning, and STD clinics for 2010 (Figure 1).

Figure 1: Survey Response Rate, by Clinic and Data Collection Yr



PART I: CLIENT INFORMATION

Demographics

Gender

Ninety-four percent of respondents were female, 6% male (Figure 2). Patients were predominantly female in all clinics (Figure 3).

Figure 2: Clinic Respondents, by Gender

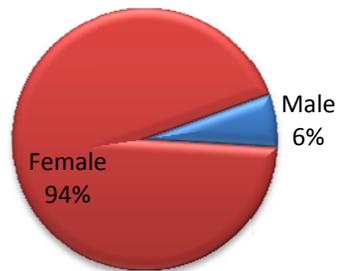
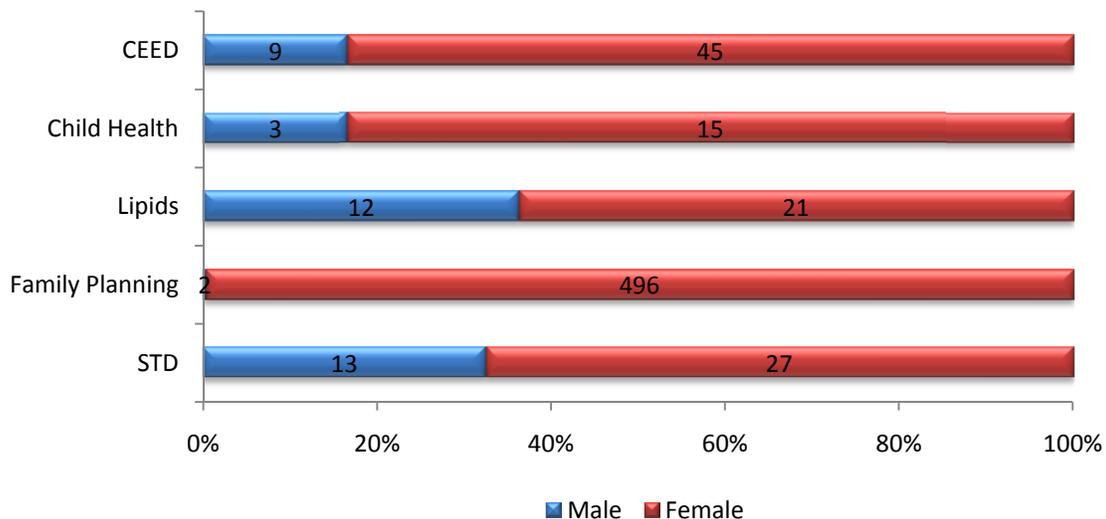


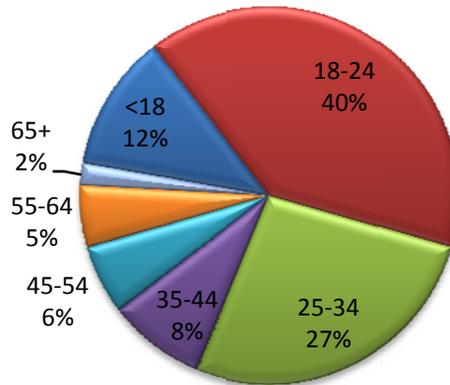
Figure 3: Gender of Clinic Respondents, by Clinic



Age

The age of respondents ranged from 13 to 83 years, with a mean age of 28 years across all clinics (26 surveys missing age). Three respondents listed age as <16 years; these respondents should have used the caretaker's age instead of the patient's. The largest percentage of respondents was between 18-24 years of age (40%) and 25-34 years (27%, Figure 4). This is a much younger distribution than 2009 where the two largest age groups were 45-54 years of age and 55-64 years and the mean age was 43 years.

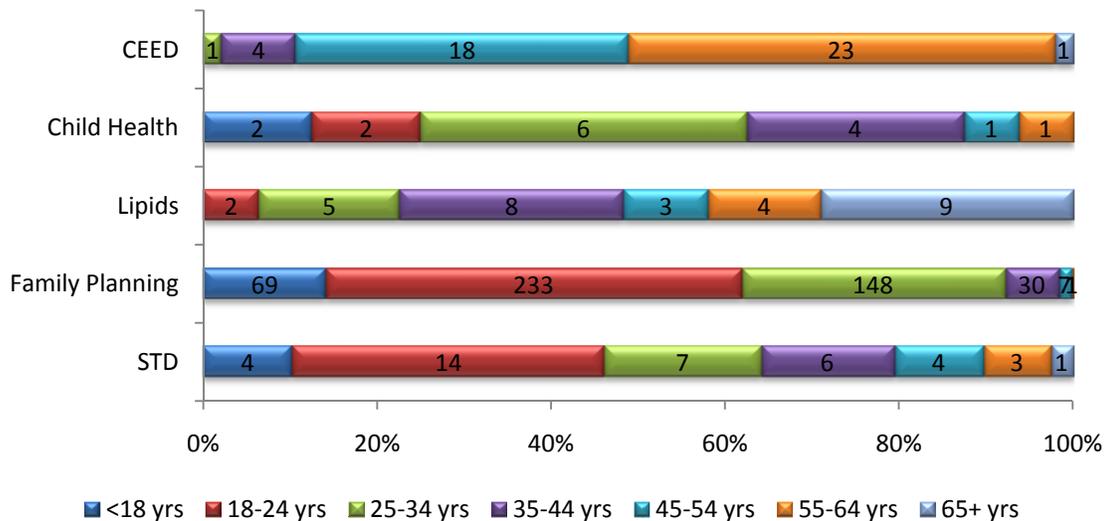
Figure 4: Clinic Respondents, by Age Group



The mean age varied by clinic (Table 2), with younger respondents attending Family Planning, STD, and Child Health clinics and older respondents attending CEED and Lipids clinics. Figure 5 shows the distribution of age groups by clinic.

Table 2: Mean Age of Survey Respondents by Clinic		
Clinic	Mean Age	Range
CEED	54	31 - 66 years
Child Health	33	17 – 62 years
Lipids	51	21 – 83 years
Family Planning	24	13 - 63 years
STD	32	15 - 70 years
TB	40	23 - 66 years

Figure 5: Age Group of Clinic Respondents, by Clinic



Race/Ethnicity

Respondents were asked to provide their race and ethnicity. Race/ethnicity categories were black/non-Hispanic, black/Hispanic, white/non-Hispanic, white/Hispanic, Asian, and Other/Specify. From these responses, the data was segregated by race (Figure 6) and ethnicity (Figure 7). Overall, 85% of respondents self-reported as White, 11% Black, 3% Other (14 missing race). One percent self-reported as Asian, compared to 0 responses in 2009. Seventeen percent of respondents identified themselves as Hispanic. In the “Other Specify” field, multiple responses were received for Hispanic (not specifying a race) and biracial/mixed.

Figure 6: Clinic Respondents, by Race

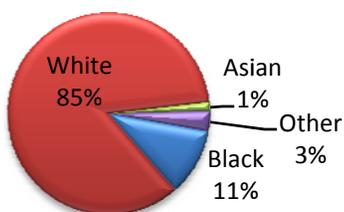
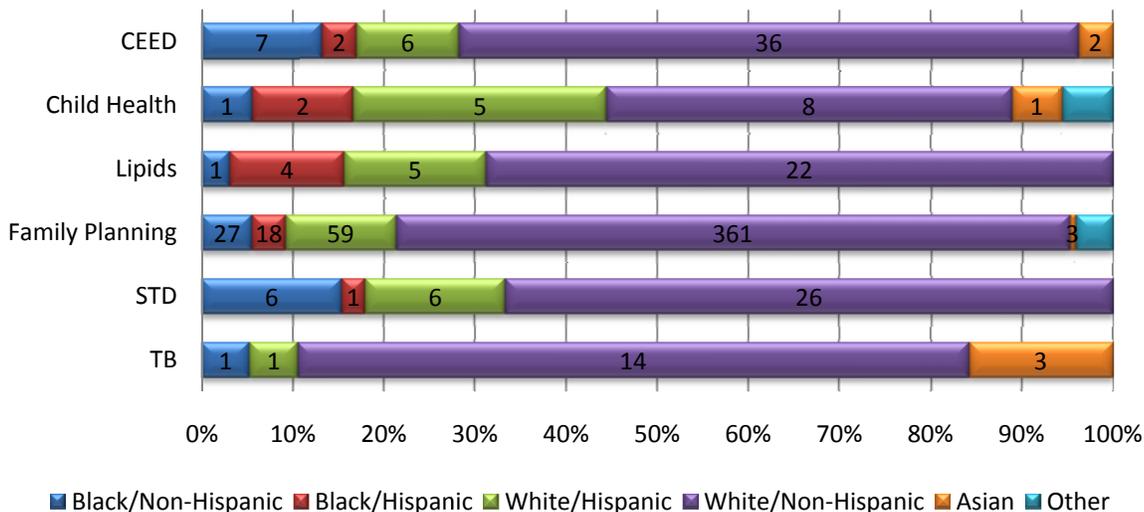


Figure 7: Clinic Respondents, by Ethnicity



The largest percentage of respondents was white/non-hispanic across all clinics. Larger percentages of Hispanic respondents were seen in Child Health and Lipids clinics (Figure 8).

Figure 8: Race/Ethnicity by Clinic



Residency

Overall, the largest percentage of respondents was from Middle Township (20%), Lower Township (19%), and Wildwood (11%, Figure 9, 9 missing).

Figure 9: Clinic Respondents, by Municipality

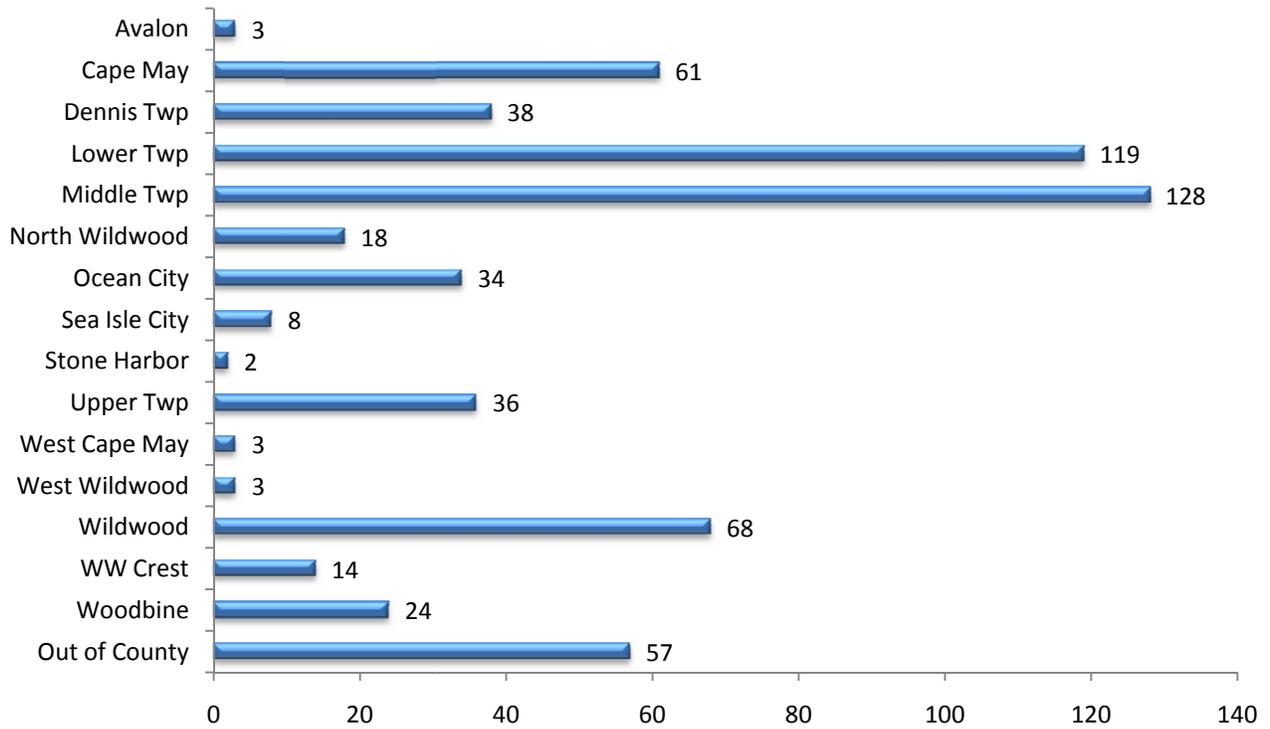
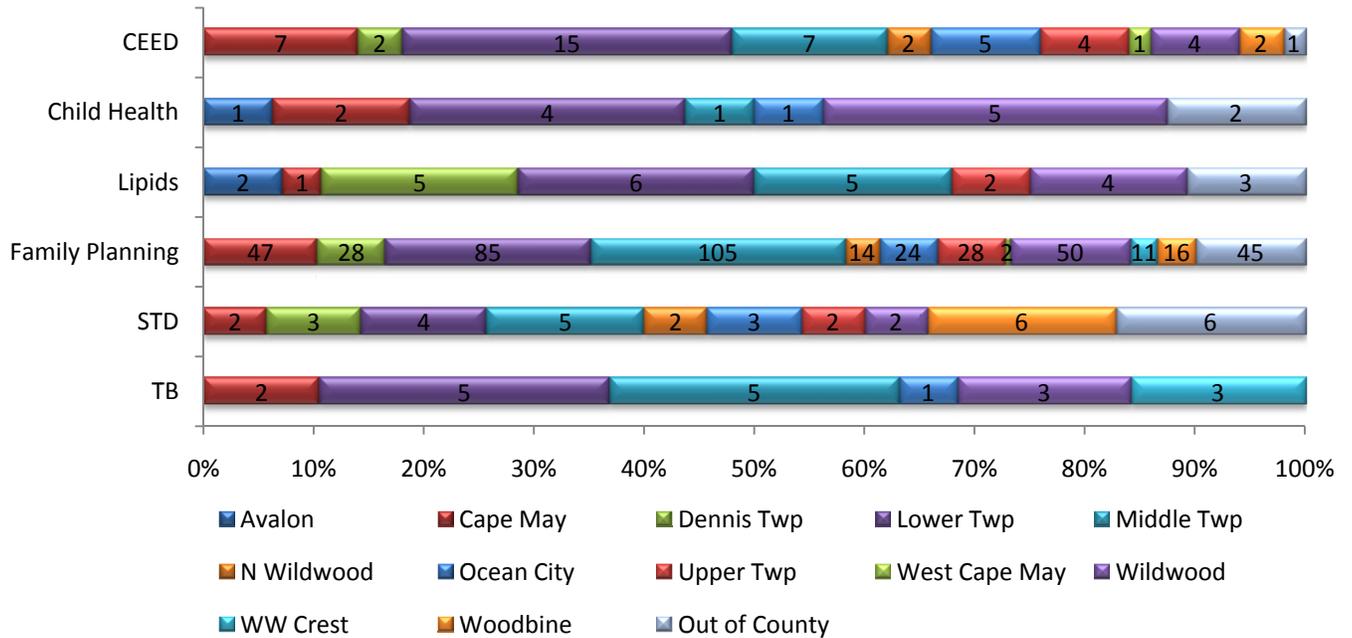


Figure 10 shows the distribution of municipal residence by clinic.

Figure 10: Clinic Respondents, by Municipality and Clinic



Education

For all clinics combined, the majority of respondents had some college (31%) or were high school graduates (30%). Fifty percent of respondents have a high school degree or lower. Twenty respondents reported having a graduate school degree. Higher levels of education were reported by respondents attending the Child Health and TB clinics (Figure 12).

Figure 11: Clinic Respondents, by Educational Level

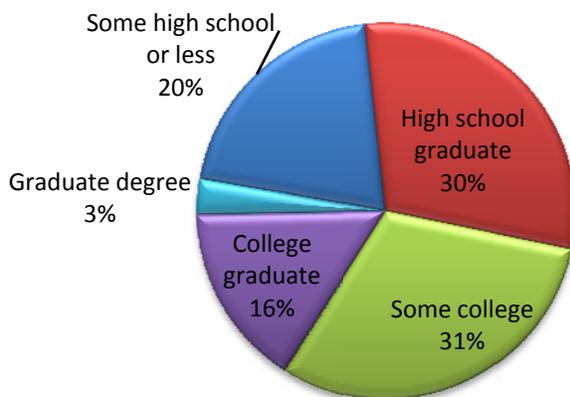
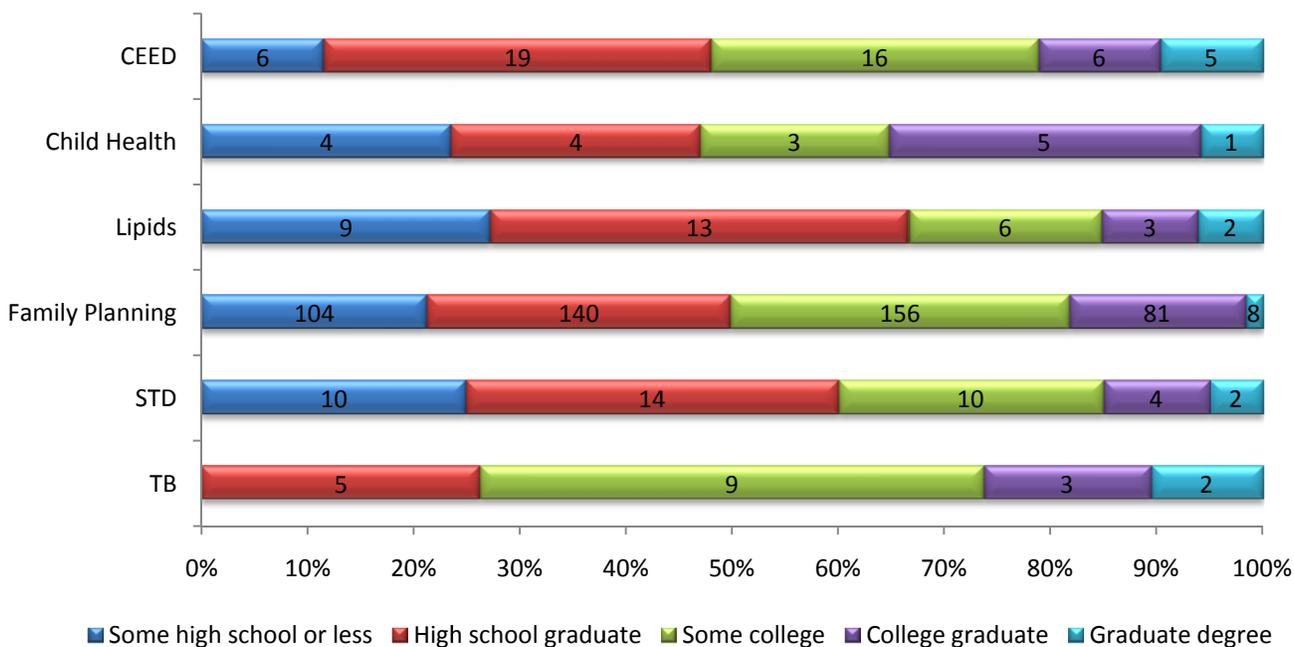


Figure 12: Clinic Respondents, by Educational Level and Clinic



Income

The majority of clinic respondents had a combined household income of under \$20,000 (60%), with 81% of respondents having a household income of less than \$35,000 (Figure 13, 72 missing). Ten respondents reported income of over \$90,000. Income levels were low across all clinics (Figure 14).

Figure 13: Clinic Respondents, by Income Level

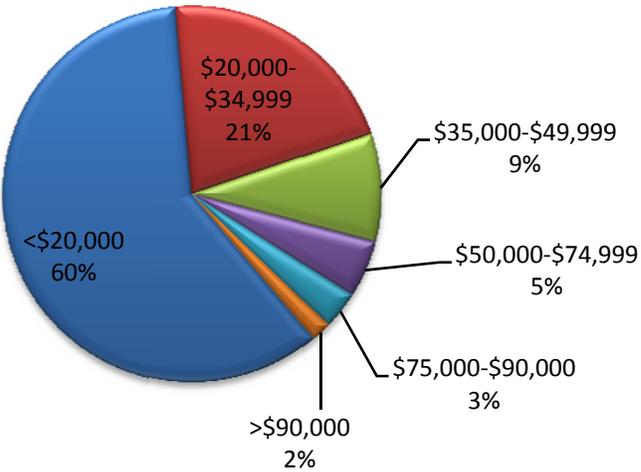
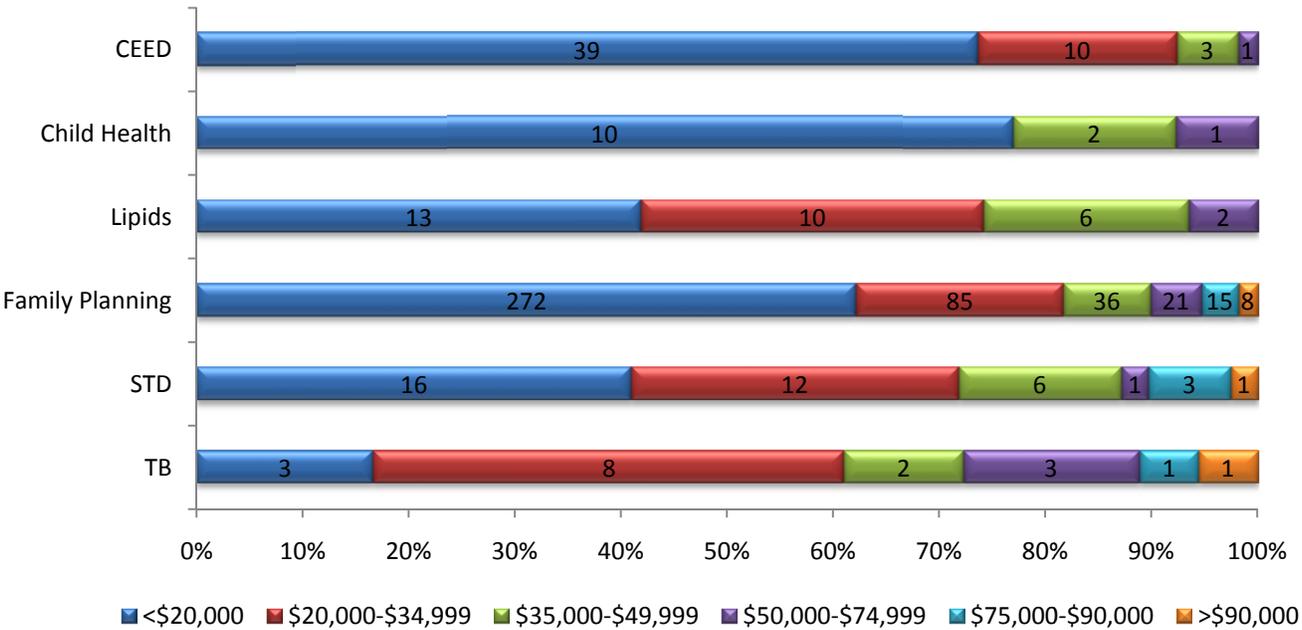


Figure 14: Clinic Respondents, by Income Level and Clinic



Access and Convenience of Care

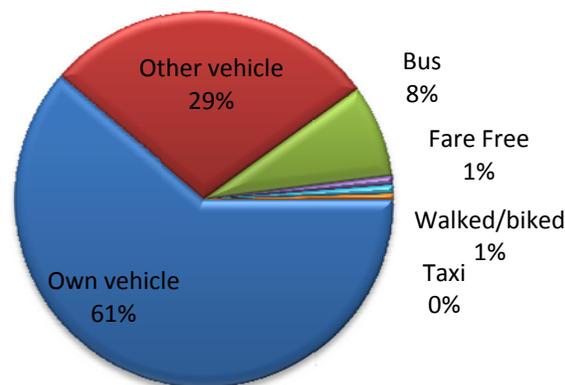
Translation

Forty-three respondents (7%) reported needing a translator (13 missing). The percentage of persons reporting a need for translation has consistently fallen, from 20% in 2008, 10% in 2009 to 7% in 2010. Sixty-three percent of persons needing a translator attended Family Planning, 16% attended Child Health, and 12% attended Lipids clinics. When asked about native language, 40 persons spoke Spanish and one person each spoke Hinoi and Kazash (1 did not specify language).

Transportation

Ninety percent of respondents came by car to the clinic, with 61% using their own vehicle and 29% coming in someone else's vehicle (Figure 15, 10 missing). Less than 1% used fare free transportation, walked/biked, or took a taxi. Of the 51 respondents who took a bus, 71% attended Family Planning, 14% attended Child Health, 8% attended STD, and 6% attended the TB clinic.

Figure 15: Clinic Respondents, by Transportation Source



Persons were asked how easy it was to get to the Health Department clinic. Ninety-five percent of respondents said it was either “very easy” (62%) or “easy” (33%) for them to get to the clinic (Figure 16, 24 missing).

Thirty one (5%) respondents said it was “difficult” or “very difficult” to get to the clinic. Of these 31, 23 attended Family Planning, 4 attended STD, 3 attended Child Health clinic, and 1 attended Lipids clinic. Of the 31, 15 persons arrived in someone else's vehicle, 10 took the bus, 3 took their own vehicle, 2 took a taxi, and 1 person walked/rode a bike.

Figure 16: Clinic Respondents, by Ease of Transport to Clinic



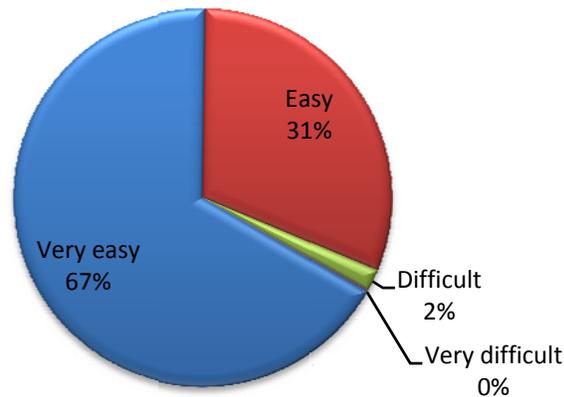
When asked how it could be easier for them to get to a Health Department clinic, responses included:

Table 3: How Can Transport be Easier	
Response	# Responses
Owning a car	22
Clinics closer to home	5
If gas was less expensive	3
Better bus routes	3
If car was working	3
If didn't need to tell parents	2
Fare free transportation	1
Childcare	1
If taxis were less expensive	1

Appointments

Ninety-eight percent of respondents found it “very easy” (67%) or “easy” (31%) to obtain an appointment for the Health Department clinic (Figure 17, 23 missing). Thirteen respondents said it was “difficult” or “very difficult” to get an appointment. Of these, 6 attended Family Planning, 5 attended Lipids, and 2 attended STD clinics. In 2009 no respondents replied with “difficult” or “very difficult.”

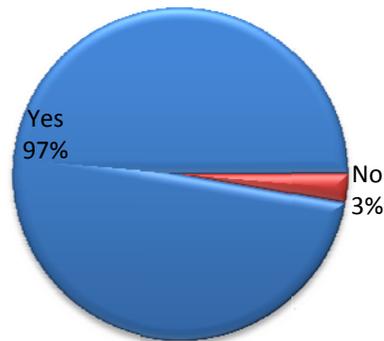
Figure 17: Ease of Getting Appointment for Health Department Clinic



Clinic Hours

Ninety-seven percent of respondents reported that the clinic hours were convenient for them (Figure 18, 21 missing). Eighteen respondents said the hours were not convenient. When asked what hours were preferred, the top two responses were weekend days (8) and evenings Monday-Friday (4). Thirteen respondents who said hours were not convenient attended Family Planning, 2 attended CEED, and 1 each attended Child Health, STD, and TB clinics.

Figure 18: Are Clinic Hours Convenient?



Information Sources

Eighty-one percent of respondents have access to the internet at home or at work (Figure 19, 22 missing). This percentage has increased consistently, from 45% of respondents in 2008, 67% in 2009, to 81% in 2010. At least 60% of respondents attending all clinics have access to the internet (Figure 20). In 2008, only 1 person attending the CEED clinic reported having access to the internet.

Figure 19: Clinic Respondents, Internet Access

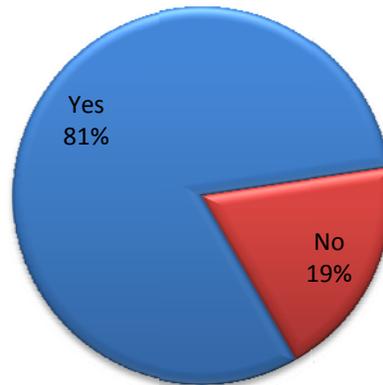
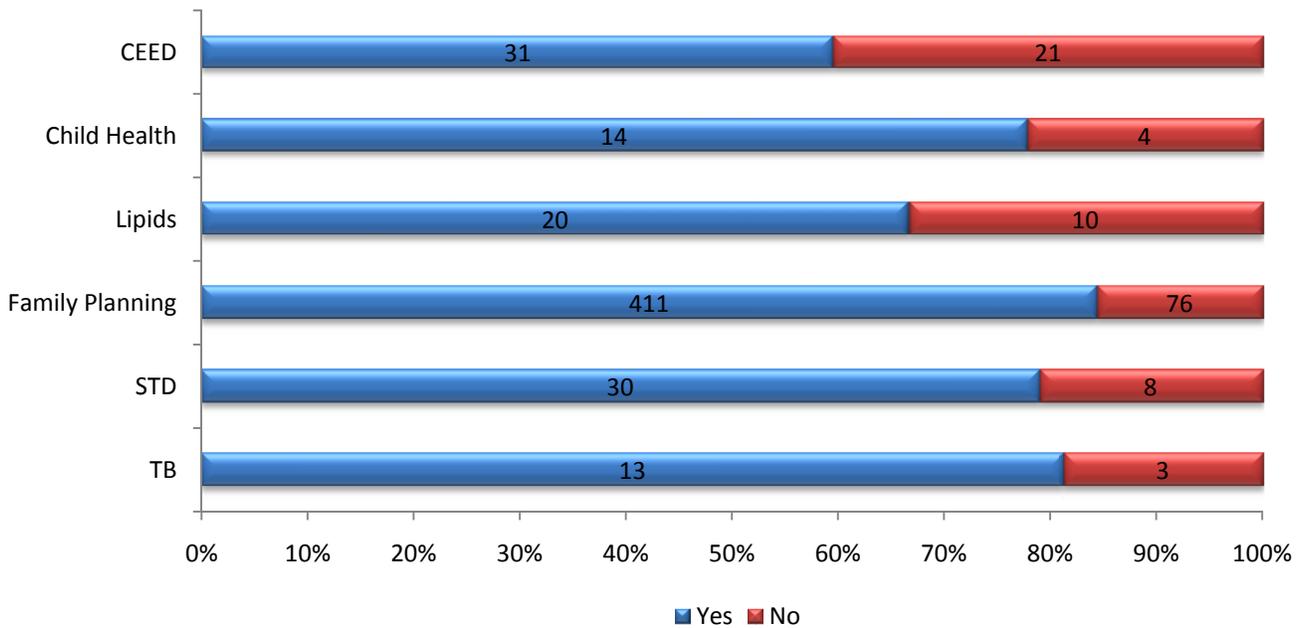
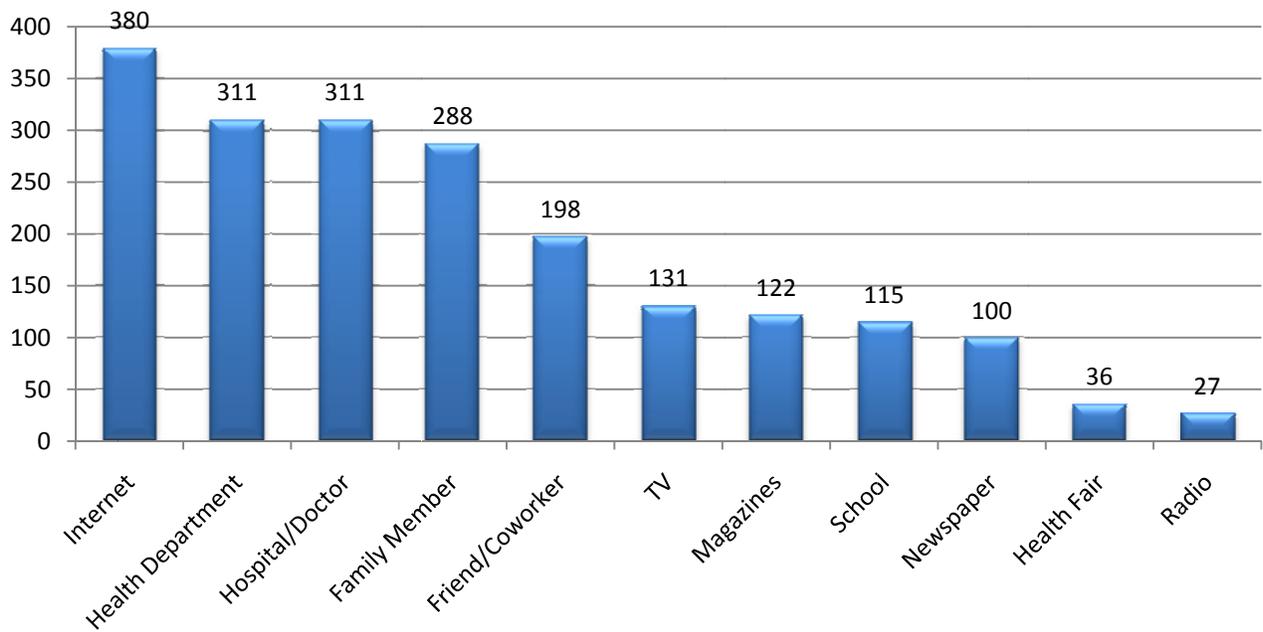


Figure 20: Clinic Respondents, by Internet Access and Clinic



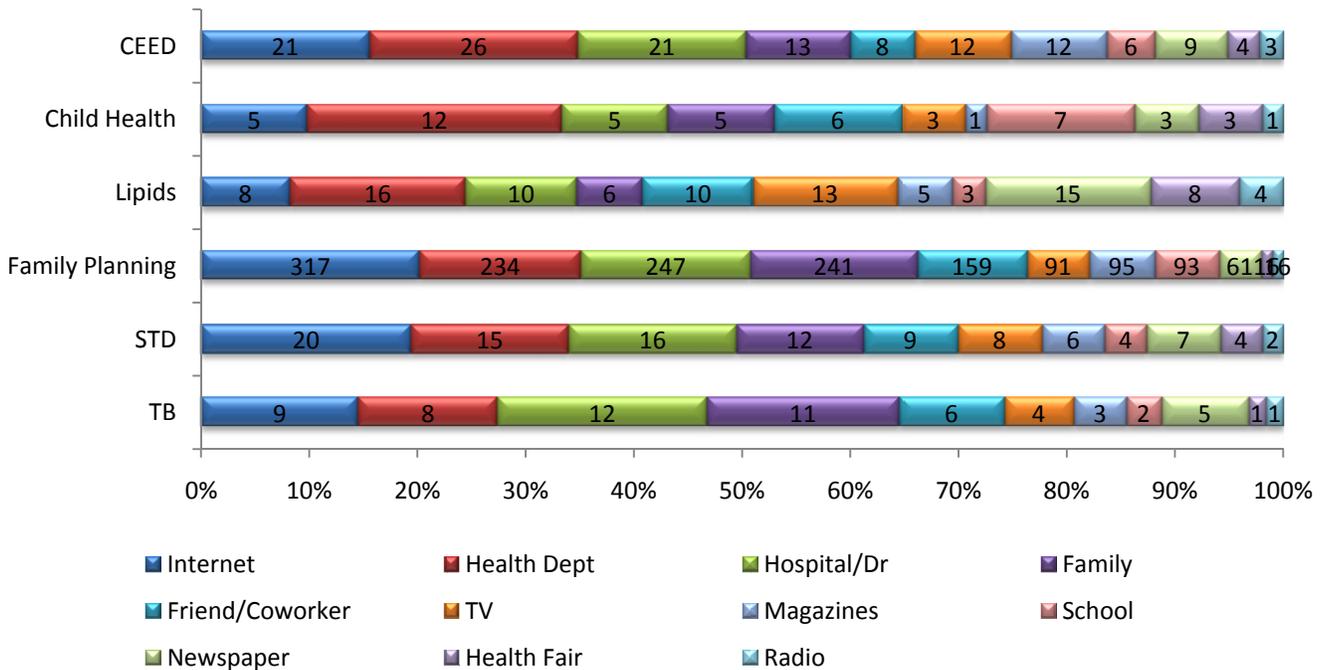
Respondents were asked where they look for health information. The internet was the #1 source of information, followed by the Health Department, hospital/doctor, and family members (Figure 21).

Figure 21: Sources of Health Information



Health information source varied by clinic (Figure 22). The Health Department and hospital/physicians were valued sources in all clinics.

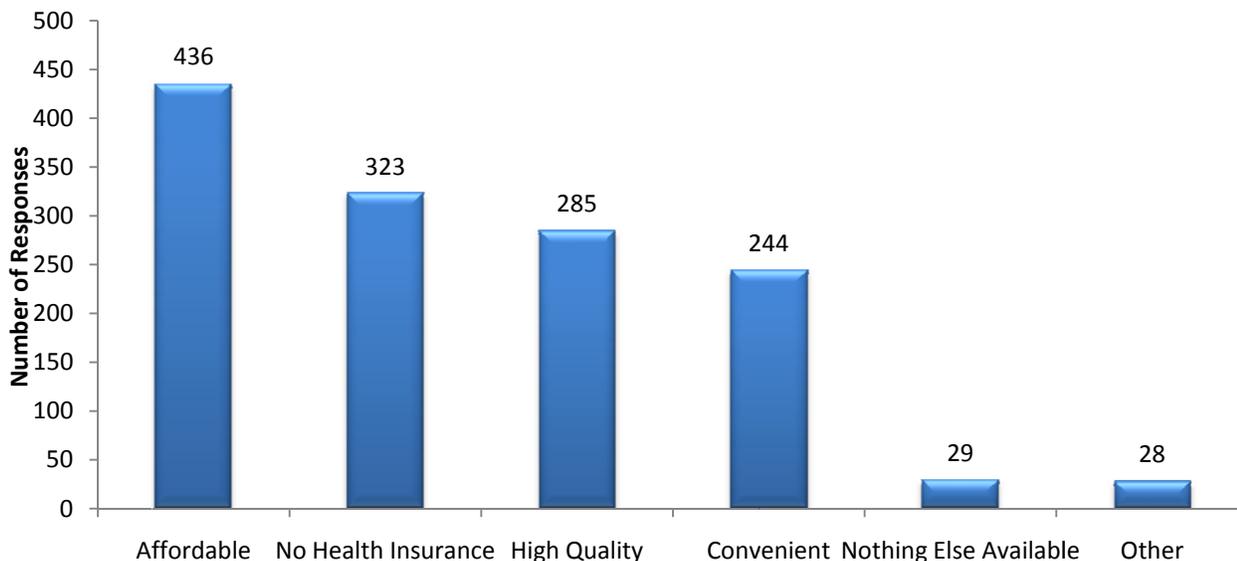
Figure 22: Information Source by Clinic



Utilization of Services

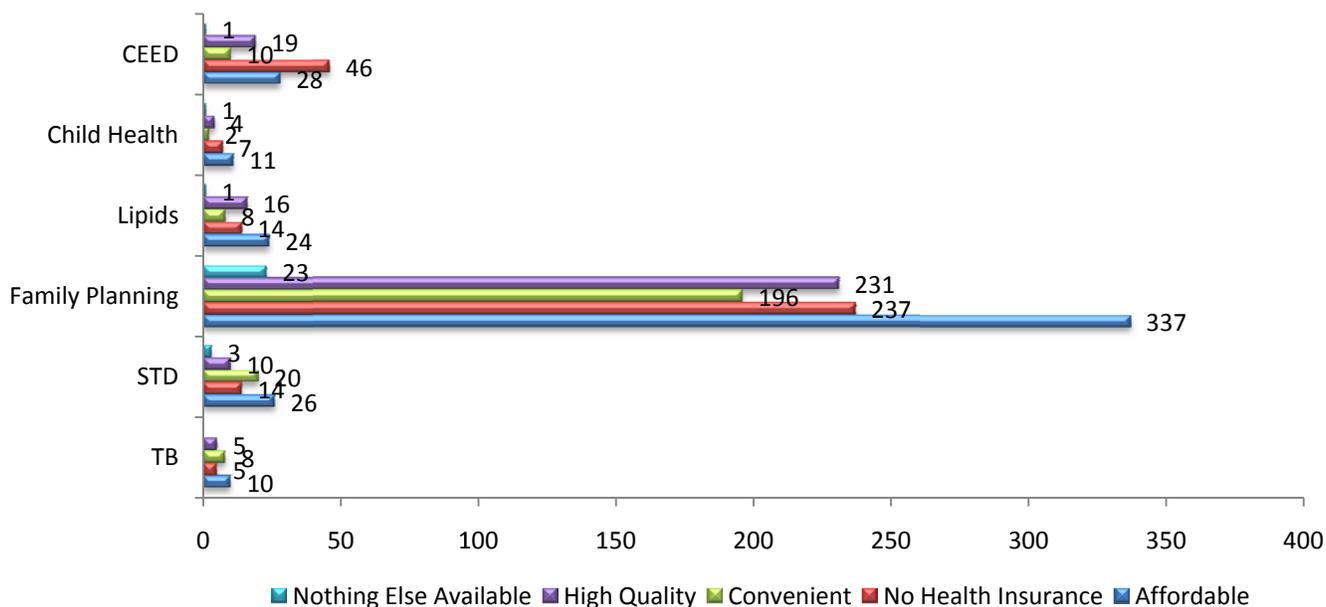
Respondents were asked why they chose a Health Department clinic (multiple responses were permitted). Respondents chose a Health Department clinic primary because it was affordable and because they have no health insurance, Figure 23).

Figure 23: Why Clients Choose Health Department Clinic Services



The lack of health insurance was mentioned most often by the respondents attending the CEED clinic (Figure 24). Affordability was mentioned most often by respondents attending all other clinics. Quality was mentioned often by persons attending Family Planning, CEED, and Lipids clinics. Other reasons why health department clinics were chosen included confidentiality (8), family/friend referral (5), dislike other providers/clinics (2), and nice staff (2).

Figure 24: Reason for Choosing Health Department Clinic



Respondents were asked what other health department services they have used in the past year (Figure 25). Services most used were cancer screening, child health, and HIV/AIDS screening. Cancer screening services were used by respondents attending all other clinics. Child Health services were used by a significant number of CEED clinic, Family Planning, and STD clinic respondents (Figure 26). Other services included WIC (6) and H1N1/flu shots (5).

Figure 25: Health Department Services Used in Past Year

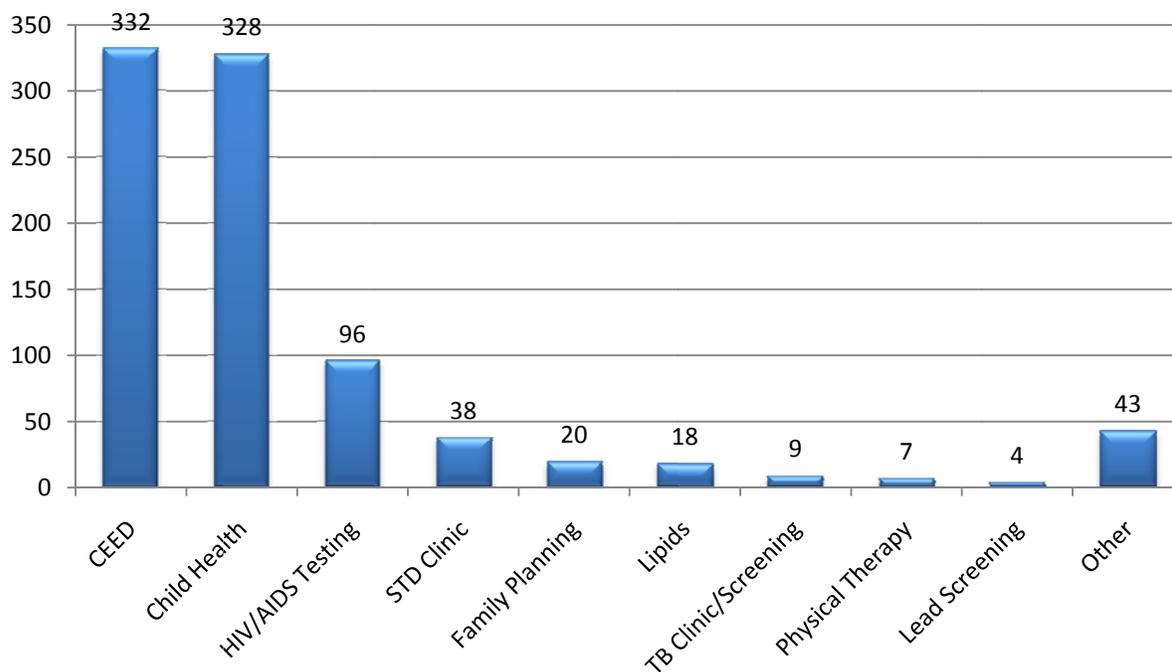
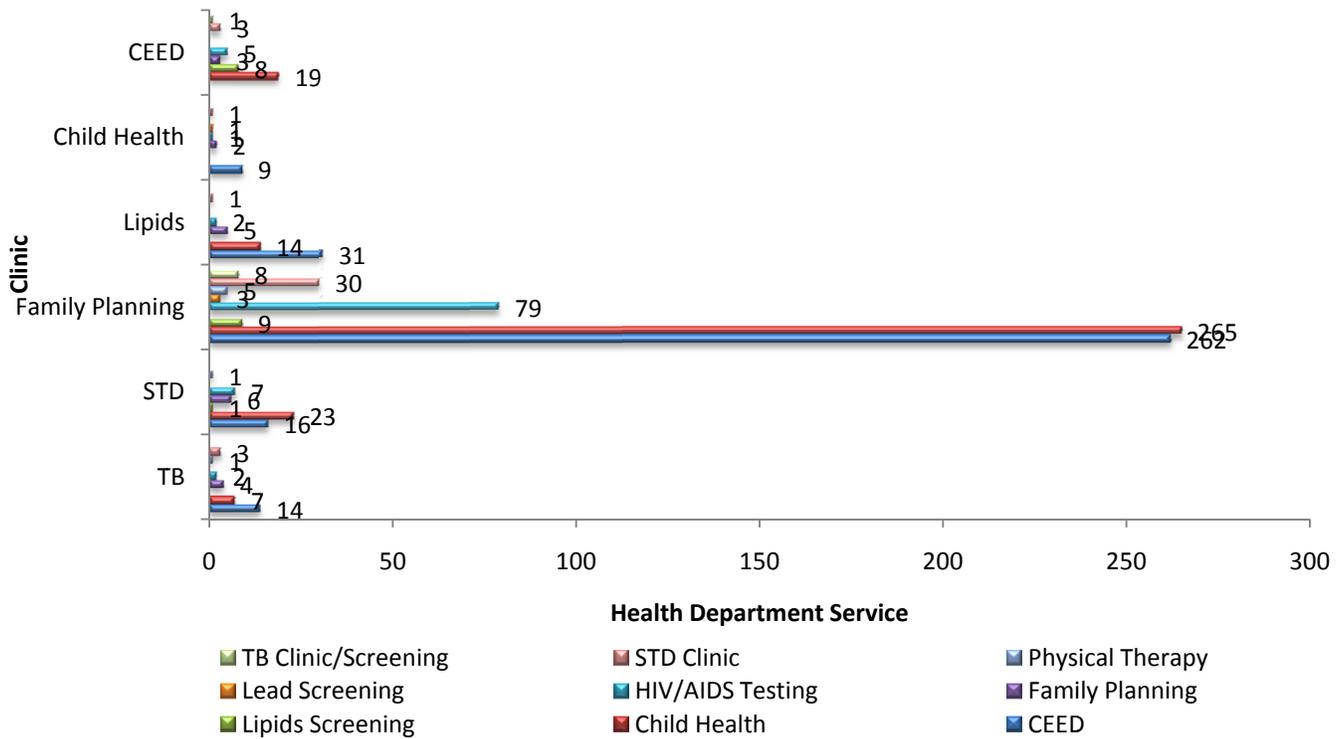


Figure 26: Health Department Services Used, by Clinic Type



Respondents were asked an open-ended question about what other health services would they use. Forty-nine respondents requested dental care, followed by general/primary care services (28), eye care (12), and wellness programs (4, Table 4).

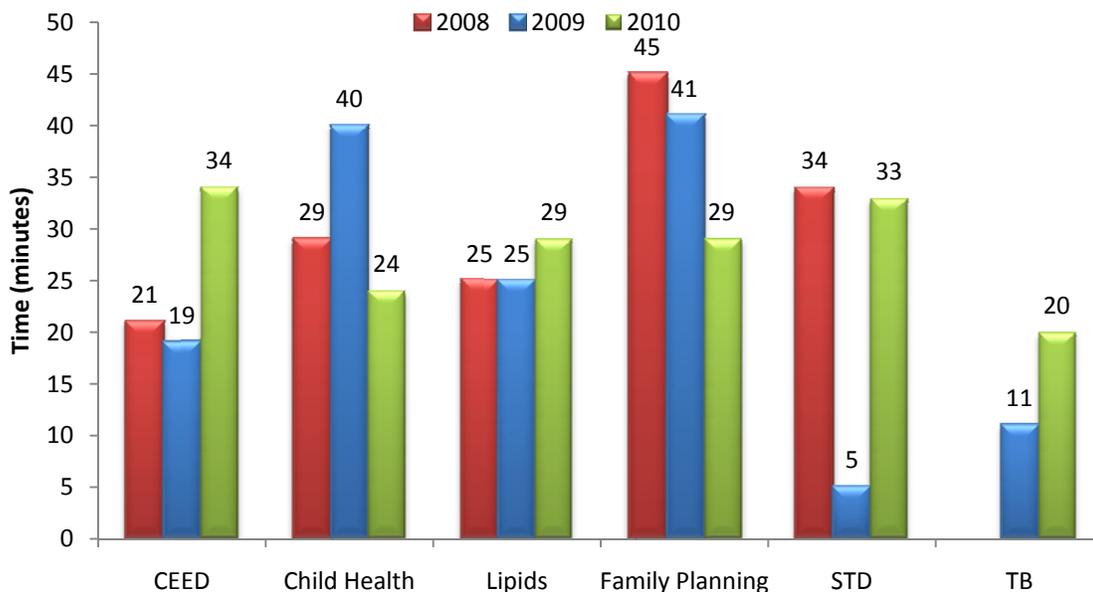
Desired Service	# Responses
Dental Care	49
General/primary care	28
Eye care/optician	12
Wellness/alternative (nutrition, exercise, acupuncture, chiropractic, weight loss, smoking cessation)	4
Screenings (Blood pressure, cholesterol, blood sugar)	4
Skin cancer screenings	4
Specialty care (orthopedics, GI)	4
Family Planning	3
Mental health	2
Vaccinations	2
Hepatitis C testing	2
Ear care/hearing screening	2
Asthma medications	1
Bio identical hormone treatment	1
Support group persons caring for those with cancer	1
Prescription plan	1
STD	1

Part 2: Client Satisfaction with Health Department Clinic Services

Waiting Time

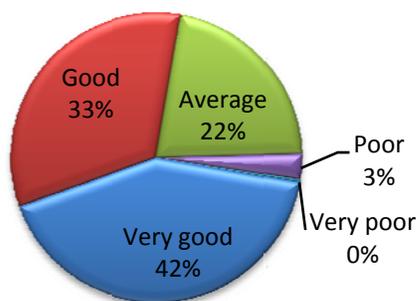
The average wait time to be seen in a clinic was 29 minutes with a range from 0 min to 7 ½ hours. The longest average wait times were for the CEED clinic (34 minutes) and the STD clinic (33 minutes); the shortest average wait times were for the TB clinic (20 minutes) and the Child Health clinic (24 minutes, Figure 27, 105 missing). Fifty-three respondents waited over one hour, 22 persons waited over an hour and a half, and 2 people waited more than 2 hours to see a provider. Of the 22 persons who waited over an hour and a half, 18 attended Family Planning, 2 attended CEED, 1 attended Lipids, and 1 attended STD clinic.

Figure 27: Average Wait Time By Clinic and Year



Seventy-five percent of respondents rated their waiting time as very good (42%) or good (33%, Figure 28, 28 missing). This percentage is lower than 80% reported in 2009. Twenty respondents rated the waiting time as poor or very poor (16 attended Family Planning, 4 attended CEED). Of these 20, the wait time ranged from 20 minutes to over 2 hours.

Figure 28: Client Perception of Waiting Time



Health Education

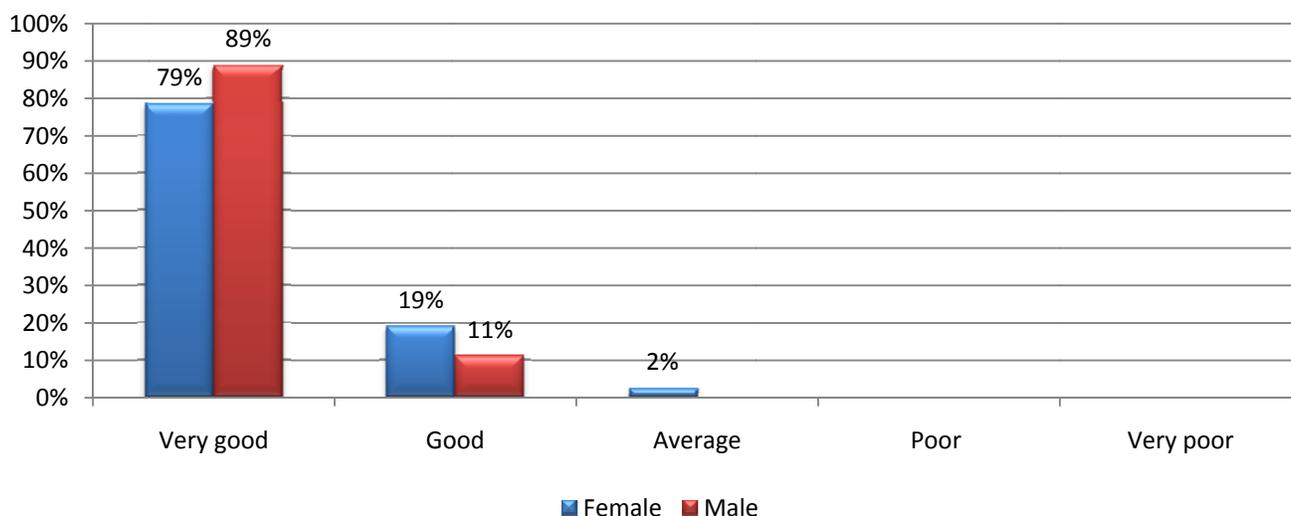
Each clinic's respondents were asked two specific questions regarding health education messages/materials that were provided (Table 5). Responses highlighted in green ($\geq 10\%$ average or $\geq 1\%$ poor or very poor) offer opportunities for improved health education.

Table 5: Summary of Health Education Questions, by Clinic

Clinic/Question	Very Good or Good	Average	Poor or Very Poor
CEED: quality/quantity education material	98%	2%	
CEED: (women) knowledge of breast self-exam	98%	2%	
CEED: (men) knowledge of prostate cancer	67%	33%	
Child Health: understanding risks of vaccination	94%	6%	
Child Health: recognition of developmental milestones	93%	7%	
Lipids: variety/quality educational material	86%	14%	
Lipids: knowledge of cholesterol	78%	22%	
Family Planning: knowledge of birth control method	93%	6%	1%
Family Planning: knowledge of STDs	89%	9%	2%
STD: variety/quality educational material	92%	8%	
STD: knowledge of STDs	63%	32%	5%
TB: amount information on TB	100%		
TB: knowledge of TB	71%	29%	

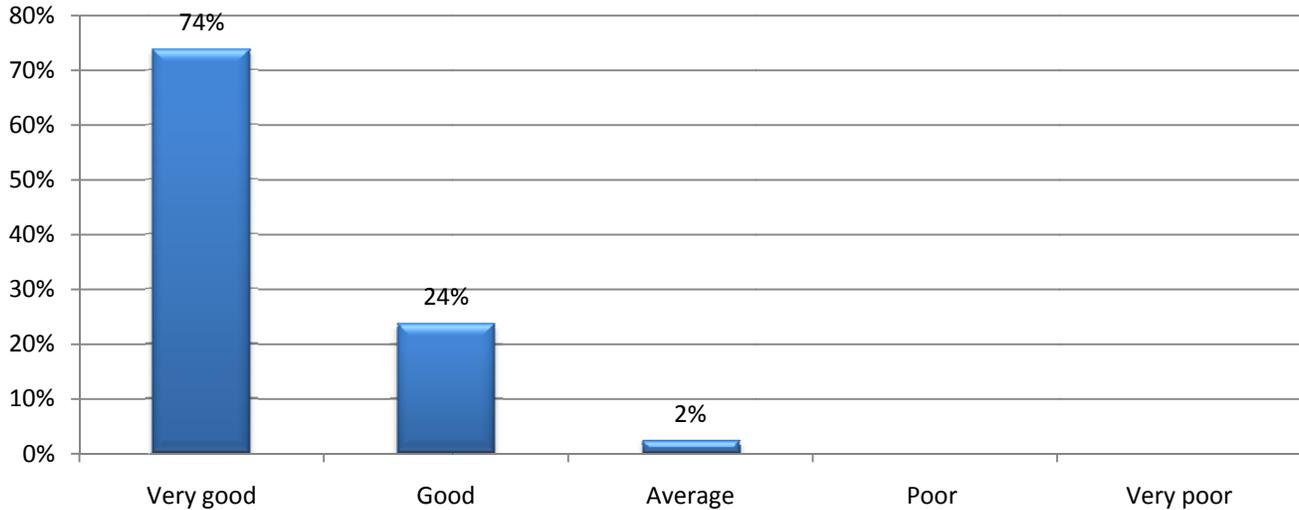
CEED Clinic: Respondents were asked to rate the quality and quantity of educational material that they received. Overall, 98% of respondents rated the quality and quantity of materials as “very good” (80%) or “good” (18%, Figure 29). Two percent rated the materials as “average.”

Figure 29: CEED - Quality and Quantity of Educational Materials, by Gender



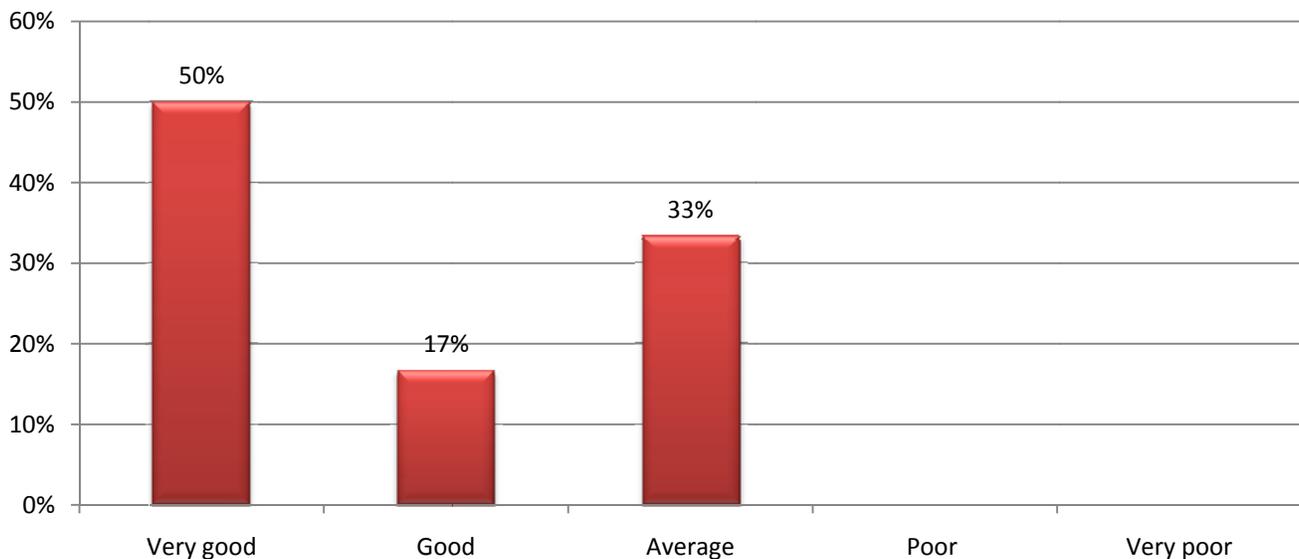
Female respondents were asked to rate their knowledge of how to perform a breast self-exam. Ninety-eight percent of women rated their knowledge as “very good” (74%) or “good” (24%, Figure 30). Two percent rated their knowledge as “average.”

Figure 30: CEED - Women's Knowledge of Performing Breast Self-Exam



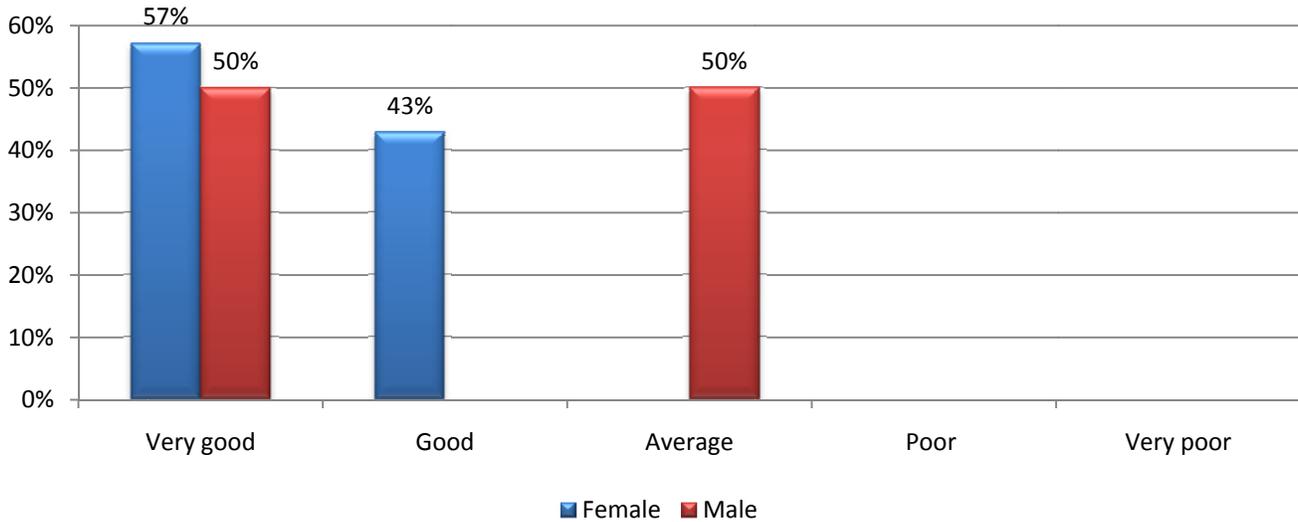
Male respondents were asked to rate their level of knowledge about prostate cancer. Overall, 67% of respondents rated their knowledge as “very good” (50%) or “good” (17%, Figure 31). One-third (33%) of men rated their level of knowledge as “average.”

Figure 31: CEED - Men's Knowledge about Prostate Cancer



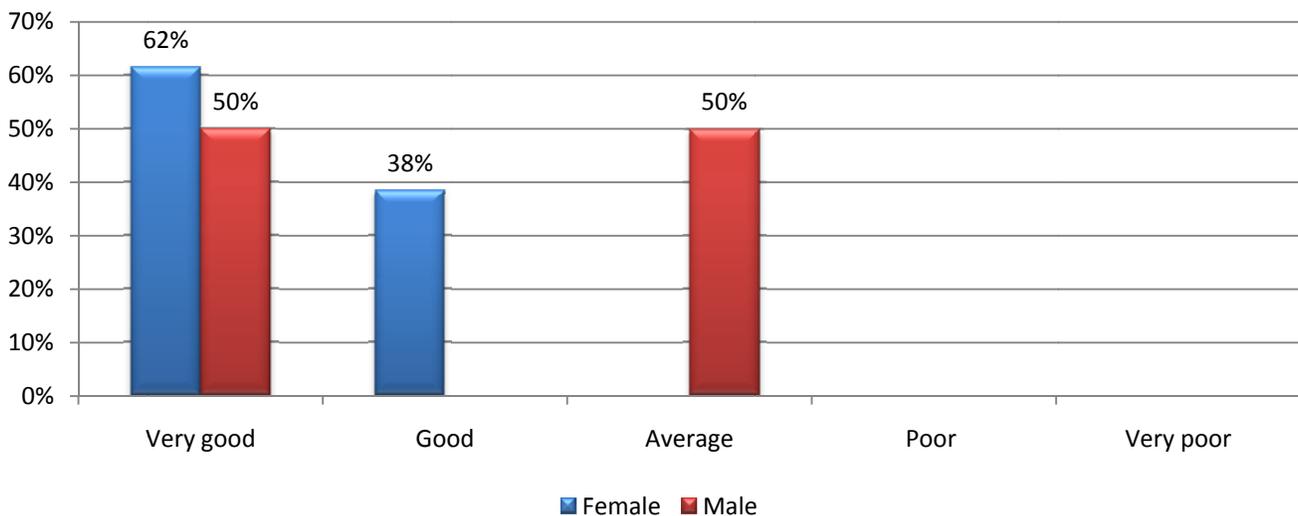
Child Health Clinic: Child Health Clinic respondents were asked to rate their understanding of the risks and benefits of childhood vaccination. Overall, 94% of respondents rated their understanding as “very good” (56%) or “good” (38%). Note, there were only 2 male respondents attending child health clinics; as such these numbers should be interpreted with caution (Figure 32).

Figure 32: Child Health - Understanding Risks/Benefits of Vaccination, by Gender



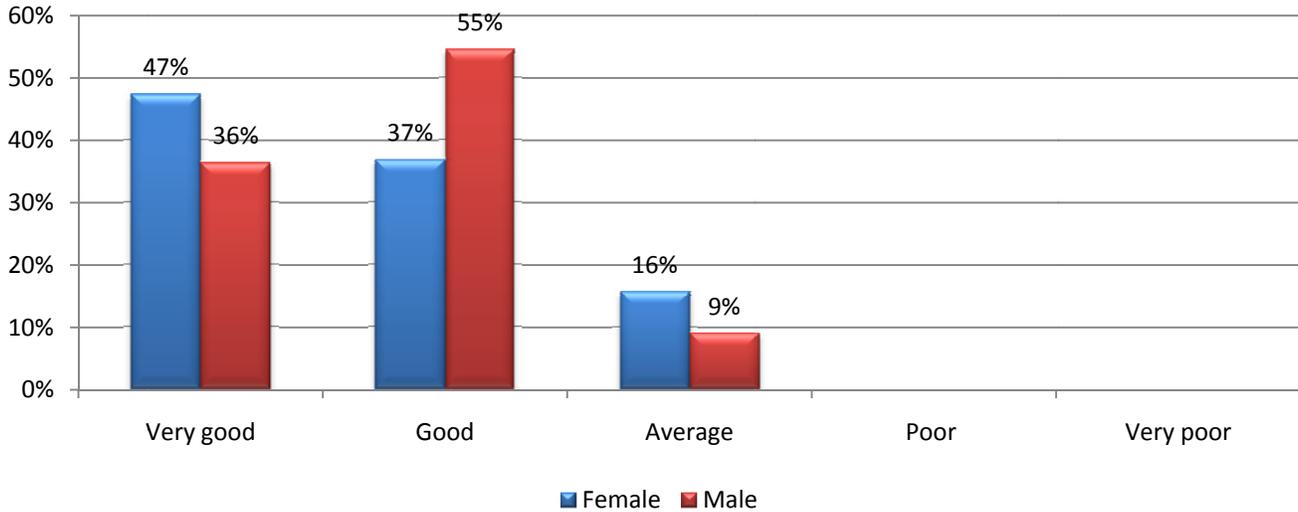
Child Health clinic respondents were also asked how they would rate their ability to recognize key developmental milestones and to know when additional care is needed. Overall, 93% of respondents rated their ability as “very good” (60%) or “good” (33%). Note, there were only 2 male respondents attending child health clinics; as such these numbers should be interpreted with caution (Figure 33).

Figure 33: Child Health - Ability to Recognize Key Developmental Milestones, by Gender



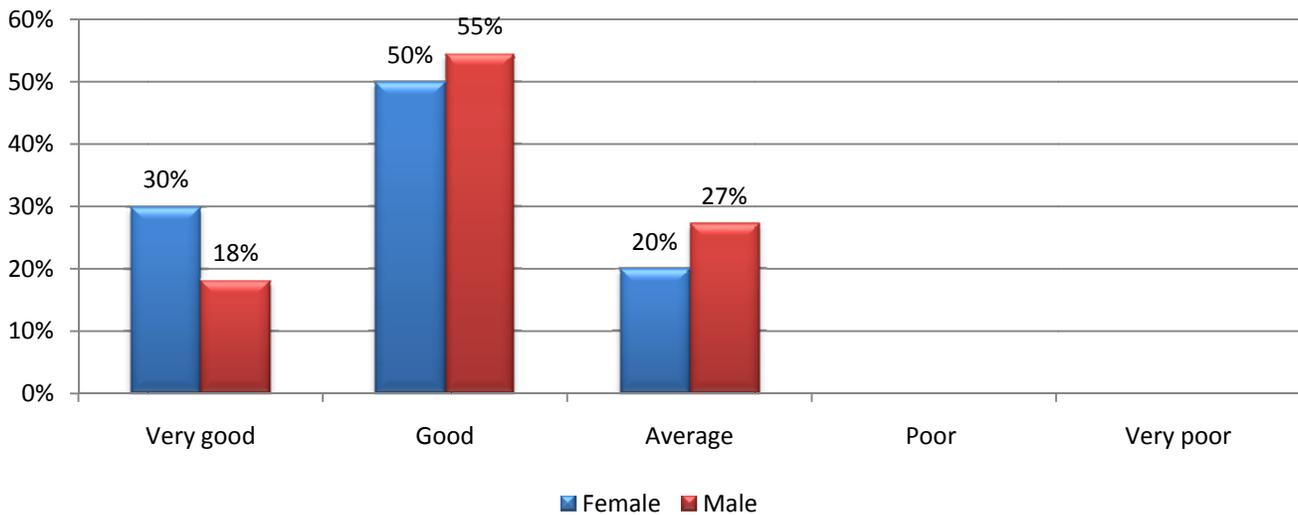
Lipids Clinic: Lipids clinic respondents were asked to rate the variety and quality of educational materials they were given. Overall, 86% of respondents rated the materials as “very good” (43%) or “good” (43%, Figure 34). This percentage is substantially lower than in 2009 (100%). Fourteen percent rated the educational materials as “average.”

Figure 34: Lipids - Variety and Quality of Educational Materials, by Gender



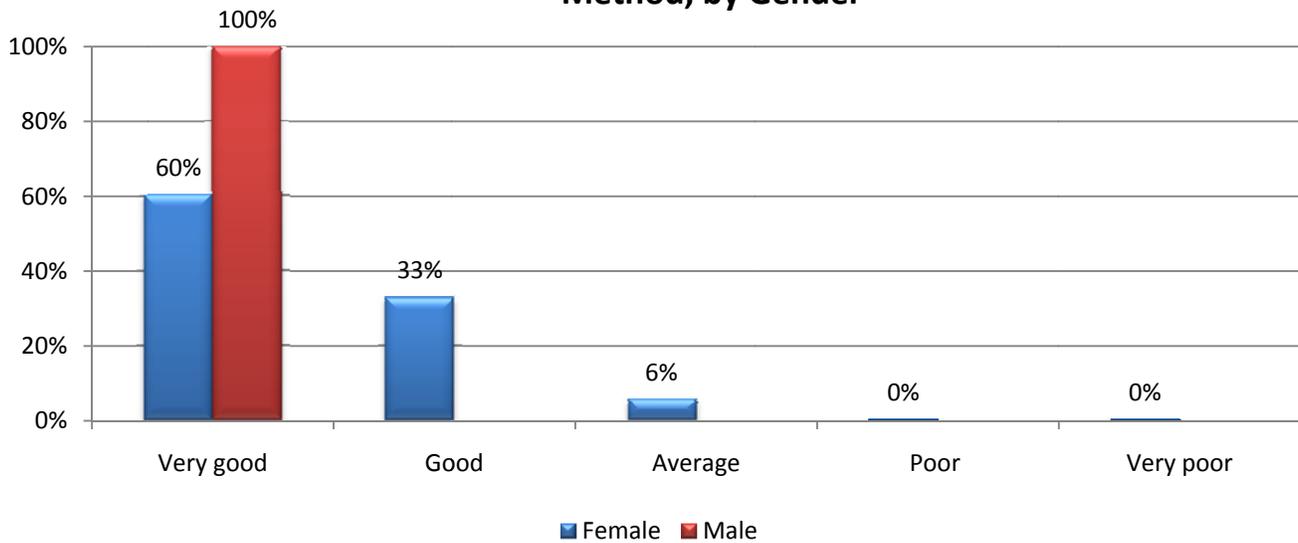
Lipids clinic respondents were also asked to rate their knowledge of cholesterol and how to improve their levels. Overall, 78% of respondents rated their knowledge as “very good” (26%) or “good” (52%, Figure 35). This rating is substantially lower than in 2009 (100%). Twenty-two percent rated their knowledge as “average.”

Figure 35: Lipids - Knowledge about Cholesterol and How to Improve Levels, by Gender



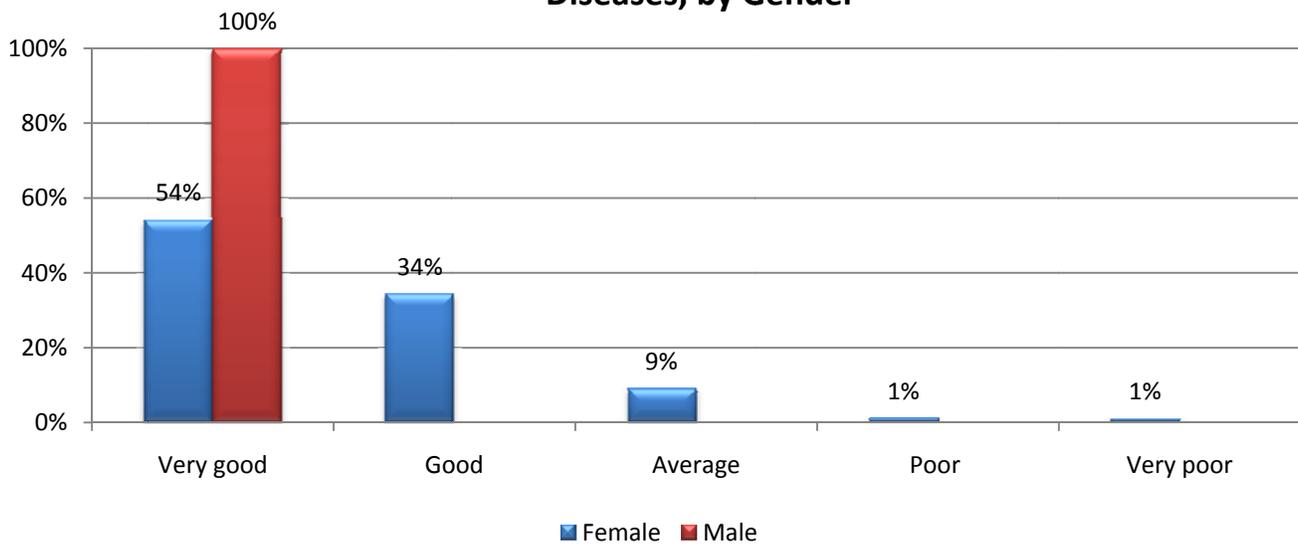
Family Planning: Family planning clinic respondents were asked to rate their knowledge of the birth control method they were provided. One respondent was male. Overall, 94% rated their knowledge as “very good” (60%) or “good” (33%, Figure 36). Six percent rated their knowledge as “average”, and less than 1% rated their knowledge as “poor” or “very poor.”

Figure 36: Family Planning - Knowledge of Provided Birth Control Method, by Gender



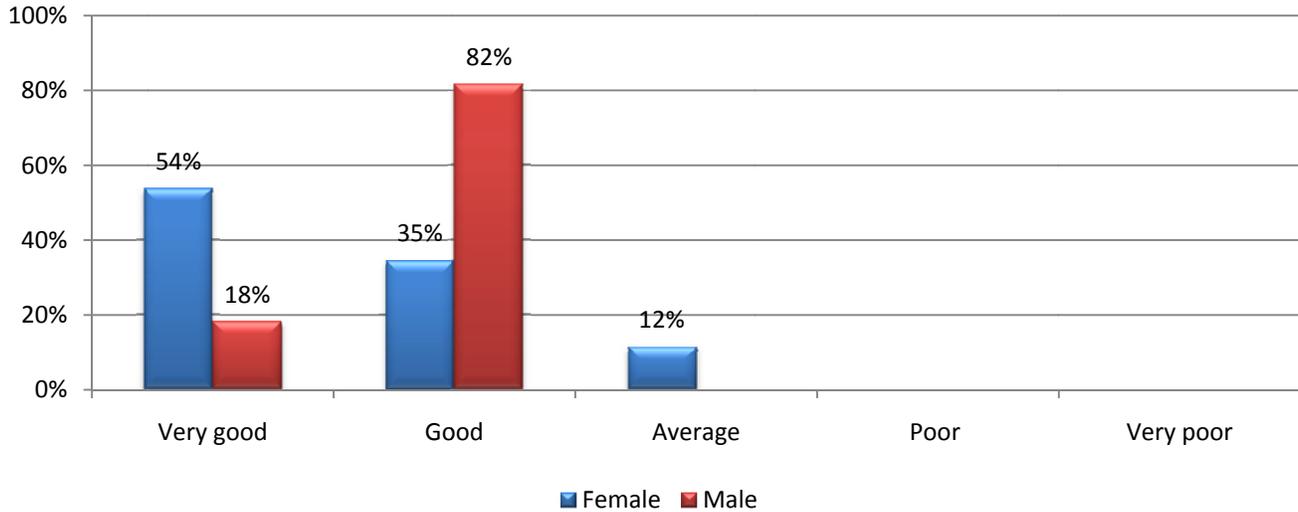
Family Planning respondents were also asked to rate their knowledge of sexually-transmitted diseases. Overall, 89% of respondents rated their knowledge as “very good” (54%) or “good” (34%, Figure 37). Nine percent rated their knowledge as “average,” and 1% each rated their knowledge as “poor” or “very poor.”

Figure 37: Family Planning - Knowledge of Sexually-Transmitted Diseases, by Gender



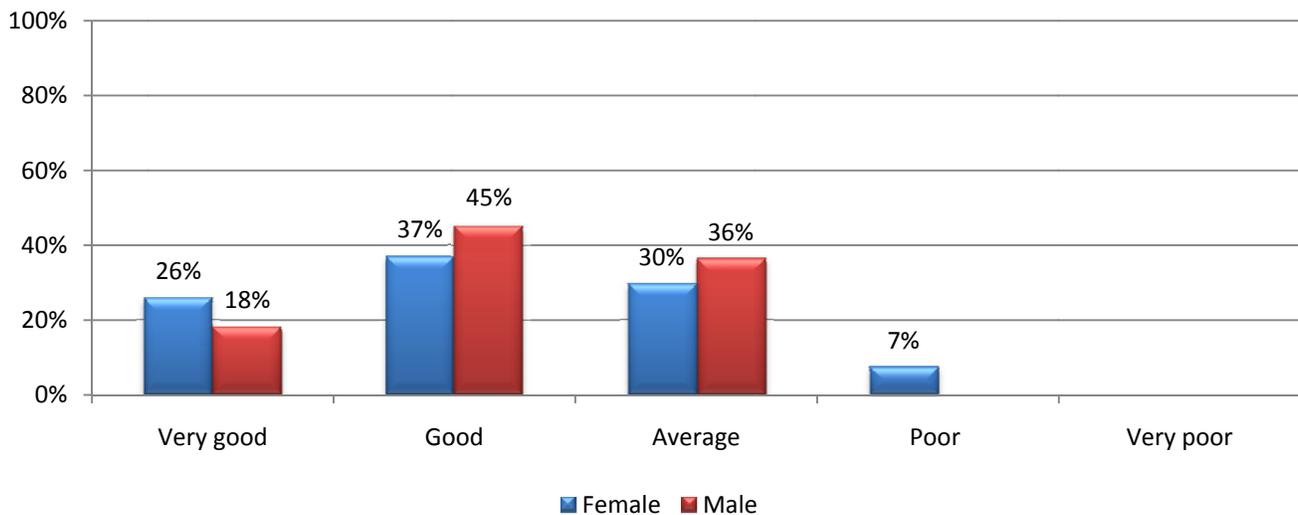
STD Clinic: STD clinic respondents were asked to rate the variety and quality of educational materials they were given. Overall, 92% of respondents rated the materials as “very good” (43%) or “good” (49%). Eight percent rated the materials as “average” (Figure 38).

Figure 38: STD - Variety and Quality of Educational Materials, by Gender



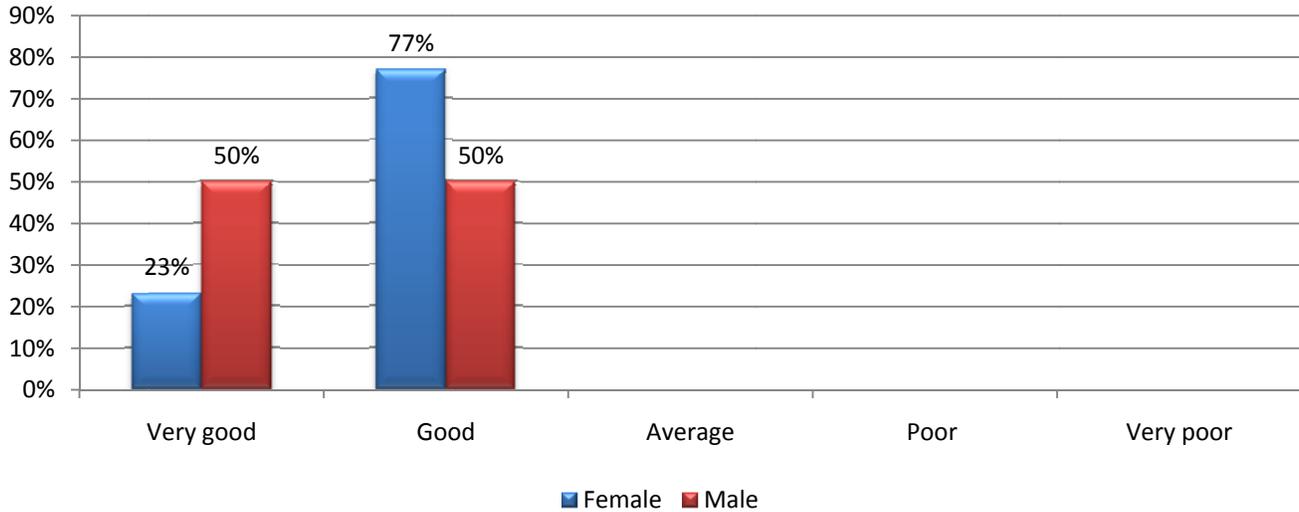
STD clinic respondents were also asked to rate their level of knowledge about sexually-transmitted diseases. Overall, 63% rated their knowledge as “very good” (24%) or “good” (39%, Figure 39). Thirty-two percent rated their knowledge as “average” and 5% as “poor.”

Figure 39: STD - Knowledge of Sexually-Transmitted Diseases, by Gender



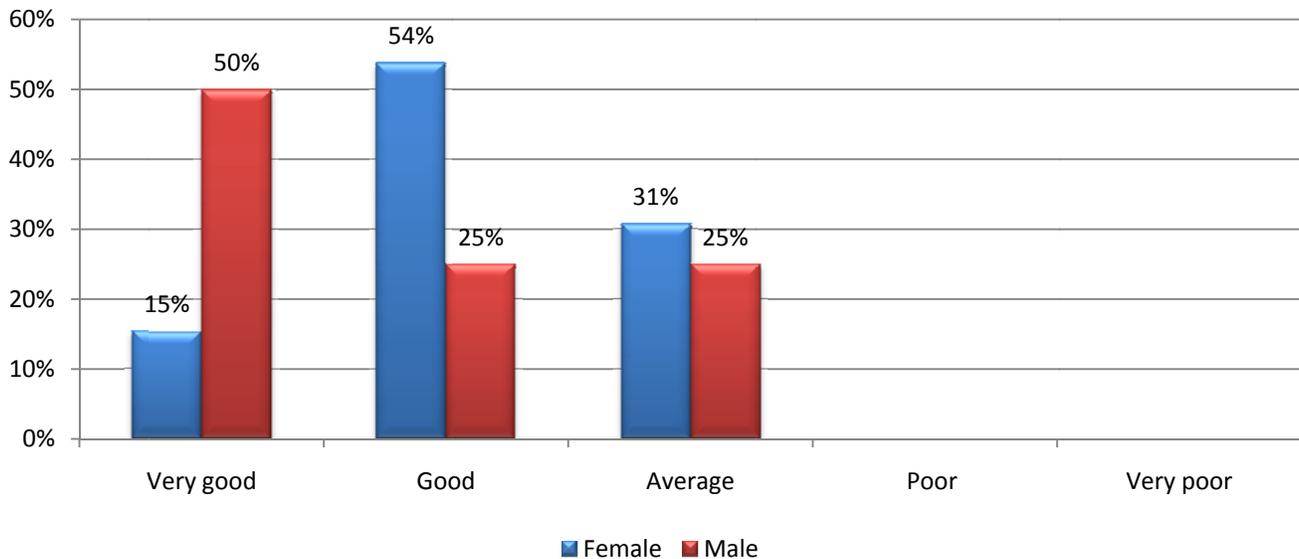
TB Clinic: TB clinic respondents were asked to consider the amount of information provided on the treatment of tuberculosis. All respondents rated the amount of information as “very good” (29%) or “good” (71%, Figure 40).

Figure 40: TB - Amount of Information on Treatment of Tuberculosis, by Gender



TB clinic respondents were also asked to rate their knowledge of tuberculosis. Overall, 71% of respondents rated their knowledge as “very good” (24%) or “good” (47%, Figure 41). Twenty-nine percent rated their knowledge as “average.”

Figure 41: TB - Knowledge of Tuberculosis, by Gender



Satisfaction with Physician/Nurse Assistance

The following survey questions asked respondents to rate the service they received as very good, good, average, poor, or very poor. Ninety-eight percent of respondents said that the way the doctor or nurse helped them with their health problem was “very good” (77%) or “good” (21%, Figure 42, 28 missing).

Figure 42 The Way that the Doctor or Nurse Helped with Your Health Problem Today



Satisfaction with Staff Treatment

Ninety-nine percent of respondents said that the respect and courtesy shown to them by all staff members was “very good” (84%) or “good” (15%, Figure 43, 31 missing).

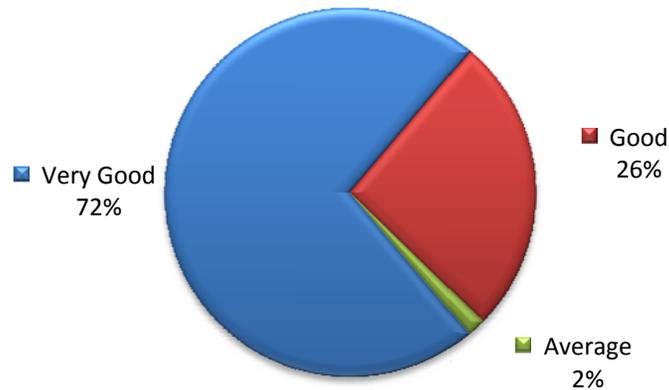
Figure 43 The Respect and Courtesy Shown to You by All Staff Members



Satisfaction with Communication

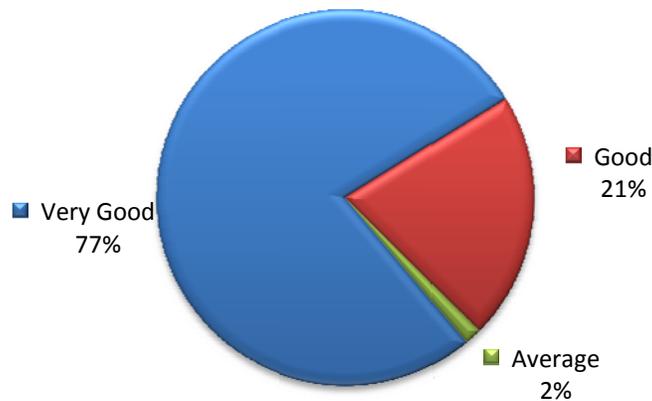
Ninety-eight percent of respondents said that the way the Physician or Nurse spoke to them about the treatment or medication plan was “very good” (72%) or “good” (26%, Figure 44, 31 missing).

Figure 44: The Way That the Doctor or Nurse Talked to You About Your Treatment of Medication Plan



Ninety-eight percent of respondents rated the opportunity to ask all of their questions as “very good” (77%) or “good” (21%, Figure 45, 34 missing).

Figure 45: The Opportunity to Ask all of the Questions You Wanted to Ask



Overall Satisfaction

Ninety-nine percent rated their clinic experience as “very good” (81%) or “good” (18%, Figure 46, 32 missing). One percent marked “average.”

Figure 46: Overall Rating of Health Department Clinic Experience



Suggestions for Improvement of Clinic Services

Respondents were asked how the clinic services could be improved. Suggestions included:

- Shorten waiting times by increasing # doctors, extending hours, or sticking to scheduled appointment hours (16 responses)
- Reminder calls for appointments (2 responses)
- When making appointments mention payment details and “no douching” (1 response)
- Have more packets on STDs (1 response)
- Have people coming in just for pills not wait for people getting GYN-exams (1 response)
- Bio identical hormone treatment (1 response)
- Change TV from CNN to something good (1 response)

There were several unsolicited positive comments about the clinics that commended the demeanor and knowledge of the staff, as well as high-quality care received. Additionally, several people expressed appreciation for Maria and the translation/interpretation services she provided.