

**Maine Department of Health and Human Services  
2008 Consumer Satisfaction Survey Report**

**Executive Summary  
April 2008**

**Submitted to:  
Brenda Harvey, Commissioner, DHHS**

**Submitted by:  
Michel Lahti, PhD, Principal Investigator  
Martha Elbaum Williamson, MPA, Project Director  
Jennifer Pratt, Project Assistant  
Becky Noréus, MPPM, Research Analyst  
Nadine Edris, MSW, Senior Policy Associate**

**Muskie School of Public Service  
University of Southern Maine**

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This report has been prepared for the Maine Department of Health and Human Services under Maine's State-University Cooperative Agreement. Any opinions expressed in the report are those of the authors and do not necessarily represent the view of Maine DHHS.

**2008 MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CONSUMER SATISFACTION SURVEY REPORT – EXECUTIVE SUMMARY**

The purpose of this Executive Summary of the 2008 Maine Department of Health and Human Services (DHHS) Consumer Satisfaction Survey Report is to provide a brief summary of background, methodology, and results of the first, broad-based survey of Maine DHHS consumers. The overview section provides information about context for the consumer survey. The methodology section describes the selection of the survey items and how the pilot and the full survey were implemented and how the data were analyzed. The results section provides baseline data for many of the 22 survey questions. Conclusions and Matters for Consideration appear at the end of the summary. Additional information and analyses are provided in the full report and appendixes.

**OVERVIEW**

As part of a larger performance measures project, the Maine DHHS asked researchers at the Edmund S. Muskie School 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 has 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 provide DHHS leadership with a regular data source to identify areas where strategic, performance improvement initiatives are needed. While many units within DHHS have various types of approaches to measure consumer satisfaction within their program; this survey project represents the first attempt by the DHHS to report on consumer satisfaction in a common way for the Department. Common measures of consumer satisfaction will improve 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 5-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.

Research staff selected the domains after a full review of the consumer services and service quality literature and a review of 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. 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 consumer service.

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 data including region, service type, and language, a stratified random sample of 1,903 individuals was created. The sample was

drawn from a subset of 79,812 individuals included in a DHHS administrative database that includes individuals who had applied for, and been eligible for DHHS benefits/services in the preceding 24-month period.<sup>1</sup>

The survey protocol included several steps to ensure an adequate response rate. A pre-notification letter was mailed out under the DHHS Commissioner's signature. Shortly thereafter, the survey was mailed out with a cover letter, with a follow-up survey and reminder letter mailed to non-respondents.

The survey was translated into the five most popular, non-English languages spoken by individuals in the database: French, Spanish, Somali, Hmong, and Vietnamese. The same protocol was followed, although the survey mailings were sent during the month of December as 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 (surveys with over 50% of the questions completed) are included in this statewide analysis.

Statistical tests determined very good reliability of the questions within two of the domains - Accessibility/Timeliness and Customer Service Orientation and acceptable in the Horizontal Integration and Coordination of Services domain. Reliability is desirable because it indicates that the survey items are indeed measuring the domain.

### **LIMITATIONS AND CHALLENGES**

The findings from this study are hindered by missing data due to the 36% response rate. Because of the amount of missing data, researchers were not able to conduct all planned analyses.<sup>2</sup>

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.

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<sup>1</sup> The sample was drawn from the Automated Client Eligibility System (ACES). 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 Buyin 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.

<sup>2</sup> The research team initially proposed that the survey be conducted as a telephone survey as this method is generally known to be superior in terms of generating a high response rate. However, Department concerns about providing specific contact information for a consumer made it necessary to conduct a mail survey. In response to similar concerns, the research team amended the typical mail survey protocol to enable the DHHS to prepare the survey mailings. As a result, the timing of the survey and follow-up mailings followed a somewhat different timetable than planned.

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 AND DHHS CONSUMER DEMOGRAPHICS AND OTHER CHARACTERISTICS**

The following table, Table 1, 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 of the full report). 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.

**TABLE #1: DESCRIPTION OF POPULATION AND FINAL SAMPLE  
ANALYSIS BY SUB-GROUP (JANUARY 2008)**

	<b>TOTAL POPULATION (N = 79,812)</b>		<b>TOTAL SAMPLE (N = 1,903)</b>		<b>RESPONDENTS (N=645)</b>	
<b>DHHS District</b>						
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
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%
<b>DHHS Client Reported Language<sup>3</sup></b>						
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
English	78,025	98%	1,711	90%	600	93%
Other than English	1,787	2%	192	10%	45	7%
<b>DHHS Client Reported Gender</b>						
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Male	33,010	41%	753	40%	227	35%
Female	46,802	59%	1,150	60%	418	65%
<b>DHHS Client Reported Race</b>						
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Non-White/Indeterminate	10,537	14%	154	9%	90	14%
White	69,275	87%	1,575	91%	550	86%
<b>DHHS Client Reported Mean Age</b>						
	<b>Mean</b>	<b>SD<sup>4</sup></b>	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>
DHHS Client Reported Mean Age	37.96	(24.16)	38.59	(24.47)	46.59	(23.20)

<sup>3</sup> Information reported on primary language is not accurate for all individuals in the ACES database.

<sup>4</sup> 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, the survey results indicate that these respondents are reporting a high level of consumer satisfaction with DHHS (see Table 2 below). Ninety-four percent of respondents strongly agree or agree that DHHS services have helped them or their families. This high level of satisfaction is evident in many of the survey items in each of the three domains of consumer satisfaction. The service quality item with the lowest level of agreement, 72 percent of respondents, was “When I contact DHHS staff, they respond quickly.” Four of the survey items resulted in fewer than 80 percent strongly agree/agree ratings.

**TABLE 2: PERCENT STRONGLY AGREE / AGREE WITH QUALITY ITEM STATEMENTS  
(JANUARY 2008)**

<b>Service Quality / Helpfulness Item from Questionnaire</b>	<b>RESPONDENTS Percent Strongly Agree / Agree</b>	
<b>ACCESSIBILITY / TIMELINESS DOMAIN</b>		
	<b>%</b>	<b>N</b>
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.	<b>77%</b>	627
When I contact DHHS staff, they respond quickly.	<b>72%</b>	634
<b>CUSTOMER SERVICE ORIENTATION DOMAIN</b>		
	<b>%</b>	<b>N</b>
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.	<b>78%</b>	623
<b>HORIZONTAL INTEGRATION &amp; COORDINATION DOMAIN</b>		
	<b>%</b>	<b>N</b>
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.	<b>77%</b>	635
<b>OVERALL SERVICE EFFECTIVENESS</b>		
	<b>%</b>	<b>N</b>
Overall, the services I received from DHHS have helped me and or my family.	94%	635

One way to think about the overall results is to consider the items scoring 80 percent or higher (agree/strongly agree) as topics where DHHS is doing well and items scoring less than 80 percent as areas where DHHS needs improvement. 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**

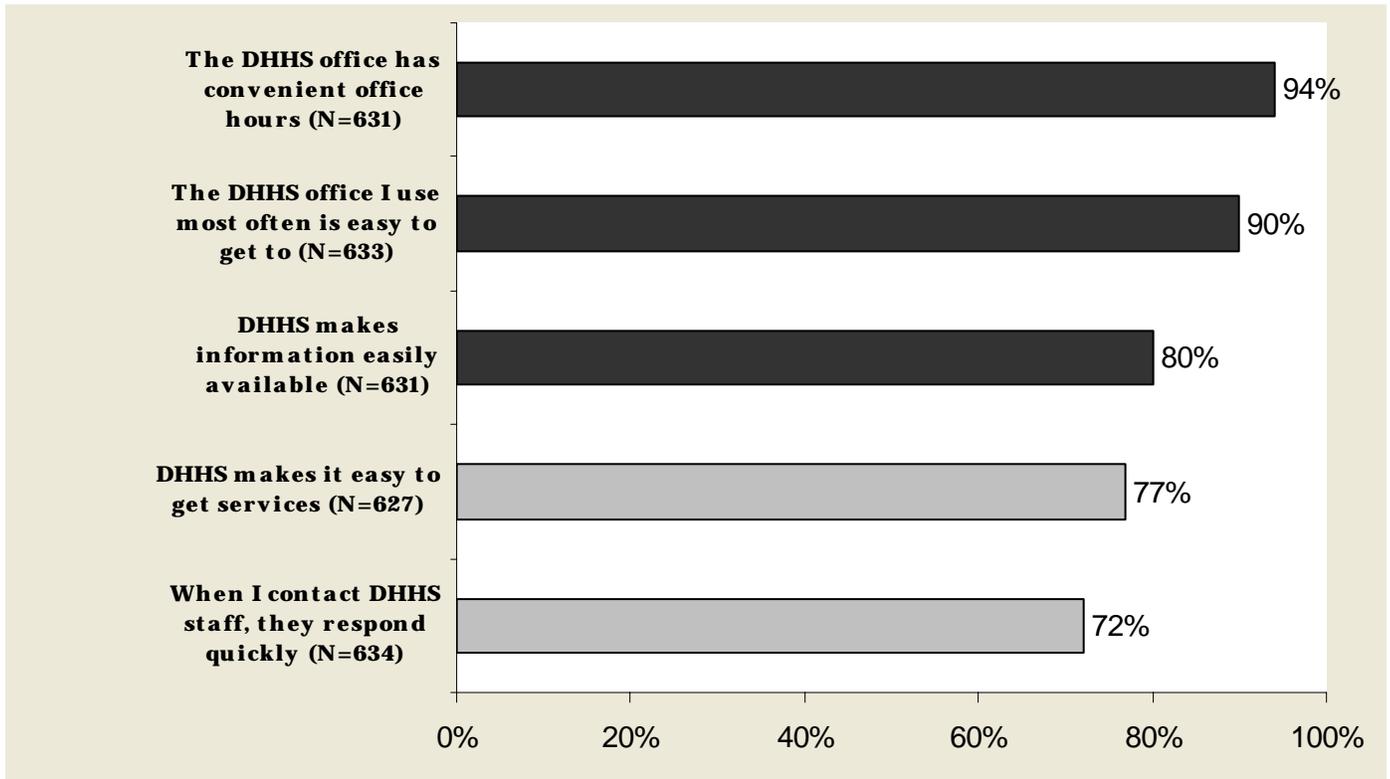
- When unable to help, connecting client to someone who can (78%)
- Having client repeat the same information (77%)
- Making it easy to get services (77%)
- Responding quickly (72%)

### **ACCESSIBILITY AND TIMELINESS OF DHHS SERVICES**

This domain includes several questions related to accessibility and timeliness. These five questions make up one of three domains intended to capture consumer satisfaction. These respondents rated DHHS 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 in this domain indicate room for improvement. For example, seventy-seven 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)**



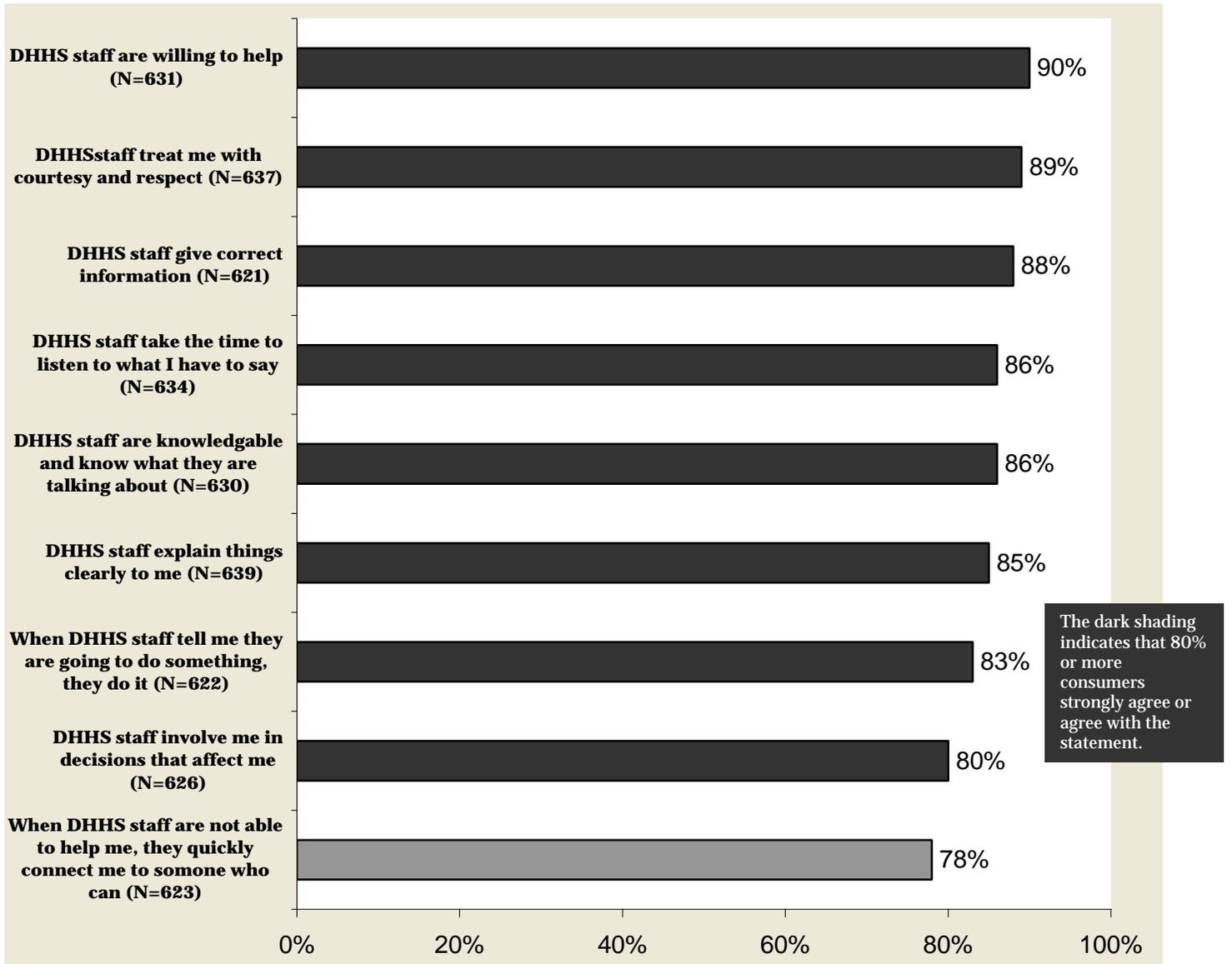
**CUSTOMER SERVICE ORIENTATION OF DHHS STAFF**

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)**



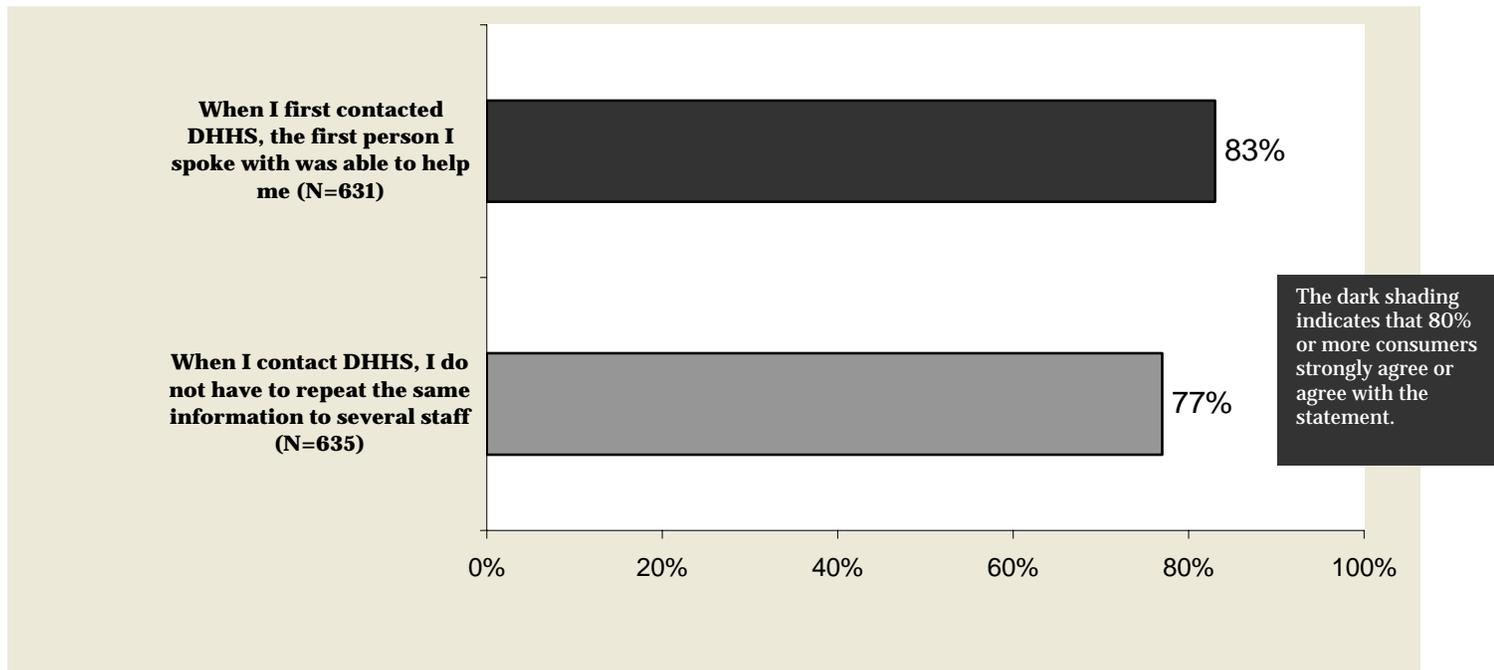
## HORIZONTAL INTEGRATION AND COORDINATION OF DHHS SERVICES

The horizontal integration and coordination domain addresses 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 learn whether differences exist in consumer satisfaction with DHHS service quality. For example analyses were conducted to learn whether consumers in different DHHS Districts were more satisfied than those in other DHHS Districts. Sub-group analyses were conducted to investigate differences in responses by DHHS District, age, gender, race, respondent type (client or client proxy), and recency of contact with DHHS.

Where possible, sub-group analyses were performed to determine whether differences in responses were significantly different. In some cases, there was too much missing data to statistically analyze differences by items of interest (e.g. DHHS District). In this Executive Summary, only items with statistically significantly sub-group differences are described. For a complete report of the sub-group analyses please see the full report.

**SUB-GROUP ANALYSIS – BY DHHS DISTRICT**

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 3 below. Respondents 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%).

**TABLE 3: ACCESSIBILITY AND TIMELINESS DOMAIN  
PERCENT STRONGLY AGREE/AGREE BY DISTRICT OFFICE  
SIGNIFICANT RESULTS ONLY (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 makes it easy to get services (p=.018)	83%	52	68%	65	78%	102	84%	80	83%	108	65%	103	79%	52	77%	65

\* Statistically significant difference between Districts.

CUSTOMER SERVICE

Survey results for the customer service orientation domain, by DHHS District, are presented in Table 4 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.

**TABLE 4: CUSTOMER SERVICE ORIENTATION DOMAIN  
PERCENT STRONGLY AGREE/AGREE BY DISTRICT  
SIGNIFICANT RESULTS ONLY (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 explain things clearly to me (p=.021)	86%	55	<b>79%</b>	68	86%	104	94%	80	87%	109	<b>76%</b>	103	90%	52	90%	68
*When DHHS staff are not able to help me. They quickly connect me to someone who can p=.05	85%	53	<b>74%</b>	65	<b>74%</b>	101	81%	79	<b>76%</b>	107	<b>69%</b>	100	90%	52	83%	66

\* Statistically significant difference between Districts.

HORIZONTAL INTEGRATION AND COORDINATION

Table 5 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.

**TABLE 5: HORIZONTAL INTEGRATION/COORDINATION DOMAIN  
PERCENT STRONGLY AGREE/AGREE BY DISTRICT  
SIGNIFICANT RESULTS ONLY (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	<b>75%</b>	67	83%	103	86%	78	<b>79%</b>	108	<b>77%</b>	102	87%	53	93%	67

\* Statistically significant difference between Districts.

## SUB-GROUP ANALYSIS – BY AGE

Table 6 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 (\*).

Responses to most of the survey questions were significantly different by age (see Table 6). 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.

**TABLE 6: PERCENT AGREEMENT  
BY DHHS CONSUMER AGE CATEGORY  
SIGNIFICANT RESULTS ONLY (JANUARY 2008)**

Question / Domain	Ages 0-18		Ages 19-38		Ages 39-65		Ages 66+	
	%	N	%	N	%	N	%	N
<b>Accessibility / Timeliness Domain</b>								
*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
<b>Customer Service Orientation Domain</b>								
*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 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
<b>Horizontal Integration and Coordination Domain</b>								
*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
* Statistically significant difference between Ages.								

**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 responding on behalf of consumers.) The analysis found no significant differences in responses by gender. Males and females were also similar in how they rated items below the 80 percent favorable threshold.

**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 7 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 7: 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 8 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.

**TABLE 8: PERCENT AGREEMENT BY TYPE OF RESPONDENT:  
CONSUMER OR OTHER TYPE  
SIGNIFICANT RESULTS ONLY (JANUARY 2008)**

Question / Domain	SELF – RESPONDENT IS DHHS CONSUMER	OTHER - RESPONDENT IS NOT DHHS CONSUMER
<b>Customer Service Orientation Domain</b>		
*When DHHS staff are not able to help me, they quickly connect me to someone who can p=.040	81%    376	<b>73%</b> 189
*DHHS staff involve me in decisions that affect me p.042	83%    374	<b>76%</b> 192
*DHHS staff are willing to help p=.010	93%    376	<b>86%</b> 195
* 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 that have not (47%), see Table 9 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.

**TABLE 9: PERCENT AGREEMENT BY RECENT CONTACT WITH  
DHHS STAFF SIGNIFICANT RESULTS ONLY (JANUARY 2008)**

Question / Domain	NO CONTACT IN PAST THREE MONTHS	YES CONTACT IN PAST THREE MONTHS
<b>Accessibility / Timeliness Domain</b>		
	%    N	%    N
*DHHS makes information easily available p=.010	84%    286	<b>76%</b> 319
*DHHS makes it easy to get services p=.011	82%    286	<b>73%</b> 315
*When I contact DHHS staff, they respond quickly p=.001	<b>78%</b> 288	<b>66%</b> 320
<b>Customer Service Orientation Domain</b>		
*When DHHS staff are not able to help me, they quickly connect me to someone who can p=.022	81%    280	<b>74%</b> 318
*DHHS staff treat me with courtesy and respect .001	93%    288	<b>85%</b> 322
*DHHS staff take the time to listen to what I have to say p=.020	90%    289	<b>83%</b> 320
*DHHS staff are knowledgeable and know what they are talking about p=.023	90%    286	<b>83%</b> 320
<b>Horizontal Integration and Coordination Domain</b>		
*When I contact DHHS, I do not have to repeat the same information to several staff. P=.007	82%    287	<b>73%</b> 321
* Statistically significant difference by recent contact with DHHS Staff.		

## **RESULTS OF OPEN-ENDED QUESTIONS**

The survey included two open-ended questions to provide insight into consumers' perceptions of DHHS 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 provided 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, 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;
- good communicators and/or being well-informed; and
- helpful.

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 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 10) displays the quantity of comments and whether the comment was about staff, services, or DHHS as an organization. In summary, respondents provided the most positive comments about:

- helpful services,
- helpful staff, and
- courteous staff.

**TABLE 10: WHAT CONSUMERS LIKE BEST ABOUT DHHS  
COUNT OF NARRATIVE COMMENTS, BY DOMAIN AND THEME  
(JANUARY 2008)**

Domain and Theme	STAFF	SERVICES	DHHS/ORG.
<b>Accessibility/Timeliness Domain</b>			
Responsive	XX		
Accessibility			XXX
<b>Customer Service Orientation Domain</b>			
Respectful	XX		
Courteous	XXXX		
Communication	X		
Information	X		
Caring	XX		
Efficient			XX
Customer Service (generally)			X
<b>Horizontal Integration and Coordination Domain†</b>			
<b>Overall Service Helpfulness</b>			
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 provided 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. 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 respondents suggested that DHHS could improve staff communication skills and that staff could be better informed about DHHS. Areas most commonly identified as needing improvement included the following:

- responsiveness,
- accessibility,
- 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 need 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 11: WHAT CONSUMERS SAY IS NEEDED FOR IMPROVEMENT AT DHHS  
COUNT OF NARRATIVE COMMENTS, BY DOMAIN AND THEME  
(JANUARY 2008)**

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

**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.

**CONCLUSIONS AND MATTERS FOR CONSIDERATION**

The baseline data indicates that these respondents have 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. This high level of satisfaction is evident in many of the survey items in each of the three domains of consumer satisfaction:

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

The baseline data also point to potential areas for improvement. At least one item in each of the consumer satisfaction domains received less than 80 percent of respondents indicating very strong or strong agreement with positive items (See below.). DHHS leadership could target these areas for performance improvement initiatives.

**TABLE 12: POTENTIAL AREAS FOR IMPROVEMENT:  
SURVEY ITEMS RECEIVING LESS THAN 80 % OF RESPONDENTS STRONGLY AGREE/AGREE  
BY DOMAIN**

<b>Accessibility and Timeliness Domain</b>	
DHHS makes it easy to get services	77%
When I contact DHHS staff, they respond quickly	72%
<b>Consumer Service Orientation Domain</b>	
When DHHS staff are unable to help me, they quickly connect me to someone who can	75%
<b>Horizontal Integration and Coordination Domain</b>	
When I contact DHHS, I do not have to repeat the same information to several staff	76%

While these 2008 survey data are important for knowing how these consumers perceive DHHS, the research team recommends that the consumer survey be conducted regularly to establish a longitudinal source of consumer feedback to help track and monitor the Department’s performance.

To enhance the response rate and quality of data attained through consumer surveys, we further recommend use of a telephone survey. Should mailed surveys be continued DHHS and Muskie researchers will need to collaborate to streamline efforts around survey correspondence.

To increase the relevance of consumer satisfaction feedback to DHHS program managers and consumers, DHHS may want to consider refining future survey efforts to gather information in a systematic way across the agency and provide unique information to specific program or service areas. One option would be to develop and use a core set of satisfaction items that can be administered at any program or service level. In addition, tailoring some items to a particular program that may heighten the interest for a potential respondent. Furthermore, efforts should be taken to ensure that feedback from consumers with recent contact with particular program or service areas can be gathered.

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