

**Maine Department of Health and Human Services
2008 Consumer Satisfaction Survey Report
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**Submitted to:
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2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES CONSUMER SATISFACTION SURVEY REPORT

OVERVIEW

The purpose of this Department of Health and Human Services (DHHS) 2008 Consumer Satisfaction Survey Report is to provide a summary of background, methodology, and results of the first, broad-based survey of Maine DHHS consumers. The background section details information about the context for the consumer survey. The methodology section describes how the survey questions were selected, how the survey was implemented, and how the data were analyzed. The results section provides baseline data for the survey questions and a summary of the narrative responses to two open-ended questions. Matters for consideration and recommendations appear at the end of the report.

BACKGROUND

As part of a larger performance measures project, the Maine DHHS asked researchers at the Edmund S. Muskie School of Public Service at the University of Southern Maine (USM) to conduct a survey intended to determine consumer satisfaction with DHHS and consumer perceptions of service quality. Consumer satisfaction is widely accepted as a vital piece of information for service oriented organizations as studies in the private and public sector have demonstrated that positive consumer satisfaction ratings are directly related to lower operating costs over time. The Muskie research team recommended that the survey be used to establish a longitudinal source of consumer feedback to help track and monitor the Department's performance and to identify areas where performance improvement initiatives are needed. While many units within DHHS have consumer satisfaction measures, this survey project represents the first attempt by the DHHS to report on consumer satisfaction in a common way for a large number of Department program areas. Common measures of consumer satisfaction will improve upon communications to the public about the Department's overall performance as well as provide Department leadership with a broad perspective from their customer base.

METHODOLOGY

The survey consisted primarily of quantitative questions using a five-point, Likert scale ranging from "strongly agree" to "strongly disagree". Survey questions fall under three broad domains of consumer satisfaction:

- Accessibility/Timeliness of DHHS Services,
- Consumer Service Orientation of DHHS Staff, and
- Horizontal Integration and Coordination of DHHS Services.

In addition to the quantitative questions, two open-ended questions were included in the survey to obtain consumer perceptions about what DHHS is doing well and what DHHS could do to improve services to consumers.

Research staff selected the question domains after a full review of the consumer services and service quality literature, and survey efforts in other states. Where possible, questions that had been used successfully in similar consumer satisfaction survey efforts were selected. An expert panel of Maine DHHS program managers and quality assurance

specialists reviewed the final questionnaire. (See Appendix 1 for copies of the surveys and related correspondence and Appendix 2 for Literature Review).

Following a pilot test in August and September 2007, the full survey was administered by mail between October 2007 and January 2008. Using DHHS client level data, a stratified random sample was created by using a confidence level of proportion with confidence levels set at 99% with a worst possible scenario of the population proportion at 0.5 and a margin of error +/- 4%. Oversampling was done in order to account for expected non-respondents and the final sample size was determined at 1,903. The sample was drawn randomly from a subset of 79,812 individuals included in a DHHS administrative database that had applied, and been eligible for, DHHS benefits/services in the preceding 24-month period.¹

The survey protocol included several steps in an effort to reach an acceptable response rate. A pre-notification letter was mailed out under the DHHS Commissioner's signature. Shortly thereafter, the survey was mailed with a cover letter. Surveys were mailed along with reminders a maximum of two times to non-respondents. The following table illustrates this process:

TABLE 1: DHHS 2008 CONSUMER SURVEY MAILING PROCESS (JANUARY 2008)

Mailing	Date materials were delivered to DHHS	Week mailing left DHHS
Pre-notification Letter	10/9/2007	10/15/2007
Cover Letter & Survey	10/23/2007	10/29/2007
Reminder Letter & Survey	11/9/2007	11/28/2007
2nd Reminder Letter & Survey	12/14/2007	12/17/2007
Translated Pre-notification	12/10/2007	12/10/2007
Translated 1st Cover Letter & Survey	12/13/2007	12/20/2007
Translated Reminder Letter & Survey	12/20/2007	12/21/2007

Return envelopes were addressed to the University of Southern Maine where questionnaires were scanned for data entry. To ensure that data were scanned correctly, a 10 percent sample was checked for accuracy. Open-ended responses were typed into the database from the paper instrument and also checked for accuracy. Data was transferred from the scanner software, REMARK, to the SPSS statistical software program that was used for data cleaning and analysis. Returned questionnaires with over 50 percent of items completed were accepted for data analysis.

The survey was translated into the five most common, non-English languages indicated in the database: French, Spanish, Somali, Hmong, and Vietnamese². The same protocol was followed, although the survey mailings were sent during the month of December as

¹ The sample was drawn from the DHHS Automated Client Eligibility System (ACES) data file. ACES includes DHHS consumers, in receipt of family-based welfare assistance, such as MaineCare, Food Stamps, TANF, and subprograms to those programs such as Alternative Aid, Emergency Assistance, State Supplement payments, Medicare Buy in Reimbursements and Long Term Care facility placement. ACES does not include DHHS consumers in receipt of services from the Office of Elder Services, the Office of Multicultural Affairs, or the Maine Centers for Disease Control.

² One hundred fifteen surveys were translated into the following languages as follows (French 18, Somali 18, Spanish 13, Khmer 12, and Vietnamese 12).

translated instruments became available.

The final response rate for the survey was 36 percent. Of the 1,903 sample, 774 questionnaires were returned and 645 were considered for analysis with over 50 percent of the questions completed on each questionnaire. As suggested by McKnight et al (2007), multiple imputation, a statistical technique, was applied to handle the missing data that resulted from the 36 percent response rate. Based on this technique an estimate of the amount of missing information or statistical uncertainty was performed (see Rubin, 1987 in McKnight et al, 2007), and the rate of missing information due to the low response rate was considered too high. Therefore, this report will only use the complete cases data file for a total of 645 respondents.

Descriptive statistics were used to provide results through univariate and bi-variate analyses, frequencies and percent responses per item and by respondent characteristics. (See Appendix 4 for complete results by item). In addition, the stratification procedures were assessed. For bi-variate analyses, for cross-tabulations, the Chi Square statistic was used with a significance level set at .05. The reliability of the questionnaire, internal consistency was assessed using Cronbach's coefficient alpha and a split-half reliability test was performed. These tests assess how well the three domains of the questionnaire are consistently measuring those constructs across respondents. Categorical regression analysis was used to determine if any specific variables of service quality, or combinations thereof, were predictive of the rating of the 'overall helpfulness of services' outcome variable.

In addition to the descriptive and non-numeric data analysis, other statistical tests were performed to learn how well the questionnaire measured consumer satisfaction and consumer perception of service quality. In order to test the internal consistencies within domains, Cronbach's coefficient alpha was used and split-half reliability was assessed for all the quality service related items (n=16). The split-half reliability coefficient, Spearman-Brown, was found at .93 and is considered very good as are the Cronbach alpha coefficients for the two scales, Accessibility/Timeliness (.86) and Customer Service Orientation (.96). The coefficient for the Horizontal Integration and Coordination domain (.70) is minimally acceptable (DeVellis, 2003). Especially for the Accessibility/Timeliness and Customer Service Orientation domains, the questionnaire appears to have very good scale reliability – meaning that the questions in the scales seem to have strong relationship to each other and therefore are strongly related to the domain, e.g. Customer Service Orientation. So one can feel confident that that domain is being measured and not something else.

Non-numeric data analyses were done on the two open-ended questions:

- 1) "What is the one thing you like best about dealing with DHHS?" and
- 2) "What is the one thing DHHS can do to improve services?"

A team of three researchers reviewed the comments and developed an initial coding scheme with definitions of themes to be used for further coding. Two researchers used the initial codes to categorize the comments by the initial themes. Ethnograph, a qualitative analysis software program was used to assist researchers in coding and analyzing the data. Researchers reconvened a number of times to discuss differences in interpretation and ambiguities and to develop a finalized set of thematic codes to be used in a last full analysis

counting the number of narrative responses for each theme³. (See Appendix 6 for list of codes and definitions.)

DATA LIMITATIONS AND CHALLENGES

The 36 percent response rate resulted in large amounts of missing data and therefore some analyses cannot be performed as originally intended. The research team initially proposed a telephone, rather than mail, survey that would have likely generated a superior response rate.⁴

Furthermore, the mail survey protocol followed a different timetable than proposed by the research team, to enable the DHHS to prepare the survey mailings. This may have adversely affected the response rate.

Two other limitations relate to the data source used for the consumer survey. The survey sample was drawn from the best available source of data including a broad cross-section of DHHS consumers. However, while that data file includes many DHHS consumers, it does not include consumers of all DHHS services. In addition, it includes an indeterminate number of consumers for whom eligibility had been determined, but who may have not used DHHS services or programs.

Another limitation to the study is that the DHHS administrative database from which the survey sample was drawn may not accurately identify the primary language of consumers identified in the database as non-English speakers. This became apparent after data collection commenced in the study and was subsequently confirmed by DHHS staff.

Finally, the data source does not contain information about the DHHS services. Therefore, the analyses in this report do not provide information about satisfaction with particular services or programs or how consumer satisfaction varies among DHHS services and programs.

RESPONDENT DEMOGRAPHICS AND OTHER CHARACTERISTICS

The following table, Table 2, illustrates the characteristics of the original population (DHHS ACES data file), the randomly selected sample of DHHS consumers, and the final set of complete cases – respondents.

In addition to the demographic and other information presented below, it is important to note that 66 percent of the respondents (n=645) self-identified as DHHS clients. The other 34 percent were individuals, such as parents, family members, guardians, providers, foster parents or those with some other relationship to a DHHS client. (For more information about sample demographics, see Appendix 3). The survey asked respondents several questions about client characteristics. Respondents provided the following information about client characteristics:

- 71 percent receive more than one service from DHHS.
- 78 percent have services delivered often by phone, mail, or e-mail; not through face-to-face contact, and
- 53 percent had contact with a DHHS employee within in the past three months.

³ Non-English responses to the open-ended questions (French 6, Spanish 4, Somali 2, and Vietnamese 1) were translated into English and included in these analyses.

⁴ Muskie School researchers initially proposed a telephone survey. However, concerns about releasing confidential information prompted the Department to insist on a mail survey.

**TABLE #2: DESCRIPTION OF POPULATION AND FINAL SAMPLE
ANALYSIS BY SUB-GROUP
(JANUARY 2008)**

	TOTAL POPULATION (N = 79,812)		TOTAL SAMPLE (n = 1,903)		RESPONDENTS (n=645)	
DHHS District						
	N	%	N	%	N	%
District 1: York County	7,217	9%	172	9%	56	9%
District 2: Cumberland County	11,207	14%	266	14%	68	11%
District 3: Androscoggin, Oxford, Franklin Counties	13,529	9%	324	17%	105	16%
District 4: Sagadahoc, Lincoln, Waldo, and Knox Counties	9,007	11%	209	11%	81	13%
District 5: Kennebec and Somerset Counties	13,024	16%	304	16%	110	17%
District 6: Penobscot and Piscataquis Counties	12,141	15%	285	15%	104	16%
District 7: Hancock and Washington Counties	6,073	8%	152	8%	53	8%
District 8: Aroostook County	7,537	10%	191	10%	68	11%
DHHS Client Reported Language⁵						
	N	%	N	%	N	%
English	78,025	98%	1,711	90%	600	93%
Other than English	1,787	2%	192	10%	45	7%
DHHS Client Reported Gender						
	N	%	N	%	N	%
Male	33,010	41%	753	40%	227	35%
Female	46,802	59%	1,150	60%	418	65%
DHHS Client Reported Race						
	N	%	N	%	N	%
Non-White/Indeterminate	10,537	14%	154	9%	90	14%
White	69,275	87%	1,575	91%	550	86%
DHHS Client Reported Mean Age						
	Mean	SD⁶	Mean	SD	Mean	SD
DHHS Client Reported Mean Age	37.96	(24.16)	38.59	(24.47)	46.59	(23.20)

⁵ Information reported on primary language is not be accurate for all individuals in the ACES database.

⁶ The standard deviation (SD) is a measure of how widely dispersed data are from the mean. The standard deviation in these age groups is fairly large and represents a wide distribution of ages in these groups.

REPORT FINDINGS

OVERALL RESULTS

Overall, these respondents rate highly services received from DHHS (See Table 3 below). Ninety-four percent of respondents strongly agree or agree that DHHS services have helped them or their families. The service quality item with the lowest level of agreement, 72 percent of respondents, was “When I contact DHHS staff, they respond quickly”.

**TABLE 3: PERCENT STRONGLY AGREE / AGREE WITH QUALITY ITEM STATEMENTS
(JANUARY 2008)**

Service Quality / Helpfulness Item from Questionnaire	RESPONDENTS Percent Strongly Agree / Agree	
ACCESSIBILITY / TIMELINESS DOMAIN		
	%	N
The DHHS has convenient office hours.	94%	631
The DHHS office I use most often is easy to get to.	90%	633
DHHS makes information easily available.	80%	631
DHHS makes it easy to get services.	77%	627
When I contact DHHS staff, they respond quickly.	72%	634
CUSTOMER SERVICE ORIENTATION DOMAIN		
	%	N
DHHS staff are willing to help.	90%	631
DHHS staff treat me with courtesy and respect.	89%	637
DHHS staff give correct information.	88%	621
DHHS staff take the time to listen to what I have to say.	86%	634
DHHS staff are knowledgeable and know what they are talking about.	86%	630
DHHS staff explain things clearly to me.	85%	639
When DHHS staff tell me they are going to do something, they do it.	83%	622
DHHS staff involve me in decisions that affect me.	80%	626
When DHHS staff are not able to help me, they quickly connect me to someone who can.	78%	623
HORIZONTAL INTEGRATION & COORDINATION DOMAIN		
	%	N
When I first contacted DHHS, the first person I spoke with was able to help me.	83%	631
When I contact DHHS, I do not have to repeat the same information (i.e. Social Security Number) to several staff.	77%	635
OVERALL SERVICE EFFECTIVENESS		
	%	N
Overall, the services I received from DHHS have helped me and or my family.	94%	635

In the next section of this report, survey items scoring 80 percent or higher (agree/strongly agree) are described as areas where DHHS is doing well and items scoring less than 80 percent as areas where DHHS needs improvement. Researchers, in collaboration with DHHS, selected the 80 percent as a reasonable threshold. Of the 17 quantitative survey questions, thirteen scored at or over 80 percent agree/strongly agree. Four items resulted in fewer than 80 percent agree/strongly agree (see summary below).

DHHS is Doing Well

- DHHS services are helpful to clients (94%)
- Hours convenient (94%)
- DHHS office easy to get to (90%)
- Staff are willing to help (90%)
- Staff treat clients with courtesy and respect (89%)
- Staff give correct information (88%)
- Staff take the time to listen to clients (86%)
- Staff are knowledgeable (86%)
- Staff explain things well (85%)
- First contact able to help (83%)
- Following through (83%)
- Making information easily available (80%)
- Involving clients in decisions (80%)

DHHS Could Do Better

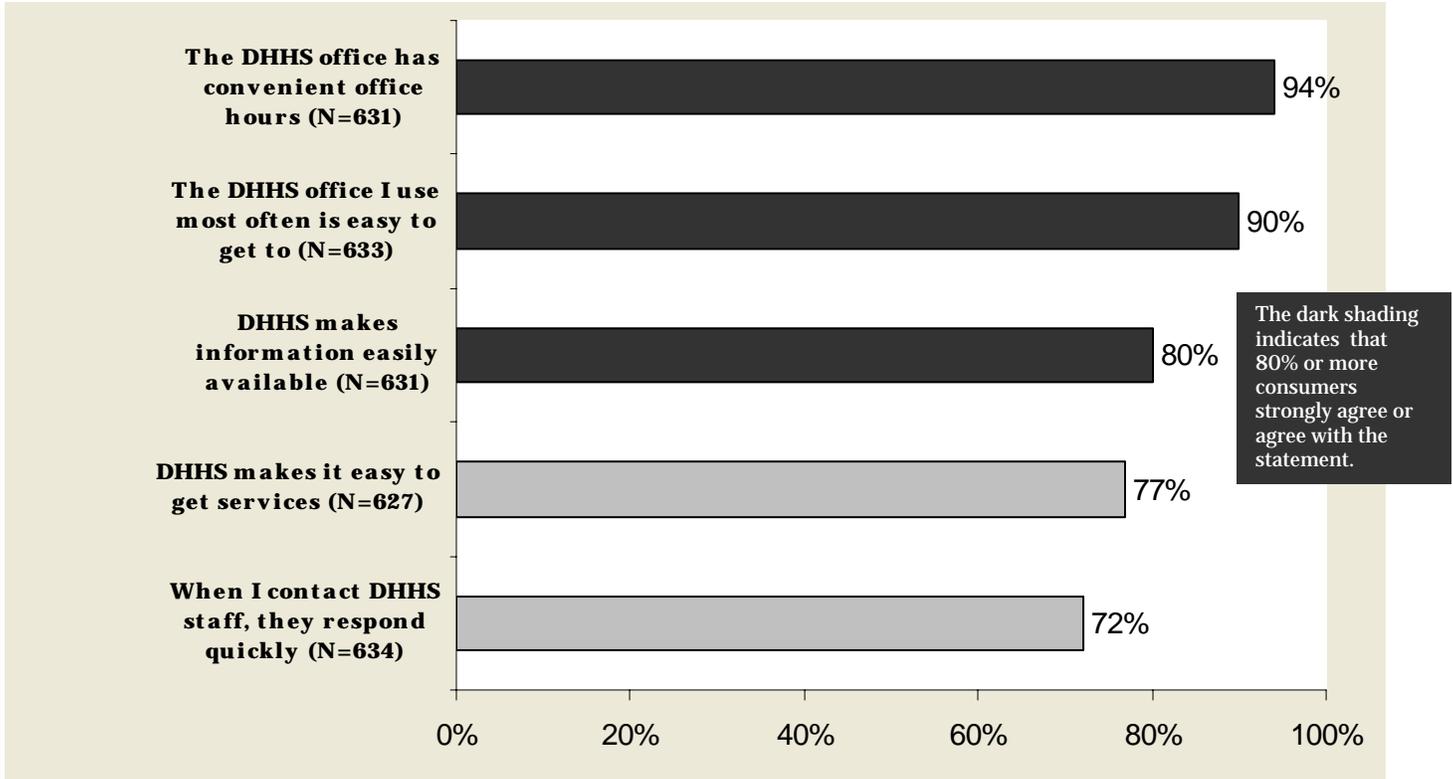
- When unable to help, connecting client to someone who can (78%)
- Having client repeat the same information (77%)
- Making it easy to get services (77%)
- Responding quickly (72%)

ACCESSIBILITY AND TIMELINESS OF DHHS SERVICES

The consumer survey includes several questions related to accessibility and timeliness. These five questions make up one of three domains intended to capture consumer satisfaction. DHHS rated especially well on three of the five items in this area. See Figure 1 below. For example, 94 percent of respondents strongly agreed or agreed that DHHS has convenient office hours. Ninety percent of respondents indicated that the DHHS office is easy to get to. Eighty percent of respondents strongly agreed or agreed that DHHS makes information easily available.

Results for two of the five items indicate room for improvement. For example, 77 percent of respondents indicated that they strongly agreed or agreed that DHHS makes it easy to get services. Seventy-two percent of respondents strongly agreed or agreed that DHHS staff respond quickly when contacted. For these items, nearly a quarter to a third of respondents indicated dissatisfaction or strong dissatisfaction with survey items.

**FIGURE #1: ACCESSIBILITY/TIMELINESS DOMAIN
PERCENT OF RESPONDENTS STRONGLY AGREE/AGREE
(JANUARY 2008)**



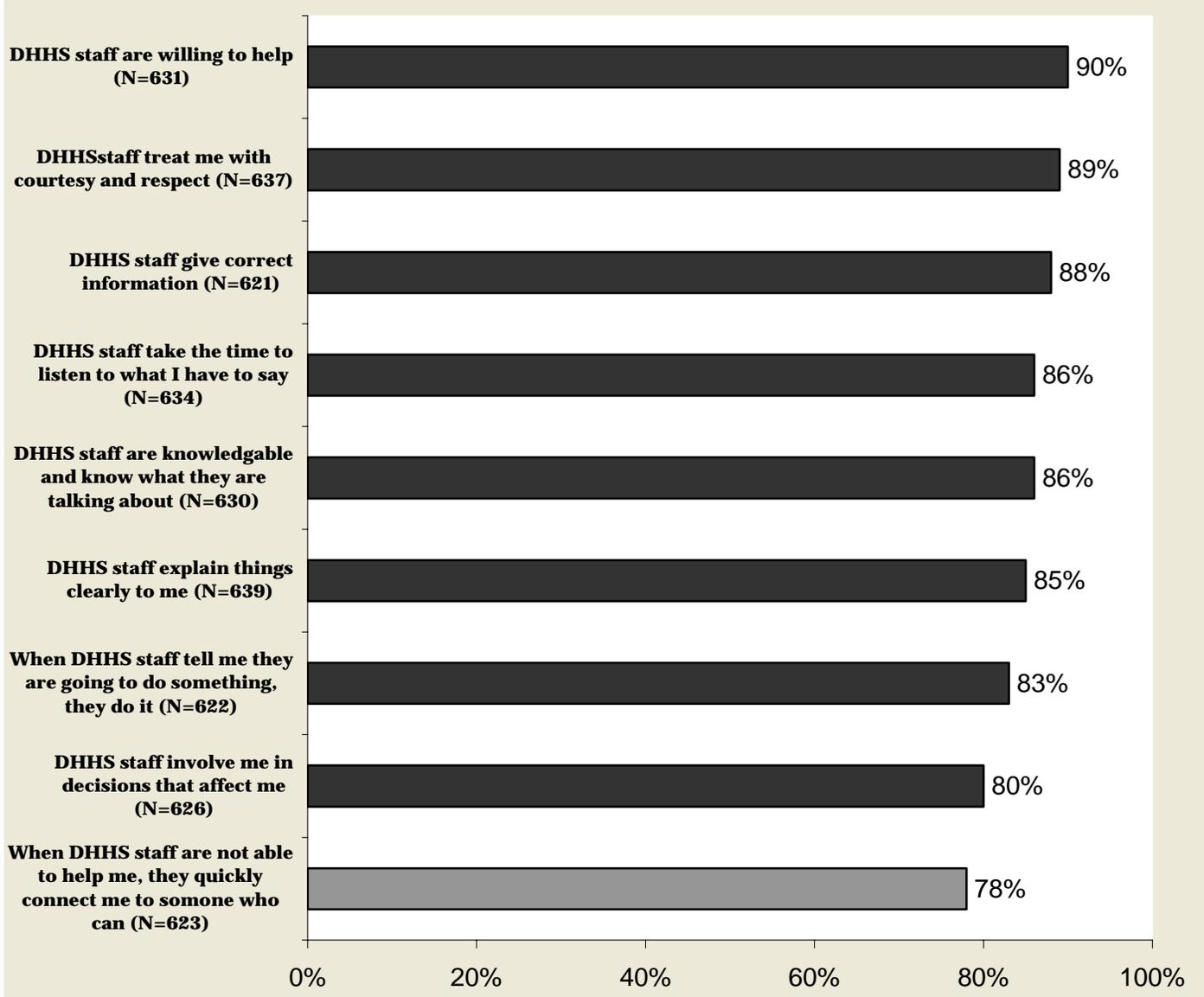
CUSTOMER SERVICE ORIENTATION OF DHHS STAFF

Nine survey questions comprise the customer service orientation domain. This domain captures consumer perceptions about DHHS staff competence and behavior (Figure #2 below).

In eight of the nine survey items in this domain, DHHS rated well, with over 80 percent of respondents agreeing or strongly agreeing with positive statements about staff customer service orientation. For example, 90 percent strongly agreed or agreed with the statement “DHHS staff are willing to help.” Eighty-nine percent of respondents agreed or strongly agreed with the statement, “DHHS staff treat me with courtesy and respect.” Eighty-eight percent agreed or strongly agreed that “DHHS staff give correct information.” and “DHHS staff explain things clearly.” Eighty-six percent agreed or strongly agreed that “DHHS staff take the time to listen to what I have to say” and “DHHS staff are knowledgeable and know what they are talking about.” Eighty-five percent strongly agreed or agreed with the statement that, “DHHS staff explain things clearly to me.” Lastly, eighty percent of respondents strongly agreed or agreed with the statement, “DHHS staff involve me in decisions that affect me.”

Responses about DHHS staff customer service orientation indicate room for improvement in one of the nine questions. Seventy-eight percent of the respondents report strong agreement or agreement with the statement, “When DHHS staff are not able to help me, they quickly connect me to someone who can.”

**FIGURE #2: CUSTOMER SERVICE ORIENTATION DOMAIN
 PERCENT OF RESPONDENTS STRONGLY AGREE/AGREE
 (JANUARY 2008)**



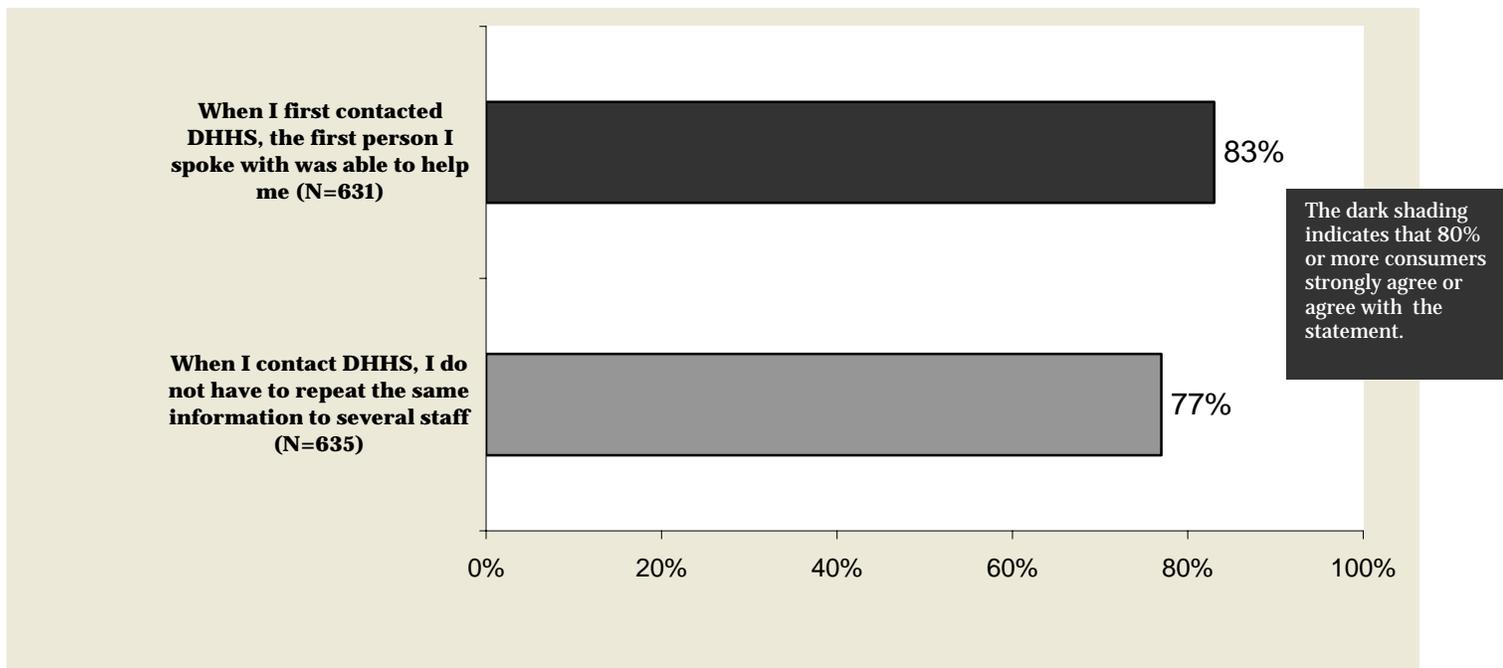
HORIZONTAL INTEGRATION AND COORDINATION OF DHHS SERVICES

The horizontal integration and coordination domain addresses issues related to how well the programs of DHHS work together. As mentioned earlier, 71 percent of this sample indicated receiving two or more services from DHHS. This domain contains two questions: consumer perception that the first DHHS contact was able to help and consumer perception of not having to repeat the same information to several staff, see Figure 3 below.

Eighty-three percent of respondents indicated that when they contacted DHHS, the first person they spoke with was able to help them. Fewer than 17 percent disagreed or strongly disagreed with the statement.

Seventy-seven percent reported that they strongly agreed or agreed that they did not have to repeat the same information to several staff. Almost a quarter of the respondents perceived having to provide the same information repeatedly. This data indicates room for improvement.

**FIGURE #3: HORIZONTAL INTEGRATION AND COORDINATION DOMAIN
PERCENT OF RESPONDENTS STRONGLY AGREE/AGREE
(JANUARY 2008)**



SELECT SUB-GROUP ANALYSES

Sub-group analyses were completed to investigate whether differences exist in consumer satisfaction with DHHS service quality. For example, it would be important to know whether consumers in certain geographic regions were more satisfied than those in other geographic regions or whether satisfaction with DHHS varied by consumer age.

Sub-group analyses were conducted by:

- DHHS District,
- age,
- gender,
- race,
- respondent type (client or client proxy), and
- recency of contact with DHHS staff.

Results of selected sub-group analyses are presented in the following pages first for the overall service “helpfulness” item and then for each of the customer service domains described earlier in the report: accessibility/timeliness; customer service orientation; and horizontal integration and coordination. Results indicating significant differences among sub-groups are noted with an asterisk (*). For results in which there is too much missing data to compute inferential statistics, these are noted with a (**) double asterisk. A complete set of sub-group analyses is provided in Appendix 4.

In addition to discussing significant differences among sub-groups, this section of the report describes survey items with 80 percent or more favorable (agree/strongly agree) responses as areas where DHHS is doing well and areas with less than 80 percent favorable responses as areas where there is room for improvement. Eighty percent agree/strongly agree was established in consultation with DHHS officials as a reasonable threshold that could be used to identify areas where consumer feedback indicates room for improvement. In the tables that follow, items receiving less than 80 percent favorable responses are indicated in bold font.

SUB-GROUP ANALYSIS – BY DHHS DISTRICT

The first sub-group analysis examined respondent rating of the effectiveness of services by DHHS District (region). Between 90 and 96 percent of respondents in all DHHS Districts indicated strong agreement or agreement that overall, DHHS services have helped them or their family. Due to the amount of missing data, comparisons between DHHS Districts cannot be tested statistically for differences.

**TABLE 4: OVERALL INDICATOR – EFFECTIVENESS OF SERVICES
PERCENT STRONGLY AGREE/AGREE BY DISTRICT
(JANUARY 2008)**

DISTRICT →	1		2		3		4		5		6		7		8	
	York County		Cumberland County		Androscoggin, Oxford & Franklin Counties		Sagadahoc, Lincoln, Waldo & Knox Counties		Kennebec & Somerset Counties		Penobscot & Piscataquis Counties		Hancock & Washington Counties		Aroostook County	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
** Overall, the services I received from DHHS have helped me and or my family.	95%	55	90%	67	96%	104	96%	80	92%	110	90%	102	96%	52	95%	65

** Too much missing data for statistical analyses.

In the accessibility/timeliness domain, results of only one survey item, “DHHS makes it easy to get services” was found to be significantly different among DHHS districts, see Table 5 below. Respondents and/or DHHS clients reported from District 4- Sagadahoc, Lincoln, Waldo and Knox counties rated DHHS significantly more favorably (81%) than respondents in some other districts, e.g. District 6 -Piscataquis and Penobscot counties (66%) and District 2 – Cumberland County (70%).

The remaining survey items in this domain were found not to have statistical differences by region. One item, “DHHS office has convenient hours” had too much missing data to be analyzed for differences between Districts.

DHHS District 2, Cumberland County, had the most accessibility/timeliness items rating less than 80 percent favorable. DHHS District 4, Sagadahoc, Lincoln, Waldo, and Knox counties, had no items rating below 80 percent favorable.

**TABLE 5: ACCESSIBILITY AND TIMELINESS DOMAIN
PERCENT STRONGLY AGREE/AGREE BY DISTRICT OFFICE
(JANUARY 2008)**

DISTRICT →	1		2		3		4		5		6		7		8	
	York County		Cumberland County		Androscoggin, Oxford & Franklin Counties		Sagadahoc, Lincoln, Waldo & Knox Counties		Kennebec & Somerset Counties		Penobscot & Piscataquis Counties		Hancock & Washington Counties		Aroostook County	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
DHHS Office I use most often is easy to get to	91%	55	87%	67	93%	102	82%	79	89%	108	90%	101	94%	53	93%	68
** DHHS Office has convenient hours	96%	55	94%	66	93%	103	94%	78	93%	109	93%	100	94%	53	97%	67
DHHS makes information easily available	81%	52	69%	67	81%	101	88%	80	84%	109	75%	103	81%	52	82%	67
*DHHS makes it easy to get services (p=.018)	83%	52	68%	65	78%	102	84%	80	83%	108	65%	103	79%	52	77%	65
When I contact DHHS staff, they respond quickly	74%	53	70%	67	69%	104	81%	78	70%	109	66%	103	77%	53	75%	67

* Statistically significant difference between Districts.

** Too much missing data for statistical analyses.

Survey results for the customer service orientation domain, by DHHS District, are presented in Table 6 below. Of the nine survey items in the customer services orientation domain, statistically significant differences (*) were found in two items:

- DHHS staff explain things clearly to me, and
- When DHHS staff are not able to help me, they quickly connect me to someone who can.

Respondents in District 4 rated the first item 94 percent favorable, whereas respondents in Districts 2 – Cumberland County and 6 – Penobscot and Piscataquis counties rated this item 79 and 76 percent favorable. On the second item, respondents in two DHHS Districts, District 2- Cumberland and District 3 – Androscoggin, Oxford, and Franklin counties, rated the item 74 percent favorable, whereas respondents in Region 7 – Hancock and Washington counties rated the item 90 percent favorable.

Of the nine survey items in this customer service domain, District 6 – Penobscot and Piscataquis counties received less than 80 percent favorable ratings on six items. Respondents in District 4 – Sagadahoc, Lincoln, Waldo, and Knox and District Hancock and Washington counties received ratings less than 80 percent on no survey items in this domain.

**TABLE 6: CUSTOMER SERVICE ORIENTATION DOMAIN
PERCENT STRONGLY AGREE/AGREE BY DISTRICT
(JANUARY 2008)**

DISTRICT →	1		2		3		4		5		6		7		8	
	York County		Cumberland County		Androscoggin, Oxford & Franklin Counties		Sagadahoc, Lincoln, Waldo & Knox Counties		Kennebec & Somerset Counties		Penobscot & Piscataquis Counties		Hancock & Washington Counties		Aroostook County	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
DHHS Staff are knowledgeable and know what they are talking about	85%	53	86%	65	84%	103	95%	81	87%	110	78%	101	92%	51	88%	66
*DHHS Staff explain things clearly to me (p=.021)	86%	55	79%	68	86%	104	94%	80	87%	109	76%	103	90%	52	90%	68
DHHS Staff involve me in decisions that affect me	74%	54	79%	66	79%	101	84%	81	80%	109	76%	98	89%	52	80%	65
When DHHS staff tell me they are going to do something they do it	89%	55	81%	64	84%	102	86%	79	84%	107	75%	99	92%	51	79%	65
*When DHHS staff are not able to help me. They quickly connect me to someone who can (p=.05)	85%	53	74%	65	74%	101	81%	79	76%	107	69%	100	90%	52	83%	66
DHHS Staff are willing to help	89%	55	88%	64	86%	103	92%	79	91%	110	84%	102	98%	51	94%	67
DHHS Staff give correct information	85%	52	88%	65	89%	104	92%	77	90%	108	79%	96	93%	53	92%	66
DHHS Staff treat me with courtesy and respect	88%	56	85%	67	86%	103	93%	81	94%	108	85%	102	91%	53	87%	67
DHHS Staff take the time to listen to what I have to say	84%	56	83%	65	84%	104	88%	81	89%	110	81%	101	96%	52	91%	65

* Statistically significant difference between Districts.

Table 7 presents the horizontal integration and coordination domain. The analysis indicates significant differences among the districts for one of the two survey items within this domain: “When I first contacted DHHS, the first person I spoke with was able to help me.” The range of favorable responses for this survey item was from 75 percent favorable in District 2 – Cumberland County to 93 percent favorable in District 8 Aroostook County.

Respondents in DHHS Districts 2, 5, and 6 rated both survey items in the horizontal integration and coordination domain lower than 80 percent favorable. Respondents in Districts 1, 4, 7, and 8 rated no items in this domain less than 80 percent favorable.

**TABLE 7: HORIZONTAL INTEGRATION/COORDINATION DOMAIN
PERCENT STRONGLY AGREE/AGREE BY DISTRICT
(JANUARY 2008)**

DISTRICT →	1		2		3		4		5		6		7		8	
	York County		Cumberland County		Androscoggin, Oxford & Franklin Counties		Sagadahoc, Lincoln, Waldo & Knox Counties		Kennebec & Somerset Counties		Penobscot & Piscataquis Counties		Hancock & Washington Counties		Aroostook County	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
*When I first contacted DHHS, the first person I spoke with was able to help me p=.037	91%	53	75%	67	83%	103	86%	78	79%	108	77%	102	87%	53	93%	67
When I contact DHHS, I do not have to repeat the same information to several staff.	80%	55	77%	68	76%	102	81%	79	77%	108	65%	102	81%	53	85%	68

* Statistically significant difference between Districts.

SUB-GROUP ANALYSIS – BY AGE

Table 8 below presents results for each domain by age as reported in the DHHS ACES data file (respondents included consumers themselves as well as others, such as parents, answering on their behalf). Statistically significant results are noted for all items with an asterisk (*) and ratings less than 80% target are in bold.

**TABLE 8: PERCENT AGREEMENT
BY DHHS CONSUMER AGE CATEGORY
(JANUARY 2008)**

Question / Domain	Ages 0-18		Ages 19-38		Ages 39-65		Ages 66+	
Accessibility / Timeliness Domain								
	%	N	%	N	%	N	%	N
The DHHS office I use most often is easy to get to	91%	116	88%	103	87%	272	95%	142
*The DHHS office has convenient office hours p=.045	94%	115	89%	102	94%	270	98%	144
*DHHS makes information easily available p=.003	79%	116	70%	103	80%	268	89%	114
*DHHS makes it easy to get services p=.000	69%	114	68%	102	76%	266	90%	145
*When I contact DHHS staff, they respond quickly p=.000	63%	115	54%	103	73%	272	90%	144
Customer Service Orientation Domain								
	%	N	%	N	%	N	%	N
*When DHHS staff are not able to help me, they quickly connect me to someone who can p=.000	70%	115	62%	101	80%	269	91%	138
*DHHS staff explain things clearly to me p=.040	84%	117	81%	103	84%	273	93%	146
DHHS staff give correct information	86%	115	87%	98	86%	265	94%	143
*DHHS staff treat me with courtesy and respect p=.000	85%	115	78%	102	90%	275	97%	145
*DHHS staff take the time to listen to what I have to say p=.009	84%	115	81%	100	85%	274	95%	145
*DHHS staff are knowledgeable and know what they are talking about p=.008	81%	115	80%	101	87%	270	93%	144
*DHHS staff involve me in decisions that affect me p=.000	72%	114	71%	99	81%	273	90%	140
*When DHHS staff tell me they are going to do something, they do it p=.000	80%	112	70%	101	85%	267	91%	142
*DHHS staff are willing to help p=.001	84%	116	86%	99	89%	274	98%	142
Horizontal Integration and Coordination Domain								
	%	N	%	N	%	N	%	N
When I first contacted DHHS, the first person I spoke with was able to help me.	80%	117	77%	99	83%	273	87%	142
*When I contact DHHS, I do not have to repeat the same information to several staff. p=.000	73%	117	56%	101	80%	273	88%	144
Global Assessment of Service “Helpfulness”								
	%	N	%	N	%	N	%	N
Overall, the services I received from DHHS have helped me and or my family.	93%	116	91%	98	93%	276	97%	145
* Statistically significant difference between Ages.								

From Table 8 above, all but four of the items had statistically significant differences between age groups. The younger age group categories, those representing DHHS consumers ages 0 – 18 and 19 - 38, were more likely to rate service quality lower than older consumers ages 39 - 65 and 66 and over. All but one of the items in all three domains: accessibility/timeliness, customer service, and horizontal integration and coordination were significantly different by age group.

Respondents in the two younger age categories rated DHHS less favorably than respondents in the two older age categories. For example, respondents in the youngest age group rated half of the survey items less than 80 percent favorable. Respondents in the 19 – 38 year-old age group rated two-thirds of the survey items less than 80 percent favorable. Respondents in the two older age categories rated few items less than 80 percent favorable. Those in the 39 – 65 age group rated two items, both in the accessibility/timeliness domain, under 80 percent favorable. Respondents in the over age 65 category rated no items less than 80 percent favorable.

SUB-GROUP ANALYSIS – BY GENDER

Sub-group analysis was also conducted by gender of the DHHS consumer, as reported in the administrative data file. (Respondents included DHHS consumers and others who responded on behalf of consumers.) The analysis identified no significant differences in responses by males and females. Males and females were also similar in how they rated the total number of items below 80 percent favorable. A complete set of these results is available in Appendix 4.

SUB-GROUP ANALYSIS – BY RACE/ETHNICITY

Differences in survey responses, by race/ethnicity, were found to be significant for only one survey item, “ DHHS makes it easy to get services.” For the other survey items, there was either no significant difference or there was too much missing data to conduct the analysis. Table 9 below indicates that non-white consumers were significantly more likely to rate this item favorably (93%) than white consumers (75%). White respondents rated more items (6) below the 80 percent favorable threshold than non-whites (1) or respondents of indeterminate race (3).

**TABLE 9: PERCENT AGREE BY RACE/ETHNICITY
SIGNIFICANT RESULTS ONLY
(JANUARY 2008)**

	Non- WHITE		WHITE		INDETERMINATE	
	%	N	%	N	%	N
*DHHS makes it easy to get services. p=.019	93%	44	75%	534	82%	44
* Statistically significant difference between Race/Ethnicity.						

SUB-GROUP ANALYSIS – BY CONSUMER TYPE

Respondents were asked to indicate whether they were the DHHS consumer (to whom the survey was addressed) or whether they were responding on behalf of a DHHS consumer. Approximately sixty-six percent (66%) of respondents indicated that they were DHHS consumers.

Results of quality ratings by consumer type are presented in Table 10 below, three of the seventeen service quality and effectiveness items were statistically different due to the type of respondent. All three items with significant differences by type of respondent were items within the customer service orientation domain:

- When DHHS staff are not able to help me, they quickly connect me to someone who can,
- DHHS staff involve me in decisions that affect me, and
- DHHS staff are willing to help.

For each of these items, those who responded on behalf of a DHHS consumer rated survey items significantly less favorably than consumers. For example, for the first item bulleted above, those responding on behalf of a DHHS consumer rated the item 73 percent favorable, whereas consumers rated the item significantly higher, at 81 percent favorable.

Respondents who were responding on their own behalf rated only two of the 17 survey items less than 80 percent favorable. Those responding on a consumer's behalf rated six of the items less than 80 percent favorable.

**TABLE 10: PERCENT AGREEMENT BY TYPE OF RESPONDENT:
CONSUMER OR OTHER TYPE
(JANUARY 2008)**

Question / Domain	SELF – RESPONDENT IS DHHS CONSUMER	OTHER - RESPONDENT IS NOT DHHS CONSUMER
Accessibility / Timeliness Domain		
	%	N
The DHHS office I use most often is easy to get to	90% 377	90% 196
The DHHS office has convenient office hours	95% 379	92% 193
DHHS makes information easily available	83% 376	76% 197
DHHS makes it easy to get services	80% 377	73% 193
When I contact DHHS staff, they respond quickly	73% 380	69% 197
Customer Service Orientation Domain		
*When DHHS staff are not able to help me, they quickly connect me to someone who can p=.040	81% 376	73% 189
DHHS staff explain things clearly to me	86% 381	86% 198
DHHS staff give correct information	89% 372	87% 194
DHHS staff treat me with courtesy and respect	90% 381	87% 196
DHHS staff take the time to listen to what I have to say	87% 377	84% 196
DHHS staff are knowledgeable and know what they are talking about	89% 378	84% 195
*DHHS staff involve me in decisions that affect me p.042	83% 374	76% 192
When DHHS staff tell me they are going to do something, they do it	84% 372	82% 191
*DHHS staff are willing to help p=.010	93% 376	86% 195
Horizontal Integration and Coordination Domain		
When I first contacted DHHS, the first person I spoke with was able to help me.	84% 375	82% 196
When I contact DHHS, I do not have to repeat the same information to several staff.	78% 379	75% 197
Global Assessment of Service Quality / Effectiveness		
Overall, the services I received from DHHS have helped me and or my family.	94% 378	94% 196
* Statistically significant difference between Respondents.		

SUB-GROUP ANALYSIS – BY RECENT CONTACT WITH DHHS

The final sub-group analysis compares survey results by recency of contact with DHHS—those who have had contact with a DHHS staff person in the past three months (53%) and those who have not (47%), see Table 11 below. Respondents with more recent contact rated all items less favorably than those with no contact in the past three months. These differences were statistically significant for eight of the items.

Respondents with more recent contact rated six items less than 80 percent favorable. Those with less recent contact rated only one item less than 80 percent favorable.

**TABLE 11: PERCENT AGREEMENT BY RECENT CONTACT WITH DHHS STAFF
(JANUARY 2008)**

Question / Domain	NO CONTACT IN PAST THREE MONTHS		YES CONTACT IN PAST THREE MONTHS	
Accessibility / Timeliness Domain				
	%	N	%	N
The DHHS office I use most often is easy to get to	91%	288	89%	318
The DHHS office has convenient office hours	95%	287	93%	318
*DHHS makes information easily available p=.010	84%	286	76%	319
*DHHS makes it easy to get services p=.011	82%	286	73%	315
*When I contact DHHS staff, they respond quickly p=.001	78%	288	66%	320
Customer Service Orientation Domain				
*When DHHS staff are not able to help me, they quickly connect me to someone who can p=.022	81%	280	74%	318
DHHS staff explain things clearly to me	87%	291	84%	322
DHHS staff give correct information	90%	283	86%	313
*DHHS staff treat me with courtesy and respect .001	93%	288	85%	322
*DHHS staff take the time to listen to what I have to say p=.020	90%	289	83%	320
*DHHS staff are knowledgeable and know what they are talking about p=.023	90%	286	83%	320
DHHS staff involve me in decisions that affect me	83%	283	78%	317
When DHHS staff tell me they are going to do something, they do it	85%	283	81%	315
DHHS staff are willing to help	91%	287	88%	319
Horizontal Integration and Coordination Domain				
When I first contacted DHHS, the first person I spoke with was able to help me.	84%	287	81%	317
*When I contact DHHS, I do not have to repeat the same information to several staff. P=.007	82%	287	73%	321
Global Assessment of Service Quality / Effectiveness				
Overall, the services I received from DHHS have helped me and or my family.	93%	289	94%	320
* Statistically significant difference by recent contact with DHHS Staff.				

ANALYSES OF THE PREDICTABILITY OF QUESTIONNAIRE ITEMS

The final set of quantitative results aims to estimate if any particular variables of service quality are predictive of the “overall helpfulness of services” outcome variable. Logistic regression was conducted to determine which of the questionnaire items, sixteen service quality items, are predictors of the outcome; “Overall, the services I receive from DHHS have helped me and or my family”. Regression results indicated that the overall model resulted in two predictors that were statistically reliable in distinguishing between Agree and Disagree with the “Overall, the services that I received from DHHS have helped me or my family” statement (-2 Log likelihood =118.593; chi-square (16) =133.940, p=.000), see items in Table 14 below. The model correctly classified 94% of the cases and the regression coefficients are presented in Appendix 5.

These results mean that for those who agree that “DHHS makes information easily available,” they are more likely to agree that “DHHS services have been helpful to [them] or their family.” The same can be said for those who strongly agree/agree with the statement “DHHS staff are willing to help me”, they are also more likely to also agree that “DHHS services have been helpful to [them] or their family”.

TABLE 14: SERVICE QUALITY VARIABLES AS PREDICTORS OF “HELPLESSNESS” OF DHHS SERVICES (JANUARY 2008)

Service Quality Variable	Odds Ratio
DHHS Makes Information Easily Available	6.48
DHHS Staff Are Willing To Help Me	.101

VALIDITY OF MEASURES USED IN THE QUESTIONNAIRE

As mentioned earlier in the methodology section, the Maine DHHS questionnaire was developed through reviewing the literature and similar consumer survey projects of other states. Some of the items selected in Maine are worded identically or very similarly to survey items used in other states. The domains established in Maine are thought to include similar concepts as measured through these items by other states. Table 15 below provides a description of results on some of the quality items used here in Maine compared to these other states; Washington, Vermont and Oregon. One can note that the scores in Maine are similar in many areas of consumer satisfaction and perceptions of effectiveness/helpfulness of services. As the items are somewhat different, see notes, and the survey projects are different – this information is not provided for comparison purposes in terms of assessing Maine’s performance against these other states. The reason for displaying this information is to provide evidence that the domains and items in use in the Maine DHHS Consumer Survey are similar to other efforts at a state level. This supports the face and content validity of the measures used in the questionnaire.

**TABLE 15: RESULTS FROM SIMILAR HUMAN SERVICES CONSUMER SURVEY ITEMS
MAINE, WASHINGTON, VERMONT, AND OREGON, BY DOMAIN
PERCENT STRONGLY AGREE/AGREE
(JANUARY 2008)**

Domain/Questions	ME n=645	WA n=1136	VT n=2298	OR⁷ n=1538
Availability/Accessibility/Timeliness Domain				
1. The DHHS office that I use most often is easy to get to	90%	87%	NA	NA
2. The DHHS office that I use most often is open at times that are good for me	94%	89%	85%	95%
4. DHHS makes information easily available	80%	NA	78%	NA
5. DHHS makes it easy to get services	77%	71%	NA	NA
6. When I contact DHHS staff, they respond quickly	72%	71% ⁸	85% ⁹	NA
Customer Service Orientation Domain				
9. DHHS staff explain things clearly to me	85%	82%	NA	NA
11. DHHS staff treat me with courtesy and respect	89%	88%	92%	NA
12. DHHS staff take the time to listen to what I have to say	86%	87%	90%	NA
13. DHHS staff are knowledgeable and know that they are talking about	86%	NA	NA	NA
14. DHHS staff involve me in decisions that affect me	80%	74%	87% ¹⁰	NA
Horizontal Integration and Coordination Domain				
3. When I first contacted DHHS, the first person I spoke with was able to help me	83%	NA	NA	90%

⁷ Oregon’s survey reported response percentages from two groups: Basic Benefit Population (n = 1,538) and Case Managed Population (n = 298). For this table, the Basic Benefit Population results were used.

⁸ The question asked if DSHS responded within 24 hours

⁹ The question asked if calls were returned in a timely manner

¹⁰ The question asked if respondent was actively involved in developing a plan

Domain/Questions	ME n=645	WA n=1136	VT n=2298	OR⁷ n=1538
8. When I contact DHHS, I do not have to repeat the same information to several staff.	77%	NA	NA	81% ¹¹
Overall Helpfulness of Services				
17. Overall, the services I received from DHHS have helped me and/or my family	94%	91%	91%	NA

RESULTS OF OPEN-ENDED QUESTIONS

The survey included two open-ended questions to provide insight into the perceptions of DHHS consumers that otherwise might not be captured in the closed-ended questions.

“What is the one thing you like best about dealing with DHHS?”

“What is the one thing DHHS can do to improve services?”

The following tables organize the frequency of the narrative comments into themes according to the three domains described earlier in the report: accessibility/timeliness, customer service orientation, and horizontal integration/coordination and the overall area of service helpfulness. Additional themes not represented by the domains are noted in the tables as well.

CONSUMER PERCEPTIONS OF WHAT DHHS DOES WELL

Sixty-three percent (n=407) of the respondents chose to provide responses to the question about what they like the best about dealing with DHHS. While the question asked for the one thing consumers like best about dealing with DHHS, many consumers provided multiple items. Because of this, the total number of coded comments exceeds the number of consumers who responded to the question.

When asked about what consumers like best about dealing with DHHS, the majority of the comments were about people – DHHS staff. Respondents appeared to secondly attribute positive comments to the organization and lastly to the actual service. Respondents also provided some negative comments in response to this question.

The largest number of comments complimented DHHS staff:

“Any employee I’ve ever talked with has always been kind and respectful and tried to help me with my problem I have. I couldn’t ask for more.”

In particular, respondents appreciated staff for being:

- responsive;
- respectful, courteous, and/or caring;
- communicating well and/or being well-informed; and
- helpful.

¹¹ There was a difference in phrasing this question. In Oregon, 19.3% of respondents strongly agreed/agreed with the following statement: “I had to repeat the same information to several staff”

Consumers also provided many comments about DHHS as an organization. The majority of comments in this area related to positive perceptions of:

- DHHS providing access to services;
- DHHS handling matters efficiently;
- DHHS with an orientation towards customer service; and
- perceptions of the entire organization as helpful.

“I’m happy with my experience. Getting me through this time will benefit DHHS in the future which enables me to keep my pride while receiving help...knowing I’ll be paying in once again in the future. Thank you!”

Although not as prevalent as the comments noted above, a large number of comments described positive perceptions about DHHS services and programs.

“The services help me survive, without them I could not take care of myself...”

The following table (Table 16) presents a display of the quantity of comments and whether the comment was about staff, services, or DHHS as an organization. From this display, it is clear that these respondents are saying that what they like best about DHHS is:

- courteous staff
- staff who are effective and helpful, and
- services that are effective and helpful

**TABLE 16: WHAT CONSUMERS LIKE BEST ABOUT DHHS
COUNT OF NARRATIVE COMMENTS, BY DOMAIN AND THEME
(JANUARY 2008)**

Domain and Theme	STAFF	SERVICES	DHHS/ORG.
Accessibility/Timeliness Domain			
Responsive	XX		
Accessibility			XXX
Customer Service Orientation Domain			
Respectful	XX		
Courteous	XXXX		
Communication	X		
Information	X		
Caring	XX		
Efficient			XX
Customer Service (generally)			X
Horizontal Integration and Coordination Domain†			
Overall Service Helpfulness			
Helpful	XXXX	XXXXX	XXX

Key: X: 5 – 19 comments
 XX: 20 – 34 comments
 XXX: 35 - 49 comments
 XXXX: 50 - 64 comments
 XXXXX: 65 + comments

† No themes in this domain met the threshold of five comments.

CONSUMER PERCEPTIONS OF WHAT DHHS COULD DO TO IMPROVE SERVICES

Fifty-six percent (n= 360) of respondents chose to provide responses about what DHHS could do to improve services. However, the total number of comments exceeded this number as many consumers provided multiple items in their narrative responses to this question. While many consumers responded to this question, the largest category was ‘no improvements’; even though the question asked what DHHS could do to improve services, more than one quarter of respondents indicated that they were satisfied with services as they are.

Many of the narrative suggestions from DHHS consumers concerned DHHS staff interaction with consumers. A number of comments concerned staff responsiveness and inadequate access to staff. Other consumer comments mentioned the perception that DHHS is inadequately staffed. In addition, several comments suggested that DHHS could improve staff

communication skills and that staff could be better informed about DHHS. These were the areas that were noted in terms of most need for improvement:

- responsive,
- accessible,
- respectful, courteous, and/or caring,
- communicating well and/or being well-informed, and
- inadequate staffing.

“When a client calls their case worker, it would be nice if the client didn’t have to repeatedly call to get an answer.”

Respondents’ narrative comments also focused on DHHS services. The primary concern expressed in this area was the need for more services. A number of narrative comments concerned DHHS as an organization and its processes. For example, respondents suggested that DHHS rules and policies are an area in need of improvement and that access to the organization needs to be improved. In addition, respondents provided suggestions about improving communication and information about the DHHS. Finally, respondents stated that DHHS processes could be more efficient.

“I have a family of 4 and 1 income and can’t get food stamps.”

“Increase food stamps (grocery prices are climbing). Broader dental coverage”

“Much of the paperwork asks the same questions. There is too much paperwork. If the paperwork was more streamlined a lot of [money] could be saved in paper alone.”

“DHHS needs to have more communication between departments. It would save on frustration for people receiving care[,] make DHHS more efficient, and maybe save money so they can help people more.”

Similar to above, the following table displays the areas in which there were the majority of comments related to need for improvement at DHHS. DHHS staff were the primary area of focus for comments about need for improvement, followed by the organization as a whole. One can note that the top areas are improvements to:

1. organizational rules and processes,
2. staff resources (e.g. heavy workload and staff turnover),
3. responsiveness of DHHS staff,
4. overall customer service on the part of DHHS staff, and
5. accessibility and the efficiency of DHHS.

**TABLE 17: WHAT CONSUMERS SAY IS NEEDED FOR IMPROVEMENT AT DHHS
COUNT OF NARRATIVE COMMENTS, BY DOMAIN AND THEME
(JANUARY 2008)**

Domain and Theme	STAFF	SERVICES	DHHS/ORG.
Accessibility/Timeliness Domain			
Responsive	XXX		
Accessibility	X		XX
Customer Service Orientation Domain			
Respectful	X		
Courteous	X		
Communication	X		X
Information	X		X
Caring	X		
Efficient			XX
Customer Service (generally)	XX		
Horizontal Integration and Coordination Domain†			
Overall Service Helpfulness†			
Helpful			
Additional Themes			
Rules			XXX
Resources	XX	XXX	

Key: X: 5 – 19 comments
 XX: 20 – 34 comments
 XXX: 35 - 49 comments
 XXXX: 50 - 64 comments
 XXXXX: 65 + comments

† No themes in this domain met the threshold of five comments.

SUMMARY OF ANALYSES OF OPEN-ENDED QUESTIONS

It is apparent that these respondents were primarily focused on the DHHS staff person as they considered issues of service quality and or customer service. The research literature indicates that staff characteristics and behavior play a strong role in consumer perception of overall service quality. The results from the open-ended questions confirm the importance of perceptions about staff as a key determinant of perceptions of service quality. Specific areas of quality in that relationship that consumers favored were being treated courteously, responsiveness to their requests, being treated in a caring manner, and feeling like the interaction was helpful. Areas for improvement are similar, with the biggest area of focus being responsiveness.

Another important finding from this survey concerns responses that did not fit under the survey domains. Many respondents commented about DHHS rules and processes, such as eligibility determination, as well as resources. These themes that emerged may be important to consider adding to the survey should it be conducted in future years.

FINDINGS AND RECOMMENDATIONS

DISCUSSION ON DATA COLLECTION AND QUESTIONNAIRE METHODS

This study made use of an administrative data file, ACES of DHHS, that had limitations in terms of being able to understand characteristics about the DHHS consumers listed in the file. The data file does not indicate if the individual is currently receiving a service and therefore does not have information about type(s) of services. In addition, there are apparently issues of accuracy concerning how primary language is coded in the data file. These issues create limitations in terms of how the results can be used to target areas of program improvement as it relates to customer service/satisfaction.

As previously noted, the response rate of 36% created a large amount of missing data in this study. Consideration should be given to using a telephone survey with ability to follow-up to limit non-responses. Finally, the significant differences between those with and without recent contact with DHHS need to be considered, as those with more recent contact may have more accurate recollection of the interaction(s) .

The questionnaire itself had very good reliability in two of the domains; Accessibility/Timeliness and Customer Service Orientation. The third domain, made up of only two items, Horizontal Integration and Coordination did not result in very good reliability. In addition, based on the analysis of the open-ended questions, this domain of Horizontal Integration and Coordination was not evident as a concern for respondents. This may be due to the fact that this conceptual area is not very evident in the actual interactions consumers have with the Department. Consumers may not relate concerns with poor quality service to this domain.

SUMMARY OF FINDINGS

Consumer satisfaction data is best used for decision-making when it is collected on a longitudinal basis. Then senior managers can identify trends over time and make efforts at program improvement that are likely not the result of some contextual factor unique to a point in time. Therefore these results should be considered 'baseline data' from which to measure change over time. The baseline data contained in this report indicates that these respondents report a high level of consumer satisfaction with DHHS. Overall, 94 percent of respondents strongly agreed or agreed that DHHS services have helped them or their families. Additionally,

respondents indicated a high level of agreement with many of the service quality items in each of the three domains of consumer satisfaction.

The baseline data also point to potential areas for improvement. As mentioned in the Results section the areas in which ratings were below the 80% target are similar in both instances. DHHS leadership could target these areas listed in Table 18 for discussion about overall performance improvement initiatives. However, it is important to keep in mind the limitations of this cross-sectional data; any discussion should include attention to whether or not these results are unique due to contextual factors at this point in time.

In considering the information from Table 18 below, one should also consider the results from the regression analysis that identified which quality indicators, items from the questionnaire, are most predictive of the overall helpfulness outcome. The top two indicators from that analysis were:

- DHHS Makes Information Easily Available
- DHHS Staff Are Willing to Help

These findings would suggest that at least for this group of respondents, a focus in these two areas would most likely increase perceptions that DHHS services are helping them and their families.

**TABLE 18: AREAS FOR IMPROVEMENT: SURVEY ITEMS
RECEIVING LESS THAN 80% OF RESPONDENTS STRONGLY AGREE/AGREE, BY DOMAIN
(JANUARY 2008)**

Accessibility and Timeliness Domain	
DHHS makes it easy to get services.	77%
When I contact DHHS staff, they respond quickly.	72%
Consumer Service Orientation Domain	
When DHHS staff are unable to help me, they quickly connect me to someone who can.	78%
Horizontal Integration and Coordination Domain	
When I contact DHHS, I do not have to repeat the same information to several staff.	77%

Sub-group analysis results provide more specific information to use for quality improvement and or customer satisfaction related activity. In terms of DHHS District Offices, fifteen of the seventeen areas had enough data across all Districts for statistical analyses to be performed. The following table (Table 19) presents information, by DHHS District, on the percent and number of survey items receiving ratings lower than the 80 percent threshold for quality service. The range is a low of 0% of quality indicators less than the target for District 4 – Sagadahoc, Lincoln, Waldo & Knox Counties to a high of 67% of quality indicators less than the target for District 6 Penobscot and Piscataquis Counties.

**TABLE 19: DHHS DISTRICTS AND AREAS FOR IMPROVEMENT
(JANUARY 2008)**

	Number and Percent of Service Quality Indicators Rated Less Than 80% Target
District 6: Penobscot & Piscataquis Counties	67% (10 out of 15 indicators less than 80%)
District 2: Cumberland County	53% (8 out of 15 indicators less than 80%)
District 3: Androscoggin, Oxford & Franklin Counties	33% (5 out of 15 indicators less than 80%)
District 5: Kennebec & Somerset Counties	22% (4 out of 15 indicators less than 80%)
District 8: Aroostook County	20% (3 out of 15 indicators less than 80%)
District 7: Hancock & Washington Counties	13% (2 out of 15 indicators less than 80%)
District 1: York County	13% (2 out of 15 indicators less than 80%)
District 4: Sagadahoc, Lincoln, Waldo & Knox Counties	0 %

Sub-group analyses by DHHS consumer characteristics had one area of very consistent findings related to the age of the consumer. As reported in the results, those consumers who were of the ages of 0 –18 and 19-38 had service quality ratings consistently lower or worse than for those consumers who were older. In fact, the oldest consumer group, ages 66+ years, consistently had the highest quality ratings.

Sub-group analyses in terms of characteristics of the respondent resulted in two important findings. There were differences in perceptions of quality based on whether or not the respondent was a DHHS consumer and whether or not the respondent had recently had contact with DHHS, in the past three months. People responding on behalf of consumers and those with recent contact rated the quality of services lower in most instances.

Based on the analysis of the open-ended questions, it is apparent that how consumers experience the relationship they have with a DHHS staff person is the most important area of focus for them in terms of what goes well or what needs improvement. In particular, it seems as though consumers are most concerned with how they are treated in that relationship and how responsive the DHHS staff person is to their request.

RECOMMENDATIONS AND MATTERS FOR CONSIDERATION

These results of this first agency-wide consumer survey are best considered as a baseline ‘snapshot’ of customer service. As such, these need to be thoroughly discussed with DHHS staff and managers in order to test the validity of the findings. There may be certain contextual factors present for DHHS at this point in time that may bias the validity of these findings. Therefore, these data are best used as a ‘baseline’ for consideration with a future set of survey results. They do however provide guidance for the Department’s consideration of program improvement efforts.

RECOGNIZE SUCCESSES

The findings of this baseline data indicate that these respondents, people connected to DHHS consumers and DHHS consumers themselves, rate very highly the services they receive from the Department. Fully 94 percent of the survey respondents report that the services they receive from DHHS have helped them and/or their family. Of the 17 quantitative survey questions, thirteen scored at or above the 80 percent agree/strongly agree level while 4 scored below that threshold. Further the qualitative data indicate that these consumers feel positive about DHHS staff. The largest number of responses complimented DHHS staff, specifically as courteous and helpful. In the eyes of these respondents, there is a lot that DHHS is doing well.

ESTABLISH A LONGITUDINAL DATA SOURCE FOR CONSUMER FEEDBACK

Consumer satisfaction data is best used for decision-making when it is collected on a longitudinal basis. Longitudinal data can be used to track changes in performance over time and to ensure that the results are not the result of some contextual factor unique to a point in time. Senior managers can use data to track how well performance improvement efforts are working.

The results in this report provide a wealth of information about where efforts for improvement should be focused. Individual survey items indicate areas rated favorably and less favorably. Sub-group analyses point to significant differences among certain types of consumers--consumers in certain DHHS Districts, younger consumers, respondents completing the survey on behalf of a consumer, and those with recent contact with DHHS who are less satisfied than others.

Results of additional analyses indicated that two survey questions (variables) were most predictive of the overall helpfulness question:

- DHHS Makes Information Easily Available, and
- DHHS Staff Are Willing to Help

One of these areas was rated less than 80% favorable and therefore a primary areas of focus for discussion could be improving ways that information is made more easily available to consumers.

DEVELOP/MAKE AVAILABLE ALTERNATIVE CONSUMER DATA SOURCE

This study used the single, best available data file including a broad cross-section of DHHS consumers. However, as we have noted in the limitation section above, the data file had three significant drawbacks:

- it lacks information about whether the individuals in the database are currently receiving DHHS services, and if so, what services they are receiving,
- it includes most, but not all DHHS consumers, and
- it has some inaccurate information about the primary language of a number of consumers.

These issues create limitations in terms of how the results can be used to target areas of program improvement as it relates to customer service/satisfaction.

DHHS should consider developing or making available consumer data sources that would include information about services received. This would allow for analyses of customer

satisfaction with DHHS programs and services. In addition, data cleaning procedures are needed to ensure that consumer information, e.g. primary language, is accurate.

CONDUCT TELEPHONE SURVEY TO ENSURE ADEQUATE RESPONSE RATE

As mentioned, the 36 percent response rate constrained the analyses that could be conducted. A telephone survey, with the ability to follow-up to increase the response rate, is recommended.

ESTABLISH MORE IMMEDIATE SOURCE OF CONSUMER FEEDBACK

This study indicates significant differences in the rating of service quality based on certain characteristics of the respondent – DHHS consumer self-reporting and immediacy of contact with DHHS staff; collecting service quality information may need to be done using a more timely process. For example, point-of-service questionnaires developed from the domains used in this study would provide a self-report from consumers within a more immediate time frame.

Another possibility for consideration would be to select a set of “core” service quality indicators and require their use across DHHS units whenever programs are conducting customer service surveys. Thereby establishing a consistent set of measures and making it possible to explain comparisons of service quality ratings between different types of DHHS consumers and programs.

TOPICS FOR FURTHER STUDY

As noted earlier the data gathered in this survey should be considered baseline data regarding DHHS’s agency-wide customer satisfaction. A longitudinal approach would enable DHHS leadership to more critically focus performance improvement efforts such as standardizing response protocols, testing new methods of making information more readily available to consumers, and improving navigation between services.

This study reveals some important differences among DHHS’s consumers. Through the use of longitudinal data, additional study could help to better understand what contributes to the differences in how younger and older consumers perceive service quality and satisfaction. Do younger consumers expect something different than their elder counterparts? What other factors contribute to older consumers’ satisfaction? How might this affect the program improvement strategies that DHHS leadership chooses?

The study also reveals differences among the districts. Through the use of longitudinal data, further study could help pinpoint what those differences are. Is there something unique about certain districts that contribute to greater consumer satisfaction? Is the population of consumers and the nature of the services somehow unique? Are there different practices which positively effect satisfaction and perception of quality?

An area that this study does not address is how consumers from specific program areas perceive satisfaction and quality. Many DHHS programs collect this data. DHHS could look at consumer satisfaction survey data that has already been collected to learn more about how the finding across programs compare.