

**Summary Report: Survey of Hepatitis C Virus
counseling and testing services at HIV counseling
and testing sites, and health service sites.**

Sharon Adler MD, MPH
Preventive Medicine Resident
Communicable Disease Control Section
San Francisco Department of Public Health

Tomás Aragón MD, MPH
Director & Deputy County Health Officer
Community Health Epi & Disease Control
San Francisco Department of Public Health

Table of Contents

	<u>Page Number</u>
Face Page	1
Table of Contents	2
Survey Overview	3
Main Findings	3
Comments	4
Tables	5-6
Survey Instrument	7-10

Survey Overview

The San Francisco Department of Public Health's Community Epidemiology and Disease Control Unit initiated a survey to evaluate community need and availability of Hepatitis C Virus counseling and testing among current providers of HIV counseling and testing. The survey was sent to San Francisco based program and executive directors of HIV counseling and testing sites, and HIV health service sites. Surveys were sent to 60 programs on September 1, 1999. In addition, recipients of the survey were encouraged to distribute the survey to other local programs or inform them about web-site access to the survey. At completion of the survey (November 1, 1999) a total of 37 surveys were returned, a 62% response rate.

Main Findings

HIV/AIDS services

A majority of the programs (95%) reported being direct service providers of HIV/AIDS services (positive response to providing HIV education and/or HIV testing and/or HIV Individual counseling and/or HIV treatment) (table 1). Most of the programs revealed little or no need for technical assistance in the various HIV/AIDS services or programs they provided (table 1). The three top target populations served by the surveyed programs are MSM (Men who have sex with men), IDU (Injection drug users) and the homeless (table 2). More than half of the programs reported utilizing standard forms or a protocol for both assessments of HIV risk behavior practices (62%) and HIV risk behavior reduction counseling (57%). The approximate number of annual clients served by the surveyed programs range from 25 to 50,000 (mean=4875, median=1000). Approximate number of HIV tests processed annually range from 0 to 7500 (mean=1009, median=350).

Hepatitis C Virus services

In regards to Hepatitis C Virus (HCV) related services, 35% of the programs reported providing HCV education, 47% reported providing HCV testing, 49% reported providing HCV individual counseling, and 25% reported providing HCV treatment (table 3). Most of the programs revealed a need for moderate or extensive technical assistance with these HCV related services (table 3). A majority of the programs surveyed reported significant concern about HCV in their communities (41% "Moderate concern", 40% "Extensive concern") (table 4). While most of the programs reported cross-training staff on HCV, 14% and 16% reported "None" or "Little" efforts in this area respectively (table 4). Rating of staff knowledge and counseling skills related to HCV was predominantly in the "Moderate" level, with knowledge rating scores consistently higher than counseling skills (table 4). Use of standardized forms or a protocol for HCV counseling was reported for only 16% of the surveyed programs. Finally, most of the programs (82%) reported counseling and referring (or providing on-site) their HCV positive clients for Hepatitis B and Hepatitis A vaccination.

Need for funding and future services

Additional funding needs for HCV related services was reported by the majority of surveyed programs, with 53% revealing “Extensive” need for funding (table 4). Specifically, HCV-related training and staff development programs were rated as “Very Useful” by 60% of respondents. Additionally, HCV-related information and education materials were reported as “Very Useful” among 76% of respondents (table 5). Further, most programs (72%) deemed publicly funded HCV counseling and testing services to be “Very Useful” to the health of the community they served (table 5). The most identified HCV-related service needs reported were access to low-cost testing, vaccines (Hepatitis B and Hepatitis A), treatment and client educational materials, and education/training for staff. Response to the question regarding DPH’s role in assisting programs with their HCV-related programs and services, ranged from technical support (educational materials, in-service staff training and access to vaccine) to funding for or provision of a site for full HCV-related services. Finally, a majority of programs (29 programs, 78%) felt that integration of HCV counseling and testing services, with existing HIV counseling and testing programs was appropriate (table 6).

Comments

This evaluation documents the presence of HCV-related services among HIV counseling and testing sites and health service sites, as well as a substantial need for technical assistance and funding for these services. The need for additional funding for HCV related services was demonstrated with 79% of the surveyed programs reporting “Moderate” or “Extensive “ need for funding. In addition, most programs reported publicly funded HCV counseling and testing services to be “Very Useful” to the health of their target population. While a majority of programs (70%) reported cross-training staff on HCV issues, rating of their staff’s knowledge and counseling skills related to HCV was in the moderate range. In addition, 35% of programs rated staff HCV related counseling skills as “Little” and 16% rated HCV related knowledge as “Little”. The use of standardized forms or a protocol for HCV counseling was reported for only 17% of programs, compared to 62% of programs using standard forms/protocols for HIV risk behavior counseling. Finally, over 75% of programs felt that integration of HCV counseling and testing services, with existing HIV counseling and testing programs was appropriate in the community they served. These findings document data on programs providing HCV-related service and reveal the significant need for technical and funding assistance for these programs. The results of this evaluation are limited by a response rate of 62% as well as by the initial distribution to 60 programs, with some affiliation to DPH. Despite these limitations, the evaluation provides important information that will aid in future planning for HCV-related programs and simultaneously documents the extent of present services.

TABLES

Table 1. HIV/AIDS services provided by surveyed programs

Service or Program	Directly Provide	Contract to Provide	Do Not Provide	Need for technical assistance: None			
					Little	Moderate	Extensive
Education	71%	9%	26%	41%	25%	34%	0
Testing	78%	8%	19%	59%	16%	25%	0
Individual Counseling	92%	8%	6%	41%	35%	24%	0
Treatment	63%	14%	29%	40%	40%	20%	0
Case Management	74%	18%	15%	45%	38%	17%	0
Support Groups	52%	9%	39%	55%	15%	26%	4%
Needle Exchange	6%	3%	88%	76%	0	16%	8%
Street Outreach	56%	6%	41%	62%	10%	28%	0

Note: Percentages for “Directly Provide”, “Contract to Provide” and “Do Not Provide” do not total to 100% as responses are not exclusive, some programs may directly provide and also contract services.

Table 2. Target Population of programs surveyed

Pop.	MSM*	IDU*	CSW*	Pregnant	TB*	Adolescents	Immigrants	Homeless	Other †
#	26	25	20	15	11	18	17	26	18
%	70%	68%	54%	40%	30%	49%	46%	70%	49%

*MSM(Men who have sex with men), IDU(Injection drug users),CSW(Commercial sex workers), TB(Co-infected with Tuberculosis).

† Other populations reported include: undocumented workers, transgender persons, mentally ill persons.

Table 3. Hepatitis C Virus (HCV) services provided by surveyed programs

Service or Program	Directly Provide	Contract to Provide	Do Not Provide	Need for technical assistance: None			
					Little	Moderate	Extensive
Education	35%	5%	58%	6%	9%	66%	19%
Testing	47%	3%	50%	30%	11%	37%	22%
Individual Counseling	49%	3%	46%	20%	17%	41%	22%
Treatment	25%	8%	64%	18%	15%	37%	30%

Note: Percentages for “Directly Provide”, “Contract to Provide” and “Do Not Provide” do not total to 100% as responses are not exclusive, some programs may directly provide and also contract services.

Table 4. HCV services, community concern and need for additional funding
(see corresponding questions 7,8,9,10,17 from survey)

Survey Question	None	Little	Moderate	Extensive
Programs efforts to cross-train staff on HCV (7)	14%	16%	51%	19%
Perceived concern about HCV in community (8)	0	19%	41%	40%
Staff knowledge (9)	0	16%	65%	19%
Staff counseling skills (10)	0	35%	54%	11%
Need for additional funding for HCV services (17)	9%	12%	26%	53%

Table 5. Usefulness of HCV-related services
(see corresponding questions 15,16,18)

Survey Question	Not Useful	Little Use	Moderately Useful	Very Useful
Training and staff development programs (15)	3%	2%	35%	60%
Information and education materials (16)	0	0	24%	76%
Publicly funded HCV counseling and testing services (18)	0	3%	25%	72%

Table 6. Integration of HCV C&T *services with existing HIV C&T
(see corresponding question 19)

Survey Question	No	Yes	Not Sure
Integrate HCV C & T * services with HIV C & T	8%	78%	14%

* C & T (counseling and testing).

**San Francisco Department of Public Health Survey of HIV/AIDS programs
and Hepatitis C Virus (HCV) programs.**

1. Which of the following HIV/AIDS services does your program/agency provide? (Please check all that apply)

Service or Program	Directly Provide	Contract to Provide	Do Not Provide	What is your department's current need for technical assistance in this area?
a. HIV Education (i.e. group workshops)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive
b. HIV Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive
c. HIV Individual Counseling (i.e. prevention case mgmt, risk reduction)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive
d. HIV Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive
e. Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive
f. Support Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive
g. Needle Exchange	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive
h. Street Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive

2. Does your program use standard forms or a protocol to assess HIV risk behavior practices among clients requesting services? No Yes
(If yes, we would appreciate receiving a copy of the forms)

3. Does your program use standard forms or a protocol for HIV risk behavior reduction counseling? No Yes
(If yes, we would appreciate receiving a copy of the forms)

4. What is the target population of your program. (check all that apply)
 Men who have sex with men Injection drug users Commercial sex workers
 Pregnant women TB co-infected persons Adolescents
 Immigrants Homeless Other _____

5. Approximate number of clients served by your program annually.

6. Approximate number of HIV tests processed annually.

The questions that follow are about Hepatitis C Virus (HCV)

7. How would you rate your program’s efforts to cross-train HIV/AIDS staff on Hepatitis C Virus (HCV) issues? None Little Moderate Extensive

8. In your opinion, is there concern about HCV in the community you serve? No Concern Little Concern Moderate Concern Extensive Concern

9. Which of the following HCV services does your program/agency directly provide? (Please check all that apply)

Service or Program	Directly Provide	Contract to Provide	Do Not Provide	What is your department’s current need for technical assistance in this area?
a. HCV Education (i.e. group workshops)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive
b. HCV Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive
c. HCV Individual Counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive
d. HCV Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Little <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive

10. How would you rate your staff’s knowledge of HCV and HCV-related issues? None Little Moderate Extensive

11. How would you rate your staff’s counseling skills on HCV and HCV-related issues? None Little Moderate Extensive

12. Does your program use standard forms or a protocol for HCV counseling? No Yes
(If yes, we would appreciate receiving a copy of the forms)

13. Are HCV positive clients counseled about obtaining Hepatitis B and Hepatitis A vaccination? No Yes

If answered yes to question 13 then continue to question 14, if answered no skip to question 15.

14. Where are HCV positive clients referred to for Hepatitis A and Hepatitis B vaccination?

15. How useful would HCV-related training and staff development programs on HCV be to you and your program? Not Useful Little Use Moderately Useful Very Useful

16. How useful would HCV-related information and education materials be to you and your program? Not Useful Little Use Moderately Useful Very Useful

17. How would you rate you program's current for additional funding to provide HCV-related services? None Little Moderate Extensive

18. How useful would publicly funded counseling and testing services be to the health of the community you serve? Not Useful Little Use Moderately Useful Very Useful

19. Do you think HCV counseling and testing services should be integrated with existing HIV counseling and testing programs in the community you serve? No Yes Not Sure

20. What is your program's top HCV related program or service need?

21. What role do you think the Department of Public Health should play in assisting and supporting your department's HCV-related programs or services?

22. Name of person completing this survey: _____

23. Job title of person completing this survey_____

24. Organization name: _____

25. Phone contact for person completing this survey: _____

26. Fax contact for person completing this survey: _____

27. Email contact for person completing this survey: _____