C.H.A.I.N. REPORT

CHAIN Report 2007-2b

Satisfaction and Dissatisfaction with Case Management and Social Services

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INTRODUCTION

This report examines satisfaction and dissatisfaction with case management and social services among CHAIN study participants-- a diverse sample of people living with HIV/AIDS (PLWHA) in New York City and the Tri-County region of Westchester, Putnam, and Rockland counties. This report is a companion to a prior investigation of satisfaction with HIV medical providers and medical care (CHAIN Report 2007-2a). We examine information provided by multiple interviews conducted with study participants between 2002 and 2007. Both quantitative and qualitative analyses were conducted to examine patterns of satisfaction with services and reasons for satisfaction or dissatisfaction with the service delivery system. Where appropriate, we will compare findings on current patterns of satisfaction and dissatisfaction with an earlier CHAIN report (Lekas & Aidala, 1998) that investigated satisfaction among persons living with HIV/AIDS (PLWHA) in New York City, interviewed in 1994-1998. Information for this earlier time period is not available for the Tri-County region.

Rates of service utilization of case management and other non-medical services are high in both New York City and the Tri-County Region. Over 85% of respondents reported service encounters with a case manager or other social service provider during the six months prior to their most recent interview. Consumer satisfaction with case management tends to be high; satisfaction with providers of specific social services - housing, transportation, food, etc. - shows greater variability. This report will examine CHAIN study participants' perceptions of service quality as well as direct measures of satisfaction in the attempt to discover the factors contributing to satisfaction with services as well as predictors of dissatisfaction among those who are less than completely satisfied.

Satisfaction with case management is influenced by consumer ratings of concrete aspects of services they receive as well as their perception of their relationship with a provider in terms of time spent, understanding, and other dimensions of interaction and communication. The CHAIN interview includes questions regarding both these aspects of care. An analysis of both sets of questions was carried out in order to understand respondents' reasons for satisfaction or dissatisfaction with services received. Differences in satisfaction according to client characteristics (such as gender, race/ ethnicity, risk and stage of illness), as well as differences associated with types of service delivery setting (such as public versus private agencies) were also examined.

This report uses both quantitative data in the form of answers to specific questions asking study participants to rate their satisfaction with providers and services, as well as qualitative, open-ended answers to questions asking them to explain their experiences in their own words. An important part of the report is based on content analysis of the open-ended statements study participants offered regarding specific service encounters and their experiences with the service delivery system more generally.

KEY FINDINGS

- The overwhelming majority of participants reported high rates of satisfaction with their case manager. For all interview periods, in both New York City and in the Tri-County region, between 68% and 75% were "very satisfied" with their case manager.

- CHAIN study participants across all four waves of data collection and regardless of their background characteristics tend to be less satisfied with the social service system than with medical care.

- Housing and assistance with financial needs elicit the most consistently high levels of dissatisfaction from study participants among all social service areas examined. This pattern has remained the same across all waves in New York City, but dissatisfaction with housing and financial assistance is lower among Tri-County residents at the most recent interview period

- Satisfaction or dissatisfaction with their case manager shows few differences associated with client characteristics. In New York City, rates of dissatisfaction are higher among PLWHA with low CD4 counts and among persons with lower mental health functioning. Income and area of residence are associated with dissatisfaction among Tri-County residents. Greater dissatisfaction is seen among residents of suburban Westchester and Putnam County compared to those in urban Westchester or Rockland County.

- Satisfaction with social services is related to both the process of getting assistance (the steps involved, treatment by providers etc.) as well as to the outcome of one's attempt to get assistance, whether or not problems are resolved.

- Client descriptions of why they are satisfied or dissatisfied with social service providers indicate that good client-provider interaction and communication and case managers who more assertively and effectively advocate for their clients are factors associated with increased satisfaction.

METHODS

Study sample

Data on satisfaction and dissatisfaction with case management and social service providers were obtained through interviews with the two current CHAIN cohorts of HIV-infected individuals residing in New York City and the Tri-County region north of New York City which includes Westchester, Putnam, and Rockland Counties.

<u>NYC Cohort</u>. Data for this study come from three rounds of interviews with the 2002 NYC cohort which was sampled and recruited following a protocol designed to yield a broadly representative sample of people living with HIV or AIDS in the five boroughs of New York City who had some

contact with the HIV medical and social services system. A two-step sampling procedure was followed. A listing of over 2000 eligible recruitment sites was created from all NYC HIV service providers where earlier CHAIN study participants reported receiving medical or social services. Service providers were randomly selected from this list, stratified by type of agency (medical versus social service agency) and borough. With the assistance of agency staff, clients were randomly selected from agency client rosters or through an onsite sequential recruitment procedure. Recruitment was conducted at 34 sites between July 2002 and December 2003, and baseline interviews were completed with 684 clients. A small sample (n=25) of HIV-positive individuals unconnected to medical care were contacted through outreach activities and completed shorter interviews. Nine of these completed the full CHAIN questionnaire and are included in the study cohort. Extensive in-person interviews have been conducted approximately yearly by trained community interviewers.

Table 1 compares the 2002 CHAIN cohort of 693 individuals with contemporaneous New York City HIV/AIDS epidemiology data and a duplicated count of Ryan White CARE Act-funded encounters. The gender and ethnic composition of the NYC cohort is similar to the AIDS and HIV epidemiology data with the exception of the substantial under representation of white males and the corresponding greater concentration of African American and Latino males. The cohort's gender and ethnic makeup closely tracks the profile of clients using Ryan White CARE Act services for the fiscal year starting in March 2001. Details about sample recruitment and representativeness of the NYC samples have been discussed elsewhere (Lee, et al. 2004).

Table 1. Sample Representativeness, NYC HIV/AIDS Cases and CHAIN Cohort

	NYC Persons Living with AIDS, as of 6/30/03 [1]		NYC Persons Living with HIV, as of 6/30/03 [1]		Ryan White CARE Act Encounters, 3/2001 - 2/2002 [2]		CHAIN 2002 Cohort 6/2002-6/2004	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**[3]
Total N	**15,753** (28%)	**39,765** (72%)	**10,104** (35%)	**18,995** (65%)	**10,765** (39%)	**16,962** (61%)	**278** (40%)	**415** (60%)
White	11%	25%	8%	30%	9%	8%	6%	10%
Black	56%	40%	58%	36%	53%	53%	62%	47%
Latino	33%	32%	31%	30%	37%	37%	31%	41%
Other	1%	2%	3%	4%	2%	2%	<1% (1)	2%

[1] Source: Personal correspondence, HIV Epidemiology Program, Department of Health and Mental Hygiene, In the City of New York

[2] Source: HIV CARE Services. Data represent a duplicated count of first time encounters with Ryan White CARE Act Services in FY11, March 2001 - February 2002.

[3] Seven in transition transgender cases are included in male category.

Tri-County Cohort. The Tri-County cohort was recruited using the same sampling and recruitment protocol used for the New York City cohort. Recruitment was conducted in a random selection of 28 agencies in Westchester, Rockland and Putnam Counties. Baseline surveys were completed by 398 individuals between November 2001 and November 2002, with yearly follow-up assessments. The cohort was augmented with recruitment of 84 individuals who were interviewed for the first time during the third round of interviews. Table 2 shows that compared to the gender and ethnic composition of surviving AIDS cases in Tri-County at the end of 2000, females in the Tri-County cohort were over represented, but ethnic composition within gender closely approximated the AIDS case data. An earlier CHAIN report discussed in detail Tri-County recruitment and sample representativeness (Abramson & Bennet, 2002). In both the Tri-County and New York City CHAIN samples, PLWHA who receive their medical care in private doctors' offices and who have no need for social services are under-represented in the CHAIN study samples.

All CHAIN interviews are conducted in person in English or in Spanish by trained interviewers, in participants' homes or community settings. Interviews last approximately 2 hours and topics include sociodemographic characteristics, need for, access to and use of medical and social services, satisfaction with services received, and health, mental health, and quality of life outcomes.

Table 2. Sample Representativeness, Tri-County AIDS Cases and CHAIN Cohort

	Tri-County Surviving AIDS Cases, 12/31/01[1]		Tri-County CHAIN Cohort 2001-2002	
	Male	**Female**	**Male**	**Female**
n	1476	710	204	194
White	32%	20%	27%	14%
Black	48%	62%	43%	57%
Latino	20%	18%	29%	26%
Other	<1%	<1%	1%	3%

[1] Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology

Measures

At each round of interviews, study participants were asked if during the past six months they had received any assistance or services from a paid service provider or social service agency in any of ten service areas: housing, financial needs, food or meals, transportation, household items or clothing, non-medical home care, legal services, employment/ job training, child care, emotional support or counseling Persons reporting receipt of a service were asked about their overall satisfaction with services received. Answers were reported on a four point scale: "very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied." For this report, the last three categories were collapsed in order to measure the percentage of clients reporting anything other than complete satisfaction with agency services. Throughout this report, "less than completely satisfied" and "dissatisfied" will be used interchangeably.

The CHAIN interview also asks persons who answer that they are ‘somewhat’ or ‘very’ dissatisfied with a service to describe their reasons for dissatisfaction with the question “Could you briefly describe why you were dissatisfied?” Answers were recorded and these narrative descriptions provide detail regarding reasons for satisfaction and dissatisfaction not captured by the single quantitative score.

We also ask about satisfaction with case manager, as a type of service provider, regardless of the reason for the case management visit or type of service setting. Having a case manager was indicated by a “yes” answer to either of two questions: “During the past six months, has a case manager, case worker, or any other paid employee of a social or medical service agency helped you arrange for services? (If NO) Have you gone to anyone or had anyone assigned to you to help you get services, even if they did not help you?” For persons with multiple case managers, satisfaction questions were asked concerning the case manager whom the respondent visited most recently.

The CHAIN interview also includes questions designed to elicit study participants’ ratings of specific features of the social services care system such as waiting time to see a case manager, and whether they have a choice of case management provider. Other questions ask about respondents’ perceptions of their encounters with their case manager such as whether they think that he or she spends enough time with them, whether they feel that their case manager understands them, or shows interest and concern for them.

FINDINGS

Satisfaction and Dissatisfaction with Social Services Received

Rates of satisfaction and dissatisfaction with case managers and with social services are presented in Table 3 and Table 4. The first row refers to the specific individual named as the participant’s case manager. The other table entries refer to a specific type of service (e.g. housing, financial assistance) among those who had accessed services or attempted to secure assistance in each service area.

We examine satisfaction rankings from three interview periods in New York City (2002 to 2007) and four interview periods in the Tri-County region (2001 - 2007). When reviewing these tables note that the “n” reported in parentheses in the tables indicates the total number of respondents reporting satisfaction or dissatisfaction for each type of service area. Numbers differ depending upon how many total participants reported using that service during the period under review. Note that these are cross-sectional rates of dissatisfaction among respondents who had used a particular service during a given time period. Differences cannot be attributed to change in quality of a service over time since different patients with perhaps differing needs may be among those reporting. For some service areas, the numbers reporting service use are quite small (n <10) and estimates of rates of satisfaction/ dissatisfaction must be considered unstable.

In general, dissatisfaction with social services tends to be higher than dissatisfaction with medical services. Rates of dissatisfaction are 40% or higher for persons who used services in several of the non-medical service areas listed in Tables 3 and 4. In contrast, rates of dissatisfaction are consistently 40% or higher for only one area of medical service: emergency room visits (Aidala et al. 2009).

Table 3. Satisfaction and Dissatisfaction with Social Services in NYC

	Wave 1 2002-2003 (N=693)	Wave 2 2004-2005 (n=548)	Wave 3 2006-2007 (n=481)
	% (n)	% (n)	% (n)
Case Manager[1]			
Very Satisfied	74.0 (208)	67.6 (152)	73.9 (170)
Not Completely Satisfied	26.0 (73)	31.1 (70)	26.1 (60)
Supportive Counseling/ Support Group[2]			
Very Satisfied	88.7 (289)	86.3 (138)	84.6 (121)
Not Completely Satisfied	10.4 (34)	9.4 (15)	14.0 (20)
Housing Services			
Very Satisfied	55.6 (104)	58.8 (70)	59.5 (72)
Not Completely Satisfied	44.4 (83)	40.3 (48)	40.5 (49)
Food, Groceries or Meals			
Very Satisfied	47.9 (23)	75.3 (73)	74.8 (92)
Not Completely Satisfied	52.1 (25)	24.7 (24)	25.3 (31)
Assistance with Financial Needs			
Very Satisfied	57.8 (37)	54.0 (27)	59.6 (28)
Not Completely Satisfied	42.2 (27)	46.0 (23)	40.4 (19)
Transportation Services			
Very Satisfied	53.5 (23)	60.7 (17)	63.0 (46)
Not Completely Satisfied	46.6 (27)	39.3 (11)	37.0 (27)
Non-Medical Home Care Services			
Very Satisfied	79.6 (406)	60.0 (12)	67.5 (27)
Not Completely Satisfied	17.3 (104)	40.0 (8)	32.5 (13)
Household Items/Clothing			
Very Satisfied	33.3 (8)	57.9 (11)	50.0 (19)
Not Completely Satisfied	66.7 (16)	42.1 (8)	50.0 (19)
Legal Services			
Very Satisfied	49.0 (24)	61.1 (22)	57.1 (28)
Not Completely Satisfied	51.0 (25)	38.9 (14)	42.9 (21)
Employment/Job Training Services			
Very Satisfied	46.4 (13)	28.6 (2)	50.0 (7)
Not Completely Satisfied	53.6 (15)	71.5 (5)	50.0 (7)
Child Care			
Very Satisfied	100.0 (4)	40.0 (2)	40.0 (2)
Not Completely Satisfied	--	60.0 (3)	60.0 (3)

1. Satisfaction with individual case manager, regardless of reason for service encounter or service setting.
2. Assistance or counseling from case manager, social worker (non-csw) religious counselor, or participation in support group

Table 4. Satisfaction and Dissatisfaction with Social Services in Tri-County

	Wave 1 2001-2002 (N=382)	Wave 2 2003-2004 (n=315)	Wave 3 2005-2006 (n=340)	Wave 4 (2006-2007) (n=235)
	% (n)	% (n)	% (n)	% (n)
Case Manager[1]				
Very Satisfied	74.0 (208)	67.6 (152)	73.9 (170)	75.2 (118)
Not Completely Satisfied	26.0 (73)	31.1 (70)	26.1 (60)	24.8 (39)
Supportive Counseling/ Support Group[2]				
Very Satisfied	63.2 (43)	60.8 (31)	74.6 (50)	67.6 (48)
Not Completely Satisfied	36.8 (25)	39.2 (20)	25.4 (17)	32.4 (23)
Housing Services				
Very Satisfied	34.5 (30)	50.7 (36)	58.2 (78)	73.4 (69)
Not Completely Satisfied	65.5 (57)	47.9 (34)	41.8 (56)	26.6 (25)
Food, Groceries or Meals				
Very Satisfied	56.3 (45)	61.4 (35)	63.0 (85)	70.3 (83)
Not Completely Satisfied	43.8 (35)	38.6 (22)	37.0 (50)	29.7 (35)
Assistance with Financial Needs				
Very Satisfied	36.8 (25)	40.4 (19)	63.0 (46)	61.4 (27)
Not Completely Satisfied	63.2 (43)	59.6 (28)	37.0 (27)	38.6 (17)
Non-Medical Home Care Services				
Very Satisfied	71.4 (15)	70.0 (7)	70.6 (24)	69.6 (16)
Not Completely Satisfied	28.6 (6)	30.0 (3)	26.5 (9)	30.4 (7)
Transportation Services				
Very Satisfied	38.6 (22)	48.6 (17)	74.4 (32)	64.8 (46)
Not Completely Satisfied	59.6 (34)	51.4 (18)	26.6 (11)	35.2 (25)
Household Items/Clothing				
Very Satisfied	39.1 (9)	25.0 (3)	51.5 (17)	46.2 (6)
Not Completely Satisfied	60.9 (14)	75.0 (9)	48.5 (16)	53.9 (7)
Legal Services				
Very Satisfied	21.2 (7)	46.2 (12)	57.1 (24)	57.1 (12)
Not Completely Satisfied	78.8 (26)	53.8 (14)	40.5 (17)	38.1 (8)
Employment/Job Training Services				
Very Satisfied	35.3 (6)	37.5 (3)	54.5 (12)	50.0 (6)
Not Completely Satisfied	64.7 (11)	62.5 (5)	45.5 (10)	50.0 (6)
Child Care				
Very Satisfied	--	80.0 (4)	75.0 (3)	50.0 (1)
Not Completely Satisfied	--	20.0 (1)	25.0 (1)	50.0 (1)

1. Satisfaction with individual case manager, regardless of reason for service encounter or service setting.
2. Assistance or counseling from case manager, social worker (non-csw) religious counselor, or participation in support group

In New York City, across all interview periods, assistance with housing and financial problems was criticized more consistently than any other type of social services. In each wave of interviewing, over 40% of those who sought assistance with housing problems or financial needs were dissatisfied with the help they received. For several other service areas, rates of dissatisfaction show a decline over time. For example, 52% of New York PLWHA were less than completely satisfied with food or meal services they had received during the first interview period in 2002. Rates of dissatisfaction were reduced by half at subsequent interview periods. Rates of dissatisfaction remain at 40% or higher for legal services, and for provider response to a need for clothing or household items.

In the Tri-County region, during the earlier time periods, rates of dissatisfaction with legal services join housing and financial assistance as service areas where fewer clients are satisfied than dissatisfied with services received. Fewer than one-third of clients were satisfied with housing, financial assistance, and legal assistance received during 2001-2004. However, rates of satisfaction with services are higher in more recent than in earlier interview periods for most service areas. At the most recent interview period, no service area has rates of dissatisfaction above 40% except for areas with too few cases for reliable analysis (e.g. employment/ job training services).

Across all waves, in both NYC and Tri-County, satisfaction rates with case management have been high. Approximately 70-75% of all NYC clients reported being very satisfied with their case manager and a similar proportion of Tri-County clients have reported this level of satisfaction.

Figure 1 shows rates of dissatisfaction for each service area evaluated by CHAIN study participants during the most recent interview period (2006-2007). Note that only services rated by 12 or more PLWHA are included here. Rates of dissatisfaction are quite similar within each service area for NYC and Tri-County residents with two exceptions. Rates of dissatisfaction with supportive counseling are higher in Tri-County than in NYC (32% vs 14% respectively). PWLHA in Tri-County are less dissatisfied with housing services (27% vs 41%).

Satisfaction and Dissatisfaction with Case Manager

In addition to evaluating different types of social services received, a separate set of questions asked all CHAIN respondents about their individual case manager, regardless of service setting or focus of case management services. If a respondent reported more than one case manager, the case manager most recently visited was evaluated. Three-fourths (76%) of New York and two-thirds (67%) of Tri-County CHAIN participants reported one or more service encounters with a case manager.

Focusing on the most recent interview period, about 25% of PLWHA in both New York City and the Tri-County region are less than completely satisfied with their case manager (see Tables 3 and 4). We found few differences by gender, race/ethnicity, or risk group (Table 5). In New York City, the only client characteristics associated with higher rates of dissatisfaction with case manager are lower CD4 count and lower mental health functioning. In Tri-County, those whose individual annual income is less than $10,000 were more likely to be dissatisfied (33%) than those whose income equals or exceeds $10,000 (19%). Geographic area is also associated with differential rates of dissatisfaction. PLWHA from suburban Westchester or Putnam County have higher rates of dissatisfaction with their current case manager than those in urban Westchester or Rockland County. The same geographic pattern of dissatisfaction was seen in evaluations of HIV primary medical care providers.

Figure 1: Dissatisfaction with Social Services in NYC and Tri-County - Percent Less than Completely Satisfied with Service Received Past Six Months (2006-2007)

We also examined the association between organizational and service-setting features of case management and satisfaction or dissatisfaction with one's current case manager (Table 6). Prior CHAIN research as well as existing published literature directs our attention to features such as the model of case management (e.g. comprehensive care vs. brokerage model), the organizational setting (community based organization vs. large public agency) and characteristics of the client-provider relationship as affecting satisfaction with service received. We found that in the most recent assessment period, characteristics of the service setting and client provider relations continue to be more strongly associated with satisfaction with case manager than characteristics of clients such as age, gender, race/ethnicity, or risk group. In New York City, CHAIN respondents receiving more comprehensive case management, whose case manager provided both social service and medical referral and coordination as well as supportive counseling for personal problems were more satisfied than respondents whose case manager was engaged in a more narrow range of activities.

Respondents receiving case management services from HIV/AIDS Service Administration (HASA), a large public agency, were somewhat more likely to express dissatisfaction with their case manager than CHAIN participants whose case manager was part of a community based social service agency or a medical clinic. HASA is the division of New York City's Human Resources Administration charged with assisting PLWHAs who meet financial and medical status criteria. Satisfaction with HASA case managers appears to have increased in recent years, compared to rates of dissatisfaction seen in earlier CHAIN reports (Lekas & Aidala 1998). There is no counter-part to HASA for HIV infected persons in the Tri-County area.

Table 5. Dissatisfaction with Case Manager by Client Characteristics

Dissatisfaction with Case Manager				
	In New York City		In Tri-County	
	n	Dissatisfied with Case Manager	n	Dissatisfied with Case Manager
Total Sample	(481)	26%	(235)	25%
Gender				
Female	214	28%	127	26%
Male	260	24%	106	23%
Age				
20-34	20	38%	11	20%
35-49	251	23%	115	27%
50+	210	28%	108	22%
Race/Ethnicity				
White Non-Hispanic	44	30%	41	21%
Black Non-Hispanic	250	23%	130	26%
Hispanic/Latino	180	26%	50	28%
Other	7	60%	5	0.0%
Foreign Born				
No	364	24%	207	22%
Yes	117	28%	27	38%
Education				
Less than HS	187	24%	95	22%
HS/GED	213	25%	67	18%
More than HS/GED	81	32%	72	35%
Income				
Less than $10,000 yearly	373	25%	129	19%*
$10,000+ yearly	104	29%	98	33%
Risk Exposure Group				
MSM	86	24%	31	21%
IDU	187	23%	88	34%
MSM + IDU	52	30%	9	0.0%
Heterosexual/Other	156	27%	106	19%
CD4 cells/mm3				
0-200	89	29% **	43	36%
201-500	213	28%	99	24%
Above 500	170	20%	68	17%
Mental Health				
Very low MH score	115	35% **	67	30%
Higher MH score	366	21%	167	22%
Substance Abuse				
Current problem drug use	137	20%	30	36%
Problem use > 6 months ago	246	26%	134	26%
Never problem drug use	98	33%	70	14%
NYC Residence				
Bronx	116	23%	--	--
Brooklyn	148	23%	--	--
Manhattan	115	27%	--	--
Queens	62	34%	--	--
Staten Island	24	19%	--	--
Tri-County Residence				
Uban Westchester	--	--	138	12% *
Suburban West/ Putnam	--	--	63	26%
Rockland	--	--	30	17%

*** p<=.001, **p<=.01, *p<=.05

1. Less than completely satisfied. Row percentages shown.

Having to wait a longer time to see a case manager during an appointment is strongly associated with dissatisfaction; almost half (49%) of those who report an average waiting time of more than 30 minutes are dissatisfied. Dissatisfaction with the case manager is also strongly associated with low scores on a client-provider (i.e. case manager) relationship scale. About two-thirds (65%) of CHAIN study participants report that their case manager spends enough time with them, understands them well, and is very concerned about them. The relationship between these dimensions of perceived client-provider relationship and satisfaction with case managers is very apparent. Considering the most recent interview period, only 18% of NYC and 17% of Tri-County PLWHA are dissatisfied with their case manager if he or she scores high on the client provider relationship measure. The rates of dissatisfaction are twice as high among PLWHA who do not feel that their case manager spends enough time with them or who is not understanding and concerned.

Table 6. Dissatisfaction with Case Manager by Service Characteristics and Client-Provider Relationship

Dissatisfaction with Case Manager [1]				
	In New York City		In Tri-County	
	n	% Dissatisfied	n	% Dissatisfied
Total Sample	364	25%	146	24%
Location of Case Management Practice				
HASA	138	33%	--	
Other Social Service Agency	103	20%	70	23%
Medical Clinic	83	24%	72	24%
Comprehensive Case Management				
Case manager provides social service and medical referral and coordination and counseling for personal problems	80	14%**	44	11%#
Lacks one or more feature	279	29%	102	29%
Choice of Case Manager [2]				
Choice of case manager	205	25%	82	21%
Limited choice of case manager	100	38%	50	30%
Waiting time				
< 30 min to see case manager	287	20%***	133	22%
30+ min to see case manager	68	49%	13	38%
Client-Provider Relationship				
Shows concern, understands problems, and spends enough time with client	235	18%***	90	17%**
Lacks one or more feature	124	40%	56	36%

*** p<=.001, **p<=.01, *p<=.05 # p< =.10

1. Less than completely satisfied . Row percentages shown.
2. Data not available for all respondents; most recent interview data shown (2004-07)

Reasons for Dissatisfaction with Case Manager

Content analysis of reasons for dissatisfaction with case managers revealed four broad thematic areas: 1) reasons related to client- case manager interaction and communication; 2) reasons related to perceived competency of case manager to address needs; 3) reasons associated with the outcome or results of the services received; and 4) service context - related to the organizational and other service-setting characteristics of the agency or facility where case management services were obtained or sought (Table 7).

An analysis of the respondents' statements on case managers provided insight into client assessments of a satisfactory case manager versus an unsatisfactory one. CHAIN study participants discussed and evaluated both their encounters with their case manager and the outcome of their overall services. Respondents seem to appreciate a good rapport with their case manager as much as a positive outcome in securing services.

Table 7. Reasons Given by PLWHA in New York City and Tri-County Region for Dissatisfaction with Case Manager

	% Who Gave Each Reason Among those "Very Dissatisfied" with their Case Manager	
	New York City	Tri-County
n=	(88)	(89)
REASONS FOR DISSATISFACTION		
Client-Provider Relationship and Communication Individual case manager lack of concern, poor communication, poor quality of interaction	**50%**	**54%**
Provider Competence Individual case manager not competent to address concerns, solve problems	**33%**	**33%**
Organization of Services Problems with organization of services, characteristics of case management agency or service setting	**19%**	**14%**
Outcome Related Poor outcomes of case management, needs not met, problem(s) not solved	**45%**	**27%**

Note: Themes emerging from content analysis of narrative descriptions of reasons for dissatisfaction with case manager among those who expressed dissatisfaction. Answers to the follow-up question: "Could you briefly explain why you were dissatisfied." Percentages based on 88 NYC respondents and 89 Tri-County respondents who reported that they were 'very dissatisfied' with their case manager at the most recent interview period (2006-07). Multiple responses possible.

Case managers who are responsive to their clients' needs, who provide useful information, and who are understanding were described as "good" case managers (at times using "good/ bad" terminology). At the other end of the spectrum, respondents criticized case managers whom they perceived as unconcerned or disrespectful, as well as those who were unable to provide needed assistance. Half of all respondents dissatisfied with their case manager referred to some issue with client-provider relationship and communication (Table 7). Several respondents in both New York City and the Tri-County area complained of a language barrier. More often issues of communication had to do with case manager lack of sensitivity or understanding. For example, one male respondent explained he was dissatisfied, "Because she acts like she does not want to be bother by me..." Another said, "When she stop by for a home visit, she's afraid to come in. She stands by the door to ask how I am doing - like I'm contagious."

Sometimes lack of rapport and understanding are seen as linked with issues of competence or lack of case manager's ability to solve problems: " Basically he lets you know how above you he is. He dismisses your needs as an annoyance. He allows the problem that you are trying to resolve to escalate." Competence issues were raised by one-third of respondents dissatisfied with their case manager. Other respondents describe dissatisfaction more in terms of outcomes, recounting tales of not getting their needs met whether due to lack of concern or lack of competence - e.g. sending paperwork to the wrong address. PLWHA in New York City are more likely than those in Tri-County to refer to poor outcomes of case management as the reason for their dissatisfaction.

The final theme that emerged from analysis of reasons for dissatisfaction with case manager makes reference to the organization of services or characteristics of the program or agency. In some instances the issue of 'not enough time' with the case manager is blamed on the facility: "You wait for an hour and then they rush you through the whole thing. I don't like waiting for an hour when it was not crowded."

Quantitative Analysis of Predictors of Dissatisfaction with Case Manager

We next examined the relative importance of individual client characteristics, case manager variables, and organizational features of case management agencies as predictors of dissatisfaction with case manager. Table 8 presents the results of separate analyses conducted for both New York City and Tri-County. Each interview completed provides an opportunity to observe the relationship between personal and provider characteristics and satisfaction/ dissatisfaction. Models examine socio-demographics (gender, age, education, income, race/ethnicity); risk exposure group (MSM, IDU); health and treatment status (physical functioning score, AIDS diagnosed, on HAART); comorbidities (recent hard drug use, low mental health functioning, other chronic disease); characteristics of case management organization (provider is a HASA case manager or located in a medical clinic compared to case managers in a non-HASA social service organization; and "good" client-provider relationship (case manager takes enough time, is understanding, and shows concern). Multivariate cross-sectional time series logistic regression models were constructed using generalized estimation equation (GEE) random effects procedures to adjust standard errors of the estimates of the regression coefficients to account for the dependency among multiple observations contributed by the same individual.

Table 8. Predictors of CHAIN Respondent Dissatisfaction with Case Manager in New York City and Tri-County Region

	New York City		Tri-County	
	AOR	CI	AOR	CI
Demographics				
Male	0.74	(0.44, 1.27)	0.80	(0.48, 1.33)
Age[1]	1.00	(0.98, 1.03)	1.00	(0.97, 1.03)
Education[2]	0.99	(0.91, 1.07)	1.03	(0.95, 1.12)
Income < $7500 yr	1.06	(0.64, 1.74)	1.22	(0.66, 2.24)
Black	0.66	(0.33, 1.32)	1.61	(0.90, 2.89
Latino	0.75	(0.37, 1.52)	1.42	(0.75, 2.70)
Risk Exposure Group[3]				
Ever MSM	1.19	(0.68, 2.07)	0.63	(0.31, 1.28)
Ever IDU	1.14	(0.71, 1.83)	0.86	(0.52, 1.41)
Comorbidities				
Recent problem drug use[4]	0.99	(0.63, 1.58)	0.99	(0.56, 1.74)
Low mental health functioning (< 37.0)[5]	1.23	(0.80, 1.91)	1.38	(0.89, 2.15)
Unstable housing[6]	1.00	(0.62, 1.61)	1.18	(0.64, 2.18)
Health & Treatment Status				
Physical health functioning[7]	0.99	(0.97, 1.01)	1.00	(0.98, 1.02)
On HAART	1.29	(0.83, 2.02)	0.79	(0.50, 1.24)
AIDS diagnosed [8]	0.89	(0.57, 1.39)	1.27	(0.79, 2.05)
Characteristics of Case Management Services				
Organizational setting = HASA[9]	**2.40**	**(1.45,3.99)*** **	na	- -
Organizational setting = medical clinic[9]	1.59	(0.93, 2.70)#	1.32	(0.85, 2.04)
Has choice of case manager	**0.54**	**(0.32, 0.91)***	**0.45**	**(0.29, 0.69)*** **
Usual waiting time to see case manager < 30 min	**0.55**	**(0.32, 0.93)***	**0.45**	**(0.24, 0.84)***
Case manager provides social service and medical referral and coordination and counseling for personal problems	0.72	(0.46, 1.11)	**0.41**	**(0.26, 0.65)*** **
Client- Provider Relationship				
Case mgr shows concern, understands problems, & spends enough time with client	**0.04**	**(0.02, 0.08)*** **	**0.06**	**(0.04, 0.09)*** **

NYC: n = 457 respondents, 974 observations; Tri-County : n= 278 respondents, 667 observations

Bold typeface: p ≤ .05. *** p<=.001, **p<=.01, *p<=.05 #<= .10

1. Continuous variable.
2. Years of education.
3. Reference category, heterosexual/ other.
4. Any heroin, cocaine, crack, methaphetamine use or problem drinking (CAGE) past six months.
5. MOS-SF12v2 mental health summary score below mean score seen in psychiatric inpatient populations.
6. Sleeping in the street; a drop in center or shelter for homeless persons; a limited stay SRO with no services; in an abandoned building, a public or private place (e.g. subway station) not intended for sleeping , residence in a temporary or transitional housing program; halfway house or drug treatment housing; in a hospice, or temporarily doubled up with others, in someone else's home, currently or during the six months prior to interview.
7. MOS-sf12v2 physical health functioning summary score. High score indicates better functioning.
8. Self- report doctor told had "finically diagnosed AIDS" or CD4 ever below 200.
9. Reference category, non HASA social service agency (includes substance abuse program).

For both New York City and Tri-County respondents, none of the demographic, risk exposure, mental or physical health status variables are significant predictors of satisfaction with case manager. Organizational features of case management services and the client-provider relationship are more important . In NYC, the odds of dissatisfaction with case management for persons reporting on HASA case managers are over two times as high as for PLWHA whose case manager is in a community based social service agency or medical clinic (AOR 2.40, CI 1.45, 3.99). Choice of case manager and waiting time show the opposite relationship. Those who can choose their case manager and those who usually wait less than 30 min to see their case manager are less likely to be dissatisfied. The strongest predictor of dissatisfaction with one's case manager is client-provider relationship. The odds that individuals who indicate "good" client-provider relationship and communication are dissatisfied with their provider are negligible compared to those without such a relationship (AOR 0.04, CI 0.02,0.08). Taken together these findings from the quantitative analysis are consistent with the in-depth content analysis of CHAIN study participants' narratives which clearly indicate that the quality of relationship and communication with case manager is a central factor determining satisfaction or dissatisfaction with case management services.

CONCLUSION

The present report indicates that persons living with HIV/AIDS in New York City and in the Tri-County region are for the most part satisfied with case management and social services received. Satisfaction with social services is related to both the process of getting assistance (the steps involved, treatment by providers etc.) as well as to the outcome of one's attempt to get assistance (i.e. whether or not problems get resolved). Case managers, and social service providers generally, who effectively advocate for their clients and get their needs met receive higher satisfaction ratings. Consistent with earlier CHAIN reports, the quality of the client-provider relationship was the most significant factor associated with satisfaction or dissatisfaction with current case manager (Lekas & Aidala 1998). Clients who describe their case manager as understanding and concerned, and spending enough time with them, are far more satisfied with their provider than clients who characterize their case manager as lacking on one or more of these dimensions. Also important were service system factors such as organizational setting of case management and typical waiting time to see a case manager.

For some individuals, a diagnosis of HIV or illness progression brings people who previously have been independent into the service sector. Others have had multiple needs and a history of experience with social services prior to diagnosis and now require additional support brought on by HIV related challenges to health and well-being. A number of studies have shown that case management plays a critical role in ensuring that people living with HIV receive appropriate medical (Gardner et al. 2005; Katz et al, 2001; Lehrman et al. 2001; Messeri et al, 2002). Non-medical services such as housing assistance and supportive counseling are important in their own right but also contribute to engagement and maintenance in HIV medical care and improved treatment outcomes (Aidala et al. 2007; Aidala et al. 2008; Buchanan et al. 2009; Schwarcz et al. 2009, WHO 2008). The analysis of outcomes associated with case management and receipt of supportive services is outside the scope of the present analysis. However, client satisfaction or dissatisfaction with case managers and social service personnel is associated with engagement and follow-through of referrals and adherence to service plans, resulting in better client outcomes and more cost effective service provision (AIDS Institute, 2002; Mallison et al. 2007). Better understanding of patterns and reasons for dissatisfaction with services can contribute to improved satisfaction and improved care of PLWHA overall.

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