Executive Summary

A survey was distributed to clients attending Health Department clinics between April 18 and July 18, 2011 to assess satisfaction with clinic services. Four hundred seventy-three surveys were completed during the three month period, representing 51% of all clinic patient visits. This response rate is down slightly from 60% in 2010, but markedly improved from 9.2% in 2009.

General Information: Survey respondents were primarily female (92%) and white (82%). The percentage of Asian respondents has doubled since 2010, but remains low at 2%. Eighteen percent of respondents identified themselves as Hispanic. The average age of respondents was 30 (ranging from 6 to 78), with the largest percentage (32%) between 18-24 years. The largest percentages of respondents live in Middle Township (21%), Lower Township (20%), and Wildwood (14%). Fifty-five percent of respondents have a high school degree or lower. The majority of respondents (62%) had a combined household income of less than $20,000 and 84% had a combined household income of less than $35,000.

Eleven percent of respondents needed a translator (compared with 7% in 2010). Spanish was the native language for all except one response. Ninety percent of respondents came to the clinic by car, either their own (60%) or in someone else’s (30%). Ninety-five percent of respondents said it was “very easy” or “easy” to get to the clinic. Insufficient access to public transportation was cited as a problem. Ninety-nine percent of respondents found it “very easy” or “easy” to make an appointment and 97% of respondents found the clinic hours convenient. Ten percent of CEED clinic respondents said the hours were not convenient.

Seventy-eight percent of respondents have access to the internet at home or at work. Respondents look predominantly to the internet, Health Department, hospital/physicians, and family members as sources 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 HIV/AIDS testing, WIC, CEED services, and influenza immunizations.

When asked about health care services respondents would be interested in, most responses were for general/primary care services, dental care, skin cancer screenings/dermatology, and eye care.

Satisfaction with Clinic Visit: Eighty-three percent of respondents rated their waiting time as “very good” or “good”, and waited on average 21 minutes (improved perception and mean waiting time compared with 2010). 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 was “very good” or “good”. Overall, 99% of respondents rated their clinic experience as “very good” (78%) or “good” (20%).

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 CEED.
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, June 1 – August 31, 2010, and the current period April 18 – July 18, 2011. Between April 18 – July 18, 2011 there were a total of 930 patient visits to health department clinics. A total of 473 surveys were completed, for an overall response rate of 51%. The number of completed surveys (473) was down slightly from 2010 (663), but up significantly from 92 (response rate of 9.2%) surveys in 2009. Table 1 shows the number of surveys completed by clinic.

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Total # Patient Visits</th>
<th># Completed Surveys</th>
<th>Response Rate (%)</th>
<th>% Surveys by Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEED</td>
<td>39</td>
<td>42</td>
<td>--</td>
<td>8.9%</td>
</tr>
<tr>
<td>Child Health</td>
<td>29</td>
<td>10</td>
<td>--</td>
<td>2.1%</td>
</tr>
<tr>
<td>Lipids</td>
<td>62</td>
<td>26</td>
<td>--</td>
<td>5.5%</td>
</tr>
<tr>
<td>Family Planning</td>
<td>689</td>
<td>350</td>
<td>--</td>
<td>74.0%</td>
</tr>
<tr>
<td>STD</td>
<td>103</td>
<td>31</td>
<td>--</td>
<td>6.5%</td>
</tr>
<tr>
<td>TB (Chest Clinic)</td>
<td>8</td>
<td>14</td>
<td>--</td>
<td>3.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>930</td>
<td>473</td>
<td>51%</td>
<td>100%</td>
</tr>
</tbody>
</table>

NOTE: The number of completed surveys exceeds the total number of patient visits for CEED and TB (Chest) Clinic. One possible explanation for this discrepancy may be that the incorrect survey forms were given out at certain clinics. At the top of the questionnaire, question 1 clearly states the name of the clinic. It is possible that clients received questionnaires with the incorrect clinic name at the top. Since it is impossible to know in which clinic(s) this mishap occurred, unfortunately, the response rate by clinic, as well as ALL OTHER CLINIC-SPECIFIC DATA should not be considered reliable estimates. Data presented for all clinics combined should be valid.
The response rate by clinic differs by year. Note that 2011 data is not presented in Figure 1.
PART I: CLIENT INFORMATION

Demographics

Gender

Ninety-two percent of respondents were female, 8% male (Figure 2). Patients were predominantly female in all clinics, with larger proportions of males attending STD and Lipids clinics (Figure 3).

![Figure 2: Clinic Respondents, by Gender, 2011](image_url)

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD</td>
<td>11</td>
<td>31</td>
</tr>
<tr>
<td>CEED</td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td>Lipids</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Family Planning</td>
<td>0</td>
<td>349</td>
</tr>
<tr>
<td>Child Health</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

Age

The age of respondents ranged from 6 to 78 years, with a mean age of 30 years across all clinics (23 surveys missing age). Twelve respondents listed age as <16 years; these respondents should have used the caretaker’s age/information instead of the patient’s. The largest percentage of respondents was between 18-24 years of age (32%) and 25-34 years (27%, Figure 4). The respondents this year represented younger age groups, consistent with 2010. Less than 1% were 65 years of age or older.
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, 2011**

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Mean Age</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEED</td>
<td>53</td>
<td>28 - 63 years</td>
</tr>
<tr>
<td>Child Health</td>
<td>22</td>
<td>11 – 32 years</td>
</tr>
<tr>
<td>Lipids</td>
<td>46</td>
<td>6 – 78 years</td>
</tr>
<tr>
<td>Family Planning</td>
<td>26</td>
<td>13 - 55 years</td>
</tr>
<tr>
<td>STD</td>
<td>29</td>
<td>12 - 52 years</td>
</tr>
<tr>
<td>TB</td>
<td>44</td>
<td>18 - 60 years</td>
</tr>
</tbody>
</table>

**Figure 5: Age Group of Clinic Respondents, by Clinic, 2011**

- CEED
  - <18 yrs: 2
  - 18-24 yrs: 1
  - 25-34 yrs: 3
  - 35-44 yrs: 3
  - 45-54 yrs: 4

- Child Health
  - <18 yrs: 4
  - 18-24 yrs: 2
  - 25-34 yrs: 3

- Lipids
  - <18 yrs: 2
  - 18-24 yrs: 1
  - 25-34 yrs: 10
  - 35-44 yrs: 4
  - 45-54 yrs: 2

- Family Planning
  - <18 yrs: 44
  - 18-24 yrs: 137
  - 25-34 yrs: 113
  - 35-44 yrs: 31
  - 45-54 yrs: 102

- STD
  - <18 yrs: 2
  - 18-24 yrs: 11
  - 25-34 yrs: 8
  - 35-44 yrs: 6
  - 45-54 yrs: 2

- TB
  - <18 yrs: 0
  - 18-24 yrs: 0
  - 25-34 yrs: 0
  - 35-44 yrs: 0
  - 45-54 yrs: 0
  - 55-64 yrs: 0
  - 65+ yrs: 0
Race/Ethnicity

Respondents were asked to provide their race and ethnicity. National standards were followed for race categories and a separate question was asked for ethnicity. Overall, 82% of respondents self-reported as White, 11% Black, and 2% each reported as Asian, American Indian/Alaskan Native, and Other (Figure 6, 66 missing race). The percentage of Asian respondents continues to increase, from 0 in 2009, 1% in 2010, to 2% in 2011. In the “Other Specify” field, seven responses were received for Hispanic (not specifying a race), American and biracial.

Figure 6: Clinic Respondents, by Race, 2011

Of those who answered the question about ethnicity, 63% identified themselves as Hispanic or Latino. Note: there is a lot of confusion over race and ethnic categories. Some Hispanic or Latino residents consider Hispanic or Latino to be their race. The high number of missing records for race may represent some Hispanic or Latino respondents who only completed the ethnicity question. Similarly, some persons who are not Hispanic or Latino do not see the need to complete the Ethnicity question. A more accurate estimate of the percentage of Hispanic or Latino survey respondents may be those who reported as Hispanic, compared to those who reported not-Hispanic or Latino plus those who did not answer the question. Following this approach, 18% of respondents were Hispanic or Latino, which is consistent with 17% in 2010 (Figure 7).
The largest single race/ethnic category was white in CEED, Child Health, and Family Planning clinics. The largest race/ethnic category was black in STD and TB clinics; and Hispanic or Latino was the largest category in Lipids clinic. At least twenty percent of respondents were Hispanic or Latino in Child Health and Lipids clinics (Figure 8).

**Figure 7: Clinic Respondents, by Ethnicity, 2011**

**Figure 8: Race/Ethnicity by Clinic, 2011**

Residency

Overall, the largest percentage of respondents was from Middle Township (21%), Lower Township (20%), and Wildwood (14%, Figure 9, 52 missing).
Figure 9: Clinic Respondents, by Municipality, 2011

Figure 10 shows the distribution of municipal residence by clinic.

Figure 10: Clinic Respondents, by Municipality and Clinic, 2011
Education

For all clinics combined, the majority of respondents were high school graduates (35%) or had some college (27%, Figure 11). Fifty-five percent of respondents have a high school degree or lower. Nine respondents reported having a graduate school degree (down from 20 respondents in 2010). Higher levels of education were reported by respondents attending the TB and CEED clinics (Figure 12).

**Figure 11: Clinic Respondents, by Educational Level, 2011**

**Figure 12: Clinic Respondents, by Educational Level and Clinic, 2011**

- CEED
  - Some high school or less: 6
  - High school graduate: 12
  - Some college: 13
  - College graduate: 8
  - Graduate degree: 1

- Child Health
  - Some high school or less: 6
  - High school graduate: 1
  - Some college: 1

- Lipids
  - Some high school or less: 6
  - High school graduate: 12
  - Some college: 3
  - College graduate: 2
  - Graduate degree: 2

- Family Planning
  - Some high school or less: 71
  - High school graduate: 116
  - Some college: 92
  - College graduate: 59
  - Graduate degree: 5

- STD
  - Some high school or less: 2
  - High school graduate: 15
  - Some college: 9
  - College graduate: 3
  - Graduate degree: 1

- TB
  - Some high school or less: 1
  - High school graduate: 3
  - Some college: 6
  - College graduate: 3

- College: 2
- Graduate degree: 1

- Some high school or less: 6
- High school graduate: 12
- Some college: 13
- College graduate: 8
- Graduate degree: 1
Income

The majority of clinic respondents had a combined household income of under $20,000 (62%), with 84% of respondents having a household income of less than $35,000 (Figure 13, 50 missing). Five respondents reported income of over $90,000 (down from 10 respondents in 2010). Income levels were low across all clinics (Figure 14).

![Figure 13: Clinic Respondents, by Income Level, 2011](image)

![Figure 14: Clinic Respondents, by Income Level and Clinic, 2011](image)
Access and Convenience of Care

Translation

Fifty-one respondents (11%) reported needing a translator (5 missing). The percentage of persons reporting a need for translation is higher than 2010 (7%). Fifty-three percent of persons needing a translator attended Family Planning, 27% attended Lipids, 10% attended CEED, 6% attended Child Health, and 2% each attended STD and TB clinics. When asked about native language, 43 persons spoke Spanish and one person spoke Hinoi (7 did not specify language).

Transportation

Ninety percent of respondents came by car to the clinic, with 60% using their own vehicle and 30% coming in someone else’s vehicle (Figure 15, 4 missing). 1% or less of respondents used fare free transportation, walked/biked, or took a taxi. Of the 38 respondents who took a bus, 71% attended Family Planning, 13% attended Lipids clinic, and 8% attended CEED.

**Figure 15: Clinic Respondents, by Transportation Source, 2011**

![Transportation Options](Figure 15)

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” (60%) or “easy” (35%) for them to get to the clinic (Figure 16, 15 missing).

Twenty-three (5%) respondents said it was “difficult” to get to the clinic. Of these 23, 15 attended Family Planning, 3 attended CEED, 2 each attended Child Health and Lipids, and 1 attended TB clinic. Of the 23, 12 persons arrived in someone else’s vehicle, 8 took the bus, 2 took their own vehicle, and 1 took a taxi.
When asked how it could be easier for them to get to a Health Department clinic, apart from people wishing they had their own car, responses included:

**Table 3: How Can Transport be Easier, 2011**

<table>
<thead>
<tr>
<th>Response</th>
<th># Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>If public transportation was available (more days, more locations, i.e. OC, SIC)</td>
<td>6</td>
</tr>
<tr>
<td>Door to door transportation</td>
<td>3</td>
</tr>
<tr>
<td>If gas was less expensive, $ for gas</td>
<td>3</td>
</tr>
<tr>
<td>If bus stop was closer</td>
<td>3</td>
</tr>
<tr>
<td>Better signs</td>
<td>1</td>
</tr>
<tr>
<td>Closer location</td>
<td>1</td>
</tr>
</tbody>
</table>

Appointments

Ninety-nine percent of respondents found it “very easy” (65%) or “easy” (33%) to obtain an appointment for the Health Department clinic (Figure 17, 7 missing). Seven respondents said it was “difficult” to get an appointment. Of these, 3 attended Family Planning, 2 attended Child Health, and 1 each attended CEED and TB clinics.
Clinic Hours

Ninety-seven percent of respondents reported that the clinic hours were convenient for them (Figure 18, 5 missing). Twelve respondents said the hours were not convenient. When asked what hours were preferred, the top two responses were evenings Monday-Friday (3) and afternoons Monday-Friday (2). The twelve respondents who said hours were not convenient attended Family Planning (6), CEED (4), Lipids (1), and STD clinic (1). Of the 42 responses from CEED clinic, 10% said that the hours were not convenient for them.

Information Sources

Seventy-eight percent of respondents have access to the internet at home or at work (Figure 19, 6 missing). This percentage is consistent with 2010. At least half of respondents attending all clinics have access to the internet with the exception of Lipids clinic, where only 35% have internet access (Figure 20).
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).
Health information source varied by clinic (Figure 22). The internet was the #1 source for information for persons attending Family Planning and STD clinics. The Health Department and hospital/physicians were valued sources in all clinics.

**Figure 21: Sources of Health Information, 2011**

**Figure 22: Information Source by Clinic, 2011**
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, 2011](image)

The lack of health insurance was mentioned most often by the respondents attending the CEED and Lipids clinics (Figure 24). Affordability was mentioned most often by respondents attending Child Health, Family Planning, and STD clinics. Confidentiality was an important consideration for people attending many clinics and the top reason for those attending TB clinic.
Respondents were asked what other health department services they have used in the past year, apart from the services provided at the clinic they were attending (Figure 25). Services most used were HIV/AIDS screening, WIC, and cancer screenings. Cancer screening services were used by a significant number of respondents attending Lipids and TB clinics.

Figure 25: Health Department Services Used in Past Year, 2011
Respondents were asked an open-ended question about what other health services would they use. The top responses for needed services were general/primary care (26), dental care (25), skin cancer screenings/dermatology (10), and eye care/vision (10, Table 4). These responses are consistent with previous years.

<table>
<thead>
<tr>
<th>Desired Service</th>
<th># Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>General/primary care, physicals, blood work</td>
<td>26</td>
</tr>
<tr>
<td>Dental Care</td>
<td>25</td>
</tr>
<tr>
<td>Skin cancer screenings, dermatology</td>
<td>10</td>
</tr>
<tr>
<td>Eye care/optician</td>
<td>10</td>
</tr>
<tr>
<td>Specialty care (cardiologist, GI, podiatry, urology, ENT)</td>
<td>6</td>
</tr>
<tr>
<td>Mental health, counseling</td>
<td>4</td>
</tr>
<tr>
<td>Mammograms</td>
<td>3</td>
</tr>
<tr>
<td>Information on assistance with medical insurance</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes, cholesterol</td>
<td>2</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>1</td>
</tr>
<tr>
<td>X-rays</td>
<td>1</td>
</tr>
<tr>
<td>Wellness/alternative (nutrition, exercise)</td>
<td>1</td>
</tr>
<tr>
<td>Family Planning</td>
<td>1</td>
</tr>
<tr>
<td>Flu shots</td>
<td>1</td>
</tr>
<tr>
<td>WIC</td>
<td>1</td>
</tr>
</tbody>
</table>
Part 2: Client Satisfaction with Health Department Clinic Services

Waiting Time

The average wait time to be seen in a clinic was 21 minutes with a range from to 0 min to 4 hours (down from an average of 29 minutes in 2010). The longest average wait times were for the Child Health clinic (44 minutes); the shortest average wait times were for the Lipids clinic (11 minutes) and the CEED clinic (15 minutes, Figure 27, 83 missing). Average waiting time increased significantly in Child Health clinic from 2010 to 2011. Waiting times improved significantly in CEED, Lipids, and STD clinics. Twenty-two respondents waited over one hour, 9 persons waited over an hour and a half, and 2 people waited more than 2 hours to see a provider. Of the 9 persons who waited over an hour and a half, 7 attended Family Planning, 1 attended CEED, and 1 attended Child Health.

Figure 27: Average Wait Time By Clinic and Year, 2008-2011

Eighty-three percent of respondents rated their waiting time as very good (54%) or good (29%, Figure 28, 19 missing). This percentage is higher than 75% in 2010 and 80% reported in 2009. Seven respondents rated the waiting time as poor or very poor (down from 20 in 2010). Of these 7 respondents, 6 attended Family Planning and 1 attended CEED. Of these 7, the wait time ranged from 30 minutes to 4 hours.
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 (≥10% average or ≥1% poor or very poor) offer opportunities for improved health education.

### Table 5: Summary of Health Education Questions, by Clinic, 2011

<table>
<thead>
<tr>
<th>Clinic/Question</th>
<th>Very Good or Good</th>
<th>Average</th>
<th>Poor or Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEED: quality/quantity education material</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEED: (women) knowledge of breast self-exam</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEED: (men) knowledge of prostate cancer</td>
<td>70%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Child Health: understanding risks of vaccination</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Health: recognition of developmental milestones</td>
<td>80%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Lipids: variety/quality educational material</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipids: knowledge of cholesterol</td>
<td>71%</td>
<td>25%</td>
<td>4%</td>
</tr>
<tr>
<td>Family Planning: knowledge of birth control method</td>
<td>94%</td>
<td>5%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Family Planning: knowledge of STDs</td>
<td>92%</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>STD: variety/quality educational material</td>
<td>94%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>STD: knowledge of STDs</td>
<td>74%</td>
<td>23%</td>
<td>3%</td>
</tr>
<tr>
<td>TB: amount information on TB</td>
<td>88%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>TB: knowledge of TB</td>
<td>55%</td>
<td>11%</td>
<td>33%</td>
</tr>
</tbody>
</table>

**CEED Clinic**: Respondents were asked to rate the quality and quantity of educational material that they received. All respondents rated the quality and quantity of materials as “very good” (80%) or “good” (20%, Figure 29). These indicators have improved since 2010.
Female respondents were asked to rate their knowledge of how to perform a breast self-exam. All women rated their knowledge as “very good” (90%) or “good” (10%, Figure 30). These indicators have improved since 2010.

Male respondents were asked to rate their level of understanding of the abnormal signs and symptoms of the prostate. Seventy percent of men rated their level of understanding as “very good” (50%) or “good” (20%, Figure 31). One-third (30%) of men rated their level of knowledge as “average.” This is consistent with responses in 2010.
**Child Health Clinic:** Child Health Clinic respondents were asked to rate their understanding of the risks and benefits of childhood vaccination. All respondents rated their understanding as “very good” (60%) or “good” (40%). Note, there was only 1 male respondent attending child health clinic; as such this estimate is not reliable (Figure 32).

**Figure 32: Child Health - Understanding Risks/Benefits of Vaccination, by Gender, 2011**

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, 80% of respondents rated their ability as “very good” (20%) or “good” (60%). These indicators are lower than 2010 (93%). Note, there was only 1 male respondent attending child health clinic; as such this number is not reliable (Figure 33).
Lipids Clinic: Lipids clinic respondents were asked to rate the variety and quality of educational materials they were given. All respondents rated the materials as “very good” (58%) or “good” (42%, Figure 34). This percentage has improved over 2010.

Lipids clinic respondents were also asked to rate their knowledge of cholesterol and how to improve their levels. Overall, 71% of respondents rated their knowledge as “very good” (46%) or “good” (25%, Figure 35). This rating is lower than 78% reported in 2010 and 100% reported in 2009. Twenty-five percent rated their knowledge as “average” and 4% (1 female) rated their knowledge as “very poor.”
Family Planning: Family planning clinic respondents were asked to rate their knowledge of the birth control method they were provided. All respondents were female. Overall, 94% rated their knowledge as “very good” (60%) or “good” (34%, Figure 36). Five percent rated their knowledge as “average”, and less than 1% rated their knowledge as “poor.” These indicators are consistent with 2010.

Family Planning respondents were also asked to rate their knowledge of sexually-transmitted diseases. Overall, 92% of respondents rated their knowledge as “very good” (58%) or “good” (34%, Figure 37). Seven percent rated their knowledge as “average,” and less than 1% each rated their knowledge as “poor” or “very poor.” These indicators are improved over 2010 where 89% reported their level of knowledge as “very good” or “good”
STD Clinic respondents were asked to rate the variety and quality of educational materials they were given. Overall, 94% of respondents rated the materials as “very good” (61%) or “good” (32%). Six percent rated the materials as “average” (Figure 38). These indicators are consistent with 2010.

STD clinic respondents were also asked to rate their level of knowledge about sexually-transmitted diseases. Overall, 74% rated their knowledge as “very good” (29%) or “good” (45%, Figure 39). Twenty-three percent rated their knowledge as “average” and 3% as “poor.” These indicators are substantially improved over 2010 (63% reported “very good” or “good”).

Figure 37: Family Planning - Knowledge of Sexually-Transmitted Diseases, by Gender, 2011

Figure 38: STD - Variety and Quality of Educational Materials, by Gender, 2011
TB Clinic: TB clinic respondents were asked to consider the amount of information provided on the treatment of tuberculosis. Eighty-eight percent of respondents rated the amount of information as “very good” (50%) or “good” (38%, Figure 40). Thirteen percent (1 male) reported as “average.” In 2010, all respondents reported “very good” or “good.”

TB clinic respondents were also asked to rate their knowledge of tuberculosis. Overall, 55% of respondents rated their knowledge as “very good” (33%) or “good” (22%, Figure 41). Eleven percent rated their knowledge as “average” and 33% as “poor.” These indicators have worsened considerably since 2010 (71% reported as “very good” or “good” and no one reported “poor.”)
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” (73%) or “good” (25%, Figure 42, 15 missing).

Satisfaction with Staff Treatment

All respondents except one person said that the respect and courtesy shown to them by all staff members was “very good” (83%) or “good” (17%, Figure 43, 13 missing).
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” (73%) or “good” (25%, Figure 44, 20 missing).

Figure 44: The Way That the Doctor or Nurse Talked to You About Your Treatment of Medication Plan, 2011

Ninety-eight percent of respondents rated the opportunity to ask all of their questions as “very good” (78%) or “good” (20%, Figure 45, 18 missing).
Overall Satisfaction

Ninety-nine percent rated their clinic experience as “very good” (79%) or “good” (20%, Figure 46, 12 missing). Two respondents marked “average” and one respondent marked “poor.”

Figure 45: The Opportunity to Ask all of the Questions You Wanted to Ask, 2011

Figure 46: Overall Rating of Health Department Clinic Experience, 2011

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 (9 responses)
- Have more bilingual staff on-hand (2)
- Include children’s activities at the little table (1)
- Have more comfortable chairs in waiting room (1)
• Provide additional/advanced services/exams so all services would be provided at one clinic (2)
• Would like vaccine clinics in mornings instead of 3pm
• Suggest mail reminder when annual exam is due

Several comments were made specifically about clinic administration/billing:
• Answer phones (1)
• “Billing department is extremely rude – didn’t appreciate comments. Almost ruined experience”
• “The window where you pay, the woman put me down like I was trash because I couldn’t pay my full bill! The front desk woman and nurses were great!”

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.

“Excellent care. So thankful for this program. I’m sure it saves lives and makes other lives much less stressful. Thank you!”

Excellent staff; always makes an uncomfortable exam a little easier by the kindness of the staff.”

“Family Planning is a wonderful service that is provided to our community. If this service was not available, it would hurt the community and the health of women who cannot afford most medical care.”

“Without you all, I would have no place to go. I would surely have kids by now. Without your services, that would have derailed my dreams – Thanks!”