1-1-2019

Community Health: A Patient Satisfaction Inquiry at Puentes de Salud, a Health and Wellness Clinic Centering the Latinx Community in Philadelphia, PA

Carlota O. Izaguirre
University of Pennsylvania, coizaguirre@gmail.com

Rosemary Polomano
University of Pennsylvania

Steven C. Larson
Hospital of the University of Pennsylvania - Center for Clinical Epidemiology and Biostatistics, larsonst@mail.med.upenn.edu

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Abstract

Free healthcare clinic models contribute the health and wellness of a community providing essential preventative and acute healthcare screening and diagnosis, mitigating negative health outcomes and higher healthcare costs for the individual. Current research supports optimizing community health through knowledge gained from frequent assessment of patient satisfaction and perceived barriers to healthcare. This study examined the level of patient satisfaction at Puentes de Salud (Puentes), a nonprofit healthcare clinic serving Philadelphia's Latinx migrant community. Utilizing a validated and reliable survey instrument that captures patient satisfaction with healthcare, Spanish or English- speaking patients (n= 79) 18-89 years of age completed a self-administered survey. In addition, a demographic questionnaire with open ended clinic inquiry questions was developed to assesses healthcare access barriers. Participants reported a higher level of satisfaction with higher number of clinic visits but did not report higher scores with more years associated with the clinic. Appointment reminders, improving communication/ answering phone calls, and access to specialty services were suggested to optimize participant health. Improving patient satisfaction and identifying perceived barriers to healthcare presents a unique opportunity to incorporate community needs at Puentes to ensure future growth and utilization of the clinic.

Keywords

community health, low cost clinic, Latinx, migrant, patient satisfaction

Disciplines

Community Health and Preventive Medicine | Health Services Research | Other Public Health | Public Health and Community Nursing

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Carlota Izaguirre, BSN, RN
Doctorate of Nursing Practice Student
Nurse Anesthesia Program
University of Pennsylvania, School of Nursing
2406 Coral Street
Philadelphia, PA, 19125
coizaguirre@gmail.com
Tel: 718-208-8159
Fax: not available

Steven C. Larson, MD
Associate Professor of Emergency Medicine, Hospital of the University of Pennsylvania
Philadelphia, PA, USA.

Rosemary Polomano, PhD, RN, FAAN
Associate Dean for Practice
Professor of Pain Practice, University of Pennsylvania, School of Nursing
Professor of Anesthesiology and Critical Care, Perelman School of Medicine
Philadelphia, PA, USA

Abstract

Free healthcare clinic models contribute the health and wellness of a community providing essential preventative and acute healthcare screening and diagnosis, mitigating negative health outcomes and higher healthcare costs for the individual. Current research supports optimizing community health through knowledge gained from frequent assessment of patient satisfaction and perceived barriers to healthcare. This study examined the level of patient satisfaction at Puentes de Salud (Puentes), a nonprofit healthcare clinic serving Philadelphia's Latinx migrant community. Utilizing a validated and reliable survey instrument that captures patient satisfaction with healthcare, Spanish or English- speaking patients (n= 79) 18-89 years of age completed a self-administered survey. In addition, a demographic questionnaire with open ended clinic inquiry questions was developed to assesses healthcare access barriers. Participants reported a higher level of satisfaction with higher number of clinic visits but did not report higher scores with more years associated with the clinic. Appointment reminders, improving communication/ answering phone calls, and access to specialty services were suggested to optimize participant health. Improving patient satisfaction and identifying perceived barriers to healthcare presents a unique opportunity to incorporate community needs at Puentes to ensure future growth and utilization.

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Community Health: A Patient Satisfaction Inquiry at Puentes de Salud

The current political climate calls for reframing healthcare delivery to meet the needs of socioeconomically and politically disenfranchised communities. There is limited data documenting patient satisfaction and perceived barriers to healthcare among migrant, undocumented, underinsured and uninsured communities seeking care at free or low cost/sliding scale healthcare facilities. In the absence of a free clinic model, many patients would go without preventative and acute healthcare screening, delaying diagnosis, which could lead to negative health outcomes and higher healthcare costs for the individual [1]. Utilizing the RAND Corporation's Patient Satisfaction Questionnaire short form (PSQ-18), a quality improvement project was undertaken to generate data about patient satisfaction and barriers to care at a low-cost clinic serving an underinsured and uninsured local urban Latinx population, Puentes de Salud ("Puentes") [2]. These data in aggregate form are needed by this clinic to inform care and determine appropriate services to address the unmet healthcare needs and expectations of patients served by this clinic. Specially, this project aimed to examine the level of patient satisfaction at Puentes de Salud, identify barriers for utilization of the clinic, and identify services desired by the community to improve access and increase clinic utilization.

According to the National Association of Free and Charitable Clinics (NAFCC), there are approximately 1,200 free clinics in the United States [3]. Over 4,000 patients are seen annually in free clinics, with an additional 800 patients enrolling every year [4]. Morbidity and mortality in undocumented, underinsured and uninsured communities continues to be a major public health

concern from the perspective of increased healthcare costs and demands on the healthcare system, on the individual, and the community [5].

Primary barriers to accessing or continuing to access healthcare among under insured and uninsured groups were identified in the literature: language access and availability of an interpreter, transportation access, available clinic hours after 5PM, and childcare during office visits [1]. While 54% of Puentes participants reported their ability to read English as *not good*, in response to item 1 on the PSQ-18, *Doctors are good about explaining the reason for medical tests*, Puentes satisfaction scores were higher (mean 4.45 ± 0.6) compared to the RAND Corporation sample (mean 3.09 ± 1), [Table 1]. Higher levels of patient satisfaction have been reported with the use of language interpreter services [6]. The majority of Puentes surveys completed were in Spanish (n=76) and the use of Spanish or indigenous language interpreters was not explored for this satisfaction inquiry. Puentes requires all staff and volunteer members are fluent in Spanish, have clinic hours that are congruent with migrant and day laborers non-working hours, and have a waiting area that is welcoming to children. In this way the clinic centers the community, potentially increasing patient satisfaction and the perception of healthcare quality.

Barriers to obtaining optimal care have been reported as transportation issues, work/ school schedule conflicts, and cost [1]. Puentes participants similarly reported work conflicts as a reason for missing an appointment (n=10, 12.7%) [Table 2]. Responses to questions in the financial aspects subscales, PSQ-18 items 5 and 7, (mean 3.92 ± .93) did not indicate that the costs associated with obtaining healthcare at Puentes was a barrier to accessing clinic services [Table 1]. Patients have reported that it was appropriate to pay a sliding scale facility fee and that doing so made them feel more involved in their own medical care [1]. This finding is consistent with

the results from the Puentes demographic questionnaire where cost was not listed as a reason for missing an appointment [Table 2].

Methods

A descriptive design using a survey methodology was employed for this study. Prior to initiating the study, investigators sought approval from their Institutional Review Board (IRB) under the mechanism for Quality Improvement/Quality Assurance projects. The project was deemed to be exempt from IRB oversight.

This QI community-based project was conducted at Puentes de Salud, a 501©3 nonprofit organization committed to a comprehensive strategy to promote wellness, while aiming to diminish the effects of structural violence through a social justice lens [7]. The clinic located in center city Philadelphia, PA is affiliated with the University of Pennsylvania Penn Medicine, an academic health system. The clinic mission is centered on examining injustices in the distribution of health and the underlying reasons for unjust burdens of illness [7]. Opened in 2006, to date, there is no systematic or ongoing approach to evaluate satisfaction with healthcare services and identify barriers to access to healthcare at Puentes. All Penn Medicine hospitals and selected ambulatory care sites utilize the Press Ganey Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) from the Centers for Medicare & Medicaid Services (CMS) to measure the patient experience or patient satisfaction with healthcare. However, Puentes is not part of Penn Medicine's Press Ganey HCAHPS survey data collection. The clinic offers primary care, women's health services, and free educational programs including diabetes management and prenatal education [7]. There is a pro-bono lawyer available during open clinic hours in addition to free and sliding scale community wellness, education and mental health initiatives [7]. The clinic has an onsite laboratory and all providers are bilingual Spanish

and English speaking. Puentes is staffed by 11 paid employees and over 200 active student and faculty volunteers from colleges and universities throughout the Philadelphia region. The clinic charges $20 per visit, with a sliding scale available for lab work if not included in the cost of the office visit. Patients are never asked for proof of documentation status.

Patients targeted for this study were accessing healthcare care at the clinic between June and August 2018 during open clinic hours. Inclusion criteria were: patients between the ages of 18 to 89 years, those able to read and write in either the Spanish or English language, and patients having at least one prior visit. Patient were excluded from the study if they were visiting the clinic for the first time, had an emergent or urgent healthcare issue requiring immediate attention were deemed inappropriate by Puentes healthcare providers due to behavioral health issues or other circumstances (e.g., attending the clinic for non-medical services), or declined participation.

The survey instrument used in this QI project incorporated demographic information, the RAND Corporation's Patient Satisfaction Questionnaire-Short Form (PSQ-18), and additional questions focused on barriers to access to healthcare and patterns of healthcare utilization at Puentes [2]. Demographic information included: self-identified gender; age; race and ethnicity; employment status; education level; country of origin; years living in USA; and years receiving care at Puentes. To encourage participation and reduce fear associated with disclosure of undocumented status, the survey did not include information on United States citizenship or immigration status. Open-ended questions related to clinic utilization: reason for current clinic visit; year first seen at Puentes; number of times seen at Puentes in the past year; services Puentes could offer to improve patient health; reasons for missing appointments; suggestions for services to improve medical care received; services to improve the ability to keep an appointment; and suggested

clinic hours. Multiple choice questions asked respondents to identify where healthcare was obtained prior to coming to Puentes, if they had ever missed an appointment, and if clinic hours were "good."

The RAND Corporation PSQ-18 captured patient satisfaction with healthcare, and the developers of the original survey granted permission to use the questionnaire. The RAND PSQ-18 was specifically designed for use with free and low-cost clinic services for uninsured and underinsured populations. The instrument includes 18 items rated on 5-point Likert scale from 1= Strongly Agree to 5= Strongly Disagree [2]. Reverse scoring is used for items 1, 2, 3, 5, 6, 8, 11, 15, and 18, and higher scores indicate a higher level of satisfaction with each item. There are seven subscales that encompass domains of General Satisfaction, Technical Quality, Interpersonal Manner, Communication, Financial, Time Spent with Doctor, and Access and Convenience [2]. Previous work established acceptable reliability and validity for the PSQ-18 instrument. The PSQ-18 is available in English, and a translated version in Spanish was developed for the purpose of this study using a translation and back translation method by the lead investigator fluent in the Spanish language. The translated version was verified by an independent evaluator, Caracol Language Corp.

Prior to initiating the project, Puentes staff received information about the project and education on all study procedures. The clinic staff did not participate in the development, distribution or collection of the survey instrument. The primary investigator trained all non-staff data collectors on how to screen potential eligible participants and approach them for participation. The Puentes clinic's lead nurse introduced data collectors to potential participants at the beginning of open clinic hours, and data collectors were available to answer any questions while participants completed the survey. Eligible participants received a packet with a letter in both English and

Spanish explaining the study, and all responses would be kept strictly confidential with participant anonymity maintained. After completion of the survey, participants were instructed to return survey packets to data collectors or return the packet in a sealed envelope, which could be placed in a box located in a secure location monitored by the receptionist. Data collectors ensured that patients were only surveyed once. All data were collected while patients were at the clinic. Participants did not receive monetary compensation for participation. The project leader entered all de-identified data into an electronic database and stored the data in a password-protected file.

Descriptive statistics (means and standard deviations or frequencies) were reported for all demographic variables, RAND PSQ-18 results and additional questions related to perceptions of care and improvements needed at the Puentes clinic. Multivariate linear regression analysis was conducted to identify significant predictors of patient satisfaction measured by the PSQ-18 total mean scores. Internal consistency reliability (Cronbach's alpha) for all seven of the RAND PSQ-18 subscales and the total items was calculated [Table 3]. Data were analyzed using SPSS Statistical Software, Version 25 (Armonk, New York).

Results

Of the total participants (n=79), three completed the English version of the survey and seventy-six completed the Spanish version. The mean age of the sample was 37.47 ±10.5 years (n=66, range 19 to 68 years of age). Not all participants completed the entire survey, and surveys from five participants had to be excluded for some of the analyses due to incomplete data. Table 2 reports the frequencies for multiple sample demographic and healthcare resources and utilization variables. Of those reporting their gender (n=62), 49.4% were female, and 83.5% (n=66) identified Hispanic or Latino for their ethnic identify. Sixty-eight participants provided their

country of origin representing eleven countries; México (53%), Honduras (11%), Ecuador (6%), Guatemala (4%), and other (11.4%) including Argentina, Bolivia, Colombia, Costa Rica, Dominican Republic, Peru and Venezuela [Table 2]. Sixty-nine participants responded to level of education on the survey, and 57% had education up to and including high school, 20% reported some college or technical school, and 1% had obtained a Bachelor's degree or higher [Table 2]. Of the 64 participants identifying employment status, nearly 60% reported full- or part-time employment. The average time in the U.S. was 10.58 years ± 6.3 (median=12, range .25 to 30 years) [Table 2].

Table 1 reports the mean scores and standard deviations for all items in RAND PSQ-18 Survey for both the Puentes sample (n=74) and the national RAND Corporation sample (n=2.197). Figure 1 provides a graph comparing the mean scores by item for both sample cohorts. The means scores for all items, except 5, were higher for the Puentes sample indicating better patient satisfaction. Of interest, results from the Puentes sample were higher for item 5, *I feel confident that I can get the medical care I need without being set back financially* (mean 4.43 ± 0.8) compared to the RAND Corporation sample (mean 3.74 ± 1.1) [Table 1]. However, the Puentes sample mean was lower for item 7, *I have to pay more of my medical care than I can afford*, (3.29 ± 1.4) compared to the RAND Corporation national sample mean (3.83 ± 1.1) [Table 1]. Puentes charges a $20.00 fee per medical visit, not including lab work, workup exams or follow-up exams, and this difference in sample comparisons is likely attributed to fees for service that varied with the national sample obtained from multiple healthcare sites. Patient satisfaction when obtaining care in a free or low-cost clinic increased when a sliding scale facility fee was implemented, and was believed to improve compliance, accountability and ultimately medical care [1].

Mean scores with standard deviations were calculated for each of the seven subscales, and raw data appear in Table 4. Results for the RAND PSQ-18 Subscales for the Puentes sample relative to the national RAND Corporation sample appears in Figure 2. The Puentes sample means for all subscales, except the Technical Quality and Accessibility and Convenience, demonstrated higher and more favorable PSQ-18 subscale mean scores [Table 4]. The Puentes sample when compared to the RAND Corporation sample means indicated less satisfaction with Technical Quality (means 3.78 vs. 3.86, respectively) and Accessibility and Convenience (means 3.65 vs 3.76, respectively) [Table 4]. These results could indicate that compared to the national sample of patients, Puentes de Salud is supporting healthcare access by potentially providing more affordable care. , Descriptive statistics for PSQ-18 Subscales reporting general satisfaction (n=74, mean 4.07, SD± .86), interpersonal manner (n=70, mean 4.35, SD± .64), and communication (n=74, mean 4.30, SD± .64) showed higher satisfaction at Puentes compared with the RAND Corporation's national sample (n=2,197; mean 3.58, 4.09, 3.74 respectively) [Table 2].

A multivariable linear regression model was constructed to identify significant predictors of patient satisfaction. Potential predictors for the model were evaluated with bivariate correlations with the total PSQ-18 mean score. Age had no appreciable relationship to the mean PSQ-18 score (r=.059, p=.639), as did gender (r=-.011, p=.933). Predictor variables included in the model were number of prior Puentes visits, educational level, and years living in the U.S. The overall linear regression model was statistically significant (p=.002) showing that only *how many visits* was statistically significant in predicting overall patient satisfaction accounting for 18.3% (adjusted R^2, p=.001) of the variance in the patient satisfaction. Higher number of visits was associated with greater patient satisfaction. Of the 67 patients providing information on the

number of prior Puentes visits, 49.3% (n=33) had three or more visits since the clinic opened in 2006 and overall 57% (n=45) started receiving healthcare at this clinic since 2015. While a higher level of education was not statistically significant, the p value was .067.

Table 2 contains data on patterns for healthcare utilization. The median number of visits provided by sixty-seven participants was two with a range from one to eight prior visits. Approximately one-third of participants had missed a prior appointment due to work obligations (n=10, 13%), or forgot they had an appointment (n=6, 7.6%). The most common healthcare facility utilized by participants prior to seeking care at Puentes de Salud was another clinic (n=32, 41%), followed by no healthcare utilization (n=16, 20%), and hospitals (n=9, 11%). Obtaining a physical (n=24, 30%), blood/lab work (n=6, 7.4%), and gynecologic care (n=5, 6.3%) were the most frequent healthcare needs identified as the current reason for seeking healthcare.

Suggestions to improve keeping an appointment was an open-ended question. Responses included appointment reminders (n=7, 9%) and improving communication/answering phone calls (n=5, 6%), but most responded that everything was "good" (n=12, 15%). Other suggestions for improvement in helping participants keep appointments focused on having more staff, having the ability to make future appointments online or via phone, and increasing clinic hours. Participants were asked *what services would improve your health*. Responses included dentists (n=16, 20%), ophthalmologists (n=9, 11%), and access to various specialty practices such as cardiology, ear nose and throat, nutritionists and psychiatrists (cumulative n=11, 14%).

Internal consistency reliability (Cronbach's alpha) for the total 18 items on the RAND PSQ-18 obtained from the Puentes sample was α=.813 exceeding the acceptable threshold of .8. Cronbach's alpha coefficients were also calculated for each of the seven subscales shown in

Table 3. These were contrasted to Cronbach's alphas reported by the RAND Corporation on a much larger sample. All were low for the Puentes sample, and only one meet the minimum threshold for subscales exceeding .6, which was Communication. The Accessibility and Convenience subscale had an α=.541, but the remainder of subscales were lower ranging from α=.301 to .466. Plausible reasons for not obtaining acceptable internal consistency reliability is likely explained by the small Puentes sample size, small number of items per subscale and diverse sample characteristics.

More than half of the participants disclosed their English literacy as "not good," (speak n=71, 53%; read n=70, 54%) highlighting the importance of language access across healthcare systems. Centering language and culturally competent care to a large migrant community is an integral part of the holistic, multi-disciplinary healthcare Puentes provides. Puentes de Salud requires advanced Spanish fluency for all volunteer positions, and most staff members have conversational Spanish fluency [8]. This requirement centers the community and can contribute to the higher level of reported general satisfaction on the PSQ-18 survey at Puentes when compared with the RAND Corporation's national sample subscale scores [Table 4].

Limitations

Survey limitations identified included logistical barriers such as the 20 minutes or more required to complete the survey, the impact of having only one researcher that was required to be present for the entire time of the data collection, and literacy limitations of some participants. Puentes is a very busy clinic, and as of August 2018, open for only twelve hours per week. Patients were called in and out of assessment rooms during the data collection, and it is possible that surveys were not completed, partially completed, or not given adequate time or attention due to interruptions. The impact of current political climate and fear of retribution, fear of being

identified as undocumented, fear of an "outsider" in their safe space cannot be excluded as a limitation to collecting accurate thematic information. Several patients reported (in person) issues with exact translations of the survey tool. Direct translations can miss the meaning of a term, question or feeling evoked by a question. This survey excluded Indigenous language speakers, persons with limited or no literacy in English or Spanish and first-time patients. Several patients required more than forty minutes to complete the survey, possibly due to literacy limitations. Excluding the gender of physician from the survey questionnaire can impact perception of being heard, and in turn the perception of patient satisfaction [6]. Data collected is descriptive cross sectional, observational and is therefore not scalable or generalizable. We are utilizing one clinic, within a limited timeframe.

Conclusion

Within the concept of structural violence, it is essential to recognize that there may not be any one person who directly harms another; rather, the violence is built into the structure of society and shows up as an unequal distribution of power (resources) and consequently, unequal life chances [3]. Financial stressors have a direct correlation with negative mental and physical ailments, adding the burden of chronic or acute illness [9]. Free and low-cost clinics are vital contributors for acute, chronic and preventative medical care of the underinsured and uninsured. Twenty percent of the individuals surveyed reported no medical care prior to coming to Puentes de Salud [Table 2]. Many of the survey participants reported years in the U.S. that did not correlate with chronological age, leading us to believe that a majority of patients at Puentes are

migrant, non-U.S. residents and potentially undocumented; rendering them ineligible for medical treatment under other programs [Table 2].

Implications

The quality metrics obtained from this project provide useful information for the Puentes Board of Directors, local foundations, corporate and individual philanthropic donors who are vital to supporting the mission of this clinic. The project was timely in that leaders of Puentes de Salud were in the initial strategic planning phases of service expansion. Overall, satisfaction scores at Puentes were higher than the national sample, however services for future expansion were discovered. Strategies to improve healthcare access for low resourced, migrant communities have been identified as incentivizing continuity of care, investment in minimizing barriers and identifying services desired by the community to meet their healthcare needs [1]. It may not be effective to generalize the needs of all free or low-cost clinic patients [6]. As strategic planning for Puentes continues, identifying the perceived barriers to accessing low cost healthcare in this community presents a unique opportunity to incorporate community needs, perceptions of healthcare access, and recommendations for improvement of Puentes de Salud to ensure future growth and utilization of the community clinic. Approaches to improve keeping an appointment, access to specialists, and increasing clinic hours were changes most desired by the Puentes community. Utilization of current and future survey results for continued community surveillance, grant writing, and strategic expansion plans will assess the impact of program implementations and tailor interventions to the clinic needs to the Puentes community.

Compliance with Ethical Standards

This study was approved by the University of Pennsylvania Institutional Review Board (IRB) (Protocol # 829294). The submission qualified as a quality improvement initiative that did not meet the definition of human subjects' research, and therefore, did not require further IRB oversight. No compensation was provided to any patients for their participants in this study.

Conflict of Interest

Dr. Steven C. Larson is Executive Director and co-founder of Puentes de Salud, and Associate professor of emergency medicine at the University of Pennsylvania. The other authors declare no conflict of interest.

Table 1 Descriptive statistics for the PSQ-18 Items for both the Puentes and RAND Corporation national samples

Items	Puentes Sample n[a]	Puentes Sample Range	Puentes Sample Mean	Puentes Sample SD[b]	RAND Sample (n[a]=2,197) Mean	RAND Sample (n[a]=2,197) SD[b]
Q1. Doctors are good about explaining the reason for medical tests	73	2-5	4.45	.6	3.09	1
Q2. I think my doctor's office has everything needed to provide complete medical care	73	3-5	4.05	.7	3.94	.9

Q3. The medical care I have been receiving is just about perfect	74	2-5	4.39	.7	3.68	1
Q4. Sometimes doctors make me wonder if their diagnosis is correct	69	1-5	2.83[c]	1.2	3.19	.9
Q5. I feel confident that I can get the medical care I need without being set back financially	74	1-5	4.43	.8	3.74	1.1
Q6. When I go for medical care, they are careful to check everything when treating and examining me	73	1-5	4.32	.9	3.74	1
Q7. I have to pay for more of my medical care than I can afford	68	1-5	3.29 [c]	1.4	3.83	1.1
Q8. I have easy access to the medical specialists I need	72	1-5	4.1	1	3.86	.9
Q9. Where I get medical care, people have to wait too long for emergency treatment	67	1-5	3.01 [c]	1.1	3.55	1
Q10. Doctors act too businesslike and impersonal towards me	69	1-5	4.02	.9	3.88	.9
Q11. My doctors treat me in a very friendly and courteous manner	69	1-5	4.68	.8	4.29	1
Q12. Those who provide my medical care sometimes hurry too much when they treat me	70	1-5	3.9	.9	3.52	1.1
Q13. Doctors sometimes ignore what I tell them	67	1-5	4.1	.8	3.58	1
Q14. I have some doubts about the ability of the doctors who treat me	63	1-5	3.87	1.1	3.84	1
Q15. Doctors usually spend plenty of time with me	66	1-5	3.35 [c]	1	3.67	1
Q16. I find it hard to get an appointment for medical care right away	69	1-5	3.32 [c]	1.4	3.65	1.1
Q17. I am dissatisfied with some things about the medical care I receive	69	1-5	3.67	1.3	3.48	1.1
Q18. I am able to get medical care whenever I need it	70	1-5	4.05	1	3.96	.9

Note: [a] Number, [b] Standard deviation, [c] Puentes sample mean scores that are lower or less favorable compared to the RAND national sample.

Table 2 Sample characteristics for demographic information, healthcare resources, and utilization of services at Puentes

		Respondent Data	
Variables		Sample Size	Percent
Gender	Female	39	49.4%
	Male	23	29.1%
	Missing	17	21.5%
Ethnicity	Hispanic/Latino	66	83.5%
	Not Hispanic/Latino	3	3.8%

	Missing	10	12.7%
Education	Elementary up to 8th grade	13	16.5%
	High School	32	40.5%
	Technical School	8	10.1%
	Some College	8	10.1%
	Associates Degree	0	0.0%
	Bachelors	3	3.8%
	Masters	1	1.3%
	Doctoral level	4	5.1%
	Missing	10	12.7%
Employment	Not employed	15	19.0%
	Part time	20	25.3%
	Full time	27	34.2%
	Retired	0	-
	Disabled	2	2.5%
	Missing	15	19.0%
Country of Origin	Mexico	42	53.2%
	Honduras	9	11.4%
	Ecuador	5	6.3%
	Guatemala	3	3.8%
	Other	9	11.4%
	Missing	11	13.9%
Years in U.S.	0 to <5	16	20.3%
	5 to <10	10	12.7%
	10 to <15	27	34.2%
	15 to <20	14	17.7%
	20 and >	4	5.1%
	Missing	8	10.1%
Ability to Speak English	Not good	42	53.2%
	Good	23	29.1%
	Very Good	6	7.6%
	Missing	8	10.1%

Table 2 continued

		Respondent Data	
Variables		Sample size	Percent
Ability to Read English	Not good	43	54.4%
	Good	18	22.8%
	Very Good	9	11.4%
	Missing	9	11.4%
Visit Reason	Physical	24	30.4%
	Blood/ Labwork	6	7.6%

	Gynecology	5	6.3%
	Other	30	38.0%
	Missing	14	17.7%
First visit to Puentes	2006-2010	10	12.7%
	2011-2015	19	24.1%
	2016- 2018	37	46.8%
	Missing	13	16.5%
# of prior visits	1 to 2	34	43.0%
	3 to 5	23	29.1%
	6 to 10	10	12.7%
	Missing	12	15.2%
Health services before Puentes	Clinic	32	40.5%
	Hospital	9	11.4%
	Urgent Care	3	3.8%
	None	16	20.3%
	Other	10	12.7%
	Missing	9	11.4%
Missed appointment	Yes	22	27.8%
	No	42	53.2%
	Missing	15	19.0%
Reasons missed clinic appointment	Forgot	6	7.6%
	Work	10	12.7%
	Other	7	8.9%
Services to improve health	Dentist	16	20.3%
	Specialists [a]	11	13.9%
	Ophthalmology	9	11.4%
	Everything is good	7	8.9%
	More clinic hours	2	2.5%
Are the clinic hours good	Yes	57	72.2%
	No	7	8.9%
	Missing	15	19.0%

Note. [a] specialists included cardiology, ear nose & throat, nutritionists, psychiatry, and social workers

Table 2 continued

		Respondent Data	
Variables		Sample Size	Percent
Suggested clinic hours	More mornings	4	5.1%
	More evenings	2	2.5%
	Monday-Friday 8AM-5PM	2	2.5%
	Missing	66	83.5%
	Everything is good	12	15.2%

Services to improve keeping appointments	Appointment reminder	7	8.9%
	Improve communication	5	6.3%
	Dentist	3	3.8%
	System to make appointments [b]	3	3.8%
	More services and staff	3	3.8%
	Dermatology	2	2.5%
Services to improve healthcare	Everything is good	7	8.9%
	More doctors	6	7.6%
	Less waiting time	4	5.1%
	Specialists	3	3.8%
	More clinic hours	3	3.8%
	Missing	43	54.4%

Note. [b] ability to make appointments by phone, reminders via email or text

Table 3 Internal consistency reliability (Cronbach's alpha) for PSQ-18 subscales

Subscales	**Puentes**	**Puentes Sample**	**RAND Sample (n[a]=2,197)**
	n[a]	α	α
General Satisfaction	74	.422	.75
Technical Quality	74	.438	.74
Interpersonal Manner	70	.302	.76
Communication	74	.613	.64
Financial Aspects	74	.438	.73
Time Spent with Doctor	70	.466	.77
Accessibility and Convenience	74	.541	.65

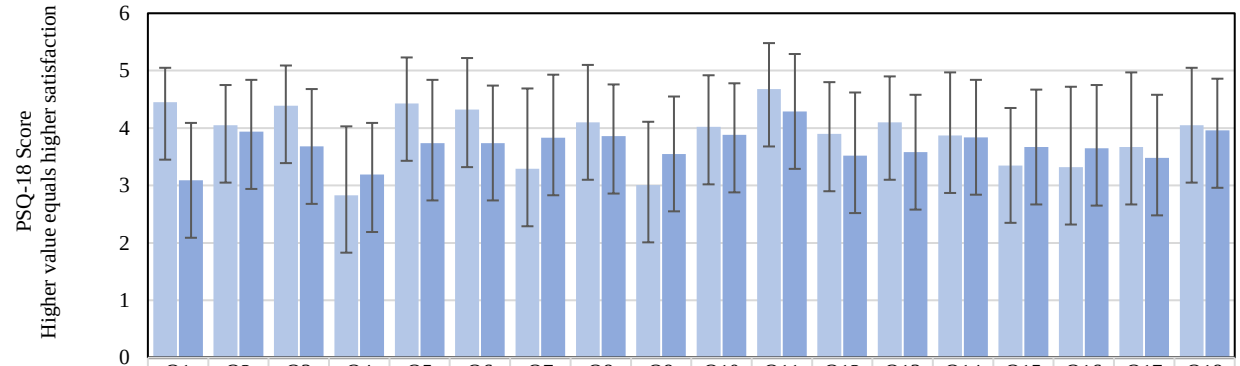
Note. [a] Number

Table 4 Descriptive statistics for the PSQ-18 subscales

		Puentes Sample		RAND Corporation Sample
Subscales	**n**[a]	**Range**	**Mean ±SD**[b]	**Mean ±SD**[b]
General Satisfaction	74	1.50 – 5.00	4.07 ± .86	3.58 ± .94
Technical Quality	74	2.75 – 5.00	3.78 ± .57	3.86 ± .76
Interpersonal Manner	70	2.00 – 5.00	4.35 ± .64	4.09 ± .69
Communication	74	2.50 – 5.00	4.30 ± .64	3.74 ± .87
Financial Aspects	74	1.00 – 5.00	3.92 ± .93	3.78 ± .94
Time Spent with Doctor	70	2.50 – 5.00	3.63 ± .60	3.59 ± .94
Accessibility and Convenience	74	2.00 – 5.00	3.65 ± .75	3.76 ± .74

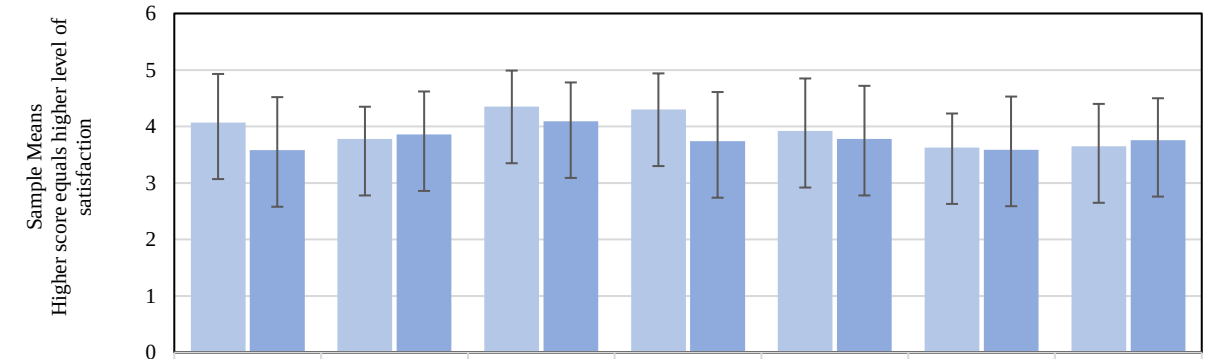
Note. [a] Number, [b] Standard deviation

Figure 1



	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
Puentes Mean	4.45	4.05	4.39	2.83	4.43	4.32	3.29	4.1	3.01	4.02	4.68	3.9	4.1	3.87	3.35	3.32	3.67	4.05
RAND Mean	3.09	3.94	3.68	3.19	3.74	3.74	3.83	3.86	3.55	3.88	4.29	3.52	3.58	3.84	3.67	3.65	3.48	3.96

Figure 2



	General Satisfaction	Technical Quality	Interpersonal Manner	Communication	Financial Aspects	Time Spent with Doctor	Accessibility and Convenience
Puentes Sample	4.07	3.78	4.35	4.3	3.92	3.63	3.65
RAND Corp	3.58	3.86	4.09	3.74	3.78	3.59	3.76

Figure 1 Means and standard deviations for all PSQ-18 items for Puentes (n=74) and RAND Corporation (n=2,197) samples

Figure 2 Means and standard deviations for the 7 PSQ-18 subscales for the Puentes (n=74) and RAND Corporation (n=2,197) samples

n= number

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