

## **Appendix A**

**VHIP Medical Staff Baseline Survey**

**VHIP Medical Staff Follow-Up Survey**

**VHIP Medical Staff Survey Results**

*This page intentionally left blank.*

# Hepatitis Integration Project

## Medical Staff Survey

*This page intentionally left blank.*

## A. Clinician and Practice Setting

We would like to create a unique ID. These questions will not be used to identify you by name.

What month were you born in? (i.e., March = 03) \_\_\_\_\_

What are the first 2 letters of your mother's first name? (if unknown, enter 'dk') \_\_\_\_\_

What are the last 4 digits of your social security number? (if unknown, enter '9999') \_\_\_\_\_

A1. How old are you? \_\_\_\_\_

A2. What is your gender? ☐ Male ☐ Female ☐ Transgender

A3. How would you describe your race or ethnicity? *Please ✓all that apply.*

- ☐ Black or African American ☐ White ☐ American Indian or Alaskan Native  
☐ Hispanic or Latino/a ☐ Asian ☐ Native Hawaiian or Pacific Islander  
☐ Other, *please specify:* \_\_\_\_\_

A4. Where do you currently practice? *Please ✓all that apply.*

- ☐ Methadone maintenance treatment program ☐ Community health clinic  
☐ Other drug treatment program ☐ Public health clinic  
☐ Hospital/medical center emergency room ☐ Urgent care clinic  
☐ Ambulatory care clinic of a hospital/medical center ☐ Primary care office  
☐ Hospital/medical center  
☐ Other, *please specify:* \_\_\_\_\_

A5. How long have you been practicing? \_\_\_\_\_ years

A6. Please indicate your degree(s). *Please ✓all that apply.*

- ☐ MD ☐ DO ☐ Physician Assistant ☐ Nurse Practitioner  
☐ Other, *please specify:* \_\_\_\_\_

A7. What is your primary specialty? \_\_\_\_\_

A8. Are you certified in addiction medicine? ☐ Yes ☐ No

A9. How many hours of HIV-related Continuous Medical Education (CME) have you taken during the last 12 months? ☐ 0 ☐ 1-3 ☐ 4-9 ☐ ≥ 10

A10. How many hours of hepatitis C virus (HCV) related CME have you taken during the last 12 months? ☐ 0 ☐ 1-3 ☐ 4-9 ☐ ≥ 10

A11. Approximately, how many patients have you treated for drug and/or alcohol dependence in the past 12 months? \_\_\_\_\_

A12. Approximately, how many patients have you treated for HIV infection in the past 12 months? \_\_\_\_\_

## B. Attitudes and Beliefs Regarding Hepatitis

Please indicate the extent to which you agree or disagree with the following statements by placing a ✓ in one box for each statement.		Strongly Agree	Agree	Disagree	Strongly Disagree
B1.	Most of my patients would agree to get hepatitis vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2.	Injection drug users (IDUs) are at high risk for hepatitis A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3.	IDUs are at high risk for hepatitis B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4.	IDUs are at high risk for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5.	The side effects of HCV treatment outweigh the potential benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6.	Individuals who currently inject drugs are <i>not</i> good candidates for HCV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7.	Individuals taking methadone maintenance therapy are <i>not</i> good candidates for HCV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8.	Individuals who currently use alcohol are <i>not</i> good candidates for HCV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9.	Individuals who do <i>not</i> take their HIV medication correctly are <i>not</i> good candidates for HCV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10.	IDUs using syringe exchange programs should be encouraged to enter drug treatment programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11.	HCV treatment would be successful for most of my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. Knowledge of Hepatitis and HIV

Please indicate whether you think each of the following statements about hepatitis and HIV are true, false or you don't know the answer.		True	False	Don't Know
C1.	Hepatitis B infection can make HCV disease worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.	A liver biopsy is the best way to tell how serious HCV disease is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3.	The genotype of HCV is an important factor that determines whether treatment will be effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4.	Patients with normal aminotransferases are generally not candidates for treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5.	A history of alcohol dependence or abuse is a contraindication to antiviral therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6.	Treatment of chronic HCV is not recommended in patients maintained on methadone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7.	Patients with HIV infection are candidates for HCV antiviral therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8.	A goal of HCV treatment is to eradicate the virus from the body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9.	There are no serious side effects of the medications used to treat HCV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10.	HIV disease has been shown to increase the rate of progression of HCV-related liver disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C11. Prior to receiving antiviral medications (e.g., pegylated interferon and ribavirin), it is recommended that HCV+ patients remain abstinent from illicit drug use for which of the following time periods:
- ☐ No abstinence      ☐ 1-3 months      ☐ 6 to 12 months      ☐ Individualized decision  
☐ Less than 1 month      ☐ 3 to 6 months      ☐ More than 12 months
- C12. In 2002, the National Institutes of Health (NIH) updated their Consensus Development Conference Statement on the Management of HCV. Have you seen these guidelines? ☐ Yes ☐ No

		0-30%	31-50%	51-75%	> 75%
C13.	Injection drug use accounts for what percentage of <u>new</u> HCV infections in the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14.	What percentage of HCV-infected patients develop chronic infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C15.	In large clinical trials of monoinfected patients, what is the sustained viral response rate (SVR) in patients with <b>HCV genotype 1</b> when treated with pegylated interferon and ribavirin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C16.	In large clinical trials of monoinfected patients, what is the SVR in patients with <b>HCV genotypes 2 and 3</b> when treated with pegylated interferon and ribavirin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate whether you think each of the following statements about hepatitis C are true, false or you don't know the answer.		True	False	Don't Know
C17.	HCV RNA viral load test is predictive of disease severity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C18.	Between 60% and 85% of chronically HCV infected patients develop cirrhosis within 20 years after infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C19.	HCV increases the risk of hepatotoxicity during HAART treatment for HIV infected patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C20.	Sexual partners of patients with HCV should be tested for HCV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C21.	The risk of HCV transmission in monogamous relationships is substantial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C22.	Children should be screened for HCV if they are born to HCV+ women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C23.	Sharing razors and toothbrushes may be a source of HCV transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C24.	Sharing eating utensils or drinking glasses may be a source of HCV transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C25.	Cesarean section is recommended to prevent mother-to infant HCV transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C26.	Breast-feeding should be discouraged by HCV+ women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C27.	Body piercing and tattooing may be a source of HCV transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C28.	HCV infected health care workers should have restrictions on where they can work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. HIV/AIDS and Hepatitis Proficiency

Please indicate your current proficiency level (i.e., your knowledge, ability and experience) in each aspect of hepatitis and HIV prevention and treatment.

Hepatitis A and Hepatitis B		Current Proficiency Level			
What is your proficiency in:		Limited	Fair	Good	Excellent
D1.	Identifying risk factors for <b>hepatitis A</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2.	Counseling patients about the importance of <b>hepatitis A</b> vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.	Identifying risk factors for <b>hepatitis B</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4.	Counseling patients about the importance of <b>hepatitis B</b> vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hepatitis C		Current Proficiency Level			
What is your proficiency in:		Limited	Fair	Good	Excellent
D5.	Identifying risk factors for HCV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6.	Counseling patients about the importance of HCV screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7.	Referring patients for additional HCV tests or liver biopsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8.	Explaining the benefits and side effects of HCV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9.	Evaluating and treating HCV (directly prescribing pegylated interferon and ribavirin) <b>without</b> referral to a hepatologist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10.	Providing HCV treatment to patients who are currently using injection drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11.	Providing HCV treatment to patients who are on methadone maintenance therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12.	Referring patients to treatment and care for HCV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HIV		Current Proficiency Level			
What is your proficiency in:		Limited	Fair	Good	Excellent
D13.	Identifying risk factors for HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14.	Counseling patients about the importance of HIV screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D15.	Explaining the benefits and side effects of HIV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D16.	Providing HIV treatment to patients who are currently using injection drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D17.	Providing HIV treatment to patients who are on methadone maintenance therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D18.	Referring patients to treatment and care for HIV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Reduction		Current Proficiency Level			
What is your proficiency in:		Limited	Fair	Good	Excellent
D19.	Counseling patients about the importance of safe sex to prevent HIV and HCV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D20.	Counseling patients about the importance of safe injection drug use to prevent HIV and HCV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D21.	Counseling patients who inject drugs about the importance of entering treatment to stop injecting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## E. Hepatitis C Treatment Practices

E1. **Estimate** the number of HCV positive patients you have seen in the past 12 months? \_\_\_\_\_

**These questions ask about the *HCV positive* patients you have seen in the past 12 months.**

**Estimate the *number* of your HCV positive patients that:**

E2. You evaluated for HCV (liver biopsy and/or decisions regarding antiviral treatment without liver biopsy) in the past 12 months. \_\_\_\_\_

E3. You referred for liver biopsy in the past 12 months. \_\_\_\_\_

E4. You discussed the benefits of HCV treatment with in the past 12 months. \_\_\_\_\_

E5. You discussed the side effects of HCV treatment with in the past 12 months. \_\_\_\_\_

E6. You referred to other providers for HCV treatment in the past 12 months. \_\_\_\_\_

E7. You provided onsite treatment for HCV in the past 12 months. \_\_\_\_\_

**Estimate the *percentage* of your HCV positive patients that you have seen in the past 12 months that:**

E8. You recommended minimize their alcohol consumption. \_\_\_\_\_ %

E9. You recommended receive hepatitis A vaccination if not immune. \_\_\_\_\_ %

E10. You recommended receive hepatitis B vaccination if not immune. \_\_\_\_\_ %

E11. You recommended get acupuncture for their hepatitis C. \_\_\_\_\_ %

E12. You recommended take milkthistle for their hepatitis C. \_\_\_\_\_ %

E13. You recommended take garlic, dandelion or licorice root for their hepatitis C. \_\_\_\_\_ %

E14. Physicians often review different factors before considering HCV positive patients for HCV treatment. In the past 12 months, did you provide referrals for HCV treatment or offer onsite HCV treatment to patients with the following characteristics?

<u>Characteristic</u>	Offered or referred under some conditions	Never offered or referred	Not applicable for my patients
a. Current illicit drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Former drug users, abstinent <1 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Former drug users, abstinent 1-6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Former drug users, abstinent 7-12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Former drug users, abstinent >12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Characteristic</u>	Offered or referred under some conditions	Never offered or referred	Not applicable for my patients
f. Current alcohol users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Former alcohol users, abstinent <1 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Former alcohol users, abstinent 1-6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Former alcohol users, abstinent 7-12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Former alcohol users, abstinent >12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- E15. In the past 12 months, did you provide referrals for HCV treatment or offer onsite HCV treatment to patients with the following ALT levels?

<u>ALT level</u>	Offered or referred under some conditions	Never offered or referred	Not applicable for my patients
a. Persistently normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Intermittently elevated (more than the upper limit of normal e.g., > 45 U/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Consistently elevated (more than the upper limit of normal e.g., > 45 U/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- E16. In the past 12 months, did you provide referrals for HCV treatment or offer onsite HCV treatment to patients with the following psychiatric conditions?

<u>Psychiatric Condition</u>	Offered or referred under some conditions	Never offered or referred	Not applicable for my patients
a. Current mild depression or dysthymia <u>stable without</u> therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Current mild depression or dysthymia <u>stable with</u> therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Current mild depression or dysthymia <u>not</u> stable with therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Current moderate / severe depression <u>stable with</u> therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Current moderate / severe depression <u>not</u> stable with therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Current anxiety disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Current bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Current psychotic disorder (e.g., schizophrenia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Past history of major depressive episode (more than 6 months ago)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Past suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- E17. In the past 12 months, did you provide referrals for HCV treatment or offer onsite HCV treatment to patients with the following characteristics?

<u>Characteristic</u>	Offered or referred under some conditions	Never offered or referred	Not applicable for my patients
a. HIV infection without AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Currently on methadone maintenance therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Currently on buprenorphine treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Current syringe exchange program clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F. Evaluation of AECOM's Hepatitis Training

We are interested in your opinions about the HCV training conducted by AECOM. You may have had this training more than one year ago.

F1. When did you attend the HCV training conducted by AECOM? \_\_\_\_/\_\_\_\_ (MM/YYYY)

F2. Please indicate how you felt about the course.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The training was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The training has helped me to do my job better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Too much information was presented in the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would recommend this training to my co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F3. How useful have each of the following training materials and resources been?	Very Useful	Somewhat Useful	Not Useful
a. Hepatitis C Presentation & Resource Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. DoSA Grand Rounds: Comprehensive treatment of chronic hepatitis C in drug users (October 1, 2003)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F4. How useful have each of the following topics in the AECOM DoSA Protocol for Diagnosis, Evaluation, and Treatment of Chronic Hepatitis C in Drug Users been?	Very Useful	Somewhat Useful	Not Useful
a. HCV serology (antibody, viral load and genotype testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Liver Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medication Dosing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment Monitoring Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. HCV Evaluation and Treatment Protocol Flowchart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Treatment Initiation Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Provider/Patient Education Guides (P/PEG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F5. What did you like most about this training? \_\_\_\_\_

\_\_\_\_\_

F6. What did you like least about this training? \_\_\_\_\_

\_\_\_\_\_

F7. How can this training be improved? \_\_\_\_\_

\_\_\_\_\_

F8. Other training topics you would like to see: \_\_\_\_\_

\_\_\_\_\_

**Thank you for completing this survey!**  
**Please return your survey by June 3, 2005 in the enclosed postage-paid envelope.**

*This page intentionally left blank.*

# VHIP Follow-Up Medical Staff Survey

**Viral  
Hepatitis  
Integration  
Project**



*This page intentionally left blank.*

## A. Clinician and Practice Setting

We would like to create a unique ID. These questions will not be used to identify you by name.

What month were you born in? (i.e., March = 03) \_\_\_\_\_

What are the first 2 letters of your mother's first name? (if unknown, enter 'dk') \_\_\_\_\_

What are the last 4 digits of your social security number? (if unknown, enter '9999') \_\_\_\_\_

A1. How old are you? \_\_\_\_\_

A2. What is your gender? ☐ Male ☐ Female ☐ Transgender

A3. How would you describe your race or ethnicity? *Please ✓all that apply.*

- ☐ Black or African American ☐ White ☐ American Indian or Alaskan Native  
☐ Hispanic or Latino/a ☐ Asian ☐ Native Hawaiian or Pacific Islander  
☐ Other, *please specify:* \_\_\_\_\_

A4. Where do you currently practice? *Please ✓all that apply.*

- ☐ Methadone maintenance treatment program ☐ Community health clinic  
☐ Other drug treatment program ☐ Public health clinic  
☐ Hospital/medical center emergency room ☐ Urgent care clinic  
☐ Ambulatory care clinic of a hospital/medical center ☐ Primary care office  
☐ Hospital/medical center  
☐ Other, *please specify:* \_\_\_\_\_

A5. How long have you been practicing? \_\_\_\_\_ years

A6. Please indicate your degree(s). *Please ✓all that apply.*

- ☐ MD ☐ DO ☐ Physician Assistant ☐ Nurse Practitioner  
☐ Other, *please specify:* \_\_\_\_\_

A7. What is your primary specialty? \_\_\_\_\_

A8. Are you certified in addiction medicine? ☐ Yes ☐ No

A9. How many hours of HIV-related Continuous Medical Education (CME) have you taken during the last 12 months? ☐ 0 ☐ 1-3 ☐ 4-9 ☐ ≥ 10

A10. How many hours of hepatitis C virus (HCV) related CME have you taken during the last 12 months? ☐ 0 ☐ 1-3 ☐ 4-9 ☐ ≥ 10

A11. Approximately, how many patients have you treated for drug and/or alcohol dependence in the past 12 months? \_\_\_\_\_

A12. Approximately, how many patients have you treated for HIV infection in the past 12 months? \_\_\_\_\_

## B. Attitudes and Beliefs Regarding Hepatitis

Please indicate the extent to which you agree or disagree with the following statements by placing a ✓ in one box for each statement.		Strongly Agree	Agree	Disagree	Strongly Disagree
B1.	Most of my patients would agree to get hepatitis vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2.	Injection drug users (IDUs) are at high risk for hepatitis A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3.	IDUs are at high risk for hepatitis B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4.	IDUs are at high risk for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5.	The side effects of HCV treatment outweigh the potential benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6.	Individuals who currently inject drugs are <i>not</i> good candidates for HCV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7.	Individuals taking methadone maintenance therapy are <i>not</i> good candidates for HCV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8.	Individuals who currently use alcohol are <i>not</i> good candidates for HCV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9.	Individuals who do <i>not</i> take their HIV medication correctly are <i>not</i> good candidates for HCV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10.	IDUs using syringe exchange programs should be encouraged to enter drug treatment programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11.	HCV treatment would be successful for most of my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. Knowledge of Hepatitis and HIV

Please indicate whether you think each of the following statements about hepatitis and HIV are true, false or you don't know the answer.		True	False	Don't Know
C1.	Hepatitis B infection can make HCV disease worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.	A liver biopsy is the best way to tell how serious HCV disease is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3.	The genotype of HCV is an important factor that determines whether treatment will be effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4.	Patients with normal aminotransferases are generally not candidates for treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5.	A history of alcohol dependence or abuse is a contraindication to antiviral therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6.	Treatment of chronic HCV is not recommended in patients maintained on methadone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7.	Patients with HIV infection are candidates for HCV antiviral therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8.	A goal of HCV treatment is to eradicate the virus from the body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9.	There are no serious side effects of the medications used to treat HCV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10.	HIV disease has been shown to increase the rate of progression of HCV-related liver disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- C11. Prior to receiving antiviral medications (e.g., pegylated interferon and ribavirin), it is recommended that HCV+ patients remain abstinent from illicit drug use for which of the following time periods:
- ☐ No abstinence      ☐ 1-3 months      ☐ 6 to 12 months      ☐ Individualized decision  
☐ Less than 1 month      ☐ 3 to 6 months      ☐ More than 12 months
- C12. In 2002, the National Institutes of Health (NIH) updated their Consensus Development Conference Statement on the Management of HCV. Have you seen these guidelines? ☐ Yes ☐ No

		0-30%	31-50%	51-75%	> 75%
C13.	Injection drug use accounts for what percentage of <u>new</u> HCV infections in the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14.	What percentage of HCV-infected patients develop chronic infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C15.	In large clinical trials of monoinfected patients, what is the sustained viral response rate (SVR) in patients with <b>HCV genotype 1</b> when treated with pegylated interferon and ribavirin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C16.	In large clinical trials of monoinfected patients, what is the SVR in patients with <b>HCV genotypes 2 and 3</b> when treated with pegylated interferon and ribavirin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate whether you think each of the following statements about hepatitis C are true, false or you don't know the answer.		True	False	Don't Know
C17.	HCV RNA viral load test is predictive of disease severity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C18.	Between 60% and 85% of chronically HCV infected patients develop cirrhosis within 20 years after infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C19.	HCV increases the risk of hepatotoxicity during HAART treatment for HIV infected patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C20.	Sexual partners of patients with HCV should be tested for HCV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C21.	The risk of HCV transmission in monogamous relationships is substantial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C22.	Children should be screened for HCV if they are born to HCV+ women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C23.	Sharing razors and toothbrushes may be a source of HCV transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C24.	Sharing eating utensils or drinking glasses may be a source of HCV transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C25.	Cesarean section is recommended to prevent mother-to infant HCV transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C26.	Breast-feeding should be discouraged by HCV+ women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C27.	Body piercing and tattooing may be a source of HCV transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C28.	HCV infected health care workers should have restrictions on where they can work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. HIV/AIDS and Hepatitis Proficiency

Please indicate your current proficiency level (i.e., your knowledge, ability and experience) in each aspect of hepatitis and HIV prevention and treatment.

Hepatitis A and Hepatitis B		Current Proficiency Level			
What is your proficiency in:		Limited	Fair	Good	Excellent
D1.	Identifying risk factors for <b>hepatitis A</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2.	Counseling patients about the importance of <b>hepatitis A</b> vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.	Identifying risk factors for <b>hepatitis B</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4.	Counseling patients about the importance of <b>hepatitis B</b> vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hepatitis C		Current Proficiency Level			
What is your proficiency in:		Limited	Fair	Good	Excellent
D5.	Identifying risk factors for HCV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6.	Counseling patients about the importance of HCV screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7.	Referring patients for additional HCV tests or liver biopsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8.	Explaining the benefits and side effects of HCV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9.	Evaluating and treating HCV (directly prescribing pegylated interferon and ribavirin) <b>without</b> referral to a hepatologist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10.	Providing HCV treatment to patients who are currently using injection drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11.	Providing HCV treatment to patients who are on methadone maintenance therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12.	Referring patients to treatment and care for HCV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HIV		Current Proficiency Level			
What is your proficiency in:		Limited	Fair	Good	Excellent
D13.	Identifying risk factors for HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14.	Counseling patients about the importance of HIV screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D15.	Explaining the benefits and side effects of HIV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D16.	Providing HIV treatment to patients who are currently using injection drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D17.	Providing HIV treatment to patients who are on methadone maintenance therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D18.	Referring patients to treatment and care for HIV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Reduction		Current Proficiency Level			
What is your proficiency in:		Limited	Fair	Good	Excellent
D19.	Counseling patients about the importance of safe sex to prevent HIV and HCV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D20.	Counseling patients about the importance of safe injection drug use to prevent HIV and HCV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D21.	Counseling patients who inject drugs about the importance of entering treatment to stop injecting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. Hepatitis C Treatment Practices

E1. **Estimate** the number of HCV positive patients you have seen in the past 12 months? \_\_\_\_\_

**These questions ask about the *HCV positive* patients you have seen in the past 12 months.**

**Estimate the *number* of your HCV positive patients that:**

E2. You evaluated for HCV (liver biopsy and/or decisions regarding antiviral treatment without liver biopsy) in the past 12 months. \_\_\_\_\_

E3. You referred for liver biopsy in the past 12 months. \_\_\_\_\_

E4. You discussed the benefits of HCV treatment with in the past 12 months. \_\_\_\_\_

E5. You discussed the side effects of HCV treatment with in the past 12 months. \_\_\_\_\_

E6. You referred to other providers for HCV treatment in the past 12 months. \_\_\_\_\_

E7. You provided onsite treatment for HCV in the past 12 months. \_\_\_\_\_

**Estimate the *percentage* of your HCV positive patients that you have seen in the past 12 months that:**

E8. You recommended minimize their alcohol consumption. \_\_\_\_\_ %

E9. You recommended receive hepatitis A vaccination if not immune. \_\_\_\_\_ %

E10. You recommended receive hepatitis B vaccination if not immune. \_\_\_\_\_ %

E11. You recommended get acupuncture for their hepatitis C. \_\_\_\_\_ %

E12. You recommended take milkthistle for their hepatitis C. \_\_\_\_\_ %

E13. You recommended take garlic, dandelion or licorice root for their hepatitis C. \_\_\_\_\_ %

E14. Physicians often review different factors before considering HCV positive patients for HCV treatment. In the past 12 months, did you provide referrals for HCV treatment or offer onsite HCV treatment to patients with the following characteristics?

<u>Characteristic</u>	Offered or referred under some conditions	Never offered or referred	Not applicable for my patients
a. Current illicit drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Former drug users, abstinent <1 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Former drug users, abstinent 1-6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Former drug users, abstinent 7-12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Former drug users, abstinent >12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Characteristic</u>	Offered or referred under some conditions	Never offered or referred	Not applicable for my patients
f. Current alcohol users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Former alcohol users, abstinent <1 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Former alcohol users, abstinent 1-6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Former alcohol users, abstinent 7-12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Former alcohol users, abstinent >12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- E15. In the past 12 months, did you provide referrals for HCV treatment or offer onsite HCV treatment to patients with the following ALT levels?

<u>ALT level</u>	Offered or referred under some conditions	Never offered or referred	Not applicable for my patients
a. Persistently normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Intermittently elevated (more than the upper limit of normal e.g., > 45 U/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Consistently elevated (more than the upper limit of normal e.g., > 45 U/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- E16. In the past 12 months, did you provide referrals for HCV treatment or offer onsite HCV treatment to patients with the following psychiatric conditions?

<u>Psychiatric Condition</u>	Offered or referred under some conditions	Never offered or referred	Not applicable for my patients
a. Current mild depression or dysthymia <u>stable without</u> therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Current mild depression or dysthymia <u>stable with</u> therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Current mild depression or dysthymia <u>not</u> stable with therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Current moderate / severe depression <u>stable with</u> therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Current moderate / severe depression <u>not</u> stable with therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Current anxiety disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Current bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Current psychotic disorder (e.g., schizophrenia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Past history of major depressive episode (more than 6 months ago)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Past suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- E17. In the past 12 months, did you provide referrals for HCV treatment or offer onsite HCV treatment to patients with the following characteristics?

<u>Characteristic</u>	Offered or referred under some conditions	Never offered or referred	Not applicable for my patients
a. HIV infection without AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Currently on methadone maintenance therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Currently on buprenorphine treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Current syringe exchange program clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F. Integration Questions

F1. How long have you been working at AECOM? \_\_\_\_\_ years

F2. Are you aware of the Viral Hepatitis Integration Project (VHIP) – the project that enhances hepatitis services at AECOM?

☐ Yes

☐ No

☐ Not sure

F3. Do you know who the hepatitis coordinator is at AECOM?

☐ Yes ↓

☐ No

☐ Not sure

F3a. If yes, what is his/her name? \_\_\_\_\_

F4. Have you referred clients to the hepatitis coordinator?

☐ Yes

☐ No

☐ Not sure

F5. Has the hepatitis coordinator referred clients to you?

☐ Yes

☐ No

☐ Not sure

F6. Are you aware of the availability of hepatitis educational materials at your agency?

☐ Yes

☐ No

☐ Not sure

F7. Has there been an increase in your client caseload during the past year?

☐ Yes ↓

☐ No

☐ Not sure

F7a. If yes, do you think this is because of enhanced hepatitis services?

☐ Yes

☐ No

☐ Not sure

F8. What do you feel has worked well with regards to enhancing hepatitis services at AECOM?

---

---

---

F9. What do you feel could be improved with regards to enhancing hepatitis services AECOM?

---

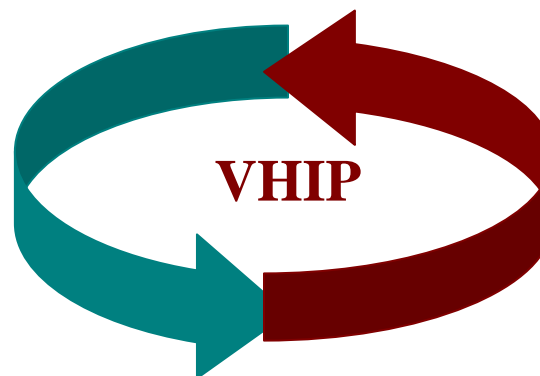
---

---

**Thank you for completing this survey!**  
**Please return to Danielle Brown at Melrose on Track**

*This page intentionally left blank.*

**Viral  
Hepatitis  
Integration  
Project**



## Baseline and Follow-up Medical Staff Survey Results

*This page intentionally left blank.*



<b>Table 1. Description of the sample</b>			
	<b>Medical staff</b>		
	<b>Baseline</b>	<b>Follow-up</b>	<b>p-value*</b>
Job description (n)	(22)	(14)	
Physician	50.0%	42.9%	0.6756
Physician assistant	50.0%	57.1%	
Counselor or harm reduction specialist	NA	NA	
Educator or outreach worker	NA	NA	
Case worker/manager or health care coordinator	NA	NA	
Supervisor, program manager or administrator	NA	NA	
Social worker	NA	NA	
Nurse	NA	NA	
Other	NA	NA	
Gender (n)	(22)	(14)	
Male	50.0%	28.6%	0.2036
Female	50.0%	71.4%	
Race/ethnicity (n)	(22)	(14)	
Hispanic	13.6%	14.3%	0.0469
Non-Hispanic black	22.7%	64.3%	
Non-Hispanic white	40.9%	21.4%	
Non-Hispanic other or mixed race	22.7%	0.0%	
Mean age (n)	(22)	(14)	
		43.6	0.1932
Saw any HCV+ clients in past 12 months (n)	(22)	(14)	
Yes	100.0%	100.0%	--
No	0.0%	0.0%	
Mean # of HCV+ clients (n) <sup>2</sup>	(18)	(11)	
	131.1	135.5	0.8686

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

3. Baseline and follow-up differences in mean age and mean number of HCV+ clients assessed using t-test

\*\* Limited to staff that knew how many HCV+ clients they had seen in the past 12 months.

<b>Table 2. Medical staff's knowledge of hepatitis and HIV<sup>1</sup></b>			
	<b>Baseline (n=22)</b>	<b>Follow-up (n=14)</b>	<b>p-value*</b>
Breast-feeding should not be discouraged by HCV+ women.	50.0%	69.2%	0.2666
C-section is not recommended to prevent vertical HCV transmission.	63.6%	76.9%	0.4133
Sharing eating utensils and drinking glasses does not transmit HCV.	90.9%	92.9%	0.8367
The risk of HCV transmission in monogamous relationships is low.	90.9%	85.7%	0.6287
Sharing razors and toothbrushes may transmit HCV.	95.5%	92.9%	0.7401
Body piercing and tattooing transmit HCV.	100.0%	100.0%	--
Children born to HCV positive women should be screened for HCV.	72.7%	84.6%	0.4183
HCV RNA viral load test is not predictive of disease severity.	76.2%	57.1%	0.2344
Sexual partners of HCV positive people should be tested for HCV.	90.9%	100.0%	0.2457
A liver biopsy is the best way to tell how serious HCV disease is.	95.5%	85.7%	0.3026
Clients with HIV infection are candidates for HCV treatment.	90.9%	92.3%	0.8864
Alcohol dependence/abuse is not a contraindication to HCV treatment.	95.5%	92.9%	0.7401
Clients with normal aminotransferases are candidates for treatment.	95.5%	92.9%	0.7401
Treatment of chronic HCV is recommended for methadone clients.	100.0%	100.0%	--
The SVR rate for treating HCV genotypes 2 and 3 is >75%.	54.6%	71.4%	0.1263
The SVR rate for treating HCV genotype is between 31% and 50%.	59.1%	50.0%	0.5926
An HCV treatment goal is to eradicate the virus from the body.	81.8%	92.3%	0.3915
HCV genotype affects the efficacy of HCV treatment.	95.5%	100.0%	0.4185
<b>Mean percent of knowledge questions answered correctly</b>	<b>83.3%</b>	<b>85.5%</b>	<b>0.6389</b>

<sup>1</sup> All statements are true.

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

3. Baseline and follow-up differences in mean knowledge score assessed using t-test

**Table 3. Provider's attitudes and beliefs regarding hepatitis and HIV<sup>1</sup>.**

	<b>Baseline (n=22)</b>	<b>Follow-up (n=14)</b>	<b>p-value*</b>
IDUs are at high risk for hepatitis C.	100.0%	100.0%	--
IDUs are at high risk for hepatitis B.	100.0%	100.0%	--
IDUs are at high risk for hepatitis A.	72.7%	78.6%	0.6930
People taking methadone maintenance therapy are good candidates for HCV treatment.	100.0%	100.0%	--
Current IDUs are good candidates for HCV treatment.	63.6%	64.3%	0.9685
People who do not take their HIV meds correctly are good candidates for HCV treatment.	40.9%	42.9%	0.9080
People who currently use alcohol are good candidates for HCV treatment.	31.8%	14.3%	0.2363
HCV treatment would be successful for most of my clients.	36.4%	78.6%	0.0134
The side effects of HCV treatment outweigh the potential benefits.	27.3%	42.9%	0.3336

<sup>1</sup>Percentages are based on staff who agreed or strongly agreed.

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

<b>Table 4. Provider's self-reported proficiency in providing HIV/AIDS and hepatitis services</b>			
	<b>Baseline (n=22)</b>	<b>Follow-up (n=14)</b>	<b>p-value*</b>
Hepatitis A proficiency			
Identifying hepatitis A risk factors	3.3	3.7	0.0660
Discussing hepatitis A vaccination	3.6	3.8	0.2387
Hepatitis B proficiency			
Identifying hepatitis B risk factors	3.5	3.7	0.2641
Discussing hepatitis B vaccination	3.6	3.8	0.2387
Hepatitis C proficiency			
Identifying HCV risk factors	3.6	3.8	0.2387
Counseling about HCV screening	3.7	3.8	0.5114
Referring patients for HCV tests or liver biopsy	3.4	3.5	0.6677
Discussing HCV treatment benefits/side effects	3.2	3.5	0.2119
Referring patients for HCV treatment	3.5	3.5	1.0
HIV proficiency			
Identifying HIV risk factors	3.7	3.9	0.0552
Counseling about HIV screening	3.7	3.9	0.2485
Discussing HIV treatment benefits/side effects	3.6	3.6	0.9727
Risk reduction proficiency			
Counseling about safer sex	3.6	3.9	0.1580
Counseling about safer injection drug use	3.5	3.8	0.2414
Counseling IDU about entering drug treatment	3.4	3.6	0.2980
HCV treatment proficiency			
Evaluating/treating HCV without a hepatology referral	2.7	3.1	0.2604
Treating current IDU for HCV	2.4	2.9	0.1734
Treating methadone patients for HCV	2.9	3.6	0.0146
HIV treatment proficiency			
Treating current IDU for HIV	3.3	3.5	0.3052
Treating methadone patients for HIV	3.3	3.6	0.1190
Referring patients for HIV treatment and care	3.5	3.6	0.6087

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

3. Baseline and follow-up differences in mean proficiency scores assessed using t-test

<b>Table 5. Provider's HCV evaluation and treatment practices in the last 12 months</b>			
	<b>Baseline (n=18)</b>	<b>Follow-up (n=11)</b>	<b>p-value*</b>
Evaluated for HCV			
None of their HCV+ patients	16.7%	0.0%	0.0467
Less than half of their HCV+ patients	55.6%	27.3%	
At least half of their HCV+ patients	27.8%	72.7%	
Referred for a liver biopsy			
None of their HCV+ patients	5.6%	0.0%	1.000
Less than half of their HCV+ patients	94.4%	100.0%	
At least half of their HCV+ patients	0.0%	0.0%	
Discussed HCV treatment benefits			
None of their HCV+ patients	0.0%	0.0%	0.9764
Less than half of their HCV+ patients	27.8%	27.3%	
At least half of their HCV+ patients	72.2%	72.7%	
Discussed HCV treatment side effects			
None of their HCV+ patients	0.0%	0.0%	0.5231
Less than half of their HCV+ patients	38.9%	27.3%	
At least half of their HCV+ patients	61.1%	72.7%	
Referred for HCV treatment			
None of their HCV+ patients	11.1%	45.5%	0.0784
Less than half of their HCV+ patients	77.8%	54.5%	
At least half of their HCV+ patients	11.1%	0.0%	
Provided onsite HCV treatment			
None of their HCV+ patients	16.7%	18.2%	0.9165
Less than half of their HCV+ patients	83.3%	81.8%	
At least half of their HCV+ patients	0.0%	0.0%	

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

<b>Table 6. Medical staff's provision (onsite or by referral) to current or former substance users.</b>			
	<b>Baseline (n=22)</b>	<b>Follow-up (n=14)</b>	<b>p-value*</b>
Provided HCV treatment to current users of alcohol	60.0%	58.3%	0.9260
Provided HCV treatment to current injection drug users	86.4%	75.0%	0.4062
Provided HCV treatment to clients abstinent < 1 month from alcohol	71.4%	72.7%	0.9381
Provided HCV treatment to former injection drug users abstinent < 1 month	81.8%	83.3%	0.9118
Provided HCV treatment to clients abstinent 1 to 6 months from alcohol	90.5%	84.6%	0.6062
Provided HCV treatment to former injection drug users abstinent 1 to 6 months	100.0%	100.0%	--

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

<b>Table 7. Medical staff awareness and assessment of VHIP at time of the follow-up survey</b>	
	<b>Medical Staff (n=14)</b>
Aware of VHIP	
Yes	100.0%
No	0.0%
Not sure	0.0%
Know the hepatitis coordinator	
Yes	92.8%
No	0.0%
Not sure	7.2%
If yes, correctly named the hepatitis coordinator	92.8%
Referred clients to the hepatitis coordinator	
Yes	71.4%
No	28.6%
Not sure	0.0%
The hepatitis coordinator referred clients to staff member	
Yes	28.6%
No	50.0%
Not sure	21.4%
Aware of the hepatitis educational materials at agency	
Yes	100.0%
No	0.0%
Not sure	0.0%
Increase in client caseload during the past year	
Yes	64.3%
No	28.6%
Not sure	7.1%
If yes, increase due to VHIP	
Yes	88.9%
No	0.0%
Not sure	11.1%

*This page intentionally left blank.*



## **Appendix B**

**VHIP Non-Medical Staff Baseline Survey**

**VHIP Non-Medical Staff Follow-Up Survey**

**VHIP Non-Medical Staff Survey Results**

*This page intentionally left blank.*

# Hepatitis Integration Project

## Staff Survey

*This page intentionally left blank.*

## A. Clinician and Practice Setting

We would like to create a unique ID which will be used to link your pre and post-training surveys. These questions will not be used to identify you by name.

- A1. What month were you born in? (i.e., March = 0 3) \_\_\_\_\_
- A2. What are the first 2 letters of your mother's first name? (if unknown, enter 'dk') \_\_\_\_\_
- A3. What are the last 4 digits of your social security number? (if unknown, enter '9999') \_\_\_\_\_
- A4. How old are you? \_\_\_\_\_
- A5. What is your gender? ☐ Male ☐ Female
- A6. Are you transgender? ☐ Yes ☐ No
- A7. How would you describe your race or ethnicity? *Please ✓all that apply.*  
☐ White ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or Pacific Islander  
☐ Hispanic or Latino/a ☐ Other, *please specify:* \_\_\_\_\_  
☐ American Indian or Alaskan Native
- A8. Please indicate your highest level of education.  
☐ Less than high school diploma ☐ Associates degree (AA)  
☐ High school diploma or GED ☐ Bachelors degree  
☐ Some college, but no degree ☐ At least some graduate school
- A9. In addition to your educational background, do you hold any professional licenses/certificates? *Please ✓all that apply.*  
☐ CASAC/CAC/CSAC ☐ RN ☐ Certified Social Worker  
☐ Licensed Psychologist ☐ LPN ☐ Other, *please specify:* \_\_\_\_\_
- A10. How long have you been in your current position?  
☐ Less than 6 months ☐ 2 - 4 years ☐ More than 6 years  
☐ 6 months - 2 years ☐ 4 - 6 years
- A11. Are you from: *Please choose one.*  
☐ New York Harm Reduction Educators ☐ St. Ann's Corner of Harm Reduction  
☐ Albert Einstein College of Medicine ☐ Other, *please specify:* \_\_\_\_\_  
Methadone Maintenance Treatment Clinics
- A12. What is your primary occupation? *Please choose one.*  
☐ Administrator ☐ Drug Treatment Counselor ☐ Counselor  
☐ Harm Reduction Specialist ☐ Case Worker/Case Manager ☐ Peer Educator  
☐ Program Manager/Supervisor ☐ Social Worker ☐ Nurse  
☐ Educator/Outreach Worker ☐ Other, *please specify:* \_\_\_\_\_

## B. Attitudes and Beliefs Regarding Hepatitis

Please indicate the extent to which you agree or disagree with the following statements by placing a ✓ in one box for each statement.		Strongly Agree	Agree	Disagree	Strongly Disagree
B1.	Most of my clients would agree to get hepatitis vaccines (shots).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2.	Injection drug users (IDUs) are at high risk for hepatitis A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3.	Injection drug users (IDUs) are at high risk for hepatitis B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4.	Injection drug users (IDUs) are at high risk for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5.	The side effects of hepatitis C treatment outweigh the potential benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6.	Individuals who currently inject drugs are <i>not</i> good candidates for hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7.	Individuals taking methadone maintenance therapy are <i>not</i> good candidates for hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8.	Individuals who currently use alcohol are <i>not</i> good candidates for hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9.	Individuals who do <i>not</i> take their HIV medication correctly are <i>not</i> good candidates for hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10.	Injection drug users using syringe exchange programs should be encouraged to enter drug treatment programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11.	Hepatitis C treatment would be successful for most of my clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B12.	On top of everything else I have to know, it will be difficult to learn new information about hepatitis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13.	It would take too much of my time to talk with my clients about hepatitis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B14. Do you know anyone that has been treated for hepatitis C infection? ☐ Yes ☐ No



B14a. If yes, how many people do you know who have been treated for hepatitis C? \_\_\_\_\_

B14b. Approximately how many of these people was hepatitis C treatment successful for?

☐ None ☐ Less than half ☐ Half ☐ More than half ☐ Everyone/All ☐ Not sure

## C. Knowledge of Hepatitis

Please indicate whether you think each of the following statements are true, false or you don't know the answer.		True	False	Don't Know
C1.	The best way to prevent hepatitis A is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.	Hepatitis A is most commonly transmitted by the fecal to oral route.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3.	The best way to prevent hepatitis B is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4.	The risk factors for hepatitis A and hepatitis B are similar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5.	Both hepatitis B and hepatitis C can be transmitted by sharing needles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6.	Hepatitis B infection can make hepatitis C disease worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7.	The best way to prevent hepatitis C is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8.	Hepatitis C can be transmitted through unprotected sex (sex without a condom).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9.	Everyone with hepatitis C needs treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10.	Hepatitis C treatment is almost always successful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11.	Cirrhosis (scarring of the liver) is a possible result of hepatitis C infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12.	A liver biopsy is the best way to tell how serious hepatitis C disease is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13.	Individuals who have both HIV and hepatitis C <u>cannot</u> be treated for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14.	The type of hepatitis C virus is an important factor that determines whether treatment will be effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. HIV/AIDS and Hepatitis Proficiency and Training

Please indicate your current proficiency level in each aspect of hepatitis and HIV prevention and treatment.

Hepatitis A and Hepatitis B		Current Proficiency Level			
What is your proficiency at:		Limited	Fair	Good	Excellent
D1.	Identifying risk factors for <b>hepatitis A</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2.	Counseling clients about the importance of <b>hepatitis A</b> vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.	Identifying risk factors for <b>hepatitis B</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4.	Counseling clients about the importance of <b>hepatitis B</b> vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Hepatitis C</b>		<b>Current Proficiency Level</b>			
<b>What is your proficiency at:</b>		<b>Limited</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
D5.	Identifying risk factors for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6.	Counseling clients about the importance of hepatitis C screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7.	Referring clients for additional hepatitis C tests or liver biopsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8.	Explaining the benefits of hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9.	Explaining the side effects of hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10.	Referring clients to treatment for hepatitis C infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>HIV</b>		<b>Current Proficiency Level</b>			
<b>What is your proficiency at:</b>		<b>Limited</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
D11.	Identifying risk factors for HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12.	Counseling clients about the importance of HIV screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13.	Explaining the benefits of HIV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14.	Explaining the side effects of HIV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Risk Reduction</b>		<b>Current Proficiency Level</b>			
<b>What is your proficiency at:</b>		<b>Limited</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
D15.	Counseling clients about the importance of safe sex to prevent HIV and hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D16.	Counseling clients about the importance of safe injection drug use to prevent HIV and hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D17.	Counseling clients who inject drugs about the importance of entering treatment to stop injecting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- D18. Before today, did you ever receive any training on **hepatitis A**? ☐ Yes ☐ No
- D19. Before today, did you ever receive any training on **hepatitis B**? ☐ Yes ☐ No
- D20. Before today, did you ever receive any training on **hepatitis C**? ☐ Yes ☐ No
- D21. Before today, did you ever receive any training on **HIV**? ☐ Yes ☐ No



## E. Hepatitis Practices

Please indicate how many of your clients you discussed each of the following topics with in the past 12 months.		None of them	Less than ½ of them	About ½ of them	More than ½ of them	All of them
E1.	Risk factors and testing for hepatitis A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E2.	Hepatitis A vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E3.	Risk factors and testing for hepatitis B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E4.	Hepatitis B vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E5.	Risk factors and testing for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E6.	Risk factors and testing for HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E7.	The importance of safe sex to prevent HIV and hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E8.	Safe injection drug use to prevent HIV and hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E9.	Counseling clients who inject drugs about the importance of entering treatment to stop injecting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E10. **Approximately** how many clients with hepatitis C have you seen in the past 12 months? \_\_\_\_\_

If you have seen <i>any</i> clients infected with hepatitis C in the past 12 months please indicate how many of your <i>hepatitis C clients</i> you discussed each of the following topics with in the past 12 months.		None of them	Less than ½ of them	About ½ of them	More than ½ of them	All of them
E11.	Benefits of hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E12.	Side effects of hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please return your survey to the trainer.**

**Thank you for completing this survey! 😊**

*This page intentionally left blank.*

# VHIP Follow-Up Staff Survey

**Viral  
Hepatitis  
Integration  
Project**



*This page intentionally left blank.*

## A. Clinician and Practice Setting

We would like to create a unique ID which will be used to link your pre and post-training surveys. These questions will not be used to identify you by name.

- A1. What month were you born in? (i.e., March = 0 3) \_\_\_\_\_
- A2. What are the first 2 letters of your mother's first name? (if unknown, enter 'dk') \_\_\_\_\_
- A3. What are the last 4 digits of your social security number? (if unknown, enter '9999') \_\_\_\_\_
- A4. How old are you? \_\_\_\_\_
- A5. What is your gender? ☐ Male ☐ Female
- A6. Are you transgender? ☐ Yes ☐ No
- A7. How would you describe your race or ethnicity? *Please ✓all that apply.*  
☐ White ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or Pacific Islander  
☐ Hispanic or Latino/a ☐ Other, *please specify:* \_\_\_\_\_  
☐ American Indian or Alaskan Native
- A8. Please indicate your highest level of education.  
☐ Less than high school diploma ☐ Associates degree (AA)  
☐ High school diploma or GED ☐ Bachelors degree  
☐ Some college, but no degree ☐ At least some graduate school
- A9. In addition to your educational background, do you hold any professional licenses/certificates? *Please ✓all that apply.*  
☐ CASAC/CAC/CSAC ☐ RN ☐ Certified Social Worker  
☐ Licensed Psychologist ☐ LPN ☐ Other, *please specify:* \_\_\_\_\_
- A10. How long have you been in your current position?  
☐ Less than 6 months ☐ 2 - 4 years ☐ More than 6 years  
☐ 6 months - 2 years ☐ 4 - 6 years
- A11. Are you from: *Please choose one.*  
☐ New York Harm Reduction Educators ☐ St. Ann's Corner of Harm Reduction  
☐ Albert Einstein College of Medicine ☐ Other, *please specify:* \_\_\_\_\_  
Methadone Maintenance Treatment Clinics
- A12. What is your primary occupation? *Please choose one.*  
☐ Administrator ☐ Drug Treatment Counselor ☐ Counselor  
☐ Harm Reduction Specialist ☐ Case Worker/Case Manager ☐ Peer Educator  
☐ Program Manager/Supervisor ☐ Social Worker ☐ Nurse  
☐ Educator/Outreach Worker ☐ Other, *please specify:* \_\_\_\_\_

## B. Attitudes and Beliefs Regarding Hepatitis

Please indicate the extent to which you agree or disagree with the following statements by placing a ✓ in one box for each statement.		Strongly Agree	Agree	Disagree	Strongly Disagree
B1.	Most of my clients would agree to get hepatitis vaccines (shots).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2.	Injection drug users (IDUs) are at high risk for hepatitis A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3.	Injection drug users (IDUs) are at high risk for hepatitis B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4.	Injection drug users (IDUs) are at high risk for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5.	The side effects of hepatitis C treatment outweigh the potential benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6.	Individuals who currently inject drugs are <i>not</i> good candidates for hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7.	Individuals taking methadone maintenance therapy are <i>not</i> good candidates for hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8.	Individuals who currently use alcohol are <i>not</i> good candidates for hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9.	Individuals who do <i>not</i> take their HIV medication correctly are <i>not</i> good candidates for hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10.	Injection drug users using syringe exchange programs should be encouraged to enter drug treatment programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11.	Hepatitis C treatment would be successful for most of my clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B12.	On top of everything else I have to know, it will be difficult to learn new information about hepatitis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13.	It would take too much of my time to talk with my clients about hepatitis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B14. Do you know anyone that has been treated for hepatitis C infection? ☐ Yes ☐ No



B14a. If yes, how many people do you know who have been treated for hepatitis C? \_\_\_\_\_

B14b. Approximately how many of these people was hepatitis C treatment successful for?

☐ None ☐ Less than half ☐ Half ☐ More than half ☐ Everyone/All ☐ Not sure

## C. Knowledge of Hepatitis

Please indicate whether you think each of the following statements are true, false or you don't know the answer.		True	False	Don't Know
C1.	The best way to prevent hepatitis A is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.	Hepatitis A is most commonly transmitted by the fecal to oral route.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3.	The best way to prevent hepatitis B is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4.	The risk factors for hepatitis A and hepatitis B are similar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5.	Both hepatitis B and hepatitis C can be transmitted by sharing needles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6.	Hepatitis B infection can make hepatitis C disease worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7.	The best way to prevent hepatitis C is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8.	Hepatitis C can be transmitted through unprotected sex (sex without a condom).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9.	Everyone with hepatitis C needs treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10.	Hepatitis C treatment is almost always successful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11.	Cirrhosis (scarring of the liver) is a possible result of hepatitis C infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12.	A liver biopsy is the best way to tell how serious hepatitis C disease is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13.	Individuals who have both HIV and hepatitis C <u>cannot</u> be treated for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14.	The type of hepatitis C virus is an important factor that determines whether treatment will be effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. HIV/AIDS and Hepatitis Proficiency and Training

Please indicate your current proficiency level in each aspect of hepatitis and HIV prevention and treatment.

Hepatitis A and Hepatitis B		Current Proficiency Level			
What is your proficiency at:		Limited	Fair	Good	Excellent
D1.	Identifying risk factors for <b>hepatitis A</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2.	Counseling clients about the importance of <b>hepatitis A</b> vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.	Identifying risk factors for <b>hepatitis B</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4.	Counseling clients about the importance of <b>hepatitis B</b> vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Hepatitis C</b>		<b>Current Proficiency Level</b>			
<b>What is your proficiency at:</b>		<b>Limited</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
D5.	Identifying risk factors for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6.	Counseling clients about the importance of hepatitis C screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7.	Referring clients for additional hepatitis C tests or liver biopsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8.	Explaining the benefits of hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9.	Explaining the side effects of hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10.	Referring clients to treatment for hepatitis C infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>HIV</b>		<b>Current Proficiency Level</b>			
<b>What is your proficiency at:</b>		<b>Limited</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
D11.	Identifying risk factors for HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12.	Counseling clients about the importance of HIV screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13.	Explaining the benefits of HIV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14.	Explaining the side effects of HIV treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Risk Reduction</b>		<b>Current Proficiency Level</b>			
<b>What is your proficiency at:</b>		<b>Limited</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
D15.	Counseling clients about the importance of safe sex to prevent HIV and hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D16.	Counseling clients about the importance of safe injection drug use to prevent HIV and hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D17.	Counseling clients who inject drugs about the importance of entering treatment to stop injecting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## E. Hepatitis Practices

Please indicate how many of your clients you discussed each of the following topics with in the past 12 months.		None of them	Less than ½ of them	About ½ of them	More than ½ of them	All of them
E1.	Risk factors and testing for hepatitis A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E2.	Hepatitis A vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E3.	Risk factors and testing for hepatitis B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E4.	Hepatitis B vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E5.	Risk factors and testing for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E6.	Risk factors and testing for HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E7.	The importance of safe sex to prevent HIV and hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E8.	Safe injection drug use to prevent HIV and hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E9.	Counseling clients who inject drugs about the importance of entering treatment to stop injecting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E10. **Approximately** how many clients with hepatitis C have you seen in the past 12 months? \_\_\_\_\_

If you have seen <i>any</i> clients infected with hepatitis C in the past 12 months please indicate how many of your <i>hepatitis C clients</i> you discussed each of the following topics with in the past 12 months.		None of them	Less than ½ of them	About ½ of them	More than ½ of them	All of them
E11.	Benefits of hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E12.	Side effects of hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F. Integration Questions

F1. How long have you been working at this agency? \_\_\_\_\_ years

F2. Have you attended the New York State Department of Health (NYSDOH) training, “It’s Time to Integrate”?

☐ Yes

☐ No

☐ Not sure

F3. Are you aware of the Viral Hepatitis Integration Project (VHIP) – the project that integrates or enhances hepatitis services at your agency?

☐ Yes

☐ No

☐ Not sure

F4. Do you know who the hepatitis coordinator is at your agency?

☐ Yes ↓

☐ No

☐ Not sure

F4a. If *yes*, what is his/her name? \_\_\_\_\_

F5. Have you referred clients to the hepatitis coordinator?

☐ Yes

☐ No

☐ Not sure

F6. Has the hepatitis coordinator referred clients to you?

☐ Yes

☐ No

☐ Not sure

F7. Are you aware of the availability of hepatitis educational materials at your agency?

☐ Yes

☐ No

☐ Not sure

F8. Has there been an increase in your client caseload during the past year?

☐ Yes ↓

☐ No

☐ Not sure

F8a. If *yes*, do you think this is because of added/enhanced hepatitis services?

☐ Yes

☐ No

☐ Not sure

F9. What do you feel has worked well with regards to integrating/enhancing hepatitis services at your agency? \_\_\_\_\_

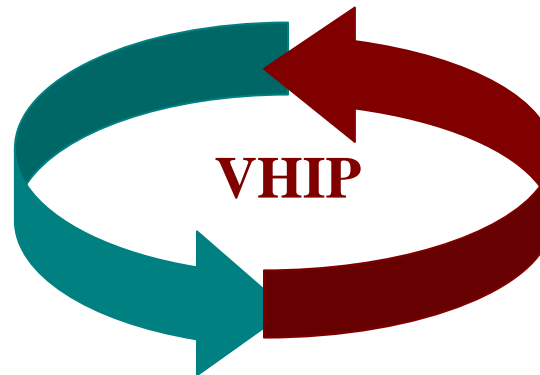
\_\_\_\_\_  
\_\_\_\_\_

F10. What do you feel could be improved with regards to integrating/enhancing hepatitis services at your agency? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for completing this survey! 😊**

**Viral  
Hepatitis  
Integration  
Project**



## Baseline and Follow-up Non-Medical Staff Survey Results

*This page intentionally left blank.*

<b>Table 1. Description of the sample</b>						
	<b>MMTP</b>			<b>SEP</b>		
	<b>Baseline</b>	<b>Follow-up</b>	<b>p-value*</b>	<b>Baseline</b>	<b>Follow-up</b>	<b>p-value*</b>
Job description (n)	(116)	(67)	<0.0001	(47)	(42)	0.2206
Physician	NA	NA		NA	NA	
Physician assistant	NA	NA		NA	NA	
Counselor or harm reduction specialist	53.4%	3.0%		10.6%	16.7%	
Educator or outreach worker	4.3%	9.0%		34.0%	14.3%	
Case worker/manager or health care coordinator	7.8%	6.0%		19.2%	28.6%	
Supervisor, program manager or administrator	7.8%	65.7%		14.9%	9.5%	
Social worker	10.3%	0.0%		4.3%	2.4%	
Nurse	7.8%	4.5%		0.0%	0.0%	
Other	8.6%	11.9%		17.0%	28.6%	
Gender (n)	(112)	(65)	0.7075	(45)	(43)	0.2689
Male	30.4%	27.7%		48.9%	51.1%	
Female	69.6%	72.3%		37.2%	62.8%	
Race/ethnicity (n)	(114)	(66)	0.5289	(48)	(44)	0.0590
Hispanic	30.7%	40.9%		35.4%	61.4%	
Non-Hispanic black	43.9%	37.9%		43.8%	31.8%	
Non-Hispanic white	18.4%	13.6%		16.7%	4.5%	
Non-Hispanic other or mixed race	7.0%	7.6%		4.2%	2.3%	
Mean age (n)	(111)	(64)	0.3818	(48)	(44)	0.2753
	42.4	43.8		42.6	40.7	

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

3. Baseline and follow-up differences in mean age and mean number of HCV+ clients assessed using t-test

\*\* Limited to staff that knew how many HCV+ clients they had seen in the past 12 months.

**Table 1. Description of the sample, continued.**

	MMTP			SEP		
	Baseline	Follow-up	p-value*	Baseline	Follow-up	p-value*
Length of time at agency (n)	(111)	(67)		(47)	(43)	
Less than 6 months	12.6%	1.5%	0.0067	44.7%	7.0%	0.0010
6 months – 2 years	18.9%	10.5%		23.4%	51.2%	
2 – 4 years	22.5%	16.4%		12.8%	20.9%	
4 – 6 years	14.4%	26.8%		12.8%	9.3%	
More than 6 years	31.5%	44.8%		6.4%	11.6%	
Saw any HCV+ clients in past 12 months (n)	(109)	(67)		(44)	(44)	
Yes	91.7%	91.0%	0.8720	88.6%	68.2%	0.0197
No	8.3%	9.0%			31.8%	
Mean # of HCV+ clients (n) <sup>2</sup>	(89)	(47)		(30)	(31)	
	27.4	19.1	0.0559	76.0	51.7	0.6021

<sup>1</sup>Medical staff were not asked how long they had been employed at agency.

11.4%

<sup>2</sup>Limited to staff that knew how many HCV+ clients they had seen in the past 12 months.

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

3. Baseline and follow-up differences in mean age and mean number of HCV+ clients assessed using t-test

<b>Table 2. Non-medical staff's knowledge of hepatitis and HIV<sup>1</sup></b>									
	<b>Total</b>			<b>MMTP</b>			<b>SEP</b>		
	<b>Baseline (n=164)</b>	<b>Follow-up (n=111)</b>	<b>p-value*</b>	<b>Baseline (n=116)</b>	<b>Follow-up (n=67)</b>	<b>p-value*</b>	<b>Baseline (n=48)</b>	<b>Follow-up (n=44)</b>	<b>p-value*</b>
The risk factors for hepatitis A and B are different.	30.6%	34.6%	0.4980	24.8%	34.4%	0.1730	44.7%	34.9%	0.3433
Hepatitis A is usually transmitted by the fecal to oral route.	66.5%	81.3%	0.0077	64.9%	81.3%	0.0214	70.2%	81.4%	0.2176
Hepatitis B and C can be transmitted by sharing needles.	71.9%	82.2%	0.0518	72.8%	87.8%	0.0203	69.6%	73.8%	0.6592
HCV can be transmitted through unprotected sex.	79.8%	77.3%	0.6263	77.0%	79.1%	0.7416	86.7%	74.4%	0.1457
Getting vaccinated is the best way to prevent HCV (FALSE).	64.0%	73.0%	0.1190	63.2%	77.6%	0.0432	66.0%	65.9%	0.9961
Getting vaccinated is the best way to prevent hepatitis A.	65.8%	80.9%	0.0067	64.9%	83.3%	0.0082	68.1%	77.3%	0.3265
Getting vaccinated is the best way to prevent hepatitis B.	74.5%	87.3%	0.0105	73.7%	89.4%	0.0120	76.6%	84.1%	0.3697
Hepatitis B infection can make HCV disease worse.	52.8%	52.7%	0.9867	48.7%	48.5%	0.9807	63.0%	59.1%	0.7006
A liver biopsy is the best way to tell how serious HCV disease is.	85.7%	90.1%	0.2835	89.6%	95.5%	0.1587	76.1%	81.8%	0.5054
Cirrhosis is a possible result of HCV infection.	90.7%	89.2%	0.6855	90.4%	92.5%	0.6168	91.5%	84.1%	0.2793
HCV treatment is almost always successful (FALSE).	46.5%	41.4%	0.4119	45.1%	50.8%	0.4604	50.0%	27.3%	0.0270
HCV genotype affects the efficacy of HCV treatment.	57.8%	80.2%	0.0001	59.1%	88.1%	<0.0001	54.4%	68.2%	0.1784
Not everyone with hepatitis C needs treatment.	58.6%	67.0%	0.1660	59.1%	78.5%	0.0085	57.5%	50.0%	0.4764
People with HCV and HIV can be treated for HCV.	80.8%	90.1%	0.0361	80.7%	95.5%	0.0053	80.9%	81.8%	0.9058
<b>Mean percent of knowledge questions answered correctly</b>	<b>65.9%</b>	<b>73.5%</b>	<b>0.0007</b>	<b>64.9%</b>	<b>77.5%</b>	<b>&lt;0.0001</b>	<b>68.3%</b>	<b>67.4%</b>	<b>0.8525</b>

<sup>1</sup>Statements are true unless noted otherwise

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

3. Baseline and follow-up differences in mean knowledge score assessed using t-test

*Produced by the Office of Program Evaluation and Research, AIDS Institute, New York State Department of Health*

**Table 3. Non-medical staff attitudes and beliefs regarding hepatitis and HIV<sup>1</sup>.**

	MMTP			SEP		
	Baseline (n=116)	Follow-up (n=67)	p-value*	Baseline (n=48)	Follow-up (n=44)	p-value*
IDUs are at high risk for hepatitis C.	98.3%	94.0%	0.1231	97.9%	88.6%	0.0717
IDUs are at high risk for hepatitis B.	78.8%	77.3%	0.8160	87.2%	76.7%	0.1935
IDUs are at high risk for hepatitis A.	65.5%	40.3%	0.0010	57.5%	56.8%	0.9517
People taking methadone maintenance therapy are good candidates for HCV treatment.	92.2%	98.5%	0.0756	87.2%	95.4%	0.1766
Current IDUS are good candidates for HCV treatment.	73.7%	69.7%	0.5649	85.4%	90.9%	0.4173
People who do not take their HIV meds correctly are good candidates for HCV treatment.	69.9%	68.7%	0.8598	63.8%	61.4%	0.8080
People who currently use alcohol are good candidates for HCV treatment.	45.7%	43.3%	0.7525	63.8%	50.0%	0.1828
HCV treatment would be successful for most of my clients.	78.3%	76.9%	0.8357	65.2%	73.2%	0.4235
The side effects of HCV treatment outweigh the potential benefits.	27.9%	33.3%	0.4477	22.2%	23.3%	0.9079

<sup>1</sup>Percentages are based on staff who agreed or strongly agreed.

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5



<b>Table 4. Non-medical staff self-reported proficiency in providing HIV/AIDS and hepatitis services</b>						
	<b>MMTP</b>			<b>SEP</b>		
	<b>Baseline (n=116)</b>	<b>Follow-up (n=67)</b>	<b>p-value*</b>	<b>Baseline (n=48)</b>	<b>Follow-up (n=44)</b>	<b>p-value*</b>
Hepatitis A proficiency						
Identifying hepatitis A risk factors	1.9	2.5	<.0001	2.1	2.1	0.9795
Discussing hepatitis A vaccination	2.0	2.6	<.0001	2.2	2.2	0.8590
Hepatitis B proficiency						
Identifying hepatitis B risk factors	2.0	2.6	0.0002	2.2	2.1	0.7665
Discussing hepatitis B vaccination	2.1	2.7	<.0001	2.2	2.2	0.9743
Hepatitis C proficiency						
Identifying HCV risk factors	2.5	2.9	0.0039	2.5	2.4	0.3994
Counseling about HCV screening	2.6	3.0	0.0007	2.7	2.6	0.6280
Referring patients for HCV tests or liver biopsy	2.4	2.7	0.0157	2.3	2.5	0.6316
Discussing HCV treatment benefits/side effects	2.4	2.8	<.0001	2.2	2.3	0.5470
Referring patients for HCV treatment	2.5	3.0	0.0001	2.3	2.5	0.4354
HIV proficiency						
Identifying HIV risk factors	3.1	3.1	0.7933	3.3	3.2	0.5703
Counseling about HIV screening	3.1	3.2	0.4942	3.3	3.1	0.3600
Discussing HIV treatment benefits/side effects	2.9	3.1	0.3010	3.0	2.9	0.5167
Risk reduction proficiency						
Counseling about safer sex	3.1	3.3	0.1912	3.3	3.2	0.5978
Counseling about safer injection drug use	3.0	3.1	0.2708	3.2	3.0	0.3080
Counseling IDU about entering drug treatment	3.1	3.1	0.6999	2.7	2.8	0.7419

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

3. Baseline and follow-up differences in mean proficiency scores assessed using t-test

<b>Table 5. Non-medical staff hepatitis and HIV related practices in the past 12 months</b>						
	<b>MMTP</b>			<b>SEP</b>		
	<b>Baseline (n=116)</b>	<b>Follow-up (n=67)</b>	<b>p-value*</b>	<b>Baseline (n=48)</b>	<b>Follow-up (n=44)</b>	<b>p-value*</b>
Discussed HAV risk factors and testing with at least half of their clients.	16.2%	36.9%	0.0019	40.9%	50.0%	0.3973
Discussed HBV risk factors and testing with at least half of their clients.	22.3%	41.5%	0.0068	45.7%	53.7%	0.4559
Discussed HCV risk factors and testing with at least half of their clients.	55.0%	67.7%	0.0964	67.4%	59.5%	0.4435
Discussed HIV risk factors and testing with at least half of their clients.	65.5%	73.9%	0.2475	84.8%	65.9%	0.0394
Discussed safe sex to prevent HIV/HCV with at least half of their clients.	68.1%	75.4%	0.3062	78.3%	76.2%	0.8169
Discussed safe injection drug use to prevent HIV/HCV with at least half of their clients	59.8%	66.2%	0.4024	78.3%	69.1%	0.3258
Discussed the benefits of HCV treatment with at least half of their HCV+ clients	64.3%	75.8%	0.1256	65.8%	50.0%	0.1583
Discussed the side effects of HCV treatment with at least half of their HCV+ clients	57.6%	75.8%	0.0186	60.5%	50.0%	0.3502

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

<b>Table 6. Non-medical staff awareness and assessment of VHIP at time of the follow-up survey</b>		
	<b>MMTP (n=67)</b>	<b>SEP (n=44)</b>
Attended “It’s Time to Integrate”		
Yes	61.5%	32.5%
No	23.1%	60.5%
Not sure	15.4%	7.0%
Aware of VHIP		
Yes	75.0%	80.5%
No	11.7%	12.2%
Not sure	13.3%	7.3%
Know the hepatitis coordinator		
Yes	96.7%	97.7%
No	1.6%	2.3%
Not sure	1.6%	0.0%
If yes, correctly named the hepatitis coordinator	100.0%	100.0%
Referred clients to the hepatitis coordinator		
Yes	65.2%	79.1%
No	27.3%	20.9%
Not sure	7.6%	0.0%
The hepatitis coordinator referred clients to staff member		
Yes	34.9%	48.8%
No	47.6%	41.5%
Not sure	17.5%	9.7%
Aware of the hepatitis educational materials at agency		
Yes	100.0%	95.0%
No	0.0%	2.5%
Not sure	0.0%	2.5%

**Table 6. Non-medical staff awareness and assessment of VHIP at time of the follow-up survey, cont.**

	<b>MMTP (n=67)</b>	<b>SEP (n=44)</b>
Increase in client caseload during the past year		
Yes	70.0%	47.6%
No	16.7%	26.2%
Not sure	13.3%	26.2%
If yes, increase due to VHIP		
Yes	36.6%	50.0%
No	46.3%	22.2%
Not sure	17.1%	27.8%

## **Appendix C**

**VHIP Client Baseline Survey  
VHIP Client Baseline Survey – Spanish Version**

**VHIP SEP Client Follow-Up Survey  
VHIP SEP Client Follow-Up Survey – Spanish Version**

**VHIP MMTP Client Follow-Up Survey  
VHIP MMTP Client Follow-Up Survey – Spanish Version**

**VHIP Client Survey Results**

*This page intentionally left blank.*

# 2005 Hepatitis Client Survey

*This page intentionally left blank.*



**Section 1: Demographics**

*SAY: I'd like to thank you again for taking part in this survey. Remember that all the information you give me will be private and your name will not appear anywhere on this form. First I would like to ask you some background questions.*

1. What is your date of birth? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yy)  
(enter '88' for unknown and '99' for refused to answer)
  
2. Are you: ☐ Male ☐ Male to female transgender ☐ Intersex  
☐ Female ☐ Female to male transgender ☐ Refused to answer
  
3. How would you describe your race or ethnicity? **(Please ✓ all that apply.)**  
☐ White ☐ American Indian or Alaskan Native  
☐ Black or African American ☐ Native Hawaiian or Pacific Islander  
☐ Hispanic or Latino/a ☐ Other, please specify: \_\_\_\_\_  
☐ Asian ☐ Refused to answer  
  

(enter '77777' for homeless)  
 (enter '88888' for unknown)  
 (enter '99999' for refused to answer)
  
4. What zip code do you live in? \_\_\_\_\_  
 (enter '77777' for homeless)  
 (enter '88888' for unknown)  
 (enter '99999' for refused to answer)

**Section 2: Knowledge of Hepatitis and HIV Risk Factors**

*SAY: Next, I'm going to ask you some questions about hepatitis and HIV. Tell me if each statement is true or false or if you do not know the answer. [Show Flashcard 1]*

	True	False	Don't Know
5. The best way to prevent hepatitis A is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The most common way to get hepatitis A is by the fecal (poop) to oral route.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The best way to prevent hepatitis B is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The risk factors for hepatitis A and hepatitis B are similar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. People can get both hepatitis B and hepatitis C by sharing needles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Hepatitis B infection can make hepatitis C disease worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The best way to prevent hepatitis C is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. People can get hepatitis C by having unprotected sex (sex without a condom).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Everyone with hepatitis C needs treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Cirrhosis (scarring of the liver) is a possible result of hepatitis C infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. A liver biopsy is the best way to tell how serious hepatitis C disease is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. People who have both HIV and hepatitis C <u>cannot</u> be treated for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3: Attitudes Towards Hepatitis and HIV Prevention

*SAY: Next, I'm going to ask your opinion about hepatitis. There are no right answers to these questions. How strongly do you agree or disagree with each of the following statements? [Show Flashcard 2]*

	Strongly Agree	Agree	Disagree	Strongly Disagree
17. I would agree to get hepatitis vaccines (shots).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Injection drug users (IDUs) are at high risk for hepatitis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I would rather have hepatitis C than deal with the side effects of hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Hepatitis C treatment does not work well for injection drug users.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Hepatitis C treatment does not work well for people taking methadone maintenance therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Hepatitis C treatment does not work well for people who drink alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Hepatitis C treatment is successful for most people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I would get a liver biopsy if my health care provider recommended it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I would take hepatitis C treatment (weekly injections and daily pills) if my health care provider recommended it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 4: Experiences with Hepatitis and HIV Testing and Prevention

*SAY: Now I'm going to ask you a few questions about getting tested for hepatitis and HIV. We will start with some questions about your experiences with testing for hepatitis.*

26. Have you ever been tested for hepatitis A?

☐ No     
 ☐ Yes, always     
 ☐ Yes, tested positive at least once     
 ☐ Yes, tested but do not know result     
 ☐ Not sure

26a. If no, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. Have you ever been tested for hepatitis B?

☐ No     
 ☐ Yes, always     
 ☐ Yes, tested positive at least once     
 ☐ Yes, tested but do not know result     
 ☐ Not sure

27a. If no, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. Have you ever been tested for hepatitis C?

- ☐ No    ☐ Yes, *always tested*    ☐ Yes, *tested positive at least once*    ☐ Yes, *tested but do not know result*    ☐ Not sure



28a. When was your last  
hepatitis C test?

\_\_\_\_/\_\_\_\_ (mm/yy)  
(enter '88' for unknown and '99' for refused to answer)

28b. If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If participant ever tested positive for hepatitis C complete this section, if not go to question 40 on page 5.**

29. After you found out that you had hepatitis C did the amount of alcohol that you drink:

- ☐ Increase    ☐ Decrease    ☐ Stay the same

30. Has a health care provider ever discussed hepatitis C treatment with you?

- ☐ Yes    ☐ No

31. Do you think that hepatitis C treatment will: **[Show Flashcard 3]**

- ☐ Definitely work for you    ☐ Probably work for you    ☐ Probably won't work for you    ☐ Definitely won't work for you    ☐ Don't know

32. Has anyone ever discussed a liver biopsy with you?

- ☐ Yes    ☐ No    ☐ Not sure  
↓

32a. If yes, have you ever had a liver biopsy?

- ☐ Yes    ☐ No    ☐ Not sure  
↓

32b. If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. Do you know anyone (other than yourself) who has been treated for hepatitis C?

- ☐ Yes    ☐ No  
↓

33a. If yes, about how many people do you know who have been treated for hepatitis C? \_\_\_\_\_

33b. For how many of these people did hepatitis C treatment work?

- ☐ None of them    ☐ Half of them    ☐ Everyone/All of them  
☐ Less than half of them    ☐ More than half of them    ☐ Not sure

34. Have you ever refused treatment for hepatitis C?

- ☐ Yes    ☐ No  
↓

34a. If yes, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. Which *one* of these statements *best* applies to you? (✓ **the one answer that best applies.**) [Show

**Flashcard 4]**

- ☐ I haven't thought about getting hepatitis C treatment. ⇒
- ☐ I am not sure if I should get hepatitis C treatment. ⇒
- ☐ I plan to get hepatitis C treatment sometime in the near future. ⇒
- ☐ I am ready to get hepatitis C treatment now. ⇒
- ☐ I thought about hepatitis C treatment and decided it's not worth it now. ⇒
- ☐ I have already had hepatitis C treatment. ⇒ **Go to question 36**
- ☐ I am getting hepatitis C treatment now. ⇒ **Go to question 37**

**Go to question  
39 on the  
bottom of this  
page.**

**If participant was ever treated for hepatitis C complete this section, if not go to question 39.**

36. What happened with your hepatitis C treatment?

- ☐ I finished treatment and it was successful.
- ☐ I finished treatment, but it was not successful.
- ☐ I started, but did not finish treatment. ⇒
- ☐ Other, please specify: \_\_\_\_\_

36a. Why didn't you finish treatment?

37. Did you ever have interferon injections (Intron, Roferon, Pegasys, Peginteron, Consensus) for your hepatitis C?

☐ Yes  
↓

☐ No

☐ Not  
sure

37a. If yes, did you get injections of interferon: (✓ **the one answer that best applies.**)

- ☐ Once a week (pegylated interferons, Pegasys or Peginteron)
- ☐ Three times a week (Intron, Roferon)
- ☐ Everyday (Intron, Roferon)
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Not sure

38. Have you ever used any of these treatments for hepatitis C? (**Please ✓ all that apply.**)

Yes

No

Not sure

a. Ribavirin (Rebetron, Copegus)

☐

☐

☐

b. Amantadine

☐

☐

☐

c. Other, please specify: \_\_\_\_\_

☐

☐

☐

39. Have you ever used any of these for hepatitis C? (**Please ✓ all that apply.**)

Yes

No

Not sure

a. Acupuncture

☐

☐

☐

b. Milkthistle

☐

☐

☐

c. Garlic, dandelion or licorice root

☐

☐

☐

*SAY: Now I'm going to ask you a few questions about your experiences with testing for HIV.*

40. Have you ever been tested for HIV (the virus that causes AIDS)?

- ☐ No      ☐ Yes, *always*      ☐ Yes, *tested positive at*      ☐ Yes, *tested but do*      ☐ Not sure  
↓      *tested negative*      *least once*      *not know result*

40a. If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If participant ever tested HIV positive, complete this section, if not go to question 44.**

41. Date of first positive HIV test? \_\_\_\_/\_\_\_\_ (mm/yy) (enter '88' for unknown and '99' for refused to answer)

42. Are you currently being treated for HIV? ☐ Yes ☐ No ☐ Not sure

43. Have you ever refused treatment for HIV? ☐ Yes ☐ No  
↓

43a. If yes, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Hepatitis A and B Prevention

*SAY: Now I'm going to ask you a few questions about getting vaccines or shots for hepatitis A and hepatitis B. A vaccine is a shot that can keep you from getting the virus.*

44. Have you ever had a vaccine or shot to prevent hepatitis A? ☐ No ☐ Yes ☐ Not sure  
↓

44a. If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45. Have you ever had a vaccine or shot to prevent hepatitis B? ☐ No ☐ Yes ☐ Not sure  
↓

45a. If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 5: Hepatitis and HIV Risk

*SAY: This section asks about sex and drug use. The answers you give will be private. This survey does not have your name on it. It's important that your answers be as true as possible. We need to know what you are really doing, not what you think you are supposed to do.*

46. How many people have you had sex with during the past 12 months? \_\_\_\_\_ (If none, go to question 58)

During the past 12 months, have you had sex with someone who was: (Please ✓ all that apply.)	Yes	No	Not sure
47. Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Infected with hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Infected with hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Infected with HIV or AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. An injection drug user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 12 months, have you:	Yes	No	Not sure
54. Given or received money or drugs for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Had sex while high on drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 12 months, how often did you or your partner(s) use a condom when you had: [Show Flashcard 5]	Never	Some-times	Always	Didn't have this type of sex
56. Vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Anal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. Have you ever had:	Yes	No	Not sure
a. Herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Genital warts (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. In the past 12 months have you had:	Yes	No	Not sure
a. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gonorrhea (clap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trichomoniasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other STD, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Have you gotten a tattoo or body piercing in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
↓		
60a. If yes, in the past 12 months where did you get the body piercing or tattoo: (Please ✓ all that apply.)		
<input type="checkbox"/> Tattoo/piercing shop	<input type="checkbox"/> Friend	<input type="checkbox"/> Jail, prison or a detention center
<input type="checkbox"/> Did it yourself	<input type="checkbox"/> Doctor	<input type="checkbox"/> Other, please specify: _____

61. Did you drink alcohol (beer, wine, or drinks containing liquor) in the past 12 months? <div style="float: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No            ↓         </div>				
61a. If yes, in the past 12 months, about how often did you drink alcohol? <b>[Show Flashcard 6]</b> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Everyday</div> <div><input type="checkbox"/> 1-2 times a week</div> <div><input type="checkbox"/> Less than once a month</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> 3-6 times a week</div> <div><input type="checkbox"/> 1-3 times a month</div> <div><input type="checkbox"/> Not sure</div> </div> 61b. In the past 12 months when you drank alcohol, about how many drinks did you usually have in one day? _____				
62. In the past 12 months, did you use any of these non-injection drugs: <b>(Please ✓ all that apply.) [Show Flashcard 7]</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Marijuana</div> <div style="width: 33%;"><input type="checkbox"/> LSD</div> <div style="width: 33%;"><input type="checkbox"/> Heroin</div> <div style="width: 33%;"><input type="checkbox"/> Poppers</div> <div style="width: 33%;"><input type="checkbox"/> Cocaine or crack</div> <div style="width: 33%;"><input type="checkbox"/> Other hallucinogens</div> <div style="width: 33%;"><input type="checkbox"/> Special K</div> <div style="width: 33%;"><input type="checkbox"/> GHB</div> <div style="width: 33%;"><input type="checkbox"/> Ecstasy</div> <div style="width: 33%;"><input type="checkbox"/> Downers</div> <div style="width: 33%;"><input type="checkbox"/> Crystal meth</div> <div style="width: 33%;"><input type="checkbox"/> Other amphetamines</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Other drugs, <i>please specify</i>: _____</div> <div><input type="checkbox"/> Didn't use non-injection drugs in the past 12 months</div> </div>				
63. Have you snorted drugs in the past 12 months? <div style="float: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No            ↓         </div>				
63a. If yes, in the past 12 months, how often did you share straws? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always				
64. Have you injected any drugs or medications in the past 12 months? <div style="float: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No            ↓         </div>				
65. If yes, what drugs did you inject in the past 12 months? <b>(Please ✓ all that apply.) [Show Flashcard 8]</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Hormones</div> <div style="width: 33%;"><input type="checkbox"/> Cocaine</div> <div style="width: 33%;"><input type="checkbox"/> Amphetamines, speed, crystal meth, or ice</div> <div style="width: 33%;"><input type="checkbox"/> Insulin</div> <div style="width: 33%;"><input type="checkbox"/> Heroin</div> <div style="width: 33%;"><input type="checkbox"/> Heroin and cocaine together (speedballs)</div> <div style="width: 33%;"><input type="checkbox"/> Steroids</div> <div style="width: 33%;"><input type="checkbox"/> Other, <i>please specify</i>: _____</div> </div>				
<b>Go to question 68 on page 8</b>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">Yes</th> <th style="padding: 5px;">No</th> <th style="padding: 5px;">Not sure</th> </tr> </table>	Yes	No	Not sure
Yes	No	Not sure		
66a. In the past 12 months did you share needles or syringes with anyone?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a1. If yes, in the past 12 months did you always clean needles and syringes that had been used by someone else before you?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
66b. In the past 12 months did you share a cooker, cotton, rinse water or other injection drug equipment with anyone?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
67. In the past 12 months did you get your needles and syringes from: <b>(Please ✓ all that apply.)</b>				
a. A pharmacy <b>with</b> a prescription.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. A pharmacy <b>without</b> a prescription.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. A syringe exchange program.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c1. If yes, which syringe exchange programs have you gotten needles or syringes from in the past 12 months? _____ _____ _____				

68. Have you <b>ever</b> injected any drugs or medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
↓		
68a. How old were you when you first shot up? _____ years		

69. In the past 12 months, have you taken methadone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
↓		
69a. If yes, where did you get methadone in the past 12 months? _____		
_____		
_____		
_____		
69b. How long have you been on methadone? _____ days		
(Count only the length of time you've taken methadone for _____ weeks		
your current or most recent treatment attempt.) _____ months		
_____ years		

## Section 6: Awareness of Hepatitis and HIV Marketing Materials

*SAY: Now I'm going to ask about hepatitis and HIV information that you may have seen or heard.*

70. In the past 12 months, have you seen or heard any information about <b>hepatitis</b> at this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
↓			
70a. If yes, what kind of information: <b>(Please ✓ all that apply.) [Show Flashcard 9]</b>			
<input type="checkbox"/> Brochure	<input type="checkbox"/> Palm Card	<input type="checkbox"/> Poster	<input type="checkbox"/> Talked to a case worker
<input type="checkbox"/> Support group	<input type="checkbox"/> Talked to a nurse	<input type="checkbox"/> Talked to a doctor	<input type="checkbox"/> Talked to a peer educator
<input type="checkbox"/> Other, <i>please specify</i> : _____			

71. In the past 12 months, have you seen or heard any information about <b>HIV</b> at this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
↓			
71a. If yes, what kind of information: <b>(Please ✓ all that apply.) [Show Flashcard 9]</b>			
<input type="checkbox"/> Brochure	<input type="checkbox"/> Palm Card	<input type="checkbox"/> Poster	<input type="checkbox"/> Talked to a case worker
<input type="checkbox"/> Support group	<input type="checkbox"/> Talked to a nurse	<input type="checkbox"/> Talked to a doctor	<input type="checkbox"/> Talked to a peer educator
<input type="checkbox"/> Other, <i>please specify</i> : _____			

**[THANK THE RESPONDENT FOR THEIR TIME AND END THE INTERVIEW]**



# Encuesta a Clientes sobre Hepatitis, 2005

*This page intentionally left blank.*

**Sección 1: Datos demográficos**

*DIGA: Quisiera agradecerle nuevamente por participar en esta encuesta. Recuerde que toda la información que suministre se mantendrá bajo reserva y que su nombre no aparecerá en ninguna parte del formulario. Primero quisiera hacerle algunas preguntas generales.*

1. ¿Cuál es su fecha de nacimiento? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/aa)  
(escriba "88" si la desconoce o "99" si se niega a responder)
2. Usted es: ☐ Hombre ☐ Transexual masculino a femenino ☐ Intersexual  
☐ Mujer ☐ Transexual femenino a masculino ☐ No responde
3. ¿Cómo describiría su raza u origen étnico? **(Coloque una marca (✓) en todas las opciones que correspondan.)**  
☐ Blanco ☐ Indígena americano o natural de Alaska  
☐ Negro o afroamericano ☐ Natural de Hawai o de las islas del Pacífico  
☐ Hispano o latino ☐ Otra. Especifique cuál: \_\_\_\_\_  
☐ Asiático ☐ No responde
4. ¿Cuál es su código postal? \_\_\_\_\_  
 (escriba "77777" para personas sin hogar)  
 (escriba "88888" si lo desconoce)  
 (escriba "99999" si se niega a responder)

**Sección 2: Conocimiento sobre los factores de riesgo de contraer hepatitis y VIH**

*DIGA: A continuación le haré algunas preguntas sobre la hepatitis y el VIH. Dígame si la oración es verdadera o falsa, o si desconoce la respuesta. [Muestre la Tarjeta 1.]*

		Verdadero	Falso	No sabe
5.	La mejor forma de prevenir la hepatitis A es vacunarse (inyección).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	La forma más común de contraer la hepatitis A es a través de la vía fecal (caca) a la oral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	La mejor forma de prevenir la hepatitis B es vacunarse (inyección).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Los factores de riesgo de la hepatitis A y la hepatitis B son similares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	La gente puede contraer hepatitis B y hepatitis C por compartir agujas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	La infección por hepatitis B puede empeorar la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	La mejor forma de prevenir la hepatitis C es vacunarse (inyección).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	La gente puede contraer hepatitis C por tener relaciones sexuales sin protección (sin condón).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Todas las personas con hepatitis C necesitan tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	La cirrosis (cicatriz en el hígado) es una consecuencia posible de la infección por hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Una biopsia del hígado es la mejor forma de conocer la gravedad de la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Las personas que tienen VIH y hepatitis C <u>no pueden</u> recibir tratamiento para la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DIGA:** Ahora le voy a pedir su opinión sobre la hepatitis. No hay una respuesta correcta para estas preguntas. ¿En qué medida está usted de acuerdo o en desacuerdo con las siguientes afirmaciones? [Muestre la Tarjeta 2.]

		Muy de acuerdo	De acuerdo	En des-acuerdo	Muy en des-acuerdo
17.	Aceptaría que me vacunen contra la hepatitis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Los consumidores de drogas inyectables (UDI) están en alto riesgo de contraer hepatitis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Preferiría tener hepatitis C antes que soportar los efectos secundarios del tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	El tratamiento para la hepatitis C no responde bien en personas que se inyectan drogas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	El tratamiento para la hepatitis C no es eficaz en personas sometidas a terapia de mantenimiento con metadona.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	El tratamiento para la hepatitis C no responde bien en personas que consumen alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	El tratamiento para la hepatitis C es efectivo en la mayoría de las personas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Me haría una biopsia del hígado si mi médico me lo recomendará.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Me sometería al tratamiento para la hepatitis C (inyecciones semanales y píldoras diarias) si mi médico me lo recomendará.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*DIGA: Ahora le voy a hacer preguntas sobre las pruebas para detectar la hepatitis y el VIH. Empezaremos con algunas preguntas sobre su experiencia personal con las pruebas de hepatitis.*

26. ¿Alguna vez le han hecho una prueba de hepatitis A?

☐ No.      ☐ Sí, siempre dio      ☐ Sí, dio positiva al      ☐ Sí, me la hicieron pero      ☐ No estoy  
↓      negativa.      menos una vez.      desconozco el resultado.      seguro

26a. Si la respuesta es “no”, ¿por qué no? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. ¿Alguna vez le han hecho una prueba de hepatitis B?

☐ No.      ☐ Sí, siempre dio      ☐ Sí, dio positiva al      ☐ Sí, me la hicieron pero      ☐ No estoy  
↓      negativa.      menos una vez.      desconozco el resultado.      seguro

27a. Si la respuesta es “no”, ¿por qué no? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. ¿Alguna vez le han hecho una prueba de hepatitis C?

- ☐ No.    ☐ Sí, *siempre* dio negativa.    ☐ Sí, dio positiva al menos una vez.    ☐ Sí, me la hicieron pero desconozco el resultado.    ☐ No estoy seguro.



28a. ¿Cuándo fue su última prueba de hepatitis C? \_\_\_\_\_/\_\_\_\_\_(mm/aa)  
(escriba '88' si lo desconoce o '99' si se niega a responder)

28b. Si la respuesta es “no”, ¿por qué no? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Si el participante alguna vez obtuvo un resultado positivo en una prueba de hepatitis C, complete esta sección. De lo contrario, pase a la pregunta 40 de la página 5.**

29. Después de descubrir que tenía hepatitis C, la cantidad de alcohol que consume:

- ☐ Aumentó    ☐ Disminuyó    ☐ Se mantuvo igual

30. ¿Alguna vez un médico habló con usted un tratamiento para la hepatitis C?    ☐ Sí    ☐ No

31. ¿Qué efecto cree que tendrá en usted el tratamiento para la hepatitis C? [Muestre la Tarjeta 3.]

- ☐ Con seguridad será efectivo    ☐ Probablemente sea efectivo    ☐ Probablemente no sea efectivo    ☐ Con seguridad no será efectivo    ☐ No sabe

32. ¿Alguna vez le han propuesto hacerle una biopsia del hígado?    ☐ Sí    ☐ No    ☐ No estoy seguro



32a. En caso afirmativo, ¿le han hecho alguna vez una biopsia del hígado?    ☐ Sí    ☐ No    ☐ No estoy seguro



32b. Si la respuesta es “no”, ¿por qué no? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. ¿Conoce a alguien (aparte de usted) que haya recibido tratamiento para la hepatitis C?    ☐ Sí    ☐ No



33a. En caso afirmativo, ¿cuántas personas conoce que hayan recibido tratamiento para la hepatitis C? \_\_\_\_\_

33b. ¿A cuántas de estas personas les resultó efectivo el tratamiento para la hepatitis C?

- ☐ A ninguna    ☐ A la mitad    ☐ A todas  
☐ A menos de la mitad    ☐ A más de la mitad    ☐ No estoy seguro

34. ¿Alguna vez se ha negado a recibir tratamiento para la hepatitis C?    ☐ Sí    ☐ No



34a. En caso afirmativo, ¿por qué? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. ¿Cuál de las siguientes oraciones se aplica *mejor* en su caso? (elijá *sólo una*) (Coloque una marca (✓) en la opción que mejor responda a la pregunta.) [Muestre la Tarjeta 4.]

- ☐ No he pensado recibir tratamiento para la hepatitis C. ⇒
- ☐ No estoy seguro si debo recibir tratamiento para la hepatitis C. ⇒
- ☐ Tengo previsto recibir el tratamiento para la hepatitis C en algún momento en el futuro cercano. ⇒
- ☐ Estoy dispuesto a recibir el tratamiento para la hepatitis C ya mismo. ⇒
- ☐ Pensé en recibir el tratamiento para la hepatitis C pero decidí que por ahora no vale la pena. ⇒
- ☐ Ya he recibido el tratamiento para la hepatitis C. ⇒ Pase a la pregunta 36.
- ☐ Actualmente estoy en tratamiento por hepatitis C. ⇒ Pase a la pregunta 37.

**Pase a la pregunta 39 al final de la página.**

**Si el participante alguna vez ha sido tratado por hepatitis C, complete esta sección. De lo contrario, pase a la pregunta 39.**

36. ¿Qué ocurrió con su tratamiento para la hepatitis C?

- ☐ Terminé el tratamiento y dio buen resultado.
- ☐ Terminé el tratamiento pero no dio buen resultado.
- ☐ Empecé el tratamiento pero no lo terminé. ⇒
- ☐ Otra. Por favor especifique: \_\_\_\_\_

36a. ¿Por qué no terminó el tratamiento?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

37. ¿Alguna vez le han inyectado interferón (Intron, Roferon, Pegasys, Pegintron, Consensus) para la hepatitis C?

☐ Sí ☐ No ☐ No estoy seguro

37a. En caso afirmativo, ¿con qué frecuencia le aplicaron las inyecciones? (Coloque una marca (✓) en la opción que mejor responda a la pregunta.)

- ☐ Una vez por semana (interferones pegilados, Pegasys o Pegintron)
- ☐ Tres veces por semana (Intron, Roferon)
- ☐ Diariamente (Intron, Roferon)
- ☐ Otra. Por favor especifique cuál: \_\_\_\_\_
- ☐ No estoy seguro

38. ¿Alguna vez ha utilizado alguno de estos tratamientos para la hepatitis C? (Coloque una marca (✓) en todas las opciones que correspondan.)

Sí No No estoy seguro

a. Ribavirina (Rebetron, Copegus)

☐ ☐ ☐

b. Amantadina

☐ ☐ ☐

c. Otro. Por favor especifique cuál: \_\_\_\_\_

☐ ☐ ☐

39. ¿Alguna vez ha utilizado alguno de los siguientes para tratar la hepatitis C? (Coloque una marca (✓) en todas las opciones que correspondan.)

Sí No No estoy seguro

a. Acupuntura

☐ ☐ ☐

b. Cardo mariano

☐ ☐ ☐

c. Ajo, diente de león o regaliz

☐ ☐ ☐

**DIGA: Ahora le voy a hacer algunas preguntas sobre su experiencia personal con las pruebas de VIH.**

40. ¿Alguna vez le han hecho una prueba de VIH (el virus que causa el SIDA)?

- ☐ No. ☐ Sí, siempre dio ☐ Sí, dio positivo al ☐ Sí, me la hicieron pero ☐ No estoy  
↓ negativo. menos una vez. desconozco el resultado. seguro

40a. Si la respuesta es “no”, ¿por qué no? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Si el participante alguna vez obtuvo un resultado positivo en una prueba de VIH, complete esta sección. De lo contrario, pase a la pregunta 44.**

41. ¿En qué fecha obtuvo el primer resultado positivo en una prueba de VIH? \_\_\_\_/\_\_\_\_ (mm/aa) (escriba ‘88’ si la desconoce o ‘99’ si se niega a responder)

42. ¿Actualmente recibe tratamiento para el VIH? ☐ Sí ☐ No ☐ No estoy seguro

43. ¿Alguna vez se ha negado a recibir tratamiento para el VIH? ☐ Sí ☐ No  
↓

43a. En caso afirmativo, ¿por qué? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Prevención de las hepatitis A y B

**DIGA: Ahora le voy a hacer algunas preguntas sobre las vacunas contra las hepatitis A y B. Una vacuna es una inyección que le impide contagiarse con el virus.**

44. ¿Alguna vez lo han vacunado contra la hepatitis A? ☐ No ☐ Sí ☐ No estoy seguro  
↓

44a. Si la respuesta es “no”, ¿por qué no? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45. ¿Alguna vez lo han vacunado contra la hepatitis B? ☐ No ☐ Sí ☐ No estoy seguro  
↓

45a. Si la respuesta es “no”, ¿por qué no? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Sección 5: Riesgo de hepatitis y VIH

*DIGA: En esta sección se formulan preguntas sobre sus relaciones sexuales y el consumo de drogas. Las respuestas que dé serán confidenciales. La encuesta no tiene escrito su nombre. Es importante que sus respuestas sean lo más sinceras posible. Necesitamos saber lo que realmente hace, no lo que usted considera que debería hacer.*

46. ¿Con cuántas personas ha tenido relaciones sexuales en los últimos 12 meses? \_\_\_\_\_ (Si con ninguna, pase a la pregunta 58)

En los últimos 12 meses, ¿tuvo relaciones sexuales con alguna de las siguientes personas? (Coloque una marca (✓) en todas las opciones que correspondan.)	Sí	No	No estoy seguro
47. Hombre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Mujer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Transexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Infectado con hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Infectado con hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Infectado con VIH o SIDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Consumidor de drogas inyectables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Durante los últimos 12 meses, en alguna ocasión,	Sí	No	No estoy seguro
54. ¿dio o recibió dinero o drogas a cambio de sexo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. ¿tuvo relaciones sexuales bajo los efectos de las drogas o el alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

En los últimos 12 meses, indique con qué frecuencia usted o su(s) pareja(s) usaron condón al tener: [Muestre la Tarjeta 5.]	Nunca	A veces	Siempre	No tuve relaciones de ese tipo
56. relaciones sexuales por vía vaginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. relaciones sexuales por vía anal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. Ha tenido alguna vez:	Sí	No	No estoy seguro
a. Herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Verrugas genitales (VPH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. En los últimos 12 meses, ha tenido:	Sí	No	No estoy seguro
a. Sífilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Clamidia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gonorrea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tricomoniasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Otras ETS. Especifique cuáles: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. ¿Se ha hecho algún tatuaje o perforación en el cuerpo en los últimos 12 meses?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
↓		
60a. En caso afirmativo, en los últimos 12 meses, ¿dónde se hizo tatuar o perforar el cuerpo? (Coloque una marca (✓) en todas las opciones que correspondan.)		
<input type="checkbox"/> Tienda de tatuajes o perforaciones (piercing)	<input type="checkbox"/> Amigo <input type="checkbox"/> Prisión, centro correccional o de detención	
<input type="checkbox"/> Se lo hizo usted mismo	<input type="checkbox"/> Médico <input type="checkbox"/> Otro. Especifique: _____	



61. ¿Ha bebido alcohol (cerveza, vino o tragos con bebidas alcohólicas) en los últimos 12 meses?		<input type="checkbox"/> Sí ↓	<input type="checkbox"/> No			
61a. En caso afirmativo, en los últimos 12 meses, ¿con qué frecuencia bebió alcohol? <b>[Muestre la Tarjeta 6.]</b> <input type="checkbox"/> Todos los días <input type="checkbox"/> 1 ó 2 veces por semana <input type="checkbox"/> Menos de una vez por mes <input type="checkbox"/> 3 a 6 veces por semana <input type="checkbox"/> 1 a 3 veces por mes <input type="checkbox"/> No estoy seguro						
61b. En los últimos 12 meses, cuando bebía alcohol, ¿cuántas bebidas tomaba normalmente en un día? _____						
62. En los últimos 12 meses, ¿consumió alguna de estas drogas no inyectables? <b>(Coloque una marca (✓) en todas las opciones que correspondan.) [Muestre la Tarjeta 7.]</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Marihuana</div> <div style="width: 33%;"><input type="checkbox"/> LSD</div> <div style="width: 33%;"><input type="checkbox"/> Heroína</div> <div style="width: 33%;"><input type="checkbox"/> Poppers (nitritos)</div> <div style="width: 33%;"><input type="checkbox"/> Cocaína o crack (roca, piedra)</div> <div style="width: 33%;"><input type="checkbox"/> Otros alucinógenos (peyote, cactus, hongos)</div> <div style="width: 33%;"><input type="checkbox"/> Ketamina</div> <div style="width: 33%;"><input type="checkbox"/> GHB</div> <div style="width: 33%;"><input type="checkbox"/> Éxtasis (tachas)</div> <div style="width: 33%;"><input type="checkbox"/> Sedantes</div> <div style="width: 33%;"><input type="checkbox"/> Metanfetamina (cristal, hielo, vidrio)</div> <div style="width: 33%;"><input type="checkbox"/> Otras anfetaminas</div> <div style="width: 33%;"><input type="checkbox"/> Otras drogas. <i>Especifique cuáles:</i> _____</div> <div style="width: 33%;"><input type="checkbox"/> No he consumido drogas no inyectables en los últimos 12 meses</div> </div>						
63. ¿Ha aspirado drogas en los últimos 12 meses?		<input type="checkbox"/> Sí ↓	<input type="checkbox"/> No			
63a. En caso afirmativo, en los últimos 12 meses, ¿con qué frecuencia compartió solbetos, popotes, pitillo, caña?		<input type="checkbox"/> Nunca	<input type="checkbox"/> A veces <input type="checkbox"/> Siempre			
64. ¿Se ha inyectado alguna droga o medicamento en los últimos 12 meses?		<input type="checkbox"/> Sí ↓	<input type="checkbox"/> No ↓			
65. En caso afirmativo, ¿qué droga se inyectó en los últimos 12 meses? <b>(Coloque una marca (✓) en todas las opciones que correspondan.) [Muestre la Tarjeta 8.]</b> <input type="checkbox"/> Hormonas <input type="checkbox"/> Cocaína <input type="checkbox"/> Anfetaminas, <i>speed</i> , metanfetamina como lo es el cristal o “hielo” <input type="checkbox"/> Insulina <input type="checkbox"/> Heroína <input type="checkbox"/> Heroína y cocaína juntas (“speedballs”) <input type="checkbox"/> Esteroides <input type="checkbox"/> Otra. <i>Especifique cuál:</i> _____		<b>Pase a la pre- gunta 68 de la página 8.</b>				
				Sí	No	No estoy seguro
66a. En los últimos 12 meses, ¿compartió agujas o jeringuillas con alguien?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a1. En caso afirmativo, en los últimos 12 meses, ¿limpió siempre las agujas o jeringuillas que alguien más había usado antes que usted?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66b. En los últimos 12 meses, ¿compartió con alguien el utensilio para cocinar la droga, el algodón, el agua para enjuague o algún otro equipo para inyectar drogas?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. En los últimos 12 meses, ¿obtuvo agujas o jeringuillas de alguno de los siguientes? <b>(Coloque una marca (✓) en todas las opciones que correspondan.)</b>		Sí	No	No estoy seguro		
a. Farmacia, <b>con</b> receta.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Farmacia, <b>sin</b> receta.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Programa de intercambio de jeringuillas.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c1. En caso afirmativo, ¿de qué programas de intercambio de jeringuillas obtuvo las jeringuillas o agujas en los últimos 12 meses? _____						

68. ¿Se ha inyectado alguna droga o medicamento <b>alguna vez</b> ?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
↓		
68a. ¿Qué edad tenía cuando se inyectó por primera vez?	_____ años	

69. Durante los últimos 12 meses, ¿ha consumido metadona?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
↓		
69a. En caso afirmativo, ¿de dónde obtuvo la metadona en los últimos 12 meses?		
_____		
_____		
_____		
69b. ¿Cuánto hace que consume metadona? _____ días		
(Cuenta sólo el tiempo que ha tomado metadona en el último _____ semanas		
intento de tratamiento o en el actual.) _____ meses		
_____ años		

## Sección 6: Conocimiento de materiales de información sobre la hepatitis y el VIH

*DIGA: Ahora voy a preguntarle acerca de la información sobre la hepatitis y el VIH que pueda haber visto u oído.*

70. En los últimos 12 meses, ¿vio u oyó alguna información sobre la <b>hepatitis</b> en esta agencia?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro
↓			
70a. En caso afirmativo, ¿de qué tipo? (Coloque una marca (✓) en todas las opciones que correspondan.) [Muestre la Tarjeta 9]			
<input type="checkbox"/> Folleto	<input type="checkbox"/> Tarjeta	<input type="checkbox"/> Cartel	<input type="checkbox"/> Conversación con un trabajador social
<input type="checkbox"/> Grupo de apoyo	<input type="checkbox"/> Conversación con un enfermero	<input type="checkbox"/> Conversación con un médico	<input type="checkbox"/> Conversación con un educador de pares
<input type="checkbox"/> Otra. <i>Especifique:</i> _____			

71. En los últimos 12 meses, ¿vio u oyó alguna información sobre el <b>VIH</b> en esta agencia?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro
↓			
71a. En caso afirmativo, ¿de qué tipo? (Coloque una marca (✓) en todas las opciones que correspondan.) [Muestre la Tarjeta 9.]			
<input type="checkbox"/> Folleto	<input type="checkbox"/> Tarjeta	<input type="checkbox"/> Cartel	<input type="checkbox"/> Conversación con un trabajador social
<input type="checkbox"/> Grupo de apoyo	<input type="checkbox"/> Conversación con un enfermero	<input type="checkbox"/> Conversación con un médico	<input type="checkbox"/> Conversación con un educador de pares
<input type="checkbox"/> Otra. <i>Especifique:</i> _____			

**[AGRADEZCA AL PARTICIPANTE POR SU TIEMPO Y DÉ POR FINALIZADA LA ENTREVISTA.]**

# VHIP Follow-Up Client Survey

**Viral  
Hepatitis  
Integration  
Project**



**Outreach Version**

*This page intentionally left blank.*

Agency's Client ID Number: \_\_\_\_\_

## Section 1: Demographics

**SAY:** *I'd like to thank you again for taking part in this survey. Remember that all the information you give me will be private and your name will not appear anywhere on this form. First, I would like to ask you some background questions.*

1. What is your date of birth? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yy)  
(enter '88' for unknown and '99' for refused to answer)
2. Are you: ☐ Male ☐ Transgender  
☐ Female ☐ Refused to answer
3. How would you describe your race or ethnicity? **(Please ✓ all that apply.)**  
☐ Hispanic or Latino/a ☐ Black or African American ☐ White  
☐ Asian ☐ Refused to answer ☐ Other, specify \_\_\_\_\_
4. Do you believe you are currently in a stable housing situation?  
☐ Yes ☐ No ☐ Unsure  
(enter '77777' for homeless)  
(enter '88888' for unknown)  
(enter '99999' for refused to answer)
5. What zip code do you live in? \_\_\_\_\_
6. What type of insurance do you have?  
☐ Medicaid ☐ Medicaid Managed Care (Affinity, etc.) ☐ Medicare  
☐ Military/VA ☐ Private Insurance or HMO ☐ Other, specify \_\_\_\_\_  
☐ None ☐ Unknown ☐ Refused to answer
7. What is your primary language? ☐ English ☐ Spanish ☐ Other, specify \_\_\_\_\_
8. Do you have a primary care provider/doctor? ☐ Yes ☐ No  
↓
- 8a. If **yes**, is your primary care provider/doctor on-site (at this agency) or off-site?  
☐ On-site ☐ Off-site
9. Do you have a mental health provider (for example, a psychologist, psychiatrist, etc.)?  
☐ Yes ☐ No  
↓
- 9a. If **yes**, is your mental health provider on-site (at this agency) or off-site?  
☐ On-site ☐ Off-site
10. Have you *ever* attended a hepatitis support group at this agency?  
☐ Yes ☐ No  
↓
- 10a. If **yes**, approximately how many hepatitis-related support groups at this agency have you attended?  
\_\_\_\_\_ support groups

## Section 2: Knowledge of Hepatitis and HIV Risk Factors

**SAY:** Next, I'm going to ask you some questions about hepatitis and HIV. Tell me if each statement is true or false or if you do not know the answer. [Show Flashcard 1]

	True	False	Don't Know
11. The best way to prevent hepatitis A is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The most common way to get hepatitis A is by the fecal (poop) to oral route.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The best way to prevent hepatitis B is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The risk factors for hepatitis A and hepatitis B are similar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People can get both hepatitis B and hepatitis C by sharing needles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Hepatitis B infection can make hepatitis C disease worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The best way to prevent hepatitis C is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. People can get hepatitis C by having unprotected sex (sex without a condom).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Everyone with hepatitis C needs treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Cirrhosis (scarring of the liver) is a possible result of hepatitis C infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A liver biopsy is the best way to tell how serious hepatitis C disease is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. People who have both HIV and hepatitis C <u>cannot</u> be treated for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3: Attitudes Towards Hepatitis and HIV Prevention

**SAY:** Next, I'm going to ask your opinion about hepatitis. There are no right answers to these questions. How strongly do you agree or disagree with each of the following statements? [Show Flashcard 2]

	Strongly Agree	Some-what Agree	Some-what Disagree	Strongly Disagree
23. I would agree to get hepatitis vaccines (shots).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Injection drug users (IDUs) are at high risk for hepatitis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I would rather have hepatitis C than deal with the side effects of hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Hepatitis C treatment does not work well for injection drug users.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Hepatitis C treatment does not work well for people taking methadone maintenance therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Hepatitis C treatment does not work well for people who drink alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Hepatitis C treatment is successful for most people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I would get a liver biopsy if my health care provider recommended it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I would take hepatitis C treatment (weekly injections and daily pills) if my health care provider recommended it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. What have you heard about hepatitis treatment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Section 4: Experiences with Hepatitis Testing and Treatment

**SAY:** Now I'm going to ask you some questions about getting testing and treatment for hepatitis. We will start with some questions about your experiences with testing (having your blood drawn) for hepatitis.

33. Have you ever been tested (had your blood drawn) for hepatitis A?

- ☐ No      ☐ Yes, *always tested negative*      ☐ Yes, *tested positive at least once*      ☐ Yes, *tested but do not know result*      ☐ Not sure



33a. When was your last hepatitis A test? \_\_\_\_\_/\_\_\_\_\_ (mm/yy)  
(enter '88' for unknown and '99' for refused to answer)

33b. If *no*, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

34. Have you ever been tested (had your blood drawn) for hepatitis B?

- ☐ No      ☐ Yes, *always tested negative*      ☐ Yes, *tested positive at least once*      ☐ Yes, *tested but do not know result*      ☐ Not sure



34a. When was your last hepatitis B test? \_\_\_\_\_/\_\_\_\_\_ (mm/yy)  
(enter '88' for unknown and '99' for refused to answer)

34b. If *no*, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

35. Have you ever been tested (had your blood drawn) for hepatitis C?

- ☐ No    ☐ Yes, *always tested negative*    ☐ Yes, *tested positive at least once*    ☐ Yes, *tested but do not know result*    ☐ Not sure



35a. When was your last hepatitis C test? \_\_\_\_\_/\_\_\_\_\_ (mm/yy)  
(enter '88' for unknown and '99' for refused to answer)

35b. If *no*, why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If participant ever tested positive for hepatitis C complete this section, if not go to question 61 on page 7.**

36. After you found out that you had hepatitis C, did the amount of alcohol that you drink:

- ☐ Increase    ☐ Decrease    ☐ Stay the same    ☐ N/A - Do not drink alcohol

37. After you found out that you had hepatitis C, did the amount of illicit drugs you used:

- ☐ Increase    ☐ Decrease    ☐ Stay the same    ☐ N/A - Do not use illicit drugs

38. Do you think that hepatitis C treatment will:

- ☐ Definitely work for you    ☐ Probably work for you    ☐ Probably won't work for you    ☐ Definitely won't work for you    ☐ Don't know

39. Has anyone ever discussed a liver biopsy (small needle used to remove small piece of your liver) with you?

- ☐ Yes    ☐ No [go to question 40]    ☐ Not sure



39a. If *yes*, have you ever had a liver biopsy?    ☐ Yes    ☐ No [go to 39c]    ☐ Not sure  
↓  
39b. If *yes*, how was your experience with the liver biopsy?    ☐ Very painful    ☐ Somewhat painful    ☐ A little painful    ☐ Not at all painful

39c. If *no*, why haven't you had a liver biopsy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



40. Do you know anyone (other than yourself) who has been treated for hepatitis C? ☐ Yes ☐ No  
↓

40a. If **yes**, about how many people do you know who have been treated for hepatitis C? \_\_\_\_\_

40b. For how many of these people did hepatitis C treatment work? [**Show Flashcard 3**]

- ☐ None of them      ☐ Less than half of them      ☐ Half of them  
☐ More than half of them      ☐ Everyone/All of them      ☐ Not sure

41. Have you ever been referred or seen a health care provider/doctor for hepatitis evaluation and/or treatment? ☐ Yes ☐ No  
↓

41a. If **yes**, did you go to the referral? ☐ Yes ☐ No  
↓

41b. If **no**, why didn't you go to the referral? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

42. Has a health care provider/doctor ever told you that you were **not** eligible for hepatitis C treatment? ☐ Yes ☐ No  
↓

42a. If **yes**, why were you **not** eligible for treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. Have you ever refused treatment for hepatitis C? ☐ Yes ☐ No  
↓

43a. If **yes**, why did you refuse treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

44. Do you think that your hepatitis C is causing any symptoms? ☐ Yes ☐ No ☐ Don't know  
↓

44a. If **yes**, what kind of symptoms have you been experiencing? (**Please ✓ all that apply.**)

- ☐ Tiredness (fatigue)      ☐ Stomach (abdominal) pain      ☐ Other, specify: \_\_\_\_\_  
☐ Confusion/forgetfulness      ☐ Joint aches/muscle aches      \_\_\_\_\_  
☐ Depression/anxiety      ☐ Nausea/loss of appetite      \_\_\_\_\_

45. Do you think your hepatitis C is:  
☐ Very severe      ☐ Somewhat severe      ☐ Not very severe      ☐ Not at all severe      ☐ Don't know/unsure

46. What do you think your chances of getting cirrhosis (scarring) of the liver are?

- ☐ N/A - I already have cirrhosis
 ☐ Definitely will get cirrhosis
 ☐ Probably will get cirrhosis
 ☐ Probably won't get cirrhosis
 ☐ Definitely won't get cirrhosis
 ☐ Don't know/unsure

47. What do you think your chances of getting liver cancer are?

- ☐ N/A - I already have liver cancer
 ☐ Definitely will get liver cancer
 ☐ Probably will get liver cancer
 ☐ Probably won't get liver cancer
 ☐ Definitely won't get liver cancer
 ☐ Don't know/unsure

48. Have you ever spoken to a peer educator or another patient who helped you make decisions about your hepatitis C treatment? ☐ Yes ☐ No



48a. If **yes**, did this person encourage or discourage you from getting hepatitis C treatment (if you spoke with more than one person, please use the most influential person)?

- ☐ Encourage treatment
 ☐ Discourage treatment

49. Which **one** of these statements *best* applies to you? (✓the **one** answer that best applies.) [Show Flashcard 4]

- ☐ I haven't thought about getting hepatitis C treatment. ⇒  
☐ I am not sure if I should get hepatitis C treatment. ⇒  
☐ I plan to get hepatitis C treatment sometime in the near future. ⇒  
☐ I am ready to get hepatitis C treatment now. ⇒  
☐ I thought about hepatitis C treatment and decided it's not worth it now. ⇒  
☐ I have already had hepatitis C treatment. ⇒ **Go to question 60 below on page 7.**  
☐ I am getting hepatitis C treatment now. ⇒ **Go to question 61 on page 7.**

**Go to question 50 below.**

**SAY:** I would now like to ask you some questions about reasons that you may or may not receive hepatitis C treatment. For each of the following statements, please tell me to what extent you agree or disagree. [Show Flashcard 5]

If I do <b>NOT</b> get treated for hepatitis C, it will probably be because ...	Strongly Agree	Some-what Agree	Some-what Disagree	Strongly Disagree	Don't Know
50. ...of difficulty with childcare arrangements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. ...of my other family obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. ...of my housing situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. ...of my drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. ...I worry about the side-effects of the treatment medication(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. ...I have more urgent needs right now than getting hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There is a good chance that I <i>WILL</i> get treatment for hepatitis C because...	Strongly Agree	Some-what Agree	Some-what Disagree	Strongly Disagree	Don't Know
56. ...I believe there's a good chance that I can cure my infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. ...I believe I can make it through treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. ...I worry about the effects hepatitis C has on my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. ...I know I'll have plenty of support to get me through treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If participant was ever treated for hepatitis C complete this question, if not go to question 61.**

60. What happened with your hepatitis C treatment? <input type="checkbox"/> I finished treatment and it was successful. <input type="checkbox"/> I finished treatment, but it was not successful. <input type="checkbox"/> I started, but did not finish treatment. ⇒ <input type="checkbox"/> Other, please specify: _____ _____ _____		50a. Why didn't you finish treatment? _____ _____ _____
---	--	--

## Section 5: Experiences with HIV Testing and Treatment

**SAY:** Now I'm going to ask you a few questions about your experiences with testing for HIV.

61. Have you ever been tested for HIV (the virus that causes AIDS)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, <i>always tested negative</i>	<input type="checkbox"/> Yes, <i>tested positive at least once</i>	<input type="checkbox"/> Yes, <i>tested but do not know result</i>	<input type="checkbox"/> Not sure
↓	↓	↓	↓	

↓

61a. If <b>yes</b> , do you get tested for HIV on a regular basis, such as every 6 months or the same time every year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused
--

61b. If you have **not** been tested for HIV, why **not**? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If participant ever tested HIV positive, complete this section, if not go to question 65.**

62. Date of first positive HIV test? \_\_\_\_/\_\_\_\_ (mm/yy) (enter '88' for unknown and '99' for refused to answer)

63. Are you currently being treated for HIV? ☐ Yes ☐ No ☐ Not sure

64. Have you ever refused treatment for HIV? ☐ Yes ☐ No  
↓

64a. If *yes*, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 6: Hepatitis A and B Prevention

**SAY:** Now I'm going to ask you a few questions about getting vaccines or shots for hepatitis A and hepatitis B. A vaccine is a shot in your upper arm that can keep you from getting the virus.

65. Have you ever had a vaccine (shot in your upper arm) to prevent hepatitis **A**?

☐ No ☐ Yes ☐ Not sure



65a. When were you vaccinated for hepatitis A (dose 1)? \_\_\_\_/\_\_\_\_ (mm/yy)  
(enter '88' for unknown and '99' for refused to answer)

65b. If *no*, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

66. Have you ever had a vaccine (shot in your upper arm) to prevent hepatitis **B**?

☐ No ☐ Yes ☐ Not sure



66a. When were you vaccinated for hepatitis B (dose 1)? \_\_\_\_/\_\_\_\_ (mm/yy)  
(enter '88' for unknown and '99' for refused to answer)

66b. If *no*, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 7: Hepatitis and HIV Risk

**SAY:** This section asks about sex, alcohol use, drug use and mental health. The answers you give will be private. Again, this survey does not have your name on it. It's important that your answers be as true as possible. We need to know what you are really doing, not what you think you are supposed to do.

67. How many people have you had sex with during the past 12 months? \_\_\_\_\_ (If none, go to question 79)

During the past 12 months, have you had sex with someone who was:	Yes	No	Not sure
68. Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Infected with hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Infected with hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Infected with HIV or AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. An injection drug user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 12 months, have you:	Yes	No	Not sure
75. Given or received money or drugs for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Had sex while high on drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 12 months, how often did you or your partner(s) use a condom when you had:	Never	Some-times	Always	Didn't have this type of sex
77. Vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Anal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79. In the past 12 months, how often did you have a drink containing alcohol? **[Show Flashcard 6]**

- ☐ 4 or more times a week     
 ☐ 2-3 times a week     
 ☐ 2-4 times a month  
☐ Monthly or less     
 ☐ Never **[Go to question 80]**     
 ☐ Refused to answer

79a. In the past 12 months, how many drinks did you have on a typical day when you were drinking? **[Show Flashcard 7]**

- ☐ 1 to 2     
 ☐ 3 to 4     
 ☐ 5 or 6  
☐ 7 to 9     
 ☐ 10 to more     
 ☐ Refused to answer

79b. In the past 12 months, how often did you drink 6 or more drinks on one occasion?

**[Show Flashcard 8]**

- ☐ Daily or almost daily     
 ☐ Weekly     
 ☐ Monthly  
☐ Less than monthly     
 ☐ Never     
 ☐ Refused to answer

79c. In the past 12 months, have you been in an alcohol treatment program or attended an AA (alcoholics anonymous) type support group?

- ☐ Yes     
 ☐ No     
 ☐ Refused to answer

80. In the past 12 months, did you use any of these non-injection drugs: **(Please ✓ all that apply.)**

- ☐ Marijuana    ☐ LSD    ☐ Heroin    ☐ Poppers    ☐ Cocaine or crack    ☐ Other hallucinogens  
☐ Special K    ☐ GHB    ☐ Ecstasy    ☐ Downers    ☐ Crystal meth    ☐ Other amphetamines  
☐ Didn't use non-injection drugs in the past 12 months    ☐ Other drugs, *please specify*: \_\_\_\_\_

81. Have you snorted drugs in the past 12 months?    ☐ Yes    ☐ No  
 ↓

81a. If **yes**, in the past 12 months, how often did you share straws?

- ☐ Never    ☐ Sometimes    ☐ Always

82. Have you **ever** injected any drugs or medications?    ☐ Yes    ☐ No  
 ↓

82a. If **yes**, how old were you when you first shot up? \_\_\_\_\_ years

**If no, go to question 87, page 11.**

83. Have you injected any drugs or medications in the past 12 months?    ☐ Yes    ☐ No  
 ↓

83a. If **yes**, what drugs did you inject in the past 12 months? **(Please ✓ all that apply.)**

- ☐ Hormones    ☐ Cocaine    ☐ Amphetamines, speed, crystal meth, or ice  
☐ Insulin    ☐ Heroin    ☐ Heroin and cocaine together (speedballs)  
☐ Steroids    ☐ Other, *please specify*: \_\_\_\_\_

**If no, go to question 87, page 11.**

	Yes	No	Not sure
84. In the past 12 months did you share needles or syringes with anyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84a. If <b>yes</b> , in the past 12 months did you always clean needles and syringes that had been used by someone else before you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. In the past 12 months did you share a cooker, cotton, rinse water or other injection drug equipment with anyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

86. In the past 12 months did you get any of your needles and syringes from a syringe exchange program?

- ☐ Yes    ☐ No    ☐ Not sure  
 ↓

86a. If **yes**, which syringe exchange programs have you gotten needles or syringes from in the past 12 months? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

87. In the past 12 months, have you taken methadone?

☐ Yes



☐ No



**Go to  
question 88.**

87a. If **yes**, where did you get methadone in the past 12 months? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

87b. How long have you been on methadone? \_\_\_\_\_ days \_\_\_\_\_ months

(Count only the length of time you've taken methadone for  
your current or most recent treatment attempt.)

\_\_\_\_\_ weeks \_\_\_\_\_ years

88. What has been your drug of choice over the past 12 months? \_\_\_\_\_

89. Have you been diagnosed with a mental health condition(s) (for example, depression, anxiety, mood disorder, post traumatic stress disorder or a psychotic disorder, such as schizophrenia, etc.)?

☐ Yes

☐ No

☐ Unsure



89a. If **yes**, have you been prescribed medication(s) for a mental health condition in the last 12 months?

☐ Yes

☐ No

☐ Unsure

## Section 8: Awareness of Hepatitis and HIV Marketing Materials

**SAY:** Now I'm going to ask you about hepatitis and HIV information that you may have seen or heard about.

90. In the past 12 months, have you seen or heard any information  
about **hepatitis** at this agency?

☐ Yes

☐ No

☐ Not sure



90a. If **yes**, what kind of **hepatitis** information: (Please ✓ all that apply.) [Show Flashcard 9]

☐ Brochure(s)

☐ Palm card(s)

☐ Poster(s)

☐ Videos/CDs/DVDs

☐ Talked to a PA  
(physician assistant)

☐ Talked to a peer  
educator

☐ Talked to other  
clients

☐ Talked to a case worker

☐ Talked to the  
hepatitis  
coordinator

☐ Support group(s)  
(attended or seen  
advertised)

☐ Other, specify: \_\_\_\_\_  
\_\_\_\_\_

91. In the past 12 months, have you seen or heard any information about **HIV** at this agency? ☐ Yes ☐ No ☐ Not sure  
↓

90a. If *yes*, what kind of **HIV** information: (Please ✓ **all that apply.**) [Show Flashcard 9]

<input type="checkbox"/> Brochure(s)	<input type="checkbox"/> Palm card(s)	<input type="checkbox"/> Poster(s)	<input type="checkbox"/> Videos/CDs/DVDs
<input type="checkbox"/> Talked to a PA (physician assistant)	<input type="checkbox"/> Talked to a peer educator	<input type="checkbox"/> Talked to other clients	<input type="checkbox"/> Talked to a case worker
<input type="checkbox"/> Talked to the hepatitis coordinator	<input type="checkbox"/> Support group(s) (attended or seen advertised)	<input type="checkbox"/> Other, specify: _____	

92. What additional hepatitis-related services would you like to see at this agency? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

93. What additional HIV-related services would you like to see at this agency? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

94. Do you have any additional comments, questions or concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☺ **THANK THE RESPONDENT FOR THEIR TIME & END THE INTERVIEW** ☺



# Encuesta VHIP de seguimiento para clientes

**Viral  
Hepatitis  
Integration  
Project**



**Versión de extensión**

*This page intentionally left blank.*

Número de identificación del cliente del organismo: \_\_\_\_\_

## Sección 1: Datos personales

**DIGA:** Quisiera agradecerle nuevamente por participar en esta encuesta. Recuerde que toda la información que suministre se mantendrá bajo reserva y que su nombre no aparecerá en ninguna parte del formulario. Primero quisiera hacerle algunas preguntas generales.

1. ¿Cuál es su fecha de nacimiento? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/aa)  
(escriba '88' si la desconoce o '99' si se niega a responder)
2. Usted es: ☐ Hombre ☐ Transexual  
☐ Mujer ☐ No responde
3. ¿Cómo describiría su raza u origen étnico? (Coloque una marca ✓ en todas las opciones que correspondan.)  
☐ Hispano o latino ☐ Negra o Afro-Americana ☐ Blanco  
☐ Asiático ☐ No responde ☐ Otro, especifique \_\_\_\_\_
4. ¿En su opinión es estable su situación actual de vivienda?  
☐ Sí ☐ No ☐ No está seguro  
(escriba "77777" para personas sin hogar)  
(escriba "88888" si lo desconoce)  
(escriba "99999" si se niega a responder)
5. ¿Cuál es su código postal? \_\_\_\_\_  
(escriba "77777" para personas sin hogar)  
(escriba "88888" si lo desconoce)  
(escriba "99999" si se niega a responder)
6. ¿Qué tipo de seguro tiene?  
☐ Medicaid ☐ Medicaid Managed Care (Affinity, etc.) ☐ Medicare  
☐ Militar/VA (Veter. militares) ☐ Seguro privado o HMO ☐ Otro, especifique \_\_\_\_\_  
☐ Ninguno ☐ Lo desconoce ☐ Se niega a responder
7. ¿Cuál es su lengua materna? ☐ Inglés ☐ Español ☐ Otra, especifique \_\_\_\_\_
8. ¿Tiene un médico de cabecera? ☐ Sí ☐ No  
↓
- 8a. Si respondió **SÍ**, ¿se encuentra su médico de cabecera in situ (en este organismo) o en otra ubicación?  
☐ In situ ☐ Otra ubicación
9. ¿Ve usted a algún especialista de la salud mental (por ejemplo, un psicólogo, psiquiatra, etc.)  
☐ Sí ☐ No  
↓
- 9a. Si respondió **SÍ**, ¿se encuentra su especialista de la salud mental in situ (en este organismo) o en otra ubicación?  
☐ In situ ☐ Otra ubicación
10. ¿Ha acudido alguna vez a un grupo de apoyo para la hepatitis en este organismo?  
☐ Sí ☐ No  
↓
- 10a. Si respondió **SÍ**, ¿aproximadamente a cuántos grupos de apoyo para temas relacionados con la hepatitis ha acudido en este organismo? \_\_\_\_\_ grupos de apoyo

## Sección 2: Conocimiento sobre los factores de riesgo de contraer hepatitis y VIH

**DIGA:** A continuación le haré algunas preguntas sobre la hepatitis y el VIH. Dígame en cada caso si la oración es verdadera o falsa, o si desconoce la respuesta.) [Muestre la tarjeta 1]

	Verdadero	Falso	No sabe
11. La mejor forma de prevenir la hepatitis A es vacunarse (inyección).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. La forma más común de contraer la hepatitis A es a través de la vía fecal (caca) a la oral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. La mejor forma de prevenir la hepatitis B es vacunarse (inyección).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Los factores de riesgo de la hepatitis A y la hepatitis B son similares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. La gente puede contraer hepatitis B y hepatitis C por compartir agujas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. La infección por hepatitis B puede empeorar la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. La mejor forma de prevenir la hepatitis C es vacunarse (inyección).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. La gente puede contraer hepatitis C por tener relaciones sexuales sin protección (sin preservativo).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Todas las personas con hepatitis C requieren tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. La cirrosis (formación de tejido fibroso en el hígado) es una consecuencia posible de la infección por hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Una biopsia hepática es la mejor forma de conocer la gravedad de la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Las personas que tienen VIH y hepatitis C <u>no pueden</u> recibir tratamiento para la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Sección 3: Actitudes hacia la prevención de la hepatitis y el VIH

**DIGA:** Ahora le voy a pedir su opinión sobre la hepatitis. No hay una respuesta correcta a estas preguntas. ¿En qué medida está usted de acuerdo o en desacuerdo con las siguientes afirmaciones? [Muestre la tarjeta 2]

	Totalmente de acuerdo	Bastante de acuerdo	Bastante en desacuerdo	Totalmente en desacuerdo
23. Aceptaría que me vacunen contra la hepatitis (inyección).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Los consumidores de drogas inyectables (UDI) están en alto riesgo de contraer hepatitis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Preferiría tener hepatitis C antes que soportar los efectos secundarios de su tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. El tratamiento para la hepatitis C no es eficaz en consumidores de drogas inyectables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. El tratamiento para la hepatitis C no es eficaz en personas sometidas a terapia de administración continua de metadona.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. El tratamiento para la hepatitis C no es eficaz en personas que consumen alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. El tratamiento para la hepatitis C es efectivo en la mayoría de las personas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Me haría una biopsia hepática si mi médico me lo recomendara.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Me sometería al tratamiento para la hepatitis C (inyecciones semanales y píldoras diarias) si mi médico me lo recomendara.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. ¿Qué sabe del tratamiento para la hepatitis? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Sección 4: Experiencia personal con las pruebas y el tratamiento de la hepatitis.

**DIGA:** Voy a hacerle una serie de preguntas sobre las pruebas y el tratamiento de la hepatitis. Empezaremos con algunas preguntas sobre su experiencia personal con las pruebas (análisis de sangre) de hepatitis.

33. ¿Le han hecho alguna vez una prueba (análisis de sangre) de hepatitis A?

- ☐ No      ☐ Sí, siempre dio negativo      ☐ Sí, dio positivo al menos una vez      ☐ Sí, me la hicieron pero desconozco el resultado      ☐ No estoy seguro



33a. ¿Cuándo fue su última prueba de hepatitis A? \_\_\_\_\_ / \_\_\_\_\_ (mm/aa)  
(escriba '88' si la desconoce o '99' si se niega a responder)

33b. Si la respuesta es “no”, ¿por qué no?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. ¿Le han hecho alguna vez una prueba (análisis de sangre) de hepatitis B?

- ☐ No      ☐ Sí, siempre dio negativo      ☐ Sí, dio positivo al menos una vez      ☐ Sí, me la hicieron pero desconozco el resultado      ☐ No estoy seguro



34a. ¿Cuándo fue su última prueba de hepatitis B? \_\_\_\_\_ / \_\_\_\_\_ (mm/aa)  
(escriba '88' si la desconoce o '99' si se niega a responder)

34b. Si la respuesta es “no”, ¿por qué no?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. ¿Le han hecho alguna vez una prueba (análisis de sangre) de hepatitis C?

- ☐ No      ☐ Sí, *siempre dio negativo*      ☐ Sí, *dio positivo al menos una vez*      ☐ Sí, *me la hicieron pero desconozco el resultado*      ☐ No estoy seguro



35a. ¿Cuándo fue su última prueba de hepatitis C?      \_\_\_\_/\_\_\_\_ (mm/aa)  
(escriba '88' si la desconoce o '99' si se niega a responder)

35b. Si la respuesta es “no”, ¿por qué no?

---

---

---

---

**Si el participante alguna vez obtuvo un resultado positivo en una prueba de hepatitis C, complete esta sección. De lo contrario, pase a la pregunta 61 de la página 7.**

36. Tras descubrir que tenía hepatitis C, la cantidad de alcohol que consume:

- ☐ Aumentó      ☐ Disminuyó      ☐ Permaneció igual      ☐ N/A - No consumo alcohol

37. Tras descubrir que tenía hepatitis C, la cantidad de drogas que consume:

- ☐ Aumentó      ☐ Disminuyó      ☐ Permaneció igual      ☐ N/A - No consumo drogas

38. ¿Qué efecto cree que tendrá en usted el tratamiento para la hepatitis C?

- ☐ Con seguridad será efectivo      ☐ Probablemente sea efectivo      ☐ Probablemente no sea efectivo      ☐ Definitivamente no será efectivo      ☐ No sabe

39. ¿Le han hablado alguna vez de una biopsia hepática (intervención en la que se utiliza una aguja pequeña para extraer una pequeña sección del hígado)?

- ☐ Sí      ☐ No [vaya a la pregunta 40]      ☐ No estoy seguro

39a. En caso **afirmativo**, ¿le han hecho alguna vez una biopsia hepática?      ☐ Sí      ☐ No [vaya a 39c]      ☐ No estoy seguro  
↓  
39b. En caso **afirmativo**, ¿cómo fue su experiencia con la biopsia hepática?      ☐ Muy dolorosa      ☐ Bastante dolorosa      ☐ Algo dolorosa      ☐ Nada dolorosa

39c. Si la respuesta es **no**, ¿por qué no se ha hecho una biopsia hepática?

---

---

---

40. ¿Conoce a alguien (aparte de usted) que haya recibido tratamiento para la hepatitis C? ☐ Sí ☐ No



40a. En caso **afirmativo**, ¿cuántas personas conoce que hayan recibido tratamiento para la hepatitis C? \_\_\_\_\_

40b. ¿A cuántas de estas personas les resultó efectivo el tratamiento para la hepatitis C?

[Muestre la tarjeta 3]

☐ A ninguna

☐ A menos de la mitad

☐ A la mitad

☐ A más de la mitad

☐ A todas

☐ No estoy seguro

41. ¿Ha sido alguna vez enviado a un médico para obtener una evaluación o tratamiento para la hepatitis? ☐ Sí ☐ No



41a. En caso **afirmativo**, ¿acudió a la cita? ☐ Sí ☐ No



41b. Si la respuesta es **no**, ¿por qué no acudió a la cita?

\_\_\_\_\_  
\_\_\_\_\_

42. ¿Le ha dicho alguna vez un médico que usted **no** era un candidato para recibir tratamiento para la hepatitis C? ☐ Sí ☐ No



42a. En caso **afirmativo**, ¿por qué **no** era usted candidato para recibir el tratamiento?

\_\_\_\_\_  
\_\_\_\_\_

43. ¿Alguna vez se ha rehusado a recibir tratamiento para la hepatitis C? ☐ Sí ☐ No



43a. En caso **afirmativo**, ¿por qué rehusó el tratamiento?

\_\_\_\_\_  
\_\_\_\_\_

44. ¿Piensa que su hepatitis C le está causando algún síntoma? ☐ Sí ☐ No ☐ No sabe



44a. En caso **afirmativo**, ¿qué tipo de síntomas ha experimentado? (Coloque una marca ✓ en todas las opciones que correspondan.)

☐ Cansancio (fatiga)

☐ Dolor de estómago (abdominal)

☐ Otro, especificar: \_\_\_\_\_

☐ Desorientación/mala memoria

☐ Articulaciones/músculos doloridos

☐ Depresión/ansiedad

☐ Náusea/falta de apetito

45. Cree que su hepatitis C es:

☐ Muy grave

☐ Bastante grave

☐ No muy grave

☐ Nada grave

☐ No sabe / No está seguro

46. ¿Qué probabilidad cree que tiene de contraer cirrosis hepática (formación de tejido fibroso en el hígado)?

☐ No corresponde - Ya tengo cirrosis

☐ Definitivamente  
contraeré  
cirrosis

☐ Probablemente  
contraeré  
cirrosis

☐ Probablemente  
no contraeré  
cirrosis

☐ Definitivamente  
no contraeré  
cirrosis

☐ No sabe / No  
está seguro

47. ¿Qué probabilidad cree que tiene de contraer cáncer de hígado?

☐ No corresponde - Ya tengo cáncer de hígado

☐ Definitivamente  
contraeré cáncer  
de hígado

☐ Probablemente  
contraeré cáncer  
de hígado

☐ Probablemente no  
contraeré cáncer  
de hígado

☐ Definitivamente  
no contraeré  
cáncer de hígado

☐ No sabe / No  
está seguro

48. ¿Ha hablado alguna vez con un educador de pares o con otro paciente que le haya ayudado a tomar una decisión sobre su tratamiento para la hepatitis C? ☐ Sí ☐ No



48a. En caso **afirmativo**, ¿Lo animó o desanimó dicha persona a recibir tratamiento para la hepatitis C (si habló con más de una persona base su respuesta en la persona que más le influyera)?

☐ Lo animó a recibir tratamiento

☐ Lo desanimó a recibir tratamiento

49. ¿Cuál de las siguientes oraciones se aplica **mejor** en su caso? (elija *sólo una*). Coloque un (✓) delante de la opción (*una sola*) que mejor responda a la pregunta. [Muestre la tarjeta 4]

☐ No he pensado en hacerme tratar por la hepatitis C.

⇒

☐ No estoy seguro de hacerme tratar por la hepatitis C.

⇒

☐ Tengo previsto hacerme tratar por la hepatitis C en algún momento en el futuro cercano.

⇒

☐ Estoy dispuesto a hacerme tratar por la hepatitis C ya mismo.

⇒

☐ Pensé en hacerme tratar por la hepatitis C pero decidí que por ahora no vale la pena.

⇒

☐ Ya me han tratado por hepatitis C. ⇒ **Pase a la pregunta 60 de la página 7.**

☐ Actualmente estoy en tratamiento por hepatitis C. ⇒ **Pase a la pregunta 61 de la página 7.**

**Pase a la  
pregunta 50  
más abajo.**

**DIGA:** Ahora quisiera hacerle algunas preguntas sobre los motivos por los cuales puede o no haber recibido tratamiento para la hepatitis C. Por favor, dígame hasta qué punto está de acuerdo o en desacuerdo con cada una de las siguientes declaraciones. [Muestre la tarjeta 5]

Si <b>NO</b> recibo tratamiento para la hepatitis C probablemente será ...	Totalmente de acuerdo	Bastante de acuerdo	Bastante en desacuerdo	Totalmente en desacuerdo	No sabe
50. ...por la dificultad en encontrar a alguien que cuide de los niños.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. ...por mis otras obligaciones familiares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. ...por mi situación de vivienda.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. ...por mi drogodependencia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. ...por la preocupación que me causan los efectos secundarios de la medicación.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. ...porque tengo necesidades más urgentes en este momento que recibir tratamiento para la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Si el participante alguna vez ha sido tratado por hepatitis C, complete esta pregunta, de lo contrario, pase a la pregunta 61.**

60. ¿Qué ocurrió con su tratamiento para la hepatitis C?

☐ Terminé el tratamiento y dio buen resultado.

☐ Terminé el tratamiento pero no dio buen resultado.

☐ Empecé el tratamiento pero no lo terminé. ⇨

☐ Otro, especifique cuál:

---

60a. ¿Por qué no terminó el tratamiento?

---



---



---

## Sección 5: Experiencias con las pruebas y el tratamiento para el VIH.

**DIGA:** Ahora le voy a hacer algunas preguntas sobre su experiencia personal con las pruebas de VIH.

61. ¿Alguna vez le han hecho una prueba de VIH (el virus que causa el SIDA)?

☐ No      ☐ Sí, *siempre dio negativo*      ☐ Sí, *dio positivo al menos una vez*      ☐ Sí, *me la hicieron pero desconozco el resultado*      ☐ No estoy seguro

↓

61a. En caso ***afirmativo***, ¿se hace la prueba de VIH con regularidad, digamos, cada 6 meses o por la misma fecha cada año?

☐ Sí      ☐ No      ☐ Lo desconoce      ☐ No responde

61b. Si ***no*** se ha hecho la prueba del VIH, ¿por qué ***no***? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Si el participante alguna vez obtuvo un resultado positivo en una prueba de VIH, complete esta sección. De lo contrario, pase a la pregunta 65.**

62. ¿En qué fecha obtuvo el primer resultado positivo en una prueba de VIH? \_\_\_\_/\_\_\_\_ (mm/aa) (escriba '88' si la desconoce o '99' si se niega a responder)

63. ¿Actualmente recibe tratamiento para el VIH? ☐ Sí ☐ No ☐ No estoy seguro

64. ¿Alguna vez se ha rehusado a recibir tratamiento para el VIH? ☐ Sí ☐ No  
↓

64a. En caso **afirmativo**, ¿por qué? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Sección 6: Prevención de las hepatitis A y B

**DIGA:** Ahora le voy a hacer algunas preguntas sobre las vacunas para la hepatitis A y la hepatitis B. Una vacuna es una inyección en la parte superior del brazo que le evita contraer el virus.

65. ¿Ha sido vacunado alguna vez (inyección en la parte superior del brazo) contra la hepatitis A?

☐ No ☐ Sí ☐ No estoy seguro



65a. ¿Cuándo fue vacunado contra la hepatitis A (dosis 1)? \_\_\_\_/\_\_\_\_ (mm/aa)  
(escriba '88' si la desconoce o '99' si se niega a responder)

65b. Si la respuesta es "**no**", ¿por qué no? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

66. ¿Ha sido vacunado alguna vez (inyección en la parte superior del brazo) contra la hepatitis B?

☐ No ☐ Sí ☐ No estoy seguro



66a. ¿Cuándo fue vacunado contra la hepatitis B (dosis 1)? \_\_\_\_/\_\_\_\_ (mm/aa)  
(escriba '88' si la desconoce o '99' si se niega a responder)

66b. Si la respuesta es "**no**", ¿por qué no? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Sección 7: Riesgo de hepatitis y VIH

**DIGA:** Esta sección contiene preguntas sobre sexo, consumo de alcohol y drogas, y salud mental. Las respuestas que dé serán confidenciales. Le recordamos que la encuesta no tiene escrito su nombre. Es importante que sus respuestas sean lo más sinceras posible. Necesitamos saber lo que realmente hace, no lo que usted considera que debería hacer.

67. ¿Con cuántas personas ha tenido relaciones sexuales en los últimos 12 \_\_\_\_\_ (Si con ninguna, pase a la pregunta 79)  
meses?

En los últimos 12 meses, ¿tuvo relaciones sexuales con alguna de las siguientes personas?	Sí	No	No estoy seguro
68. Hombre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Mujer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Transexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Infectado con hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Infectado con hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Infectado con VIH o SIDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Consumidor de drogas inyectables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Durante los últimos 12 meses, en alguna ocasión,	Sí	No	No estoy seguro
75. ¿dio o recibió dinero o drogas a cambio de sexo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. ¿tuvo relaciones sexuales bajo los efectos de las drogas o el alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

En los últimos 12 meses, indique con qué frecuencia usted o su(s) pareja(s) usaron preservativos al tener:	Nunca	A veces	Siempre	No tuve relaciones de ese tipo
77. relaciones sexuales por vía vaginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. relaciones sexuales por vía anal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79. En los últimos 12 meses, indique con qué frecuencia consumió una bebida que contuviese alcohol.

[Muestre la tarjeta 6]

- ☐ 4 o más veces a la semana    ☐ 2-3 veces a la semana    ☐ 2-4 veces al mes  
☐ Una vez al mes o menos    ☐ Nunca [Vaya a la pregunta 80]    ☐ No responde

79a. En los últimos 12 meses, ¿cuántas bebidas alcohólicas consumió en un día típico en el que consumiese alcohol? [Muestre la tarjeta 7]

- ☐ 1 a 2    ☐ 3 a 4    ☐ 5 o 6  
☐ 7 a 9    ☐ 10 o más    ☐ No responde

79b. En los últimos 12 meses, ¿con qué frecuencia consumió 6 o más bebidas alcohólicas en una ocasión? [Muestre la tarjeta 8]

- ☐ Diariamente o casi todos los días    ☐ Semanalmente    ☐ Mensualmente  
☐ Menos de una vez al mes    ☐ Nunca    ☐ No responde

79c. En los últimos 12 meses, indique si ha participado en un programa de tratamiento del alcoholismo o acudido a grupos de apoyo como AA (alcohólicos anónimos).

- ☐ Sí    ☐ No    ☐ No responde

80. En los últimos 12 meses, indique si utilizó alguno de estos tipos de drogas no inyectables: (**Sírvase colocar una marca ✓ en todas las opciones que correspondan.**)

- ☐ Marihuana   ☐ LSD   ☐ Heroína   ☐ Poppers (nitritos)   ☐ Cocaína o crack   ☐ Otros alucinógenos  
☐ Ketamina   ☐ GHB   ☐ Éxtasis   ☐ Sedantes   ☐ Metanfetamina   ☐ Otras anfetaminas  
☐ No he consumido drogas no inyectables en los últimos 12 meses   ☐ Otras drogas, *especifique cuáles*: \_\_\_\_\_

81. ¿Ha aspirado drogas en los últimos 12 meses? ☐ Sí ☐ No  
↓

81a. En caso **afirmativo**, en los últimos 12 meses, ¿con qué frecuencia compartió popotes?

- ☐ Nunca   ☐ A veces   ☐ Siempre

82. ¿Se ha inyectado alguna droga o medicamento alguna vez? ☐ Sí ☐ No  
↓

82a. En caso **afirmativo**, ¿qué edad tenía cuando se inyectó por primera vez? \_\_\_\_\_ años

**Si respondió "no", pase a la pregunta 87, página 11.**

83. ¿Se ha inyectado alguna droga o medicamento en los últimos 12 meses? ☐ Sí ☐ No  
↓

83a. En caso **afirmativo**, ¿qué droga se inyectó en los últimos 12 meses? (**Coloque una marca ✓ en todas las opciones que correspondan.**)

- ☐ Hormonas   ☐ Cocaína   ☐ anfetaminas, speed, metanfetamina cristal o "hielo"  
☐ Insulina   ☐ Heroína   ☐ Heroína y cocaína juntas ("speedballs")  
☐ Esteroides   ☐ Otra, *especifique cuál*: \_\_\_\_\_

**De lo contrario, vaya a la pregunta 87, página 11.**

	Sí	No	No estoy seguro
84. En los últimos 12 meses, ¿compartió agujas o jeringuillas con alguien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84a. En caso <b>afirmativo</b> , en los últimos 12 meses, ¿limpió siempre las agujas o jeringuillas que alguien más había usado antes que usted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. En los últimos 12 meses, ¿compartió con alguien el recipiente, el algodón, el agua para enjuague o algún otro utensilio para inyectar drogas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

86. En los últimos 12 meses, ¿obtuvo alguna de sus agujas o jeringuillas de un programa de intercambio de jeringuillas?

- ☐ Sí   ☐ No   ☐ No estoy seguro



86a. En caso **afirmativo**, ¿de qué programas de intercambio de jeringuillas obtuvo las jeringuillas o agujas en los últimos 12 meses? \_\_\_\_\_

\_\_\_\_\_

87. Durante los últimos 12 meses, ¿ha consumido metadona?

☐ Sí  
↓

☐ No  
↓

87a. En caso **afirmativo**, ¿de dónde obtuvo la metadona en los últimos 12 meses?

**Pase a la pregunta 88.**

87b. ¿Cuánto hace que consume metadona?  
(Cuenta sólo el tiempo que ha tomado metadona en el último intento de tratamiento o en el actual.)

\_\_\_\_\_ días \_\_\_\_\_ meses  
\_\_\_\_\_ semanas \_\_\_\_\_ años

88. ¿Cuál ha sido su droga de elección durante los últimos 12 meses? \_\_\_\_\_

89. ¿Ha sido diagnosticado con alguna enfermedad mental (por ejemplo, depresión, ansiedad, alteraciones del estado de ánimo, síndrome de estrés postraumático o una enfermedad psicótica como esquizofrenia, etc.)?

☐ Sí  
↓

☐ No

☐ No está seguro

89a. En caso **afirmativo**, ¿le han sido recetados medicamentos para una enfermedad mental en los últimos 12 meses?

☐ Sí

☐ No

☐ No está seguro

## Sección 8: Conocimiento de materiales de información sobre la hepatitis y el VIH

**DIGA:** Ahora voy a preguntarle acerca de la información sobre la hepatitis y el VIH que pueda haber visto u oído.

90. En los últimos 12 meses, ¿vio u oyó alguna información sobre la **hepatitis** en este organismo?

☐ Sí  
↓

☐ No

☐ No estoy seguro

90a. En caso **afirmativo**, ¿qué tipo de información sobre **hepatitis**? (Sírvase colocar una marca ✓ en todas las opciones que correspondan.) [Muestre la tarjeta 9]

☐ Folleto(s)

☐ Tarjeta(s) de bolsillo

☐ Póster(s)

☐ Videos/CDs/DVDs

☐ Conversación con un PA (auxiliar médico)

☐ Conversación con un educador de pares

☐ Conversación con otros clientes

☐ Conversación con un trabajador social

☐ Conversación con un coordinador de hepatitis

☐ Grupos de apoyo (a los que haya acudido o que haya visto anunciados)

☐ Otro, especificar:

\_\_\_\_\_  
\_\_\_\_\_

91. En los últimos 12 meses, ¿vio u oyó alguna información sobre **VIH** en este organismo? ☐ Sí ☐ No ☐ No estoy seguro  
↓

91a. En caso **afirmativo**, ¿qué tipo de información sobre **VIH** : (Sírvase colocar una marca ✓ en todas las opciones que correspondan.) [Muestre la tarjeta 9]

<input type="checkbox"/> Folleto(s)	<input type="checkbox"/> Tarjeta(s) de bolsillo	<input type="checkbox"/> Póster(s)	<input type="checkbox"/> Videos/CDs/DVDs
<input type="checkbox"/> Conversación con un PA (auxiliar médico)	<input type="checkbox"/> Conversación con un educador de pares	<input type="checkbox"/> Conversación con otros clientes	<input type="checkbox"/> Conversación con un trabajador social
<input type="checkbox"/> Conversación con un coordinador de hepatitis	<input type="checkbox"/> Grupos de apoyo (a los que haya acudido o que haya visto anunciados)	<input type="checkbox"/> Otro, especificar: _____	

92. ¿Qué servicios adicionales relacionados con la hepatitis le gustaría encontrar disponibles en este organismo?

---



---

93. ¿Qué servicios adicionales relacionados con el VIH le gustaría encontrar disponibles en este organismo?

---



---

94. ¿Tiene comentarios, preguntas o inquietudes adicionales? \_\_\_\_\_

---



---

☺ **AGRADEZCA AL PARTICIPANTE POR SU TIEMPO**  
**Y DÉ POR FINALIZADA LA ENTREVISTA.** ☺

# VHIP Follow-Up Client Survey

**Viral  
Hepatitis  
Integration  
Project**



**AECOM Version**

*This page intentionally left blank.*



**Agency's Client ID Number:** \_\_\_\_\_

## Section 1: Demographics

**SAY:** *I'd like to thank you again for taking part in this survey. Remember that all the information you give me will be private and your name will not appear anywhere on this form. First, I would like to ask you some background questions.*

1. What is your date of birth? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yy)  
(enter '88' for unknown and '99' for refused to answer)
2. Are you: ☐ Male ☐ Transgender  
☐ Female ☐ Refused to answer
3. How would you describe your race or ethnicity? (Please ✓ all that apply.)  
☐ Hispanic or Latino/a ☐ Black or African American ☐ White  
☐ Asian ☐ Refused to answer ☐ Other, specify \_\_\_\_\_
4. Do you believe you are currently in a stable housing situation?  
☐ Yes ☐ No ☐ Unsure  
(enter '77777' for homeless)  
(enter '88888' for unknown)  
(enter '99999' for refused to answer)
5. What zip code do you live in? \_\_\_\_\_  
(enter '77777' for homeless)  
(enter '88888' for unknown)  
(enter '99999' for refused to answer)
6. What type of insurance do you have?  
☐ Medicaid ☐ Medicaid Managed Care (Affinity, etc.) ☐ Medicare  
☐ Military/VA ☐ Private Insurance or HMO ☐ Other, specify \_\_\_\_\_  
☐ None ☐ Unknown ☐ Refused to answer
7. What is your primary language? ☐ English ☐ Spanish ☐ Other, specify \_\_\_\_\_
8. Do you have a primary care provider/doctor? ☐ Yes ☐ No  
↓
- 8a. If **yes**, is your primary care provider/doctor on-site (at this agency) or off-site?  
☐ On-site ☐ Off-site
9. Do you have a mental health provider (for example, a psychologist, psychiatrist, etc.)?  
☐ Yes ☐ No  
↓
- 9a. If **yes**, is your mental health provider on-site (at this agency) or off-site?  
☐ On-site ☐ Off-site
10. Have you *ever* attended a hepatitis support group at this agency?  
☐ Yes ☐ No  
↓
- 10a. If **yes**, approximately how many hepatitis-related support groups at this agency have you attended?  
\_\_\_\_\_ support groups

## Section 2: Social Support

**SAY:** People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? [Show Flashcard 1]

	None of the Time	A little of the Time	Some of the Time	Most of the Time	All of the Time
11. Someone you can count on to listen to you when you need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Someone to give you information to help you understand a situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Someone to give you good advice about a crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Someone to confide in or talk to about yourself or your problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Someone whose advice you really want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Someone to share your most private worries and fears with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Someone to turn to for suggestions about how to deal with a personal problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Someone who understands your problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Someone to help you if you were confined (stuck) in bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Someone to take you to the doctor if you needed it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Someone to prepare your meals if you were unable to do it yourself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Someone to help with daily chores if you were sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Someone to love and make you feel wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Someone who hugs you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Someone to have a good time with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Someone to get together with for relaxation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Someone to do something enjoyable with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Someone to do things with to help you get your mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3: Knowledge of Hepatitis and HIV Risk Factors

**SAY:** Next, I'm going to ask you some questions about hepatitis and HIV. Tell me if each statement is true or false or if you do not know the answer. [Show Flashcard 2]

	True	False	Don't Know
29. The best way to prevent hepatitis A is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. The most common way to get hepatitis A is by the fecal (poop) to oral route.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. The best way to prevent hepatitis B is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. The risk factors for hepatitis A and hepatitis B are similar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. People can get both hepatitis B and hepatitis C by sharing needles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Hepatitis B infection can make hepatitis C disease worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. The best way to prevent hepatitis C is by getting a vaccine (shot).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. People can get hepatitis C by having unprotected sex (sex without a condom).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Everyone with hepatitis C needs treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Cirrhosis (scarring of the liver) is a possible result of hepatitis C infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. A liver biopsy is the best way to tell how serious hepatitis C disease is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. People who have both HIV and hepatitis C <u>cannot</u> be treated for hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 4: Attitudes Towards Hepatitis and HIV Prevention

**SAY:** Next, I'm going to ask your opinion about hepatitis. There are no right answers to these questions. How strongly do you agree or disagree with each of the following statements? [Show Flashcard 3]

	Strongly Agree	Some-what Agree	Some-what Disagree	Strongly Disagree
41. I would agree to get hepatitis vaccines (shots).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Injection drug users (IDUs) are at high risk for hepatitis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. I would rather have hepatitis C than deal with the side effects of hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Hepatitis C treatment does not work well for injection drug users.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Hepatitis C treatment does not work well for people taking methadone maintenance therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Hepatitis C treatment does not work well for people who drink alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Hepatitis C treatment is successful for most people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. I would get a liver biopsy if my health care provider recommended it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. I would take hepatitis C treatment (weekly injections and daily pills) if my health care provider recommended it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 5: Experiences with Hepatitis Testing and Treatment

51. Have you ever been tested (had your blood drawn) for hepatitis A?

☐ Not sure

\_\_\_\_\_/\_\_\_\_\_(mm/yy)  
(enter '88' for unknown and  
'99' for refused to answer)

52. Have you ever been tested (had your blood drawn) for hepatitis B?

☐ Not sure

\_\_\_\_\_/\_\_\_\_\_(mm/yy)  
(enter '88' for unknown and  
'99' for refused to answer)

4

53. Have you ever been tested (had your blood drawn) for hepatitis C?

- ☐ No    ☐ Yes, *always tested*    ☐ Yes, *tested positive at least once*    ☐ Yes, *tested but do not know result*    ☐ Not sure



53a. When was your last hepatitis C test? \_\_\_\_\_/\_\_\_\_\_(mm/yy)  
(enter '88' for unknown and '99' for refused to answer)

53b. If *no*, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If participant ever tested positive for hepatitis C complete this section, if not go to question 100 on page 10.**

54. After you found out that you had hepatitis C, did the amount of alcohol that you drink:

- ☐ Increase    ☐ Decrease    ☐ Stay the same    ☐ N/A - Do not drink alcohol

55. After you found out that you had hepatitis C, did the amount of illicit drugs you used:

- ☐ Increase    ☐ Decrease    ☐ Stay the same    ☐ N/A - Do not use illicit drugs

56. Do you think that hepatitis C treatment will:

- ☐ Definitely work for you    ☐ Probably work for you    ☐ Probably won't work for you    ☐ Definitely won't work for you    ☐ Don't know

57. Has anyone ever discussed a liver biopsy (small needle used to remove small piece of your liver) with you?

- ☐ Yes    ☐ No [go to question 58]    ☐ Not sure



57a. If *yes*, have you ever had a liver biopsy?    ☐ Yes    ☐ No [go to 57c]    ☐ Not sure  
↓  
57b. If *yes*, how was your experience with the liver biopsy?    ☐ Very painful    ☐ Somewhat painful    ☐ A little painful    ☐ Not at all painful

57c. If *no*, why haven't you had a liver biopsy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

58. Do you know anyone (other than yourself) who has been treated for hepatitis C? ☐ Yes ☐ No  
↓

58a. If **yes**, about how many people do you know who have been treated for hepatitis C? \_\_\_\_\_

58b. For how many of these people did hepatitis C treatment work? [Show Flashcard 4]

- ☐ None of them ☐ Less than half of them ☐ Half of them  
☐ More than half of them ☐ Everyone/All of them ☐ Not sure

59. Have you ever been referred or seen a health care provider/doctor for hepatitis evaluation and/or treatment? ☐ Yes ☐ No

↓

59a. If **yes**, did you go to the referral? ☐ Yes ☐ No

↓

59b. If **no**, why didn't you go to the referral? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

60. Has a health care provider/doctor ever told you that you were **not** eligible for hepatitis C treatment? ☐ Yes ☐ No

↓

60a. If **yes**, why were you **not** eligible for treatment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

61. Have you ever refused treatment for hepatitis C? ☐ Yes ☐ No

↓

61a. If **yes**, why did you refuse treatment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

62. Do you think that your hepatitis C is causing any symptoms? ☐ Yes ☐ No ☐ Don't know

↓

62a. If **yes**, what kind of symptoms have you been experiencing? (Please ✓ all that apply.)

- ☐ Tiredness (fatigue) ☐ Stomach (abdominal) pain ☐ Other, specify: \_\_\_\_\_  
☐ Confusion/forgetfulness ☐ Joint aches/muscle aches \_\_\_\_\_  
☐ Depression/anxiety ☐ Nausea/loss of appetite \_\_\_\_\_

63. Do you think your hepatitis C is:

- ☐ Very severe ☐ Somewhat severe ☐ Not very severe ☐ Not at all severe ☐ Don't know/unsure

64. What do you think your chances of getting cirrhosis (scarring) of the liver are?

- ☐ N/A - I already have cirrhosis
- ☐ Definitely will get cirrhosis    ☐ Probably will get cirrhosis    ☐ Probably won't get cirrhosis    ☐ Definitely won't get cirrhosis    ☐ Don't know/unsure

65. What do you think your chances of getting liver cancer are?

- ☐ N/A - I already have liver cancer
- ☐ Definitely will get liver cancer    ☐ Probably will get liver cancer    ☐ Probably won't get liver cancer    ☐ Definitely won't get liver cancer    ☐ Don't know/unsure

66. Have you ever spoken to a peer educator or another patient who helped you make decisions about your hepatitis C treatment?    ☐ Yes    ☐ No



66a. If **yes**, did this person encourage or discourage you from getting hepatitis C treatment (if you spoke with more than one person, please use the most influential person)?

- ☐ Encourage treatment    ☐ Discourage treatment

67. Which **one** of these statements *best* applies to you? (✓the **one** answer that best applies.) [Show Flashcard 5]

- ☐ I haven't thought about getting hepatitis C treatment.    ⇒
- ☐ I am not sure if I should get hepatitis C treatment.    ⇒
- ☐ I plan to get hepatitis C treatment sometime in the near future.    ⇒
- ☐ I am ready to get hepatitis C treatment now.    ⇒
- ☐ I thought about hepatitis C treatment and decided it's not worth it now.    ⇒
- ☐ I have already had hepatitis C treatment. ⇒ **Go to question 99 on page 9.**
- ☐ I am getting hepatitis C treatment now. ⇒ **Go to question 100 on page 10.**

**Go to question  
68 on page 8.**

**SAY:** *I would now like to ask you some questions about reasons that you may or may not receive hepatitis C treatment. For each of the following statements, please tell me to what extent you agree or disagree.*  
**[Show Flashcard 6]**

<b>If I do <i>NOT</i> get treated for hepatitis C, it will probably be because ...</b>	<b>Strongly Agree</b>	<b>Some-what Agree</b>	<b>Some-what Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know</b>
68. ...of my physical health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. ...of difficulty with childcare arrangements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. ...of my other family obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. ...where I would have to go to get treatment isn't convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. ...it would take too much time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. ...I worry about the side-effects of the treatment medication(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. ...it would interfere with the time I spend getting high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. ...of my mental health problems (feeling anxious, depressed, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. ...of my lack of health care insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. ...of my need for drug treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. ...I don't have time because I need to hustle to make money to survive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. ...of my housing situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. ...of my drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. ...I have no money for car fare/subway fare to get to appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. ...I don't want to have to get a liver biopsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. ...I only have a small chance of having serious liver damage, even if I don't get hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. ...I would rather wait until better medications are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. ...the treatment doesn't work for lots of people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. ...I have more urgent needs right now than getting hepatitis C treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. ...I have other medical problems besides hepatitis C that are more important to address right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. ...I worry that having to inject medications might be a trigger for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



There is a good chance that I <i>WILL</i> get treatment for hepatitis C because...	Strongly Agree	Some-what Agree	Some-what Disagree	Strongly Disagree	Don't Know
89. ...if I don't get treatment I may eventually die from hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. ...I believe there's a good chance that I can cure my infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. ...I think my hepatitis C infection is a serious threat to my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. ...I believe I can make it through treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. ...even if I am not cured, I want to know that I gave it my best shot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. ...I worry about the effects hepatitis C has on my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. ...I know I'll have plenty of support to get me through treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. ...I know people that have been treated and did well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. ...I worry that I may spread hepatitis C to other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. ...my life would be much better if I got treatment and didn't have hepatitis C anymore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If participant was ever treated for hepatitis C complete this question, if not go to question 100.**

99. What happened with your hepatitis C treatment?	
<input type="checkbox"/> I finished treatment and it was successful. <input type="checkbox"/> I finished treatment, but it was not successful. <input type="checkbox"/> I started, but did not finish treatment. ➔	
<input type="checkbox"/> Other, please specify: _____ _____ _____	99a. Why didn't you finish treatment? _____ _____ _____

## Section 6: Experiences with HIV Testing and Treatment

**SAY:** *Now I'm going to ask you a few questions about your experiences with testing for HIV.*

100. Have you ever been tested for HIV (the virus that causes AIDS)?

☐ No☐ Yes, *always tested negative*

☐ Yes, *tested positive at least once*



☐ Yes, *tested but do not know result*

☐ Not sure

100a. If **yes**, do you get tested for HIV on a regular basis, such as every 6 months or the same time every year?

☐ Yes☐ No

Unknown

☐ Refused

100b. If you have **not** been tested for HIV, why **not**? \_\_\_\_\_

**If participant ever tested HIV positive, complete this section, if not go to question 104.**

101. Date of first positive HIV test? \_\_\_\_/\_\_\_\_ (mm/yy) (enter '88' for unknown and '99' for refused to answer)

102. Are you currently being treated for HIV?

☐ Yes

☐ No

☐ Not sure

103. Have you ever refused treatment for HIV?

☐ Yes☐ No

103a. If **yes**, why? \_\_\_\_\_

## Section 7: Hepatitis A and B Prevention

**SAY:** Now I'm going to ask you a few questions about getting vaccines or shots for hepatitis A and hepatitis B. A vaccine is a shot in your upper arm that can keep you from getting the virus.

104. Have you ever had a vaccine (shot in your upper arm) to prevent hepatitis **A**?

☐ No      ☐ Yes      ☐ Not sure



104a. When were you vaccinated for \_\_\_\_\_/\_\_\_\_\_ (mm/yy)  
hepatitis A (dose 1)? (enter '88' for unknown and  
'99' for refused to answer)

104b. If **no**, why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

105. Have you ever had a vaccine (shot in your upper arm) to prevent hepatitis **B**?

☐ No      ☐ Yes      ☐ Not sure



105a. When were you vaccinated for \_\_\_\_\_/\_\_\_\_\_ (mm/yy)  
hepatitis B (dose 1)? (enter '88' for unknown and  
'99' for refused to answer)

105b. If **no**, why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 8: Hepatitis and HIV Risk

**SAY:** This section asks about sex, alcohol use, drug use and mental health. The answers you give will be private. Again, this survey does not have your name on it. It's important that your answers be as true as possible. We need to know what you are really doing, not what you think you are supposed to do.

106. How many people have you had sex with during the past 12 months? \_\_\_\_\_ (If none, go to question 118)

During the past 12 months, have you had sex with someone who was:	Yes	No	Not sure
107. Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Infected with hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Infected with hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Infected with HIV or AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. An injection drug user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 12 months, have you:	Yes	No	Not sure
114. Given or received money or drugs for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Had sex while high on drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 12 months, how often did you or your partner(s) use a condom when you had:	Never	Some-times	Always	Didn't have this type of sex
116. Vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Anal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

118. In the past 12 months, how often did you have a drink containing alcohol? **[Show Flashcard 7]**

- ☐ 4 or more times a week   
 ☐ 2-3 times a week   
 ☐ 2-4 times a month  
☐ Monthly or less   
 ☐ Never **[Go to question 119]**   
 ☐ Refused to answer

118a. In the past 12 months, how many drinks did you have on a typical day when you were drinking? **[Show Flashcard 8]**

- ☐ 1 to 2   
 ☐ 3 to 4   
 ☐ 5 to 6  
☐ 7 to 9   
 ☐ 10 or more   
 ☐ Refused to answer

118b. In the past 12 months, how often did you drink 6 or more drinks on one occasion? **[Show Flashcard 9]**

- ☐ Daily or almost daily   
 ☐ Weekly   
 ☐ Monthly  
☐ Less than monthly   
 ☐ Never   
 ☐ Refused to answer

118c. In the past 12 months, have you been in an alcohol treatment program or attended an AA (alcoholics anonymous) type support group?

- ☐ Yes   
 ☐ No   
 ☐ Refused to answer

119. In the past 12 months, did you use any of these non-injection drugs: **(Please ✓ all that apply.)**

- ☐ Marijuana   ☐ LSD   ☐ Heroin   ☐ Poppers   ☐ Cocaine or crack   ☐ Other hallucinogens  
☐ Special K   ☐ GHB   ☐ Ecstasy   ☐ Downers   ☐ Crystal meth   ☐ Other amphetamines  
☐ Didn't use non-injection drugs in the past 12 months   ☐ Other drugs, *please specify*: \_\_\_\_\_

120. Have you snorted drugs in the past 12 months? ☐ Yes ☐ No



120a. If **yes**, in the past 12 months, how often did you share straws?

- ☐ Never   ☐ Sometimes   ☐ Always

121. Have you **ever** injected any drugs or medications? ☐ Yes ☐ No



121a. If **yes**, how old were you when you first shot up? \_\_\_\_\_ years

**If no, go to question 126, page 14.**

122. Have you injected any drugs or medications in the past 12 months? ☐ Yes ☐ No



122a. If **yes**, what drugs did you inject in the past 12 months? **(Please ✓ all that apply.)**

- ☐ Hormones   ☐ Cocaine   ☐ Amphetamines, speed, crystal meth, or ice  
☐ Insulin   ☐ Heroin   ☐ Heroin and cocaine together (speedballs)  
☐ Steroids   ☐ Other, *please specify*: \_\_\_\_\_

**If no, go to question 126, page 14.**

	Yes	No	Not sure
123. In the past 12 months did you share needles or syringes with anyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123a. If <b>yes</b> , in the past 12 months did you always clean needles and syringes that had been used by someone else before you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. In the past 12 months did you share a cooker, cotton, rinse water or other injection drug equipment with anyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

125. In the past 12 months did you get any of your needles and syringes from a syringe exchange program?

- ☐ Yes   ☐ No   ☐ Not sure



125a. If **yes**, which syringe exchange programs have you gotten needles or syringes from in the past 12 months? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

126. In the past 12 months, have you taken methadone?

☐ Yes



☐ No



**Go to  
question 127.**

126a. If **yes**, where did you get methadone in the past 12 months? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

126b. How long have you been on methadone?

(Count only the length of time you've taken methadone for  
your current or most recent treatment attempt.)

\_\_\_\_\_ days

\_\_\_\_\_ months

\_\_\_\_\_ weeks

\_\_\_\_\_ years

127. What has been your drug of choice over the past 12 months? \_\_\_\_\_

128. Have you been diagnosed with a mental health condition(s) (for example, depression, anxiety, mood disorder, post traumatic stress disorder or a psychotic disorder such as schizophrenia, etc.)?

☐ Yes



☐ No

☐ Unsure

128a. If **yes**, have you been prescribed medication(s) for a mental health condition in the last 12 months?

☐ Yes

☐ No

☐ Unsure

## Section 8: Awareness of Hepatitis and HIV Marketing Materials

*Now I'm going to ask you about hepatitis and HIV information that you may have seen or heard about.*

129. In the past 12 months, have you seen or heard any  
information about **hepatitis** at this agency?

☐ Yes



☐ No

☐ Not sure

129a. If **yes**, what kind of **hepatitis** information: (Please ✓ **all that apply.**) [Show Flashcard 10]

☐ Brochure(s)

☐ Palm card(s)

☐ Poster(s)

☐ Videos/CDs/DVDs

☐ Talked to a PA  
(physician assistant)

☐ Talked to a  
nurse

☐ Talked to a doctor

☐ Talked to a peer  
educator

☐ Talked to other  
clients

☐ Talked to a case  
worker

☐ Talked to the  
hepatitis coordinator

☐ Talked to the hepatitis  
educator

☐ Support group(s)  
(attended or seen  
advertised)

☐ Other, specify: \_\_\_\_\_  
\_\_\_\_\_

130. In the past 12 months, have you seen or heard any information about **HIV** at this agency? ☐ Yes ☐ No ☐ Not sure  
↓

130a. If <b>yes</b> , what kind of <b>HIV</b> information: (Please ✓ <b>all that apply.</b> ) [Show Flashcard 10]			
<input type="checkbox"/> Brochure(s)	<input type="checkbox"/> Palm card(s)	<input type="checkbox"/> Poster(s)	<input type="checkbox"/> Videos/CDs/DVDs
<input type="checkbox"/> Talked to a PA (physician assistant)	<input type="checkbox"/> Talked to a nurse	<input type="checkbox"/> Talked to a doctor	<input type="checkbox"/> Talked to a peer educator
<input type="checkbox"/> Talked to other clients	<input type="checkbox"/> Talked to a case worker	<input type="checkbox"/> Talked to the hepatitis coordinator	<input type="checkbox"/> Talked to the hepatitis educator
<input type="checkbox"/> Support group(s) (attended or seen advertised)	<input type="checkbox"/> Other, specify: _____ _____		

131. What additional hepatitis-related services would you like to see at this agency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

132. What additional HIV-related services would you like to see at this agency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

133. Do you have any additional comments, questions or concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☺ **THANK THE RESPONDENT FOR THEIR TIME & END THE INTERVIEW** ☺

*This page intentionally left blank.*



# Encuesta de Seguimiento para Clientes de VHIP

**Viral  
Hepatitis  
Integration  
Project**



**Versión AECOM**

*This page intentionally left blank.*

Número de identificación del cliente del organismo: \_\_\_\_\_

## Sección 1: Datos personales

**DIGA:** Quisiera agradecerle nuevamente por participar en esta encuesta. Recuerde que toda la información que suministre se mantendrá bajo reserva y que su nombre no aparecerá en ninguna parte del formulario. Primero quisiera hacerle algunas preguntas generales.

1. ¿Cuál es su fecha de nacimiento? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/aa)  
(escriba '88' si la desconoce o '99' si se niega a responder)
2. Usted es: ☐ Hombre ☐ Transexual  
☐ Mujer ☐ No responde
3. ¿Cómo describiría su raza u origen étnico? (Coloque una marca ✓ en todas las opciones que correspondan.)  
☐ Hispano o latino ☐ Negra o Afro-Americana ☐ Blanco  
☐ Asiático ☐ No responde ☐ Otro, especifique \_\_\_\_\_
4. ¿En su opinión, es estable su situación actual de vivienda?  
☐ Sí ☐ No ☐ No está seguro  
(escriba "77777" para personas sin hogar)  
(escriba "88888" si lo desconoce)  
(escriba "99999" si se niega a responder)
5. ¿Cuál es su código postal? \_\_\_\_\_  
(escriba "77777" para personas sin hogar)  
(escriba "88888" si lo desconoce)  
(escriba "99999" si se niega a responder)
6. ¿Qué tipo de seguro tiene?  
☐ Medicaid ☐ Medicaid Managed Care (Affinity, etc.) ☐ Medicare  
☐ Militar/VA (Veter. milit.) ☐ Seguro privado o HMO ☐ Otro, especifique \_\_\_\_\_  
☐ Ninguno ☐ Lo desconoce ☐ Se niega a responder
7. ¿Cuál es su lengua materna? ☐ Inglés ☐ Español ☐ Otra, especifique \_\_\_\_\_
8. ¿Tiene un médico de cabecera? ☐ Sí ☐ No  
↓
- 8a. Si respondió **Sí**, ¿se encuentra su médico de cabecera in situ (en este organismo) o en otra ubicación?  
☐ In situ ☐ Otra ubicación
9. ¿Ve usted a algún especialista de la salud mental (por ejemplo, un psicólogo, psiquiatra, etc)  
☐ Sí ☐ No  
↓
- 9a. Si respondió **Sí**, ¿se encuentra su especialista de la salud mental in situ (en este organismo) o en otra ubicación?  
☐ In situ ☐ Otra ubicación
10. ¿Ha acudido alguna vez a un grupo de apoyo para la hepatitis en este organismo?  
☐ Sí ☐ No  
↓
- 10a. Si respondió **Sí**, ¿aproximadamente a cuántos grupos de apoyo para temas relacionados con la hepatitis ha acudido en este centro?  
\_\_\_\_\_ grupos de apoyo

## Sección 2: Apoyo social

**DIGA:** Las personas a veces buscan obtener de otros compañía, ayuda u otros tipos de apoyo. ¿Con qué frecuencia tiene a su alcance cada uno de los siguientes tipos de apoyo cuando lo necesita? [Muestre la tarjeta 1]

	Nunca	Pocas veces	Algunas veces	La mayoría de las veces	Todas las veces
11. Alguien dispuesto a escucharlo cuando necesita hablar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Alguien que le informe para ayudarlo a entender una situación.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Alguien que lo aconseje bien sobre una crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Alguien en quien pueda confiar para hablar sobre sí mismo o sus problemas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Alguien cuyo consejo usted valore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Alguien con quien compartir sus preocupaciones y miedos más íntimos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Alguien a quien acudir para recibir sugerencias sobre cómo solucionar un problema personal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Alguien que entienda sus problemas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Alguien que lo ayudaría si tuviese que guardar cama.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Alguien que lo lleve al médico si lo necesita.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Alguien que le prepararía comidas si usted no pudiese.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Alguien que lo ayudaría con las tareas diarias si usted estuviese enfermo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Alguien que lo quiera y lo haga sentirse necesitado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Alguien que lo abraze.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Alguien con quien pueda pasarlo bien.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Alguien con quien juntarse para relajarse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Alguien con quien pueda hacer algo agradable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Alguien con quien pueda hacer cosas para olvidarse de sus problemas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Sección 3: Conocimiento sobre los factores de riesgo de contraer hepatitis y VIH

**DIGA:** A continuación le haré algunas preguntas sobre la hepatitis y el VIH. Dígame en cada caso si la oración es verdadera o falsa, o si desconoce la respuesta. [Muestre la tarjeta 2]

	Verdadero	Falso	No sabe
29. La mejor forma de prevenir la hepatitis A es vacunarse (inyección).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. La forma más común de contraer la hepatitis A es a través de la vía fecal (caca) a la oral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. La mejor forma de prevenir la hepatitis B es vacunarse (inyección).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Los factores de riesgo de la hepatitis A y la hepatitis B son similares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. La gente puede contraer hepatitis B y hepatitis C por compartir agujas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. La infección por hepatitis B puede empeorar la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. La mejor forma de prevenir la hepatitis C es vacunarse (inyección).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. La gente puede contraer hepatitis C por tener relaciones sexuales sin protección (sin preservativo).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Todas las personas con hepatitis C requieren tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. La cirrosis (formación de tejido fibroso en el hígado) es una consecuencia posible de la infección por hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Una biopsia hepática es la mejor forma de conocer la gravedad de la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Las personas que tienen VIH y hepatitis C <u>no pueden</u> recibir tratamiento para la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Sección 4: Actitudes hacia La prevención de la hepatitis y el VIH

**DIGA:** Ahora le voy a pedir su opinión sobre la hepatitis. No hay una respuesta correcta para estas preguntas. ¿En qué medida está usted de acuerdo o en desacuerdo con las siguientes afirmaciones? [Muestre La tarjeta 3]

	Muy de acuerdo	Bastante de acuerdo	Bastante en desacuerdo	Muy en desacuerdo
41. Aceptaría que me vacunen contra la hepatitis (inyección).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Los consumidores de drogas inyectables (UDI) están en alto riesgo de contraer hepatitis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Preferiría tener hepatitis C antes que soportar los efectos secundarios de su tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. El tratamiento para la hepatitis C no es eficaz en consumidores de drogas inyectables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. El tratamiento para la hepatitis C no es eficaz en personas sometidas a terapia de administración continua de metadona.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. El tratamiento para la hepatitis C no es eficaz en personas que consumen alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. El tratamiento para la hepatitis C es efectivo en la mayoría de las personas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Me haría una biopsia hepática si mi médico me lo recomendara.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Me sometería al tratamiento para la hepatitis C (inyecciones semanales y píldoras diarias) si mi médico me lo recomendara.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. ¿Qué sabe del tratamiento para la hepatitis? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Sección 5: Experiencia personal con las pruebas y el tratamiento de hepatitis.

**DIGA:** Voy a hacerle una serie de preguntas sobre las pruebas y el tratamiento de hepatitis. Empezaremos con algunas preguntas sobre su experiencia personal con las pruebas (análisis de sangre) de hepatitis.

51. ¿Le han hecho alguna vez una prueba (análisis de sangre) de hepatitis A?

☐ No

☐ Sí, siempre dio  
negativo  
↓

☐ Sí, dio positivo  
al menos una vez  
↓

☐ Sí, me la hicieron  
pero desconozco el  
resultado  
↓

☐ No estoy  
seguro



51a. ¿Cuándo fue su última prueba de \_\_\_\_\_ / \_\_\_\_\_ (mm/aa)  
hepatitis A? (escriba '88' si la desconoce o  
'99' si se niega a responder)

51b. Si la respuesta es "**no**", ¿por qué no?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

52. ¿Le han hecho alguna vez una prueba (análisis de sangre) de hepatitis B?

☐ No

☐ Sí, siempre dio  
negativo  
↓

☐ Sí, dio positivo  
al menos una vez  
↓

☐ Sí, me la hicieron  
pero desconozco el  
resultado  
↓

☐ No estoy  
seguro



52a. ¿Cuándo fue su última prueba de \_\_\_\_\_ / \_\_\_\_\_ (mm/aa)  
hepatitis B? (escriba '88' si la desconoce o  
'99' si se niega a responder)

52b. Si la respuesta es "**no**", ¿por qué no?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

53. ¿Le han hecho alguna vez una prueba (análisis de sangre) de hepatitis C?

☐ No

☐ Sí, *siempre dio negativo*



☐ Sí, *dio positivo al menos una vez*



☐ Sí, *me la hicieron pero desconozco el resultado*



☐ No estoy seguro



53a. ¿Cuándo fue su última prueba de hepatitis C?

\_\_\_\_\_/\_\_\_\_\_(mm/aa)  
(escriba '88' si la desconoce o  
'99' si se niega a responder)

53b. Si la respuesta es “no”, ¿por qué no?

---

---

---

---

**Si el participante alguna vez obtuvo un resultado positivo en una prueba de hepatitis C, complete esta sección. De lo contrario, pase a la pregunta 100 de la página 10.**

54. Tras descubrir que tenía hepatitis C, la cantidad de alcohol que consume:

☐ Aumentó

☐ Disminuyó

☐ Permaneció igual

☐ N/A, no consumo alcohol

55. Tras descubrir que tenía hepatitis C, la cantidad de drogas que consume:

☐ Aumentó

☐ Disminuyó

☐ Permaneció igual

☐ N/A, no consumo drogas

56. ¿Qué efecto cree que tendrá en usted el tratamiento para la hepatitis C?

☐ Con seguridad  
será efectivo

☐ Probablemente  
sea efectivo

☐ Probablemente no  
sea efectivo

☐ Probablemente  
no sea efectivo

☐ No sabe

57. ¿Le han hablado alguna vez de una biopsia hepática (intervención en la que se utiliza una aguja pequeña para extraer un trozo pequeño del hígado)?

☐ Sí

☐ No [vaya a la pregunta

☐ No estoy seguro



58]

57a. En caso **afirmativo**, ¿le han hecho alguna vez una biopsia hepática?

☐ Sí



☐ No [vaya a

57c]

☐ No estoy  
seguro

57b. En caso **afirmativo**,  
¿cómo fue su  
experiencia con la  
biopsia hepática?

☐ Muy  
dolorosa

☐ Bastante  
dolorosa

☐ Algo  
dolorosa

☐ Nada  
dolorosa

57c. Si la respuesta es **no**, ¿por qué no se ha hecho una biopsia hepática?

---

---

---

58. ¿Conoce a alguien (aparte de usted) que haya recibido tratamiento para la hepatitis C? ☐ Sí ☐ No



58a. En caso **afirmativo**, ¿cuántas personas conoce que hayan recibido tratamiento para la hepatitis C? \_\_\_\_\_

58b. ¿A cuántas de estas personas les resultó efectivo el tratamiento para la hepatitis C? [**Muestre la tarjeta 4**]

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> A ninguna           | <input type="checkbox"/> A menos de la mitad | <input type="checkbox"/> A la mitad      |
| <input type="checkbox"/> A menos de la mitad | <input type="checkbox"/> A todas             | <input type="checkbox"/> No estoy seguro |

59. ¿Ha sido alguna vez enviado a un médico para obtener una evaluación o tratamiento para la hepatitis? ☐ Sí ☐ No



59a. En caso **afirmativo**, ¿acudió a la cita? ☐ Sí ☐ No



59b. Si la respuesta es **no**, ¿por qué no acudió a la cita?

\_\_\_\_\_  
\_\_\_\_\_

60. ¿Le ha dicho alguna vez un médico que usted **no** era un candidato para recibir tratamiento para la hepatitis C? ☐ Sí ☐ No



60a. En caso **afirmativo**, ¿por qué **no** era usted candidato para recibir el tratamiento?

\_\_\_\_\_  
\_\_\_\_\_

61. ¿Alguna vez se ha rehusado a recibir tratamiento para la hepatitis C? ☐ Sí ☐ No



61a. En caso **afirmativo**, ¿por qué rehusó el tratamiento?

\_\_\_\_\_  
\_\_\_\_\_

62. ¿Piensa que su hepatitis C le está causando algún síntoma? ☐ Sí ☐ No ☐ No sabe



62a. En caso **afirmativo**, ¿qué tipo de síntomas ha experimentado? (**Coloque una marca (✓) en todas las opciones que correspondan.**)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cansancio (fatiga)          | <input type="checkbox"/> Dolor de estómago (abdominal)     | <input type="checkbox"/> Otro, especificar: _____ |
| <input type="checkbox"/> Desorientación/mala memoria | <input type="checkbox"/> Articulaciones/músculos doloridos | _____   |
| <input type="checkbox"/> Depresión/ansiedad          | <input type="checkbox"/> Náusea/falta de apetito           | _____   |

63. Cree que su hepatitis C es:

- ☐ Muy grave ☐ Bastante grave ☐ No muy grave ☐ Nada grave ☐ No sabe/No está seguro



64. ¿Qué probabilidad cree que tiene de contraer cirrosis hepática (formación de tejido fibroso en el hígado)?

- ☐ No corresponde - Ya tengo cirrosis
- ☐ Definitivamente contraeré cirrosis    ☐ Probablemente contraeré cirrosis    ☐ Probablemente no contraeré cirrosis    ☐ Definitivamente no contraeré cirrosis    ☐ No sabe/ No está seguro

65. ¿Qué probabilidad cree que tiene de contraer cáncer de hígado?

- ☐ No corresponde - Ya tengo cáncer de hígado
- ☐ Definitivamente contraeré cáncer de hígado    ☐ Probablemente contraeré cáncer de hígado    ☐ Probablemente no contraeré cáncer de hígado    ☐ Definitivamente no contraeré cáncer de hígado    ☐ No sabe/No está seguro

66. ¿Ha hablado alguna vez con un educador de pares o con otro paciente que le haya ayudado a tomar una decisión sobre su tratamiento para la hepatitis C?    ☐ Sí    ☐ No



66a. En caso **afirmativo**, ¿lo animó o desanimó dicha persona a recibir tratamiento para la hepatitis C (si habló con más de una persona base su respuesta en la persona que más le influyera)?

- ☐ Lo animó a recibir tratamiento    ☐ Lo desanimó a recibir tratamiento

67. ¿Cuál de las siguientes oraciones se aplica **mejor** en su caso? (elija *sólo una*) (Coloque un ✓ delante de la opción **(una sola)** que mejor responda a la pregunta). [Muestre La tarjeta 5.]

- ☐ No he pensado en hacerme tratar por la hepatitis C. ⇒
- ☐ No estoy seguro de hacerme tratar por la hepatitis C. ⇒
- ☐ Tengo previsto hacerme tratar por la hepatitis C en algún momento en el futuro cercano. ⇒
- ☐ Estoy dispuesto a hacerme tratar por la hepatitis C ya mismo. ⇒
- ☐ Pensé en hacerme tratar por la hepatitis C pero decidí que por ahora no vale la pena. ⇒
- ☐ Ya me han tratado por la hepatitis C. ⇒ **Pase a la pregunta 99 de la página 10.**
- ☐ Actualmente estoy en tratamiento por hepatitis C. ⇒ **Pase a la pregunta 100 de la página 10.**

**Pase a la  
pregunta 68 de  
la página 8.**

**DIGA:** Ahora quisiera hacerle algunas preguntas sobre los motivos por los cuales puede o no haber recibido tratamiento para la hepatitis C. Por favor, dígame hasta qué punto está de acuerdo o en desacuerdo con cada una de las siguientes declaraciones. [Muestre la tarjeta 6]

Si NO recibo tratamiento para la hepatitis C probablemente será ...	Muy de acuerdo	Bastante de acuerdo	Bastante en desacuerdo	Totalmente en desacuerdo	No sabe
68. ...por mis problemas de salud física.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. ....por la dificultad en encontrar a alguien que cuide de los niños.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. ...por mis obligaciones familiares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. ....por la inconveniencia de llegar al lugar de tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. ....porque me llevaría demasiado tiempo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. ...por la preocupación que me causan los efectos secundarios de la medicación.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. ...porque interferiría con el tiempo que tengo para drogarme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. ...por mis problemas de salud mental (ansiedad, depresión, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. ...porque no dispongo de seguro médico.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. ...por mi necesidad de recibir tratamiento por mi drogodependencia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. ...porque no dispongo de tiempo ya que tengo que hacer la calle para ganarme la vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. ...por mi situación de vivienda.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. ...por mi drogodependencia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. ...porque no tengo dinero para pagar el transporte en auto/metro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. ...porque no quiero hacerme una biopsia hepática.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. ... porque sólo existe una pequeña probabilidad de que sufra insuficiencia hepática incluso si no recibo tratamiento para la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. ....porque prefiero esperar hasta que haya medicamentos mejores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. ...porque el tratamiento no es efectivo en muchas personas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. ...porque tengo necesidades más urgentes en este momento que recibir tratamiento para la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. ....porque tengo otros problemas médicos aparte de la hepatitis C que son más importantes en este momento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. ...porque me preocupa que el inyectarme medicamentos podría desencadenar mi adicción.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Es muy probable que <b>SÍ</b> reciba tratamiento para la hepatitis C porque...	Totalmente de acuerdo	Bastante de acuerdo	Bastante en desacuerdo	Totalmente en desacuerdo	No sabe
89. ...si no recibo tratamiento con el tiempo puedo morir de hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. ...creo que tengo buenas posibilidades de curar mi infección.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. ...creo que mi infección de hepatitis C supone una seria amenaza a mi salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. ...creo que puedo superar el tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. ...incluso si no me curo, quiero estar seguro de haberlo intentado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. ...me preocupa el efecto que la hepatitis C tenga en mi cuerpo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. ...sé que dispondré de amplio apoyo para superar el tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. ...conozco personas que han sido tratadas y a las que les fue bien.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. ...me preocupa infectar a otras personas de hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. ...tendría una vida mucho mejor si recibiese el tratamiento y consiguiese deshacerme de la hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Si el participante alguna vez ha sido tratado por hepatitis C, complete esta pregunta, de lo contrario, pase a la pregunta 100.**

99. ¿Qué ocurrió con su tratamiento para la hepatitis C?

☐ Terminé el tratamiento y dio buen resultado.

☐ Terminé el tratamiento pero no dio buen resultado.

☐ Empecé el tratamiento pero no lo terminé.



☐ Otra, especifique: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

99a. ¿Por qué no terminó el tratamiento?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Sección 6: Experiencias con las pruebas y el tratamiento para el VIH.

**DIGA:** Ahora le voy a hacer algunas preguntas sobre su experiencia personal con las pruebas de VIH.

100. ¿Alguna vez le han hecho una prueba de VIH (el virus que causa el SIDA)?

☐ No

☐ Sí, *siempre* dio  
negativo



☐ Sí, *dio positivo al menos una vez.*



☐ Sí, me la hicieron pero desconozco el resultado



☐ No estoy  
seguro



100a. En caso **afirmativo**, ¿se hace la prueba de VIH con regularidad, digamos, cada 6 meses o por la misma fecha cada año?

☐ Sí☐ No☐ Lo desconoce☐ No responde

100b. Si **no** se ha hecho la prueba del VIH, ¿por qué **no**?

**Si el participante alguna vez obtuvo un resultado positivo en una prueba de VIH, complete esta sección. De lo contrario, pase a la pregunta 104.**

101. ¿En qué fecha obtuvo el primer resultado positivo en una prueba de VIH? / (mm/aa) **(escriba ‘88’ si la desconoce o ‘99’ si se niega a responder)**

102. ¿Actualmente recibe tratamiento para el VIH? ☐ Sí ☐ No ☐ No estoy seguro

103. ¿Alguna vez se ha rehusado a recibir tratamiento para el VIH? ☐ Sí ☐ No



103a. En caso *afirmativo*, ¿por qué?

## Sección 7: Prevención de las hepatitis A y B

**DIGA:** Ahora le voy a hacer algunas preguntas sobre las vacunas para la hepatitis A y la hepatitis B. Una vacuna es una inyección en la parte superior del brazo que le evita contraer el virus.

104. ¿Ha sido vacunado alguna vez (inyección en la parte superior del brazo) contra la hepatitis A?

☐ No

☐ Sí

☐ No estoy seguro



104a. ¿Cuándo fue vacunado contra la \_\_\_\_\_ / \_\_\_\_\_ (mm/aa)  
hepatitis A (dosis 1)? (escriba '88' si la desconoce o  
'99' si se niega a responder)

104b. Si la respuesta es "**no**", ¿por qué no? \_\_\_\_\_

---

---

---

105. ¿Ha sido vacunado alguna vez (inyección en la parte superior del brazo) contra la hepatitis B?

☐ No

☐ Sí

☐ No estoy seguro



105a. ¿Cuándo fue vacunado contra la \_\_\_\_\_ / \_\_\_\_\_ (mm/aa)  
hepatitis B (dosis 1)? (escriba '88' si la desconoce o  
'99' si se niega a responder)

105b. Si la respuesta es **no**, ¿por qué no? \_\_\_\_\_

---

---

---

## Sección 8: Riesgo de hepatitis y VIH

**DIGA:** Esta sección contiene preguntas sobre sexo, consumo de alcohol y drogas, y salud mental. Las respuestas que dé serán confidenciales. Le recordamos que la encuesta no tiene escrito su nombre. Es importante que sus respuestas sean lo más sinceras posible. Necesitamos saber lo que realmente hace, no lo que usted considera que debería hacer.

106. ¿Con cuántas personas ha tenido relaciones sexuales en los últimos 12 meses? \_\_\_\_\_ (Si con ninguna, pase a la pregunta 118)

En los últimos 12 meses, ¿tuvo relaciones sexuales con alguna de las siguientes personas?	Sí	No	No estoy seguro
107. Hombre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. Mujer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Transexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Infectado con hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Infectado con hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Infectado con VIH o SIDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Consumidor de drogas inyectables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Durante los últimos 12 meses, en alguna ocasión,	Sí	No	No estoy seguro
114. ¿dio o recibió dinero o drogas a cambio de sexo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. ¿tuvo relaciones sexuales bajo los efectos de las drogas o el alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

En los últimos 12 meses, indique con qué frecuencia usted o su(s) pareja(s) usaron preservativos al tener:	Nunca	A veces	Siempre	No tuve relaciones de ese tipo
116. relaciones sexuales por vía vaginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. relaciones sexuales por vía anal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

118. En los últimos 12 meses, indique con qué frecuencia consumió una bebida que contuviese alcohol.

[Muestre la tarjeta 7]

- ☐ 4 o más veces a la semana
 ☐ 2-3 veces a la semana
 ☐ 2-4 veces al mes  
☐ Una vez al mes o menos
 ☐ Nunca [Vaya a la pregunta 119]
 ☐ No responde

118a. En los últimos 12 meses, ¿cuántas bebidas alcohólicas consumió en un día normal?

[Muestre la tarjeta 8]

- ☐ 1 a 2
 ☐ 3 a 4
 ☐ 5 a 6  
☐ 7 a 9
 ☐ 10 o más
 ☐ No responde

118b. En los últimos 12 meses, ¿con qué frecuencia consumió 6 o más bebidas alcohólicas en una ocasión?

[Muestre la tarjeta 9]

- ☐ Diariamente o casi todos los días
 ☐ Semanalmente
 ☐ Mensualmente  
☐ Menos de una vez al mes
 ☐ Nunca
 ☐ No responde

118c. En los últimos 12 meses, indique si ha participado en un programa de tratamiento del alcoholismo o acudido a grupos de apoyo como AA (alcohólicos anónimos).

- ☐ Sí
 ☐ No
 ☐ No responde

119. En los últimos 12 meses, indique si utilizó alguno de estos tipos de drogas no inyectables: (**Sírvase colocar una marca ✓ en todas las opciones que correspondan.**)

- ☐ Marihuana   ☐ LSD   ☐ Heroína   ☐ Poppers (nitritos)   ☐ Cocaína o crack   ☐ Otros alucinógenos  
☐ Ketamina   ☐ GHB   ☐ Éxtasis   ☐ Sedantes   ☐ Metanfetamina   ☐ Otras anfetaminas  
☐ No he consumido drogas no inyectables en los últimos 12 meses   ☐ Otras drogas, *especifique cuáles*: \_\_\_\_\_

120. ¿Ha aspirado drogas en los últimos 12 meses?   ☐ Sí   ☐ No  
 ↓

120a. En caso **afirmativo**, en los últimos 12 meses, ¿con qué frecuencia compartió popotes?

- ☐ Nunca   ☐ A veces   ☐ Siempre

121. ¿Se ha inyectado alguna droga o medicamento alguna vez?   ☐ Sí   ☐ No  
 ↓

121a. En caso **afirmativo**, ¿qué edad tenía cuando se inyectó por primera vez? \_\_\_\_\_ años

**Si la respuesta es "no", vaya a la pregunta 126, página 14.**

122. ¿Se ha inyectado alguna droga o medicamento en los últimos 12 meses?   ☐ Sí   ☐ No  
 ↓

122a. En caso **afirmativo**, ¿qué droga se inyectó en los últimos 12 meses? (**Coloque una marca (✓) en todas las opciones que correspondan.**)

- ☐ Hormonas   ☐ Cocaína   ☐ Anfetaminas, speed, metanfetamina cristal o "hielo"  
☐ Insulina   ☐ Heroína   ☐ Heroína y cocaína juntas ("speedballs")  
☐ Esteroides   ☐ Otra, *especifique cuál*: \_\_\_\_\_

**De lo contrario, vaya a la pregunta 126, página 14.**

	Sí	No	No estoy seguro
123. En los últimos 12 meses, ¿compartió agujas o jeringuillas con alguien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123a. En caso <b>afirmativo</b> , en los últimos 12 meses, ¿limpió siempre las agujas o jeringuillas que alguien más había usado antes que usted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. En los últimos 12 meses, ¿compartió con alguien el recipiente, el algodón, el agua para enjuague o algún otro utensilio para inyectar drogas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

125. En los últimos 12 meses, ¿obtuvo alguna de sus agujas o jeringuillas de un programa de intercambio de jeringuillas?

- ☐ Sí   ☐ No   ☐ No estoy seguro

↓

125a. En caso **afirmativo**, ¿de qué programas de intercambio de jeringuillas obtuvo las jeringuillas en los últimos 12 meses? \_\_\_\_\_

126. Durante los últimos 12 meses, ¿ha consumido metadona?

☐ Sí



☐ No



126a. En caso **afirmativo**, ¿de dónde obtuvo la metadona en los últimos 12 meses?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pase a la  
pregunta  
127.**

126b. ¿Cuánto hace que consume metadona?

(Cuenta sólo el tiempo que ha tomado metadona en el último intento de tratamiento o en el actual.)

\_\_\_\_\_ días

\_\_\_\_\_ meses

\_\_\_\_\_ semanas

\_\_\_\_\_ años

127. ¿Cuál ha sido su droga de elección durante los últimos 12 meses? \_\_\_\_\_

128. ¿Ha sido diagnosticado con alguna enfermedad mental (por ejemplo, depresión, ansiedad, alteraciones del estado de ánimo, síndrome de estrés postraumático o una enfermedad psicótica como esquizofrenia, etc.)?

☐ Sí



☐ No

☐ No está seguro

128a. En caso **afirmativo**, ¿le han sido recetados medicamentos para una enfermedad mental en los últimos 12 meses?

☐ Sí

☐ No

☐ No está seguro

## Sección 8: Conocimiento de materiales de información sobre la hepatitis y el VIH

**DIGA:** Ahora voy a preguntarle acerca de la información sobre la hepatitis y el VIH que pueda haber visto u oído.

129. En los últimos 12 meses, ¿vio u oyó alguna información sobre la **hepatitis** en este organismo? ☐ Sí ☐ No ☐ No estoy seguro



129a. En caso **afirmativo**, ¿qué tipo de información sobre **hepatitis**: (Sírvase colocar una marca ✓ en todas las opciones que correspondan.) [Muestre la tarjeta 10]

☐ Folleto(s)

☐ Tarjeta(s) de bolsillo

☐ Póster(s)

☐ Videos/CDs/DVDs

☐ Habló con un PA  
(auxiliar médico)

☐ Conversación con un  
enfermero

☐ Conversación con  
un médico

☐ Conversación con un  
educador de pares

☐ Conversación con  
otros clientes

☐ Conversación con un  
trabajador social

☐ Conversación con  
un coordinador de  
hepatitis

☐ Conversación con un  
educador sobre  
hepatitis

☐ Grupos de apoyo (a  
los que haya  
acudido o que haya  
visto anunciados)

☐ Otro, especificar: \_\_\_\_\_

\_\_\_\_\_



130. En los últimos 12 meses, ¿vio u oyó alguna información sobre **VIH** en este organismo? ☐ Sí ☐ No ☐ No estoy seguro  
↓

130a. En caso **afirmativo**, ¿qué tipo de información sobre **VIH**: (Sírvase colocar una marca ✓ en todas las opciones que correspondan.) [Muestre la tarjeta 10]

<input type="checkbox"/> Folleto(s)	<input type="checkbox"/> Tarjeta(s) de bolsillo	<input type="checkbox"/> Póster(s)	<input type="checkbox"/> Videos/CDs/DVDs
<input type="checkbox"/> Conversación con un PA (auxiliar médico)	<input type="checkbox"/> Conversación con un enfermero	<input type="checkbox"/> Conversación con un médico	<input type="checkbox"/> Conversación con un educador de pares
<input type="checkbox"/> Conversación con otros clientes	<input type="checkbox"/> Conversación con un trabajador social	<input type="checkbox"/> Conversación con un coordinador de hepatitis	<input type="checkbox"/> Conversación con un educador sobre hepatitis
<input type="checkbox"/> Grupos de apoyo (a los que haya acudido o que haya visto anunciados)	<input type="checkbox"/> Otro, especificar: _____		

131. ¿Qué servicios adicionales relacionados con la hepatitis le gustaría encontrar disponibles en este organismo?

---



---

132. ¿Qué servicios adicionales relacionados con VIH le gustaría encontrar disponibles en este organismo?

---



---

133. ¿Tiene comentarios, preguntas o inquietudes adicionales? \_\_\_\_\_

---

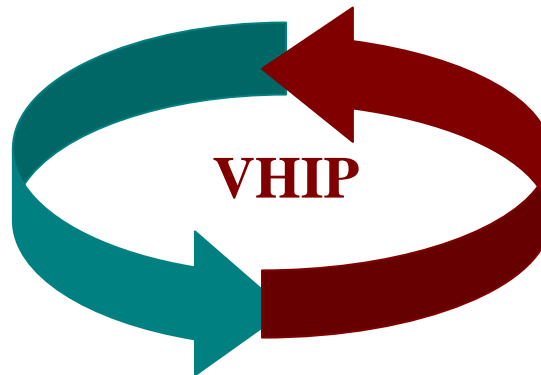


---

😊 **AGRADEZCA AL PARTICIPANTE POR SU TIEMPO  
Y DÉ POR FINALIZADA LA ENTREVISTA.** 😊

*This page intentionally left blank.*

**Viral  
Hepatitis  
Integration  
Project**



## Baseline and Follow-up Client Survey Results

*This page intentionally left blank.*

**Table 1. Description of baseline and follow-up client samples**

Description of sample	Total			AECOM			NYHRE			SACHR		
	Baseline (n=1414)	Follow-up (n=1200)	p-value**	Baseline (n=797)	Follow-up (n=600)	p-value*	Baseline (n=338)	Follow-up (n=300)	p-value*	Baseline (n=279)	Follow-up (n=300)	p-value*
Age (n)	(1392)	(1194)		(788)	(600)		(328)	(300)		(276)	(294)	
17-30	9.5%	10.2%		5.6%	4.7%		10.7%	11.0%		19.2%	20.8%	
31-40	24.5%	18.6%	0.0001	21.3%	15.3%	0.0040	26.2%	16.0%	0.0041	31.5%	27.9%	0.6699
41-50	44.5%	43.6%		48.1%	47.8%		43.9%	44.7%		34.8%	34.0%	
51+	21.5%	27.6%		25.0%	32.2%		19.2%	28.3%		14.5%	17.4%	
Mean (std dev)	43.4 (8.9)	44.6 (9.6)	0.0010	45.0 (8.2)	46.6 (8.4)	0.0005	42.8 (8.8)	44.7 (9.6)	0.0090	39.7 (9.7)	40.6 (10.6)	0.3059
Gender (n)	(1387)	(1197)		(778)	(599)		(331)	(299)		(278)	(299)	
Male	59.2%	62.0%	0.3490	50.0%	53.1%	0.4966	71.3%	64.6%	0.1885	70.5%	77.3%	0.0650
Female	40.2%	37.4%		49.6%	46.4%		27.5%	34.1%		28.8%	22.7%	
Transgender	0.6%	0.6%		0.4%	0.5%		1.2%	1.3%		0.7%	0.0%	
Race/ethnicity (n)	(1397)	(1188)		(785)	(595)		(335)	(299)		(277)	(294)	
Hispanic	64.5%	62.8%		62.7%	65.7%		56.4%	37.8%		79.4%	82.3%	
Non-Hispanic black	26.6%	28.5%	0.0120	26.6%	23.9%	0.0110	34.0%	52.5%	<0.0001	17.3%	13.6%	0.5921
Non-Hispanic white	5.9%			6.9%	9.1%		6.6%	7.7%		2.5%	3.4%	
Non-Hispanic mixed/other	3.0%	1.4%		3.8%	1.3%		3.0%	2.0%		0.7%	0.7%	

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

3. Baseline and follow-up differences in mean age assessed using t-test

**Table 2. Knowledge of hepatitis and HIV**

Knowledge of Hepatitis and HIV	% Answered Correctly <sup>1</sup>											
	Total			AECOM			NYHRE			SACHR		
	Baseline (n~1414)	Follow-up (n~1200)	p-value*	Baseline (n~797)	Follow-up (n~600)	p-value*	Baseline (n~338)	Follow-up (n~300)	p-value*	Baseline (n~279)	Follow-up (n~300)	p-value*
People can get both HBV and HCV by sharing needles.	84.0%	82.2%	0.2188	80.4%	81.8%	0.5187	88.4%	85.0%	0.2019	88.9%	80.2%	0.0041
A liver biopsy is the best way to tell how serious HCV is.	81.8%	86.3%	0.0018	76.1%	85.8%	<0.001	84.6%	86.3%	0.5406	94.6%	87.5%	0.0030
Cirrhosis is a possible result of HCV infection.	81.4%	79.9%	0.3323	77.1%	76.8%	0.8740	86.6%	82.9%	0.1928	87.4%	83.3%	0.1617
People can get HCV by having unprotected sex.	76.9%	76.3%	0.6958	72.8%	76.2%	0.1603	76.9%	74.8%	0.5382	88.5%	78.0%	0.0008
The best way to prevent HBV is by getting vaccinated.	70.9%	71.9%	0.5683	64.6%	62.1%	0.3305	73.1%	76.7%	0.2975	86.0%	86.6%	0.8336
HBV infection can make HCV disease worse.	67.5%	69.4%	0.3060	59.9%	65.6%	0.0323	71.9%	57.7%	0.0002	83.5%	88.9%	0.0609
The best way to prevent HAV is by getting vaccinated.	66.6%	71.1%	0.0140	61.4%	62.9%	0.4923	68.9%	73.6%	0.1969	79.2%	84.9%	0.0777
People who have both HIV and HCV cannot be treated for HCV. (FALSE)	59.1%	52.3%	0.0006	55.5%	49.3%	0.0235	60.5%	62.5%	0.6060	67.4%	48.3%	<0.0001
The most common way to get HAV is by the fecal-oral route.	43.5%	44.1%	0.7872	29.4%	31.9%	0.3319	52.4%	60.0%	0.0526	72.8%	52.3%	<0.0001
The best way to prevent HCV is by getting vaccinated. (FALSE)	35.9%	38.0%	0.2638	32.0%	35.1%	0.2264	37.6%	39.7%	0.5878	44.8%	42.1%	0.5187
The risk factors for HAV and HBV are similar. (FALSE)	22.2%	27.3%	0.0022	16.0%	21.1%	0.0152	26.0%	28.9%	0.4254	34.9%	38.3%	0.4025
Everyone with HCV needs treatment. (FALSE)	20.3%	21.8%	0.3740	19.0%	16.3%	0.2021	17.5%	26.1%	0.0081	27.6%	28.1%	0.8944
Mean (std. dev.) percent of questions answered correctly <sup>2</sup>	59.2% (18.8%)	60.0% (21.1%)	0.2751	53.6% (18.6%)	55.4% (18.7%)	0.0793	62.0% (16.2%)	62.8% (19.3%)	0.5616	71.3% (15.6%)	66.4% (25.1%)	0.0053

<sup>1</sup> Statements are true unless otherwise indicated. The exact number of clients who answered each question varies. Don't know grouped with incorrect response.

<sup>2</sup> Limited to clients who responded to at least 10 of the 12 knowledge statements.

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence. 2. Fisher's exact test was used when expected cell sizes were less than 5  
3. Baseline and follow-up differences in mean percent of questions answered correctly was assessed using t-test

**Table 3. Attitudes and beliefs regarding hepatitis and HIV**

Attitudes and Beliefs Regarding Hepatitis and HIV	% Agree or Strongly Agree <sup>1</sup>											
	Total			AECOM			NYHRE			SACHR		
	Baseline (n~1414)	Follow-up (n~1200)	p-value*	Baseline (n~797)	Follow-up (n~600)	p-value*	Baseline (n~338)	Follow-up (n~300)	p-value*	Baseline (n~279)	Follow-up (n~300)	p-value*
IDUs are at high risk for hepatitis.	96.4%	96.6%	0.8463	95.0%	94.8%	0.8462	97.6%	98.7%	0.3381	98.9%	98.0%	0.3716
I would agree to get hepatitis vaccines.	91.6%	94.1%	0.0128	88.9%	92.1%	0.0468	93.8%	93.6%	0.9153	96.4%	98.7%	0.0780
HCV treatment works well for IDUs. <sup>2</sup>	65.3%	68.3%	0.1073	64.0%	67.0%	0.2390	70.7%	56.6%	0.0002	62.8%	82.6%	<0.0001
HCV treatment works well for people taking MMT. <sup>2</sup>	83.7%	82.7%	0.5061	84.6%	81.6%	0.1388	80.8%	74.7%	0.0621	84.5%	92.9%	0.0014
HCV treatment works well for people who drink alcohol. <sup>2</sup>	39.8%	29.2%	<0.0001	42.7%	37.9%	0.0706	41.0%	29.3%	0.0022	30.2%	11.7%	<0.0001
HCV treatment is successful for most people.	79.8%	79.8%	0.9888	75.7%	73.6%	0.3666	78.6%	81.8%	0.3162	92.4%	90.1%	0.3220
Limited to HCV+ clients	(n~614)	(n~463)		(n~347)	(n~223)		(n~153)	(n~90)		(n~114)	(n~93)	
I would get a liver biopsy if my health care provider recommended it.	92.3%	93.4%	0.4763	91.6%	92.0%	0.8361	90.1%	93.3%	0.4062	97.4%	97.8%	0.8320
I would take HCV treatment if my health care provider recommended it.	91.1%	92.1%	0.5598	88.0%	90.3%	0.3590	93.4%	92.0%	0.6712	97.4%	97.8%	0.8414
I would rather deal with the side effects of HCV treatment than have HCV. <sup>2</sup>	74.9%	79.6%	0.0723	69.8%	74.3%	0.2152	77.6%	79.6%	0.7287	86.8%	95.7%	0.0298

<sup>1</sup> The exact number of clients who answered each question varies.

<sup>2</sup> The inverse of the question is presented here

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

**Table 4. Self-reported hepatitis and HIV screening history**

Self-reported Hepatitis and HIV screening history	Total			AECOM			NYHRE			SACHR		
	Baseline (n=1414)	Follow-up (n=1200)	p-value*	Baseline (n=797)	Follow-up (n=600)	p-value*	Baseline (n=338)	Follow-up (n=300)	p-value*	Baseline (n=279)	Follow-up (n=300)	p-value*
Ever tested for HAV? (n)	(1398)	(1195)		(784)	(598)		(335)	(297)		(279)	(300)	
Yes	56.3%	58.8%	<0.0001	56.8%	71.2%	<0.0001	53.1%	40.1%	0.0004	58.8%	52.7%	0.0261
No	18.7%	25.6%		12.1%	12.2%		33.4%	48.8%		19.7%	29.3%	
Not sure	25.0%	15.6%		31.1%	16.6%		13.4%	11.1%		21.5%	18.0%	
HAV test result (n) <sup>1</sup>	(787)	(703)		(445)	(426)		(175)	(119)		(163)	(158)	
Positive	13.6%	7.7%	0.0005	12.6%	6.6%	0.0016	14.0%	7.6%	0.1036	15.8%	10.8%	0.3102
Negative	81.7%	88.8%		82.3%	90.6%		84.8%	89.1%		76.9%	83.5%	
Unknown	4.7%	3.5%		5.2%	2.8%		1.1%	3.4%		7.3%	5.7%	
Ever tested for HBV? (n)	(1399)	(1191)		(785)	(596)		(335)	(296)		(279)	(299)	
Yes	58.0%	69.1%	<0.0001	55.2%	70.8%	<0.0001	61.5%	63.8%	0.7901	61.6%	70.9%	0.0043
No	17.3%	16.7%		12.4%	11.2%		28.1%	25.7%		18.3%	18.7%	
Not sure	24.7%	14.2%		32.5%	18.0%		10.4%	10.5%		20.1%	10.4%	
HBV test result (n) <sup>1</sup>	(809)	(823)		(433)	(422)		(204)	(189)		(172)	(212)	
Positive	20.8%	14.7%	0.0049	17.8%	14.5%	0.2701	24.8%	16.9%	0.0296	23.8%	13.2%	0.0082
Negative	74.0%	80.1%		77.8%	82.2%		71.4%	74.1%		67.4%	81.1%	
Unknown	5.2%	5.2%		4.4%	3.3%		3.9%	9.0%		8.7%	5.7%	
Ever tested for HCV? (n)	(1405)	(1193)		(790)	(595)		(337)	(299)		(278)	(299)	
Yes	73.2%	77.1%	0.0002	73.0%	84.2%	<0.0001	73.6%	65.6%	0.0798	73.4%	74.6%	0.6256
No	12.7%	14.0%		8.1%	7.2%		19.0%	25.8%		18.4%	15.7%	
Not sure	14.0%	8.9%		18.9%	8.6%		7.4%	8.7%		8.3%	9.7%	
HCV test result (n) <sup>1</sup>	(1029)	(920)		(577)	(501)		(248)	(196)		(204)	(223)	
Positive	59.7%	50.2%	<0.0001	60.1%	55.7%	0.3095	61.7%	45.9%	0.0007	55.9%	41.7%	0.0132
Negative	36.7%	44.1%		38.1%	42.7%		34.7%	43.9%		35.3%	47.5%	
Unknown	3.6%	5.7%		1.7%	1.6%		3.6%	10.2%		8.8%	10.8%	

<sup>1</sup> Limited to clients who were ever tested.

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5



**Table 4. Self-reported hepatitis and HIV screening history, cont.**

Self-reported Hepatitis and HIV screening history	Total			AECOM			NYHRE			SACHR		
	Baseline (n=1414)	Follow-up (n=1200)	p-value*	Baseline (n=797)	Follow-up (n=600)	p-value*	Baseline (n=338)	Follow-up (n=300)	p-value*	Baseline (n=279)	Follow-up (n=300)	p-value*
Ever tested for HIV? (n)	(1403)	(1189)		(788)	(595)		(336)	(295)		(279)	(299)	
Yes	97.6%	97.9%	0.1734	97.2%	98.2%	0.3304	98.8%	98.9%	1.000	97.5%	96.3%	--
No	1.7%	1.9%		1.8%	1.5%		0.9%	1.0%		2.5%	3.7%	
Not sure	0.6%	0.2%		1.0%	0.3%		0.3%	0.0%		0.0	0.0%	
HIV test result (n) <sup>1</sup>	(1370)	(1164)		(766)	(584)		(332)	(292)		(272)	(288)	
Positive	18.1%	17.3%	0.3728	20.8%	19.7%	0.9063	15.7%	16.8%	0.8983	13.6%	12.9%	0.1281
Negative	81.2%	82.4%		78.7%	79.8%		83.7%	82.9%		84.9%	87.2%	
Unknown	0.7%	0.3%		0.5%	0.5%		0.6%	0.3%		1.5%	0.0%	
Currently being treated for HIV? (n) <sup>2</sup>	(242)	(192)		(156)	(112)		(49)	(42)		(37)	(38)	
Yes	81.8%	84.4%	0.7799	80.8%	83.0%	--	77.6%	81.0%	1.0000	91.9%	92.1%	--
No	17.8%	15.6%		19.2%	17.0%		20.4%	19.0%		8.1%	7.9%	
Not sure	0.4%	0.0%		0.0%	0.0%		2.0%	0.0%		0.0%	0.0%	
HCV/HIV status (n) <sup>3</sup>	(980)	(846)		(560)	(478)		(237)	(172)		(183)	(196)	
HCV-/HIV-	32.6%	40.2%	0.0025	33.8%	39.8%	0.2188	31.2%	40.1%	0.0295	30.6%	41.3%	0.0492
HCV+/HIV-	46.9%	39.2%		42.9%	39.3%		50.6%	36.1%		54.6%	41.8%	
HCV-/HIV+	5.5%	6.4%		5.0%	3.8%		5.1%	8.1%		7.7%	11.2%	
HCV+/HIV+	15.0%	14.2%		18.4%	17.2%		13.1%	15.7%		7.1%	5.6%	

<sup>1</sup> Limited to clients who were ever tested.

<sup>2</sup> Limited to HIV positive clients.

<sup>3</sup> Limited to clients who were ever tested for HCV and HIV and know the result of each test.

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

3. Baseline and follow-up differences in mean age assessed using t-test

**Table 5. Hepatitis C evaluation and treatment experiences**

HCV Evaluation and Treatment Experiences <sup>1</sup>	Total			AECOM			NYHRE			SACHR		
	Baseline (n=614)	Follow-up (n=465)	p-value*	Baseline (n=347)	Follow-up (n=281)	p-value*	Baseline (n=153)	Follow-up (n=90)	p-value*	Baseline (n=114)	Follow-up (n=94)	p-value*
Discussed HCV treatment with health care provider (n)	(586)	(464)	<0.0001	(332)	(281)	<0.0001	(144)	(89)	0.4038	(110)	(94)	0.9475
Yes	76.1%	65.1%		76.8%	59.8%		73.6%	68.5%		77.3%	77.7%	
No	23.9%	34.9%		23.2%	40.2%		26.4%	31.5%		22.7%	22.3%	
Ever had liver biopsy (n)	(594)	(461)	0.1362	(334)	(280)	0.6748	(147)	(88)	0.0188	(113)	(93)	0.9409
Yes	21.9%	25.8%		26.4%	27.9%		15.6%	28.4%		16.8%	17.2%	
No	78.1%	74.2%		73.6%	72.1%		84.4%	71.6%		83.2%	82.8%	
Ever refused HCV treatment (n)	(598)	(463)	0.1740	(338)	(280)	0.1267	(149)	(89)	0.9164	(111)	(94)	0.8157
Yes	10.2%	7.8%		11.5%	7.9%		9.4%	9.0%		7.2%	6.4%	
No	89.8%	92.2%		88.5%	92.1%		90.6%	91.0%		92.8%	93.6%	
Ever treated for HCV (n)	(593)	(455)	0.0459	(341)	(278)	0.0119	(139)	(86)	0.7848	(113)	(91)	0.1880
Yes	14.5%	19.1%		17.9%	26.3%		9.4%	10.5%		10.6%	5.5%	
No	85.5%	80.9%		82.1%	73.7%		90.6%	89.5%		89.4%	94.5%	
Readiness for HCV treatment (n) <sup>2</sup>	(507)	(368)	0.1417	(280)	(205)	0.0297	(126)	(77)	0.2408	(101)	(86)	<.0001
Haven't thought about treatment	8.7%	11.1%		8.6%	10.7%		11.9%	22.1%		5.0%	2.3%	
Not sure if should get treatment	16.8%	12.5%		21.1%	11.7%		8.7%	10.4%		14.8%	16.3%	
Ready for treatment now or near future	61.5%	59.2%		57.5%	65.9%		63.5%	53.3%		70.3%	48.8%	
Decided its not worth it now	13.0%	16.0%		12.9%	9.8%		15.9%	14.3%		9.9%	32.6%	
Undetectable viral load	-- <sup>3</sup>	1.1%		-- <sup>3</sup>	2.0%		-- <sup>3</sup>	0.0%		-- <sup>3</sup>	0.0%	
HCV treatment outcomes (n) <sup>4</sup>	(82)	(87)	0.0393	(59)	(69)	0.0124	(12)	(9)	0.1686	(11)	(9)	0.7692
Still in treatment	12.2%	23.0%		11.9%	27.5%		8.3%	0.0%		18.2%	11.1%	
Discontinued treatment	34.2%	24.1%		32.2%	23.2%		41.7%	11.1%		36.4%	44.4%	
Finished treatment and it was successful	34.2%	44.8%		35.6%	44.9%		25.0%	66.7%		36.4%	22.2%	
Finished treatment but it was not successful	17.1%	6.9%		17.0%	4.4%		25.0%	22.2%		9.1%	11.1%	
Other	2.4%	1.2%		3.4%	0.0%		0.0%	0.0%		0.0%	11.1%	

<sup>1</sup> Limited to clients who ever tested positive for HCV. Based on self-report.

<sup>2</sup> Limited to clients who were never treated for HCV.

<sup>3</sup> Undetectable viral load was an option only at follow-up.

<sup>4</sup> Limited to clients who were ever treated for HCV.

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

**Table 6. Reasons for not having a liver biopsy, refusing HCV treatment, or discontinuing HCV treatment**

<b>Reasons for not having a liver biopsy, refusing HCV treatment, or discontinuing HCV treatment<sup>1</sup></b>	<b>Baseline %</b>	<b>Follow-up %</b>
<b>Reasons for not having a liver biopsy (n) <sup>2</sup></b>	(270)	(151)
Don't need it	27.1%	22.5%
Not ready	20.3%	25.2%
Don't want one	5.2%	4.6%
Lack of information	17.0%	0.0%
Waiting for an appointment/test results/evaluation in progress	2.2%	15.2%
Missed appointment	18.9%	13.9%
Other	9.2%	18.5%
<b>Reasons for refusing HCV treatment (n)</b>	(56)	(34)
Fear/concern/experience with side effects	42.9%	47.1%
Using drugs	5.4%	5.9%
Not ready	10.7%	0.0%
Not worth it/disease isn't serious enough	8.9%	5.9%
Lack of information	7.1%	5.9%
Don't need treatment/low viral load	3.6%	5.9%
Don't want treatment	3.6%	8.8%
Other	17.9%	20.6%
<b>Reasons for discontinuing HCV treatment (n)</b>	(27)	(20)
Side effects	40.7%	60.0%
Provider stopped treatment	29.6%	10.0%
No insurance	7.4%	5.0%
Treatment not working	3.7%	5.0%
Other	18.5%	20.0%

<sup>1</sup> Reasons are mutually exclusive.

<sup>2</sup> Does not include responses to the screening questions (i.e., excludes clients who never discussed a liver biopsy with anyone)

**Table 7. Self-reported hepatitis vaccination history**

Self-reported Vaccination History	Total			AECOM			NYHRE			SACHR		
	Baseline (n=1414)	Follow-up (n=1200)	p-value*	Baseline (n=797)	Follow-up (n=600)	p-value*	Baseline (n=338)	Follow-up (n=300)	p-value*	Baseline (n=279)	Follow-up (n=300)	p-value*
Received HAV vaccine (n)	(1385)	(1192)		(778)	(597)		(331)	(298)		(276)	(297)	
Yes	34.3%	55.0%	<0.0001	32.8%	57.2%	<0.0001	32.0%	46.7%	<0.0001	41.3%	55.9%	0.0019
No	34.7%	29.1%		23.5%	23.0%		57.7%	43.0%		38.8%	27.6%	
Not sure	31.0%	15.9%		43.7%	19.8%		10.3%	7.3%		19.9%	16.5%	
Received HBV vaccine (n)	(1385)	(1192)		(781)	(598)		(330)	(296)		(274)	(298)	
Yes	35.2%	54.4%	<0.001	31.9%	53.9%	<0.0001	37.0%	54.1%	<0.0001	42.3%	56.0%	0.0034
No	33.5%	29.3%		23.2%	25.7%		53.6%	38.2%		38.7%	27.5%	
Not sure	31.3%	16.3%		44.9%	20.4%		9.4%	7.7%		19.0%	16.4%	

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

**Table 8. Sexual risk behaviors during the past 12 months**

Sexual Risk Behaviors in the past 12 months	Total			AECOM			NYHRE			SACHR		
	Baseline (n=1414)	Follow-up (n=1200)	p-value*	Baseline (n=797)	Follow-up (n=600)	p-value*	Baseline (n=338)	Follow-up (n=300)	p-value*	Baseline (n=279)	Follow-up (n=300)	p-value*
Number of sexual partners (n)	(1401)	(1193)		(790)	(600)		(335)	(296)		(276)	(297)	
0	23.3%	23.4%	0.0217	27.2%	32.5%	0.0083	21.8%	15.5%	0.0534	13.8%	12.8%	0.0004
1	51.5%	46.4%		56.1%	56.0%		40.0%	36.5%		52.2%	37.0%	
2-5	20.5%	24.6%		15.1%	9.9%		29.2%	36.2%		25.4%	42.8%	
6-10	3.1%	2.9%		1.4%	0.8%		5.7%	5.4%		5.1%	4.7%	
11+	1.6%	2.7%		0.2%	0.8%		3.3%	6.4%		3.6%	2.7%	
Had sex with someone infected with HBV (n) <sup>1</sup>	(1076)	(903)		(576)	(393)		(260)	(252)		(240)	(258)	
Yes	2.0%	1.0%	0.0068	2.1%	1.1%	0.0127	1.2%	2.0%	0.7380	2.9%	0.0%	<0.0001
No	82.5%	87.4%		48.4%	90.8%		70.8%	69.4%		90.8%	99.6%	
Not sure	15.4%	11.6%		13.5%	8.1%		28.1%	28.6%		6.2%	0.4%	
Had sex with someone infected with HCV (n) <sup>1</sup>	(1079)	(901)		(576)	(396)		(263)	(251)		(240)	(254)	
Yes	11.1%	10.6%	0.0063	11.3%	14.9%	0.0007	14.4%	14.3%	0.9618	7.1%	0.4%	<0.0001
No	74.1%	79.3%		76.2%	79.6%		57.0%	58.2%		87.9%	99.6%	
Not sure	14.7%	10.1%		12.5%	5.6%		28.5%	27.5%		5.0%	0.0%	
Had sex with someone infected with HIV (n) <sup>1</sup>	(1077)	(901)		(576)	(395)		(262)	(253)		(239)	(253)	
Yes	8.9%	8.8%	0.0583	11.1%	10.4%	0.1209	8.8%	15.0%	0.0885	3.8%	0.0%	<0.0001
No	82.5%	85.5%		82.1%	85.8%		74.8%	70.4%		92.0%	100.0%	
Not sure	8.5%	5.8%		6.8%	3.8%		16.4%	14.6%		4.2%	0.0%	
Had sex with an injection drug user (n) <sup>1</sup>	(1078)	(901)		(576)	(398)		(262)	(251)		(240)	(252)	
Yes	17.5%	11.1%	0.0002	14.1%	8.0%	0.0154	25.2%	25.5%	0.8800	17.5%	1.6%	<0.0001
No	79.5%	86.3%		83.5%	89.2%		69.5%	70.1%		80.8%	98.0%	
Not sure	3.0%	2.6%		2.4%	2.8%		5.3%	4.4%		1.7%	0.4%	

<sup>1</sup> Limited to clients who had (any type of) sex in the past 12 months.

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

**Table 8. Sexual risk behaviors in the past 12 months, cont.**

Sexual Risk Behaviors in the past 12 months	Total			AECOM			NYHRE			SACHR		
	Baseline (n=1414)	Follow-up (n=1200)	p-value*	Baseline (n=797)	Follow-up (n=600)	p-value*	Baseline (n=338)	Follow-up (n=300)	p-value*	Baseline (n=279)	Follow-up (n=300)	p-value*
Exchanged sex for money or drugs (n) <sup>1</sup>	(1077)	(912)		(576)	(402)		(263)	(252)		(238)	(258)	
Yes	9.2%	11.2%	0.1419	3.1%	3.2%	0.9239	16.7%	21.4%	0.1745	15.6%	13.6%	0.5316
No	90.8%	88.9%		96.9%	96.8%		83.3%	78.6%		84.4%	86.4%	
Not sure	0.0%	0.0%		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	
Vaginal sex (n) <sup>2</sup>	(1064)	(891)		(573)	(402)		(254)	(239)		(237)	(250)	
Had vaginal sex, never used condoms	42.1%	41.0%	0.7756	45.5%	51.5%	0.0002	38.2%	38.5%	0.8602	38.0%	26.4%	0.0026
Had vaginal sex, sometimes used condoms	25.6%	26.9%		20.1%	10.2%		28.3%	30.1%		35.9%	50.1%	
Had vaginal sex, always used condoms	32.3%	32.1%		34.4%	38.3%		33.5%	31.4%		26.2%	22.8%	
Anal sex (n) <sup>3</sup>	(416)	(379)		(181)	(187)		(122)	(80)		(113)	(112)	
Had anal sex, never used condoms	45.7%	40.9%	0.3921	48.1%	51.9%	0.1150	42.6%	38.8%	0.8104	45.1%	24.1%	0.0024
Had anal sex, sometimes used condoms	22.4%	24.8%		14.9%	8.0%		20.5%	20.0%		36.3%	56.3%	
Had anal sex, always used condoms	32.0%	34.3%		37.0%	40.1%		36.9%	41.2%		18.6%	19.6%	
Had risky sex (n) <sup>4</sup>	(1363)	(1151)		(766)	(585)		(320)	(276)		(277)	(290)	
Yes	62.6%	61.3%	0.5218	58.9%	50.4%	0.0020	64.4%	75.0%	0.0050	70.8%	70.3%	0.9141
No	37.4%	38.7%		41.1%	49.6%		35.6%	25.0%		29.2%	29.7%	

<sup>1</sup> Limited to clients who had (any type of) sex in the past 12 months.

<sup>2</sup> Limited to clients who had vaginal sex in the past 12 months.

<sup>3</sup> Limited to clients who had anal sex in the past 12 months.

<sup>4</sup> Had sex with a partner who was infected with HBV, HCV, HIV or an IDU, exchanged sex for money or drugs or did not always use condoms for vaginal and anal sex.

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

**Table 9. Self-reported drug use behaviors**

Drug use behaviors	Total			AECOM			NYHRE			SACHR		
	Baseline (n=1414)	Follow-up (n=1200)	p-value*	Baseline (n=797)	Follow-up (n=600)	p-value*	Baseline (n=338)	Follow-up (n=300)	p-value*	Baseline (n=279)	Follow-up (n=300)	p-value*
Ever injected drugs (n)	(1395)	(1187)		(788)	(593)		(329)	(298)		(278)	(296)	
Yes	60.4%	49.7%	<0.0001	57.0%	48.1%	0.0010	63.5%	51.3%	0.0020	66.6%	51.4%	0.0002
No	39.6%	50.3%		43.0%	51.9%		36.5%	48.7%		33.4%	48.6%	
Injected drugs in the past 12 months (n)	(1399)	(606)		(787)	(290)		(334)	(153)		(278)	(163)	
Yes	27.2%	39.3%	<0.0001	17.2%	24.1%	0.0096	31.4%	45.8%	0.0022	50.7%	60.1%	0.0557
No	72.8%	60.7%		82.8%	75.9%		68.6%	54.3%		49.3%	39.9%	
Shared needles in the past 12 months (n) <sup>1</sup>	(363)	(232)		(130)	(68)		(96)	(67)		(137)	(97)	
Yes, did not always clean needles	2.5%	3.0%	0.7287	1.5%	1.5%	0.6652	3.1%	6.0%	0.5258	2.9%	2.1%	0.5334
Yes, always cleaned needles	22.3%	19.8%		13.8%	8.8%		17.7%	20.9%		33.6%	26.8%	
No	75.2%	77.2%		84.6%	89.7%		79.2%	73.1%		63.5%	71.1%	
Got needles/syringes from an SEP in the past 12 months (n) <sup>1</sup>	(360)	(237)		(125)	(68)		(97)	(70)		(138)	(99)	
Yes	73.6%	72.6%	0.8653	49.6%	54.4%	0.7739	81.4%	88.6%	0.2100	89.9%	73.7%	0.0011
No	26.1%	27.4%		49.6%	45.6%		18.6%	11.4%		10.1%	26.3%	
Not sure	0.3%	0.0%		0.8%	0.0%		0.0%	0.0%		0.0%	0.0%	
Snorted drugs in the past 12 months (n)	(1381)	(1183)		(778)	(596)		(329)	(293)		(274)	(294)	
Yes, shared straws	12.1%	9.0%	0.0007	10.8%	3.7%	<0.0001	10.0%	12.6%	0.1216	18.2%	16.3%	0.0585
Yes, did not share straws	29.3%	25.3%		26.7%	25.2%		31.3%	24.2%		34.3%	26.5%	
No	58.6%	65.7%		62.5%	71.1%		58.7%	63.1%		47.4%	57.1%	
Took methadone in the past 12 months (n)	(1042)	(1196)		(792)	(598)		(336)	(298)		(274)	(300)	
Yes	83.0%	68.5%	<0.0001	99.8%	99.7%	0.5764	61.6%	45.0%	<0.0001	60.6%	29.7%	<0.0001
No	17.0%	31.5%		0.2%	0.3%		38.4%	55.0%		39.4%	70.3%	

<sup>1</sup> Limited to clients who injected drugs in the past 12 months.

\* 1. Baseline and follow-up differences in nominal-level variables assessed using Pearson's chi-square test of independence

2. Fisher's exact test was used when expected cell sizes were less than 5

**Table 10. Awareness of hepatitis and HIV information at the participating agencies**

Awareness of hepatitis information and education at this agency	Total		AECOM		NYHRE		SACHR	
	Baseline (n=1414)	Follow-up (n=1200)	Baseline (n=797)	Follow-up (n=600)	Baseline (n=338)	Follow-up (n=300)	Baseline (n=279)	Follow-up (n=300)
Saw or heard any information about hepatitis <sup>1</sup>	70.7%	74.1%	62.2%	65.9%	67.1%	70.9%	98.9%	93.6%
Saw a poster	44.0%	53.1%	20.9%	57.8%	60.7%	3.4%	89.2%	92.9%
Saw a brochure	43.0%	53.2%	18.3%	52.0%	61.3%	20.3%	90.2%	88.2%
Talked to a case worker	23.8%	17.8%	9.9%	13.2%	32.9%	43.1%	51.6%	0.3%
Attended a support group	22.5%	28.5%	13.5%	36.4%	38.7%	18.6%	28.5%	22.5%
Saw a palm card	20.1%	16.9%	9.0%	2.2%	0.3%	0.3%	74.7%	62.6%
Talked to peer educator	11.4%	8.6%	8.0%	11.5%	1.2%	6.4%	32.8%	5.1%
Talked to a doctor or physician assistant	-- <sup>2</sup>	-- <sup>2</sup>	18.4%	25.6%	-- <sup>2</sup>	-- <sup>2</sup>	-- <sup>2</sup>	-- <sup>2</sup>
Talked to nurse	-- <sup>2</sup>	-- <sup>2</sup>	9.0%	13.8%	-- <sup>2</sup>	-- <sup>2</sup>	-- <sup>2</sup>	-- <sup>2</sup>
Awareness of HIV information and education at this agency	Total		AECOM		NYHRE		SACHR	
	Baseline (n=1414)	Follow-up (n=1200)	Baseline (n=797)	Follow-up (n=600)	Baseline (n=338)	Follow-up (n=300)	Baseline (n=279)	Follow-up (n=300)
Saw or heard any information about HIV <sup>3</sup>	74.6%	75.9%	67.1%	67.7%	72.2%	74.9%	98.6%	93.3%
Saw a poster	44.3%	53.8%	20.4%	59.5%	64.2%	4.8%	88.2%	90.9%
Saw a brochure	43.4%	52.9%	17.0%	52.5%	67.2%	21.7%	90.0%	84.6%
Talked to a case worker	29.9%	23.1%	18.9%	16.9%	37.3%	59.0%	52.3%	0.0%
Attended a support group	23.0%	13.8%	11.5%	10.9%	46.9%	15.9%	27.2%	17.5%
Saw a palm card	20.1%	15.1%	8.7%	2.3%	1.8%	0.3%	74.6%	55.4%
Talked to peer educator	11.2%	7.5%	6.8%	5.2%	2.1%	14.9%	34.8%	4.7%
Talked to a doctor or physician assistant	-- <sup>2</sup>	-- <sup>2</sup>	14.9%	23.9%	-- <sup>2</sup>	-- <sup>2</sup>	-- <sup>2</sup>	-- <sup>2</sup>
Talked to nurse	-- <sup>2</sup>	-- <sup>2</sup>	9.1%	12.2%	-- <sup>2</sup>	-- <sup>2</sup>	-- <sup>2</sup>	-- <sup>2</sup>

<sup>1</sup> Excludes clients who were not sure if they had seen or heard any information about hepatitis at that agency.

<sup>2</sup> NYHRE and SACHR do not have medical staff onsite.

<sup>3</sup> Excludes clients who were not sure if they had seen or heard any information about HIV at that agency.



## **Appendix D**

### **Hepatitis Client Survey MMTP Clinic Interviewer Guide**

### **Hepatitis Client Survey SEP Interviewer Guide**

*This page intentionally left blank.*

# **2005 HEPATITIS CLIENT SURVEY**

## **MMTP CLINIC INTERVIEWER GUIDE**



This document should be available to interviewers in the field and to the coordinators.

We invite suggestions as to new or revised language. Please make all suggestions in writing. When making suggestions, be specific and use language that is consistent with the language in this document, so that specific suggestions can be easily incorporated into the Interviewer Guide.

*This page intentionally left blank.*

## Table of Contents

	<b>Page</b>
Enrolling Participants	2
Informed Consent	3
Interviewer Log	4
Administering the Survey	5
Questions and Problems	9
What do I do After I am Done with a Survey?	10
10 Tips for Successful Interviewing	11
Glossary	12

## Enrolling Participants

- How do I enroll participants?
  - Wait near the Interceptor's desk. Approach the first client who is finished speaking with the Interceptor (unless he/she has already completed the survey). Ask if you can speak to him/her for a few minutes. Take the client to a private place, explain the purpose of the study and ask if he/she is willing to participate. You can either conduct the interview right away or make an appointment to do it later.
- What clients are eligible to participate?
  - All clients enrolled at Melrose on Track, Soundview, Melrose 9, Van Etten and Hub 1 are eligible.
- Are there any clients who I cannot interview?
  - **Do not** interview clients who already completed the survey.
  - **Do not** interview clients who are not enrolled at Melrose on Track, Soundview, Melrose 9, Van Etten or Hub 1.
  - **Do not** interview clients who seem to be under the influence of alcohol or drugs.
- Where in the clinic can I interview clients?
  - The survey asks personal questions about sexual behavior and drug use. It is very important that you find a quiet area to interview the client so that staff and other clients do not hear the client's answers to the questions.

## Informed Consent

- How do I complete the statement of informed consent?
  - You **must** read the statement of informed consent to all clients who are interested in participating in the study.
  - After you read the statement of informed consent, ask the client if he/she has any questions about the study.
  - After you answer the client's questions about the survey, ask if he/she is willing to be in the study and ask him/her to check the appropriate line on the statement of informed consent.
  - Sign on the "signature of witness" line and put the date on the following line.
  - If the client is willing to be in the study, write the ID number of their survey on the statement of informed consent.
  
- What do I do with the statement of informed consent after I complete it?
  - It is very important that you send all statements of informed consent to the AIDS Institute with the completed surveys. The AIDS Institute needs documentation that each survey participant understood the survey and willingly participated.
  
- Can I give the statement of informed consent to the client?
  - The statement of informed consent that was signed by you **must** be sent to the AIDS Institute.
  - You may give the client a blank copy of the informed consent statement or a xeroxed copy of the signed form.

## Interviewer Log

- Do I have to complete the interviewer log?
  - Yes. It is very important that you complete the interviewer log. We need to know how many clients you approached, how many were not eligible and how many did not want to participate.
- How do I complete the interviewer log?
  - Each day that you interview clients, begin by writing your initials, the date, where you are conducting interviews and the time on the interviewer log sheet.
  - Each time you approach a client you need to enter information in a new row of the interviewer log.
    - Enter the client's ID number in the first column. If you don't know the client's ID number or he/she does not want to tell you his/her ID number then enter 9999.
    - If a client tells you that he/she is not interested in doing the survey before you know if he/she is eligible, put a ✓ in the "Declined, don't know if eligible" column. Also, ask the client why he/she does not want to participate and write this on the log sheet.
    - If a client is not eligible, put a ✓ in the "Not eligible" column. Also, write why the client is not eligible to participate in the study in this column.
    - If you know a client is eligible, but he/she does not want to participate, put a ✓ in the "Eligible, but declined" column. Also, ask the client why he/she does not want to participate and write this on the log sheet.
    - If a client agrees to participate but **does not** complete the survey, put a ✓ in the "Partially completed interview" column.
    - If a client agrees to participate and completes the survey, put a ✓ in the "Completed interview" column.
- I am interviewing clients at 2 different locations today, can I use the same interviewer log?
  - No. You need to complete a separate interviewer log for each location.
- I did not approach 15 clients yesterday, can I use the same interviewer log today?
  - No. You need to complete a separate interviewer log for each day that you interview clients.
- What do I do with the interviewer log after I complete it?
  - Send the interviewer log to the AIDS Institute with the completed surveys.



## Administering the Survey

- Can I change the way questions are worded?
  - No. Ask the questions exactly as written and in the same order as shown in the questionnaire. Small changes in wording can completely change the meaning of the question.
- Can I start with Section B or C instead of Section A?
  - No. You must follow the sequence of questions. Never ask questions out of order unless given specific instructions to do so. Follow the skip patterns according to the directions given for a different response to the questions.
- Why do I have to follow the skip patterns?
  - Some questions will only make sense for people who have hepatitis C or who have been tested for HIV. It is important that you follow the skip patterns so we get all the information we need about participants and that participants are not asked questions that do not apply to them.
- Why are some parts of the survey in bold?
  - Instructions for you are in **bold**. Do not read these to participants.
- Do I have to read gray boxes?
  - Boxes with “say” statements are used to highlight introductions to specific questions and sections of the questionnaire.
- Do I have to read the “don’t know,” “not sure” and “refused to answer” options?
  - No. Reading these options may make it more difficult to get a definite answer. If study subjects cannot decide, or do not want to answer or can’t remember, they will tell you.
- Do I need to do anything besides read the survey exactly as written?
  - Yes. Watch your tone of voice and facial expressions. How you ask a question can be just as important as the wording of the question. Be careful that judgment and criticism do not creep into your voice. We are looking for descriptions of why people do or do not get tested and treatment for hepatitis C and for descriptions of their sexual behavior and drug use. We are not trying to get them to agree with us and we are not judging them.

## 2005 HEPATITIS CLIENT SURVEY: INTERVIEWER INSTRUCTIONS

- Can I explain the questions?
  - Don't try to explain the questions, which deal with knowledge, opinions, attitudes or perceptions. Be neutral. If a participant does not seem to understand a question, repeat the question slowly and clearly. Try to get the study subject to answer the question as best as possible *according to what it means for them*. Give the participant time to think about the question.
  - At the end of the survey you can discuss the questions with the participant and answer their questions. But do not change their answers to questions on the survey based on your discussion after he/she completed the survey.
- What do I do if the participant completes a few pages of the survey, but does not want to finish it?
  - Participants can stop the survey at any time.
  - Tell the participant about how long it will take to complete the survey and ask them if they still want to stop the survey.
  - Participants who do not finish the survey should still receive the \$10 Metrocard.
- What do I do if the participant answers the question before I finish reading it?
  - Be sure to read the whole question to the participant and make sure that the answer given is still correct.
- What do I do if the participant has questions?
  - Do not answer questions about the correct answers to questions until after the participant completes the survey.
  - You should be prepared to have an open-ended discussion with the participant after the interview is done, and answer questions then. Do not change their answers to questions on the survey based on your discussion after he/she completed the survey.
- If participants are having trouble answering a question, can I skip that question?
  - Don't leave a question until you have an adequate answer or have determined that the participant can't give a clear answer.
- If participants are having trouble answering a question, can I probe for more information?
  - Don't accept a "don't know" or "can't remember" without probing at least once. Remind the participant that we want to know which statement comes closest to his/her views. If anyone says "don't know", or they can't choose one answer, ask "What's your best guess," or "Well, if you had to choose only one," or "Even though you are unable to decide, which way do you lean?" and repeat the question.
  - Learn the purpose of each question. In order to do a good job of interviewing, you must understand the kind of information we are trying to gather by asking a question. Unless you understand its purpose, you will not be able to judge when an answer is adequate and when you must probe for clarification or for additional information.

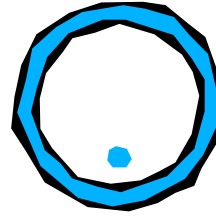
## 2005 HEPATITIS CLIENT SURVEY: INTERVIEWER INSTRUCTIONS

- What do I do if a participant gives a vague answer, like “because I didn’t want to” for an open-ended question?
  - Watch for vague answers. Some participants find it hard to verbalize and may have difficulty expressing their ideas. When participants are giving vague answers, probe for examples to help them to clarify their ideas.
- Are participants really expected to remember their hepatitis or HIV testing dates?
  - Do not suggest specific dates even if you think you know the answer from information volunteered earlier. Ask questions to encourage the participant to come up with the date on his/her own, for instance by asking them about whether the weather was warm or cold, whether it was right before or after a holiday or about what was going on in their lives at the time.
- How much information do I need to write down for the open-ended questions?
  - When in doubt as to what is needed, get more rather than less than what may be needed. If you get more data than we need, we can ignore it. But if you get less than we need, we cannot return to the participant. To avoid the unnecessary loss of important data, bear in mind the following rules:
    - When in doubt whether to ask a question, ask it.
    - When in doubt whether to probe for greater depth, probe.
    - When in doubt whether to record, record.
    - When in doubt whether to enter an explanatory, parenthetical note, enter it.
- How can I probe for additional information without putting words in the participant’s mouth?
  - Use neutral probes that do not suggest answers. Never suggest an answer or answers to a participant. Always use probes like the following:
    - How do you mean?
    - In what way?
    - Can you explain that a little?
    - What else?
    - Can you tell me a little more?
  - Some kinds of questions used in ordinarily conversations must be avoided because they suggest answers:
    - DON’T ASK: “Do you mean A or B?” This is not neutral because it suggests two possible answers and there may be others that do not occur to you as the interviewer, but may be appropriate to the participant if left to choose on his/her own.
    - DON’T ASK: “Do you mean (such and such)?” because many people tend to say “yes” to any suggestion, either because it’s easy or because they think it is the “right” answer.
    - DON’T ASK: “Then you feel (such and such)?” Even though you think you’re summarizing what the participant has already said, your interpretation may be correct, but you may be placing the emphasis in the wrong direction.

## 2005 HEPATITIS CLIENT SURVEY: INTERVIEWER INSTRUCTIONS

- There are a lot of “other, please specify” responses, what am I supposed to do?
  - Try to keep “other, please specify” responses to a minimum. Often after some thought you or the participant will find that such responses can be coded as one of the response categories that are listed. When someone mentions some “other” response, take time to listen to the participant’s answer and write it down on the questionnaire. Then review the response categories listed to see whether it can be coded differently. Probe the respondent for additional information if necessary.
- The survey is long. Can the participant and I take a 5 minute break in the middle?
  - The questionnaire should not be stopped and started unless absolutely necessary. If the circumstances dictate that the interview needs to be interrupted, make a note in the margin of the survey.
- What do I do if a participant tells me something that answers a question in a later part of the survey?
  - Acknowledge that the questionnaire will ask for that information later, and return to the question at hand.
- Do I need to read all the options for questions that say “**(Please ✓ all that apply.)**”?
  - Yes. Ask each option and check the box for either yes or no for each one. People sometimes give answers such as, “That was the only one” and are irritated when asked about additional answers. It may help to tell them “I find that some people are reminded of some other answers when they hear a list of reasons. I’d like to read a list of options so I can make sure that there were no other answers.” Read the list and ask the study subject to quickly say yes or no after each option is read.
- Why are parts of some questions in parentheses? For example: ... vaccine (shot).
  - These are cues to be read to the participant if they need an explanation of a word. If the study subject does not need the extra description or definition, there is no need to read the information in parentheses.

## Questions and Problems



- The 2005 Hepatitis Client Survey is long and covers many topics and it takes lots of practice to become comfortable interviewing clients about their sexual behavior and drug use. Feel free to contact us if you have any questions or need advice. We appreciate all the time and effort it takes to do this survey and we will be happy to help you with any questions or problems that you have.
- This type of interviewing can be very complicated and stressful, plus it takes lots of time. Please contact us right away if you have any problems.
- You can call:
  - Karyn Heavner (518) 402-6809 or
  - Kirsten Rowe (518) 402-6801.
- You can e-mail:
  - Karyn Heavner (kkh02@health.state.ny.us) or
  - Kirsten Rowe (kas11@health.state.ny.us).
- You can send a fax to:
  - Karyn Heavner (518) 402-6813 or
  - Kirsten Rowe (518) 402-6813.

## What do I do After I am Done with a Survey?

- Make sure you have asked and coded all of the questions, following the skip patterns before the interview is done. Take five minutes at the end of the interview and say to the participant, something like “Before I go, let me just take a couple of minutes to look over the questionnaire and make sure I have everything.” This can be done before they receive their \$10 Metrocard. It is impossible to go back and ask questions which were missed the first time, and missing data can be a serious problem for the study.
- Make sure the client’s AECOM ID number is in the top right corner of page 1 of the survey.
- **Check the survey.** Make sure that it is clear which boxes are checked and that the answers you wrote are legible.
- Make sure that you completed the interviewer log.
- After you complete 15-20 surveys, return the completed surveys, the completed informed consent forms and the interviewer logs.
  - We will give you preprinted, prepaid FedEx airbills addressed to:  
Karyn Heavner  
NYSDOH AIDS Institute  
Office of Program Evaluation and Research  
Riverview Center, 5<sup>th</sup> Floor  
150 Broadway  
Menands, NY 12204  
(518) 402-6809
  - You will need to get FedEx boxes. You can get these from FedEx, office supply stores or mailing or shipping services (like Mailboxes Etc.). There is no charge for the boxes.
  - Put the completed surveys, the completed informed consent forms and the interviewer logs in a FedEx box, seal the box and attach a preprinted, prepaid FedEx airbill. Keep the top copy of the FedEx airbill so we can track the package if it gets lost. Then put the box in a FedEx drop box or take it to a shipping service (like Mailboxes Etc.) that has scheduled FedEx pickups.



## 10 Tips for Successful Interviewing



1. Find a quiet, private place to interview the participant.
2. Make sure that the client understands the statement of informed consent and is willing to participate.
3. Ask the questions exactly as written and in the order they appear in the survey.
4. Make sure you understand the questions so that you can probe for answers that don't make sense.
5. Add written comments in the margins if you think extra information may help us understand the answers someone gives.
6. Try to probe "don't know" answers at least once.
7. Use "neutral" probes that don't favor particular answers.
8. Avoid using "other" answers unless the answer really doesn't fit into the answer categories.
9. Take the interviewer guide along to use for definitions of certain terms.
10. Don't be afraid to contact us if you have questions or suggestions.

## Glossary



Be careful to only use these definitions during the interview if a participant does not know what a word means. **Do not** give leading answers or tell the participant the correct answers to any questions until **after** they completed the interview.

- Acupuncture** - (question 39a) A type of Chinese medicine that uses needles to stimulate different parts of the body and may help people who are being treated for hepatitis C.
- Amantadine** - (question 38b) A type of pill or capsule that is used to treat hepatitis C.
- Cirrhosis** - (question 14) Scarring of the liver caused by long-term liver damage. Cirrhosis keeps the liver from working properly.
- Dandelion** - (question 39c) An herbal supplement that may help the liver stay healthy.
- GHB** - (question 62) An illicit drug that makes people less inhibited and may make them more likely to have high risk sex (also called gamma-Hydroxybutyric acid).
- Interferon** - (question 37) A type of injection that is used to treat hepatitis C.
- Intersex** - (question 2) A person who is born with both male and female genitals.
- Licorice root** - (question 39c) An herbal supplement that may help the liver stay healthy.
- Liver biopsy** - (appears many times in the survey) A test that uses a needle to take a small sample of a person's liver to find out if it is healthy or damaged.
- Milkthistle** - (question 39b) An herbal supplement that may help the liver stay healthy.
- Palm card** - (questions 70a and 71a) A small brochure or information sheet that is the size of a business card.
- Ribavirin** - (question 38a) A type of pill or capsule that is used to treat hepatitis C.
- Special K** - (question 62) An illicit drug that causes hallucination and may make people more likely to have high risk sex (also called ketamine, K, Ketalar, Vitamin K).
- Transgender** - (questions 2 and 49) A person who was born as one gender, but identifies with the other. There are people who are born male who identify as female (male to female transgender) and there are people who are born female who identify as male (female to male transgender). People who are transgender may feel that they are the opposite gender, they may dress as the opposite gender or they may get surgery to make their body match the gender they identify with.
- Vaccine** - (appears many times in the survey) A shot that keeps people from getting a disease. There are shots that keep people from getting the flu, measles, chickenpox, hepatitis A and hepatitis B.



# **2005 HEPATITIS CLIENT SURVEY**

## **SEP INTERVIEWER GUIDE**



This document should be available to interviewers in the field and to the coordinators.

We invite suggestions as to new or revised language. Please make all suggestions in writing. When making suggestions, be specific and use language that is consistent with the language in this document, so that specific suggestions can be easily incorporated into the Interviewer Guide.

*This page intentionally left blank.*

## 2005 HEPATITIS CLIENT SURVEY: INTERVIEWER INSTRUCTIONS

### Table of Contents

	<b>Page</b>
Enrolling Participants	2
Informed Consent	3
Interviewer Log	4
Administering the Survey	5
Questions and Problems	9
What do I do After I am Done with a Survey?	10
10 Tips for Successful Interviewing	11
Glossary	12

## Enrolling Participants

- How do I enroll participants?
  - Wait near where there are services for drug users (syringe exchange, support group or other services that are used by drug users). Approach the first client who is finished receiving services (unless he/she has already completed the survey). Ask if you can speak to him/her for a few minutes. Take the client to a private place, explain the purpose of the study and ask if he/she is willing to participate. You can either conduct the interview right away or make an appointment to do it later.
- What clients are eligible to participate?
  - All clients who receive services at New York Harm Reduction Educators (NYHRE) or Saint Ann's Corner of Harm Reduction (SACHR) (even if they do not inject drugs) are eligible.
- Are there any clients who I cannot interview?
  - **Do not** interview clients who already completed the survey.
  - **Do not** interview clients who are not receiving services at New York Harm Reduction Educators (NYHRE) or Saint Ann's Corner of Harm Reduction (SACHR).
  - **Do not** interview clients who seem to be under the influence of alcohol or drugs.
- Where can I interview clients?
  - The survey asks personal questions about sexual behavior and drug use. It is very important that you find a quiet area to interview the client so that staff and other clients do not hear the client's answers to the questions.

## Informed Consent

- How do I complete the statement of informed consent?
  - You **must** read the statement of informed consent to all clients who are interested in participating in the study.
  - After you read the statement of informed consent, ask the client if he/she has any questions about the study.
  - After you answer the client's questions about the survey, ask if he/she is willing to be in the study and ask him/her to check the appropriate line on the statement of informed consent.
  - Sign on the "signature of witness" line and put the date on the following line.
  - If the client is willing to be in the study, write the ID number of their survey on the statement of informed consent.
  
- What do I do with the statement of informed consent after I complete it?
  - It is very important that you send all statements of informed consent to the AIDS Institute with the completed surveys. The AIDS Institute needs documentation that each survey participant understood the survey and willingly participated.
  
- Can I give the statement of informed consent to the client?
  - The statement of informed consent that was signed by you **must** be sent to the AIDS Institute.
  - You may give the client a blank copy of the informed consent statement or a xeroxed copy of the signed form.

## Interviewer Log

- Do I have to complete the interviewer log?
  - Yes. It is very important that you complete the interviewer log. We need to know how many clients you approached, how many were not eligible and how many did not want to participate.
- How do I complete the interviewer log?
  - Each day that you interview clients, begin by writing your initials, the date, where you are conducting interviews and the time on the interviewer log sheet.
  - Each time you approach a client you need to enter information in a new row of the interviewer log.
    - Enter the client's ID number in the first column. If you don't know the client's ID number or he/she does not want to tell you his/her ID number then enter 9999.
    - If a client tells you that he/she is not interested in doing the survey before you know if he/she is eligible, put a ✓ in the "Declined, don't know if eligible" column. Also, ask the client why he/she does not want to participate and write this on the log sheet.
    - If a client is not eligible, put a ✓ in the "Not eligible" column. Also, write why the client is not eligible to participate in the study in this column.
    - If you know a client is eligible, but he/she does not want to participate, put a ✓ in the "Eligible, but declined" column. Also, ask the client why he/she does not want to participate and write this on the log sheet.
    - If a client agrees to participate but **does not** complete the survey, put a ✓ in the "Partially completed interview" column.
    - If a client agrees to participate and completes the survey, put a ✓ in the "Completed interview" column.
- I am interviewing clients at 2 different locations today, can I use the same interviewer log?
  - No. You need to complete a separate interviewer log for each location.
- I did not approach 15 clients yesterday, can I use the same interviewer log today?
  - No. You need to complete a separate interviewer log for each day that you interview clients.
- What do I do with the interviewer log after I complete it?
  - Send the interviewer log to the AIDS Institute with the completed surveys.

## Administering the Survey

- Can I change the way questions are worded?
  - No. Ask the questions exactly as written and in the same order as shown in the questionnaire. Small changes in wording can completely change the meaning of the question.
- Can I start with Section B or C instead of Section A?
  - No. You must follow the sequence of questions. Never ask questions out of order unless given specific instructions to do so. Follow the skip patterns according to the directions given for a different response to the questions.
- Why do I have to follow the skip patterns?
  - Some questions will only make sense for people who have hepatitis C or who have been tested for HIV. It is important that you follow the skip patterns so we get all the information we need about participants and that participants are not asked questions that do not apply to them.
- Why are some parts of the survey in bold?
  - Instructions for you are in **bold**. Do not read these to participants.
- Do I have to read gray boxes?
  - Boxes with “say” statements are used to highlight introductions to specific questions and sections of the questionnaire.
- Do I have to read the “don’t know,” “not sure” and “refused to answer” options?
  - No. Reading these options may make it more difficult to get a definite answer. If study subjects cannot decide, or do not want to answer or can’t remember, they will tell you.
- Do I need to do anything besides read the survey exactly as written?
  - Yes. Watch your tone of voice and facial expressions. How you ask a question can be just as important as the wording of the question. Be careful that judgment and criticism do not creep into your voice. We are looking for descriptions of why people do or do not get tested and treatment for hepatitis C and for descriptions of their sexual behavior and drug use. We are not trying to get them to agree with us and we are not judging them.

## 2005 HEPATITIS CLIENT SURVEY: INTERVIEWER INSTRUCTIONS

- Can I explain the questions?
  - Don't try to explain the questions, which deal with knowledge, opinions, attitudes or perceptions. Be neutral. If a participant does not seem to understand a question, repeat the question slowly and clearly. Try to get the study subject to answer the question as best as possible *according to what it means for them*. Give the participant time to think about the question.
  - At the end of the survey you can discuss the questions with the participant and answer their questions. But do not change their answers to questions on the survey based on your discussion after he/she completed the survey.
- What do I do if the participant completes a few pages of the survey, but does not want to finish it?
  - Participants can stop the survey at any time.
  - Tell the participant about how long it will take to complete the survey and ask them if they still want to stop the survey.
  - Participants who do not finish the survey should still receive the \$10 Metrocard.
- What do I do if the participant answers the question before I finish reading it?
  - Be sure to read the whole question to the participant and make sure that the answer given is still correct.
- What do I do if the participant has questions?
  - Do not answer questions about the correct answers to questions until after the participant completes the survey.
  - You should be prepared to have an open-ended discussion with the participant after the interview is done, and answer questions then. Do not change their answers to questions on the survey based on your discussion after he/she completed the survey.
- If participants are having trouble answering a question, can I skip that question?
  - Don't leave a question until you have an adequate answer or have determined that the participant can't give a clear answer.
- If participants are having trouble answering a question, can I probe for more information?
  - Don't accept a "don't know" or "can't remember" without probing at least once. Remind the participant that we want to know which statement comes closest to his/her views. If anyone says "don't know", or they can't choose one answer, ask "What's your best guess," or "Well, if you had to choose only one," or "Even though you are unable to decide, which way do you lean?" and repeat the question.
  - Learn the purpose of each question. In order to do a good job of interviewing, you must understand the kind of information we are trying to gather by asking a question. Unless you understand its purpose, you will not be able to judge when an answer is adequate and when you must probe for clarification or for additional information.



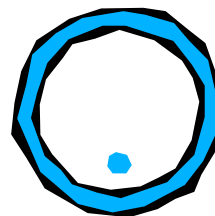
## 2005 HEPATITIS CLIENT SURVEY: INTERVIEWER INSTRUCTIONS

- What do I do if a participant gives a vague answer, like “because I didn’t want to” for an open-ended question?
  - Watch for vague answers. Some participants find it hard to verbalize and may have difficulty expressing their ideas. When participants are giving vague answers, probe for examples to help them to clarify their ideas.
- Are participants really expected to remember their hepatitis or HIV testing dates?
  - Do not suggest specific dates even if you think you know the answer from information volunteered earlier. Ask questions to encourage the participant to come up with the date on his/her own, for instance by asking them about whether the weather was warm or cold, whether it was right before or after a holiday or about what was going on in their lives at the time.
- How much information do I need to write down for the open-ended questions?
  - When in doubt as to what is needed, get more rather than less than what may be needed. If you get more data than we need, we can ignore it. But if you get less than we need, we cannot return to the participant. To avoid the unnecessary loss of important data, bear in mind the following rules:
    - When in doubt whether to ask a question, ask it.
    - When in doubt whether to probe for greater depth, probe.
    - When in doubt whether to record, record.
    - When in doubt whether to enter an explanatory, parenthetical note, enter it.
- How can I probe for additional information without putting words in the participant’s mouth?
  - Use neutral probes that do not suggest answers. Never suggest an answer or answers to a participant. Always use probes like the following:
    - How do you mean?
    - In what way?
    - Can you explain that a little?
    - What else?
    - Can you tell me a little more?
  - Some kinds of questions used in ordinarily conversations must be avoided because they suggest answers:
    - DON’T ASK: “Do you mean A or B?” This is not neutral because it suggests two possible answers and there may be others that do not occur to you as the interviewer, but may be appropriate to the participant if left to choose on his/her own.
    - DON’T ASK: “Do you mean (such and such)?” because many people tend to say “yes” to any suggestion, either because it’s easy or because they think it is the “right” answer.
    - DON’T ASK: “Then you feel (such and such)?” Even though you think you’re summarizing what the participant has already said, your interpretation may be correct, but you may be placing the emphasis in the wrong direction.

## 2005 HEPATITIS CLIENT SURVEY: INTERVIEWER INSTRUCTIONS

- There are a lot of “other, please specify” responses, what am I supposed to do?
  - Try to keep “other, please specify” responses to a minimum. Often after some thought you or the participant will find that such responses can be coded as one of the response categories that are listed. When someone mentions some “other” response, take time to listen to the participant’s answer and write it down on the questionnaire. Then review the response categories listed to see whether it can be coded differently. Probe the respondent for additional information if necessary.
- The survey is long. Can the participant and I take a 5 minute break in the middle?
  - The questionnaire should not be stopped and started unless absolutely necessary. If the circumstances dictate that the interview needs to be interrupted, make a note in the margin of the survey.
- What do I do if a participant tells me something that answers a question in a later part of the survey?
  - Acknowledge that the questionnaire will ask for that information later, and return to the question at hand.
- Do I need to read all the options for questions that say “(Please ✓ **all that apply.**)”?
  - Yes. Ask each option and check the box for either yes or no for each one. People sometimes give answers such as, “That was the only one” and are irritated when asked about additional answers. It may help to tell them “I find that some people are reminded of some other answers when they hear a list of reasons. I’d like to read a list of options so I can make sure that there were no other answers.” Read the list and ask the study subject to quickly say yes or no after each option is read.
- Why are parts of some questions in parentheses? For example: ... vaccine (shot).
  - These are cues to be read to the participant if they need an explanation of a word. If the study subject does not need the extra description or definition, there is no need to read the information in parentheses.

## Questions and Problems



- The 2005 Hepatitis Client Survey is long and covers many topics and it takes lots of practice to become comfortable interviewing clients about their sexual behavior and drug use. Feel free to contact us if you have any questions or need advice. We appreciate all the time and effort it takes to do this survey and we will be happy to help you with any questions or problems that you have.
- This type of interviewing can be very complicated and stressful, plus it takes lots of time. Please contact us right away if you have any problems.
- You can call:
  - Karyn Heavner (518) 402-6809 or
  - Kirsten Rowe (518) 402-6801.
- You can e-mail:
  - Karyn Heavner (kkh02@health.state.ny.us) or
  - Kirsten Rowe (kas11@health.state.ny.us).
- You can send a fax to:
  - Karyn Heavner (518) 402-6813 or
  - Kirsten Rowe (518) 402-6813.

## What do I do After I am Done with a Survey?

- Make sure you have asked and coded all of the questions, following the skip patterns before the interview is done. Take five minutes at the end of the interview and say to the participant, something like “Before I go, let me just take a couple of minutes to look over the questionnaire and make sure I have everything.” This can be done before they receive their \$10 Metrocard. It is impossible to go back and ask questions which were missed the first time, and missing data can be a serious problem for the study.
- Make sure the client’s New York Harm Reduction Educators (NYHRE) or Saint Ann’s Corner of Harm Reduction (SACHR) ID number is in the top right corner of page 1 of the survey.
- **Check the survey.** Make sure that it is clear which boxes are checked and that the answers you wrote are legible.
- Make sure that you completed the interviewer log.
- After you complete 15-20 surveys, return the completed surveys, the completed informed consent forms and the interviewer logs.
  - We will give you preprinted, prepaid FedEx airbills addressed to:  
Karyn Heavner  
NYSDOH AIDS Institute  
Office of Program Evaluation and Research  
Riverview Center, 5<sup>th</sup> Floor  
150 Broadway  
Menands, NY 12204  
(518) 402-6809
  - You will need to get FedEx boxes. You can get these from FedEx, office supply stores or mailing or shipping services (like Mailboxes Etc.). There is no charge for the boxes.
  - Put the completed surveys, the completed informed consent forms and the interviewer logs in a FedEx box, seal the box and attach a preprinted, prepaid FedEx airbill. Keep the top copy of the FedEx airbill so we can track the package if it gets lost. Then put the box in a FedEx drop box or take it to a shipping service (like Mailboxes Etc.) that has scheduled FedEx pickups.

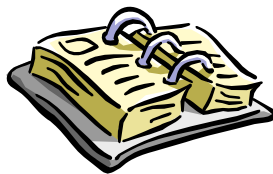


## 10 Tips for Successful Interviewing



1. Find a quiet, private place to interview the participant.
2. Make sure that the client understands the statement of informed consent and is willing to participate.
3. Ask the questions exactly as written and in the order they appear in the survey.
4. Make sure you understand the questions so that you can probe for answers that don't make sense.
5. Add written comments in the margins if you think extra information may help us understand the answers someone gives.
6. Try to probe "don't know" answers at least once.
7. Use "neutral" probes that don't favor particular answers.
8. Avoid using "other" answers unless the answer really doesn't fit into the answer categories.
9. Take the interviewer guide along to use for definitions of certain terms.
10. Don't be afraid to contact us if you have questions or suggestions.

## Glossary



Be careful to only use these definitions during the interview if a participant does not know what a word means. **Do not** give leading answers or tell the participant the correct answers to any questions until **after** they completed the interview.

- Acupuncture** - (question 39a) A type of Chinese medicine that uses needles to stimulate different parts of the body and may help people who are being treated for hepatitis C.
- Amantadine** - (question 38b) A type of pill or capsule that is used to treat hepatitis C.
- Cirrhosis** - (question 14) Scarring of the liver caused by long-term liver damage. Cirrhosis keeps the liver from working properly.
- Dandelion** - (question 39c) An herbal supplement that may help the liver stay healthy.
- GHB** - (question 62) An illicit drug that makes people less inhibited and may make them more likely to have high risk sex (also called gamma-Hydroxybutyric acid).
- Interferon** - (question 37) A type of injection that is used to treat hepatitis C.
- Intersex** - (question 2) A person who is born with both male and female genitals.
- Licorice root** - (question 39c) An herbal supplement that may help the liver stay healthy.
- Liver biopsy** - (appears many times in the survey) A test that uses a needle to take a small sample of a person's liver to find out if it is healthy or damaged.
- Milkthistle** - (question 39b) An herbal supplement that may help the liver stay healthy.
- Palm card** - (questions 70a and 71a) A small brochure or information sheet that is the size of a business card.
- Ribavirin** - (question 38a) A type of pill or capsule that is used to treat hepatitis C.
- Special K** - (question 62) An illicit drug that causes hallucination and may make people more likely to have high risk sex (also called ketamine, K, Ketalar, Vitamin K).
- Transgender** - (questions 2 and 49) A person who was born as one gender, but identifies with the other. There are people who are born male who identify as female (male to female transgender) and there are people who are born female who identify as male (female to male transgender). People who are transgender may feel that they are the opposite gender, they may dress as the opposite gender or they may get surgery to make their body match the gender they identify with.
- Vaccine** - (appears many times in the survey) A shot that keeps people from getting a disease. There are shots that keep people from getting the flu, measles, chickenpox, hepatitis A and hepatitis B.

## **Appendix E**

**VHIP Hepatitis Awareness Survey - SEP Version**

**VHIP Hepatitis Awareness Survey - MMTP Version**

**VHIP Hepatitis Awareness Survey Results - SEP Version**

**VHIP Hepatitis Awareness Survey Results - MMTP Version**

*This page intentionally left blank.*



## HEPATITIS AWARENESS SURVEY

Interviewer: \_\_\_\_\_ Agency: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/06 Time: \_\_\_\_\_ am/pm Site/Address: \_\_\_\_\_

### Demographics:

1. What year were you born in? \_\_\_\_\_
2. [Interviewer: Estimate gender, ask if unsure] ☐ Male ☐ Female
3. How would you describe your race or ethnicity? [check all that apply]
  - ☐ White ☐ American Indian or Alaskan Native
  - ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
  - ☐ Hispanic or Latino/a ☐ Other, specify \_\_\_\_\_
  - ☐ Asian ☐ Refused to answer

### Services:

4. Have you ever used any of the following services at SACHR/NYRHE? [check all that apply]
  - ☐ The Syringe Exchange Program ☐ The Lunch Program or Drop-In Space
  - ☐ A Support Group(s), specify \_\_\_\_\_ ☐ Massage, Reiki or Acupuncture
  - ☐ Case Management, specify \_\_\_\_\_ ☐ Other, specify \_\_\_\_\_
  - ☐ Counseling Services ☐ Refused to answer
5. About how long have you been coming to SACHR/NYRHE for services?
  - ☐ For less than a month ☐ For the past 1-3 months
  - ☐ For the past 4-6 months ☐ For the past 7-9 months
  - ☐ For the past 10-12 months ☐ For over a year, specify \_\_\_\_\_
6. About how often do you come to SACHR/NYRHE for services?
  - ☐ Every day or almost every day ☐ 2-4 times a week
  - ☐ Once a week ☐ 2-3 times a month
  - ☐ Once a month ☐ Less than once a month, specify \_\_\_\_\_
7. Have you seen this person at SACHR/NYRHE? ☐ No ☐ Yes  
[SHOW PHOTO] [If NO, please go to question #8, p.2]
  - a. Do you know what his/her name is? ☐ No ☐ Yes  
If yes, what is his/her name? \_\_\_\_\_
  - b. Do you know what he/she does at SACHR/NYRHE? ☐ No ☐ Yes  
If yes, what does he/she do? \_\_\_\_\_
  - c. Has this person ever provided information about hepatitis or a hepatitis service to you?  
☐ No ☐ Yes  
If yes, please describe: \_\_\_\_\_
  - d. Overall, how helpful was this person in providing hepatitis information or services to you?  
☐ Very helpful ☐ Somewhat helpful ☐ Not at all helpful
  - e. Please explain: \_\_\_\_\_

### Hepatitis Education:

8. Have you seen or received any hepatitis educational materials, such as posters or brochures, at SACHR/NYRHE? ☐ No ☐ Yes

*[If NO, please go to question #9]*

- a. If **yes**, what did you see/get? *[check all that apply]* ☐ ☐ ☐  
Posters Brochures Other

- b. If **yes**, where did you see/get the materials? \_\_\_\_\_

- c. If **yes**, did you read any of these materials or has anyone gone over these materials with you? ☐ No ☐ Yes

*[If NO, please go to question #8f]*

- d. If **yes**, overall how helpful were the materials to you?  
☐ ☐ ☐  
Very helpful Somewhat helpful Not at all helpful

- e. Please explain: \_\_\_\_\_

- f. Have you seen this booklet at SACHR/NYRHE? *[show the OASIS booklet]* ☐ No ☐ Yes

*[If NO, please go to question #9]*

- g. If **yes**, where did you see this booklet? \_\_\_\_\_

- h. If **yes**, did you read this booklet or has anyone gone over this booklet with you? ☐ No ☐ Yes

*[If NO, please go to question #9]*

- i. If **yes**, overall how helpful was this booklet to you?  
☐ ☐ ☐  
Very helpful Somewhat helpful Not at all helpful

- j. Please explain: \_\_\_\_\_

### Hepatitis Testing:

9. Is hepatitis testing available at SACHR/NYRHE? ☐ No ☐ Yes ☐ Don't know

10. Has anyone at SACHR/NYRHE ever asked you if you wanted to be tested for hepatitis? ☐ No ☐ Yes

11. Have you ever been tested for hepatitis at SACHR/NYRHE? ☐ No ☐ Yes ☐ Don't know

- a. If **no**, why not? \_\_\_\_\_

- b. If **yes**, which type(s) of hepatitis were you tested for? *[check all that apply]* ☐ B ☐ C ☐ Don't know

- c. If **yes**, overall, how satisfied are you with the hepatitis testing services offered at SACHR/NYRHE?

☐ ☐ ☐ ☐ ☐  
Very Satisfied Undecided Dissatisfied Very  
satisfied dissatisfied

- d. Please explain: \_\_\_\_\_

### Hepatitis Vaccinations:

12. Are hepatitis vaccinations (shots) available at SACHR/NYRHE?

☐ No

☐ Yes

☐ Don't know

13. Has anyone at SACHR/NYRHE ever asked you if you wanted to be vaccinated for hepatitis?

☐ No

☐ Yes

14. Have you ever received a vaccination (shot) for hepatitis at SACHR/NYRHE?

☐ No

☐ Yes

a. If **no**, why not? \_\_\_\_\_

b. If **yes**, which vaccines (shots) did you get? *[check all that apply]*

☐ A

☐ B

☐ Don't know

c. If **yes**, were the hours and days for vaccinations (shots) convenient for you?

☐ No

☐ Yes

d. If **no**, please explain: \_\_\_\_\_

e. If **yes**, was SACHR/NYRHE a convenient place to get the vaccinations (shots)?

☐ No

☐ Yes

f. If **no**, please explain: \_\_\_\_\_

### Hepatitis Referrals:

15. Have you ever been referred somewhere else (for example, to a doctor or a hospital) by SACHR/NYRHE for hepatitis C testing and/or treatment?

☐ No

☐ Yes

a. If **yes**, where? \_\_\_\_\_

b. If **yes**, did you have any problems keeping the appointment?

☐ No

☐ Yes

c. If **yes**, please explain: \_\_\_\_\_

### General:

16. Do you have any questions or concerns about hepatitis and/or available hepatitis services at SACHR/NYRHE?

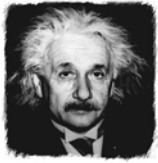
\_\_\_\_\_  
\_\_\_\_\_

17. Is there anything you would like to see changed about the hepatitis services offered at SACHR/NYRHE? (for example, are there any additional hepatitis services or hepatitis related education you would like to see offered at SACHR/NYRHE?)

\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR YOUR TIME**

*This page intentionally left blank.*



**Albert Einstein**  
**College of Medicine**  
*of Yeshiva University*

*Division of Substance Abuse*

**VIRAL HEPATITIS INTEGRATION PROJECT - Client Satisfaction Survey**

**CLINIC:** \_\_\_\_\_ **MMTP #:** \_\_\_\_\_

**SETTING:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Demographics:**

1. What year were you born in? \_\_\_\_\_
2. What is your gender? ☐ Male ☐ Female ☐ Transgender
3. How would you describe your race or ethnicity? *[check all that apply]*
  - ☐ White ☐ American Indian or Alaskan Native
  - ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
  - ☐ Hispanic or Latino/a ☐ Other, specify: \_\_\_\_\_
  - ☐ Asian

**Services:**

4. About how long have you been coming to AECOM for services?
  - ☐ For less than a month ☐ For the past 1-6 months
  - ☐ For the past 7-12 months ☐ For the past 1-3 years
  - ☐ For the past 4-6 years ☐ For over 6 years, specify: \_\_\_\_\_
5. Have you ever used or attended any of the following services at AECOM? *[check all that apply]*
  - ☐ Support Group(s) ☐ Next Steps (Drug Wellness Services)
  - ☐ Hepatitis Services ☐ Medical Services
  - ☐ Counseling Services ☐ Family and Children Services
  - ☐ Project Grow (Women's Health Services) ☐ Vocational Services (Job Readiness Training)
  - ☐ Mental Health Services (Psychology, etc) ☐ Other, specify: \_\_\_\_\_
6. Have you ever attended a hepatitis C support group at AECOM?
  - ☐ Yes ☐ No
  - ☐ *[If NO, please go to question #7]*
- 6a. If **yes**, how helpful was the hepatitis information and support that you received?
  - ☐ Very helpful ☐ Somewhat helpful ☐ Not at all helpful
7. Has anyone (doctor, physician assistant, staff member, etc.) at AECOM ever spoken with you about hepatitis C?
  - ☐ Yes ☐ No
  - ☐ *[If NO, please go to question #8]*
- 7a. If **yes**, who has talked to you about hepatitis C? *[check all that apply]*
  - ☐ Doctor ☐ Physician Assistant
  - ☐ Nurse ☐ Health Care Coordinator
  - ☐ Substance Abuse Counselor ☐ Peer Educator
  - ☐ Hepatitis Coordinator ☐ Hepatitis Educator
  - ☐ Case Manager ☐ Other, specify: \_\_\_\_\_
- 7b. Do you feel you had enough time to talk with this/these person(s) about hepatitis C?
  - ☐ Yes ☐ No

### Hepatitis Education:

8. How would you rate your understanding of hepatitis C?

- ☐ I am very knowledgeable about hepatitis C
- ☐ I am somewhat knowledgeable about hepatitis C
- ☐ I am a little bit knowledgeable about hepatitis C
- ☐ I don't know anything about hepatitis C

9. Have you seen, taken or received any hepatitis educational materials, such as posters or brochures, at AECOM?

☐ Yes

☐ No



*[If NO, please go to question #10]*

9a. If **yes**, what did you see/get? *[check all that apply]*

☐ Posters

☐ Brochures

☐ Other, specify: \_\_\_\_\_

9b. Where did you see/get the materials? \_\_\_\_\_

9c. Did you read any of these materials or has anyone gone over these materials with you?

☐ Yes

☐ No

*[If NO, please go to question #10]*

9d. If **yes**, overall how helpful were the materials to you?

☐

Very helpful

☐

Somewhat helpful

☐

Not at all helpful

### Hepatitis Testing:

10. Have you ever been tested for hepatitis at AECOM?

☐ Yes

☐ No

☐ Don't know/Don't remember



10a. If **no**, why not? (please specify) \_\_\_\_\_

→ 10b. If **yes**, which type(s) of hepatitis were you tested for at AECOM? *[check all that apply]*

☐ A

☐ B

☐ C

☐ Don't know/Don't remember

10c. Overall, how satisfied are you with the hepatitis testing services offered at AECOM?

☐

Very  
satisfied

☐

Satisfied

☐

Undecided

☐

Dissatisfied

☐

Very  
dissatisfied

### Hepatitis Vaccinations:

11. Have you ever received a vaccination (shot) for hepatitis at AECOM?

☐ Yes                      ☐ No                      ☐ Don't know/Don't remember



11a. If **no**, why not?

☐ Already vaccinated somewhere else                      ☐ Didn't need to be vaccinated (have immunity)  
☐ Didn't want to be vaccinated at AECOM                      ☐ Didn't know could be vaccinated at AECOM  
☐ Appointment is scheduled                      ☐ Other, please specify: \_\_\_\_\_

→ 11b. If **yes**, which vaccines (shots) did you get at AECOM? [*check all that apply*]

☐ A                      ☐ B                      ☐ Don't know/Don't remember

11c. Overall, how satisfied are you with the hepatitis vaccination services offered at AECOM?

☐ Very                      ☐ Satisfied                      ☐ Undecided                      ☐ Dissatisfied                      ☐ Very  
satisfied                                                                                     dissatisfied

### Hepatitis Treatment:

12. Have you ever received hepatitis C treatment:

☐ On-site (at AECOM)  
☐ Off-site (at another hospital or clinic)  
☐ Not applicable – did not *need* hepatitis treatment  
☐ Not applicable – did not *want* hepatitis treatment

### General:

13. What can we do at AECOM to raise awareness about hepatitis prevention and treatment? [*check all that apply*]

☐ Offer (more) hepatitis related support groups  
☐ Provide (more) hepatitis educational material  
☐ Have (more) time to talk with the doctor and/or physician assistant (PA) about hepatitis  
☐ Have (more) peer educators knowledgeable about hepatitis  
☐ Other, please specify: \_\_\_\_\_  
☐ Don't know

14. Do you have any questions or concerns about hepatitis and/or available hepatitis services at AECOM? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Any other comments/questions/concerns: \_\_\_\_\_

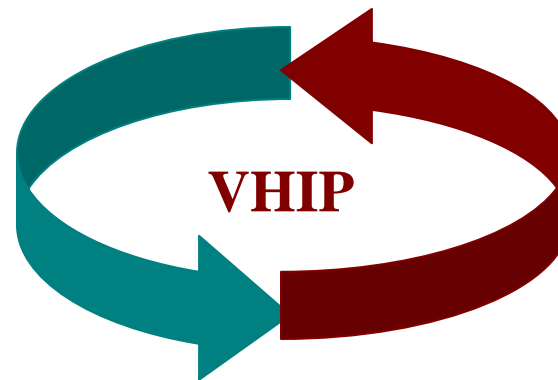
\_\_\_\_\_  
\_\_\_\_\_

**Thank You For Your Time!**

*This page intentionally left blank.*



**Viral  
Hepatitis  
Integration  
Project**



**Results**

**SEP Hepatitis Awareness Survey**

*This page intentionally left blank.*

<b>1. - 3. Demographics</b>	<b>SACHR Office Site (n=42)</b>	<b>SACHR SEP Site (n=46)</b>	<b>SACHR Total (n=88)</b>	<b>NYHRE Office Site (n=42)</b>	<b>NYHRE SEP Site (n=17)</b>	<b>NYHRE Total (n=59)</b>	<b>TOTAL (N=147)</b>
<b>Gender</b>							
Male	83%	83%	83%	71%	81%	74%	79%
Female	17%	17%	17%	29%	19%	26%	21%
<b>Age</b>							
20-29	14%	13%	14%	5%	0%	3%	9%
30-39	29%	20%	24%	19%	6%	17%	21%
40-49	43%	50%	47%	38%	47%	39%	44%
50-59	9%	15%	12%	31%	41%	34%	21%
60+	5%	2%	3%	7%	6%	7%	5%
<b>Race/Ethnicity</b>							
Hispanic or Latino/a	85%	85%	85%	45%	50%	48%	70%
Black or African American	12%	13%	13%	50%	50%	50%	28%
White	2%	2%	2%	5%	0%	3%	3%
Other	1%	0%	1%	0%	0%	0%	0%
<b>4. Have you ever used any of the following services at SACHR/NYHRE?<sup>1</sup></b>	<b>SACHR Office Site (n=42)</b>	<b>SACHR SEP Site (n=46)</b>	<b>SACHR Total (n=88)</b>	<b>NYHRE Office Site (n=42)</b>	<b>NYHRE SEP Site (n=17)</b>	<b>NYHRE Total (n=59)</b>	<b>TOTAL (N=147)</b>
The Syringe Exchange Program	41%	96%	69%	48%	100%	63%	67%
A Support Group	71%	63%	67%	91%	6%	66%	67%
Case Management	67%	39%	52%	67%	0%	48%	50%
Counseling Services	64%	59%	61%	60%	6%	44%	46%
The Lunch Program	95%	35%	64%	N/A	N/A	N/A	64%
Massage, Reiki or Acupuncture	55%	37%	46%	62%	18%	49%	53%
Other	7%	11%	9%	31%	41%	34%	19%

<sup>1</sup> Categories are not mutually exclusive; therefore, totals do not equal 100%.

<b>5. About how long have you been coming to SACHR/ NYHRE for services?</b>	<b>SACHR Office Site (n=42)</b>	<b>SACHR SEP Site (n=46)</b>	<b>SACHR Total (n=88)</b>	<b>NYHRE Office Site (n=42)</b>	<b>NYHRE SEP Site (n=17)</b>	<b>NYHRE Total (n=59)</b>	<b>TOTAL (N=147)</b>
Less than a month	14%	7%	10%	12%	6%	10%	10%
Past 1-6 months	29%	20%	24%	14%	12%	14%	20%
Past 7-12 months	14%	4%	9%	14%	0%	10%	8%
Past 1-3 years	29%	35%	32%	29%	53%	36%	34%
Past 4-7 years	14%	16%	15%	17%	17%	17%	16%
Past 8-11 years	0%	15%	8%	7%	12%	8%	8%
For 12+ years	0%	2%	1%	7%	0%	5%	3%

<b>6. About how often do you come to SACHR/NYHRE for services?</b>	<b>SACHR Office Site (n=42)</b>	<b>SACHR SEP Site (n=46)</b>	<b>SACHR Total (n=88)</b>	<b>NYHRE Office Site (n=42)</b>	<b>NYHRE SEP Site (n=17)</b>	<b>NYHRE Total (n=59)</b>	<b>TOTAL (N=147)</b>
Every day or almost every day	73%	26%	48%	43%	0%	31%	41%
2-4 times a week	24%	44%	36%	36%	18%	29%	33%
Once a week	0%	24%	13%	12%	59%	25%	18%
2-3 times a month	0%	2%	1%	5%	0%	3%	2%
Once a month	0%	0%	0%	2%	18%	7%	3%
Few times a year	0%	0%	0%	2%	12%	5%	3%

<b>7. Hepatitis Personnel</b>	<b>SACHR Office Site (n=42)</b>	<b>SACHR SEP Site (n=46)</b>	<b>SACHR Total (n=88)</b>	<b>NYHRE Office Site (n=42)</b>	<b>NYHRE SEP Site (n=17)</b>	<b>NYHRE Total (n=59)</b>	<b>TOTAL (N=147)</b>
Have you seen this person at SACHR/NYHRE?	93%	73%	86%	80%	44%	69%	79%
Do you know what his name is?	50%	22%	37%	33%	13%	27%	32%
Do you know what he does at SACHR/NYHRE?	70%	65%	68%	55%	31%	48%	60%
Has this person ever provided information about hepatitis or a hepatitis service to you?	74%	66%	68%	55%	31%	47%	61%
Overall, how helpful was this person in providing hepatitis information or services to you? <sup>2</sup>							
Very helpful	86%	96%	90%	100%	100%	100%	94%
Somewhat helpful	14%	4%	10%	0%	0%	0%	6%
Not at all helpful	0%	0%	0%	0%	0%	0%	0%

<sup>2</sup> Responses are based only on those individuals who answered that they had seen this person at either SACHR or NYHRE.

<b>8. Hepatitis Education</b>	<b>SACHR Office Site (n=42)</b>	<b>SACHR SEP Site (n=46)</b>	<b>SACHR Total (n=88)</b>	<b>NYHRE Office Site (n=42)</b>	<b>NYHRE SEP Site (n=17)</b>	<b>NYHRE Total (n=59)</b>	<b>TOTAL (N=147)</b>
Have you seen or received any hepatitis educational materials, such as posters or brochures at SACHR/NYHRE?	83%	83%	83%	81%	59%	74%	80%
What did you see/get? <sup>1,3</sup>							
Posters	80%	14%	46%	42%	0%	35%	46%
Brochures	89%	97%	93%	100%	100%	100%	93%
Other	0%	6%	3%	13%	0%	12%	3%
Did you read any of these materials or has anyone gone over these materials with you? <sup>3</sup>	85%	95%	90%	91%	90%	91%	90%
Overall, how helpful were the materials to you? <sup>3</sup>							
Very helpful	90%	94%	92%	86%	70%	82%	92%
Somewhat helpful	10%	3%	6%	13%	30%	18%	6%
Not at all helpful	0%	3%	2%	0%	0%	0%	2%
Have you seen this booklet at SACHR/NYHRE (the OASIS booklet)?	43%	52%	48%	45%	29%	40%	48%
Did you read this booklet or has anyone one over this booklet with you? <sup>4</sup>	77%	79%	78%	56%	80%	62%	78%
Overall, how helpful was this booklet to you? <sup>4</sup>							
Very helpful	79%	89%	84%	100%	75%	93%	84%
Somewhat helpful	21%	11%	16%	0%	25%	7%	16%
Not at all helpful	0%	0%	0%	0%	0%	0%	0%

<sup>1</sup> Categories are not mutually exclusive; therefore, totals do not equal 100%.

<sup>3</sup> Responses are based only on those individuals who answered that they had seen or received hepatitis educational materials at either SACHR or NYHRE.

<sup>4</sup> Responses are based only on those individuals who answered that they had seen the OASIS booklet at either SACHR or NYHRE.

<b>9. – 11. Hepatitis Testing</b>	<b>SACHR Office Site (n=42)</b>	<b>SACHR SEP Site (n=46)</b>	<b>SACHR Total (n=88)</b>	<b>NYHRE Office Site (n=42)</b>	<b>NYHRE SEP Site (n=17)</b>	<b>NYHRE Total (n=59)</b>	<b>TOTAL (N=147)</b>
Is hepatitis testing available at SACHR/NYHRE?	69%	62%	66%	69%	27%	60%	64%
Has anyone at SACHR/NYHRE ever asked you if you wanted to be tested for hepatitis?	66%	59%	63%	54%	27%	48%	57%
Have you ever been tested for hepatitis at SACHR/NYHRE? <sup>5</sup>	43%	32%	38%	15%	27%	18%	30%
Which types of hepatitis were for tested for? <sup>1,6</sup>							
A	53%	29%	45%	50%	33%	42%	46%
B	77%	44%	64%	50%	67%	50%	63%
C	59%	29%	49%	67%	67%	75%	55%
Don't know	6%	29%	14%	0%	33%	8%	12%
Overall, how satisfied are you with the hepatitis testing services offered at SACHR/NYHRE? <sup>6</sup>							
Very satisfied	65%	46%	57%	100%	33%	80%	62%
Satisfied	33%	55%	44%	0%	33%	10%	35%
Undecided	0%	0%	0%	0%	33%	10%	3%
Dissatisfied	0%	0%	0%	0%	0%	0%	0%
Very dissatisfied	0%	0%	0%	0%	0%	0%	0%

<sup>1</sup> Categories are not mutually exclusive, therefore, total do not equal 100%.

<sup>5</sup> Reasons participants gave for not being tested at SACHR/NYHRE included: “being tested elsewhere/not needing to be tested” (n=44), “not wanting to be tested” (n=3), “planning on getting tested in the future” (n=3) and “never offered testing” (n=1).

<sup>6</sup> Responses are based only on those individuals who answered that they had been tested for hepatitis at either SACHR or NYHRE.

<sup>7</sup> Testing for hepatitis A was not available at either SACHR or NYHRE and was not an option on the survey, however, since so many clients volunteered that they also were tested for hepatitis A, it was added to the survey results.

<b>12. – 14. Hepatitis Vaccinations</b>	<b>SACHR Office Site (n=42)</b>	<b>SACHR SEP Site (n=46)</b>	<b>SACHR Total (n=88)</b>	<b>NYHRE Office Site (n=42)</b>	<b>NYHRE SEP Site (n=17)</b>	<b>NYHRE Total (n=59)</b>	<b>TOTAL (N=147)</b>
Are hepatitis vaccinations (shots) available at SACHR/NYHRE?	76%	72%	74%	53%	53%	53%	65%
Has anyone at SACHR/NYHRE ever asked you if you wanted to be vaccinated for hepatitis?	62%	59%	60%	48%	35%	44%	54%
Have you ever received a vaccination (shot) for hepatitis at SACHR/NYHRE? <sup>8</sup>	38%	28%	33%	22%	12%	19%	27%
Which vaccines (shots) did you get? <sup>1,9</sup>							
A	100%	77%	90%	75%	100%	80%	87%
B	94%	69%	83%	88%	100%	90%	85%
Don't know	6%	27%	15%	0%	0%	0%	11%
Were the hours and days for vaccinations (shots) convenient for you? <sup>9</sup>	100%	100%	100%	100%	50%	82%	100%
Was SACHR/NYHRE a convenient place to get the vaccinations (shots)? <sup>9</sup>	100%	92%	96%	89%	100%	91%	97%

<sup>1</sup> Categories are not mutually exclusive; therefore, totals do not equal 100%.

<sup>8</sup> Reasons participants gave for not being vaccinated at SACHR/NYHRE included: “being vaccinated elsewhere/not needing to be vaccinated” (n=37), “not wanting to be vaccinated” (n=6), “no reason” (n=5), “planning on getting vaccinated in the future” (n=5) and “never offered vaccinations” (n=2).

<sup>9</sup> Responses are based only on those individuals who answered that they had received a hepatitis vaccination at either SACHR or NYHRE.



<b>15. Hepatitis Referrals</b>	<b>SACHR Office Site (n=42)</b>	<b>SACHR SEP Site (n=46)</b>	<b>SACHR Total (n=88)</b>	<b>NYHRE Office Site (n=42)</b>	<b>NYHRE SEP Site (n=17)</b>	<b>NYHRE Total (n=59)</b>	<b>TOTAL (N=147)</b>
Referred somewhere else (for example, to a doctor or a hospital) by SACHR/NYHRE for hepatitis C testing and/or treatment?	23%	26%	25%	23%	18%	21%	24%
Had problems keeping the appointment? <sup>10</sup>	14%	22%	19%	43%	0%	43%	26%

<sup>10</sup> Responses are based only on those individuals who answered that they had been referred somewhere else by either SACHR or NYHRE for hepatitis C testing and/or treatment. Of note, responses to why the client had problems keeping the appointment included: “appointment was scheduled in the future” (n=3) and “did not want to go to the appointment” (n=5).

## **16. Do you have any questions or concerns about hepatitis and/or available hepatitis services at SACHR/NYHRE?**

### **SACHR – Office Site:**

- Need a better doctor for hepatitis C treatment.
- Explained information very well, especially since I cannot read.
- Would like more information about hepatitis.

### **SACHR – SEP Site:**

- I have hepatitis and do not want treatment.
- They are good, helps to learn information.
- Want to get into rehab.

### **NYHRE – Office Site:**

- I have not put myself in harm’s way.
- There is a long wait to see specialists – over 3 months.
- Overall, very informative.
- Refused biopsy - being treated at North General Hospital.
- When can I get tested? Where can I get tested? How do I get the results?
- Who can I talk to about hepatitis C treatment and hepatitis B vaccinations?

### **NYHRE – SEP Site: (no comments)**

**17. Is there anything you would like to see changed about the hepatitis services offered at SACR/NYRHE?**

**SACHR – Office Site:**

- A better environment.
- Crafts therapy.
- Need housing referrals for the same day so I don't have to wait 3-5 days, also need transportation.
- Everything is excellent.
- Very helpful.
- Need help with Doctor's appointments and other appointments.
- Wilfredo does a great job, very informative.

**SACHR – SEP Site:**

- Great service – hope it stays for a long time.

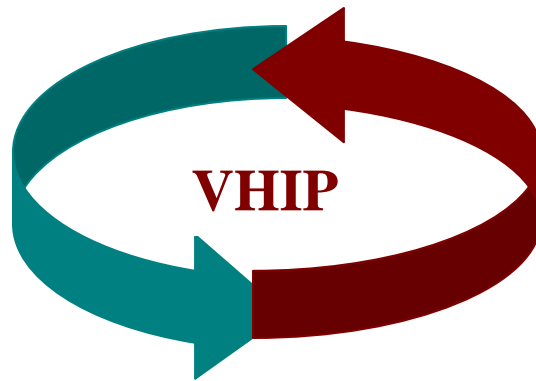
**NYHRE – Office Site:**

- Bigger place.
- Donald is already working on everything I need.
- It's up to the reception person to tell us about hepatitis services.
- Would like it to be more open, more inviting, more outreach to the community - plus, a list of services should be available.
- Donald is doing a great job.

**NYHRE – SEP Site:**

- Promote more.
- Wish services were available more frequently.

**Viral  
Hepatitis  
Integration  
Project**



## MMTP Hepatitis Awareness Survey Results

*This page intentionally left blank.*

<b>1. -3. Demographics</b>	<b>N</b>	<b>%</b>
<b>Gender (n=98)</b>		
Male	52	53
Female	45	46
Transgender	1	1
<b>Age (n=100)</b>		
20-29	3	3
30-39	11	11
40-49	50	50
50-59	33	33
60+	3	3
<b>Race/Ethnicity<sup>1</sup> (n=100)</b>		
Hispanic or Latino/a	61	61
Black or African American	31	31
White	9	9
American Indian or Alaskan Native	1	1
Asian	0	0
Native Hawaiian or Pacific Islander	0	0
Other	0	0

<sup>1</sup> Categories are not mutually exclusive; therefore, totals do not equal 100%.

<b>4. About how long have you been coming to the MMTP for services? (n=98)</b>	<b>N</b>	<b>%</b>
Less than a month	10	10
Past 1-6 months	4	4
Past 7-12 months	7	7
Past 1-3 years	25	26
Past 4-6 years	16	16
Past 6 years	36	37

<b>5. Have you ever used any of the following services at MMTP?<sup>1</sup> (n=100)</b>	<b>N</b>	<b>%</b>
Counseling Services	95	95
Support Group	75	75
Medical Services	69	69
Hepatitis Services	52	52
Mental Health Services (Psychology, etc)	42	42
Vocational Services (Job Readiness Training)	39	39
Next Steps (Drug Wellness Services)	30	30
Project Grow (Women's Health Services)	11	11
Family and Children's Services	5	5
Other	1	1

<sup>1</sup> Categories are not mutually exclusive; therefore, totals do not equal 100%.

<b>6. -7. Hepatitis Services</b>	<b>N</b>	<b>%</b>
Have you ever attended a hepatitis C support group at the MMTP? (n=95)		
Yes	45	47
No	50	53
How helpful was the hepatitis information and support that you received at the hepatitis C support group at the MMTP? <sup>2</sup> (n=45)		
Very helpful	37	82
Somewhat helpful	7	16
Not at all helpful	1	2
Has anyone (doctor, physician assistant, staff member, etc.) at the MMTP ever spoken with you about hepatitis C? (n=94)		
Yes	87	93
No	7	7
Who has talked to you about hepatitis C? <sup>1,3</sup> (n=87)		
Doctor	83	95
Physician Assistant	62	71
Health Care Coordinator	62	71
Substance Abuse Counselor	61	70
Peer Educator	45	51
Hepatitis Educator	44	50
Nurse	26	30
Hepatitis Coordinator	18	21
Case Manager	1	1
Other	0	0
Do you feel you had enough time to talk with this/these person(s) about hepatitis C? <sup>3</sup> (n=87)		
Yes	76	87
No	11	13

<sup>1</sup> Categories are not mutually exclusive; therefore, totals do not equal 100%.

<sup>2</sup> Only answered by those clients who stated that they had attended a hepatitis C support group at AECOM.

<sup>3</sup> Only answered by those clients who stated that they had spoken to someone about hepatitis C.

<b>8. -9. Hepatitis Education</b>	<b>N</b>	<b>%</b>
How would you rate your understanding of hepatitis C? (n=100)		
I am very knowledgeable about hepatitis C	33	33
I am somewhat knowledgeable about hepatitis C	49	49
I am a little bit knowledgeable about hepatitis C	15	15
I don't know anything about hepatitis C	3	3
Have you seen, taken or received any hepatitis educational materials, such as posters or brochures, at the MMTP? (n=100)		
Yes	84	84
No	16	16
What did you see/get? <sup>1,4</sup> (n=84)		
Brochures	78	93
Posters	35	42
Other	5	6
Did you read any of these materials or has anyone gone over these materials with you? <sup>4</sup> (n=80)		
Yes	76	95
No	4	5
Overall, how helpful were the materials to you? <sup>4</sup> (n=79)		
Very helpful	50	63
Somewhat helpful	29	37
Not at all helpful	0	0

<sup>1</sup> Categories are not mutually exclusive; therefore, totals do not equal 100%.

<sup>4</sup> Only answered by those participants who stated that they have seen, taken or received hepatitis educational materials at AECOM.

<b>10. Hepatitis Testing</b>	<b>N</b>	<b>%</b>
Have you ever been tested for hepatitis at the MMTP? (n=98)		
Yes	79	81
No	12	12
Don't know	7	7
Which types of hepatitis were for tested for at the MMTP? <sup>1,5</sup> (n=79)		
A	48	61
B	48	61
C	71	90
Don't know/Don't remember	8	10
Overall, how satisfied are you with the hepatitis testing services offered at the MMTP? <sup>5</sup> (n=79)		
Very satisfied	35	44
Satisfied	39	49
Undecided	5	6
Dissatisfied	0	0
Very dissatisfied	0	0
Are you: (n=77)		
HCV positive	44	57
HCV negative	26	34
Don't know/Don't remember	7	9

<sup>1</sup> Categories are not mutually exclusive; therefore, totals do not equal 100%.

<sup>5</sup> Responses are based only on those individuals who answered that they had been tested for hepatitis at AECOM.



<b>11. Hepatitis Vaccinations</b>	<b>N</b>	<b>%</b>
Have you ever received a vaccination (shot) for hepatitis at the MMTP? (n=99)		
Yes	49	50
No	36	36
Don't know/Don't remember	14	14
If no, why not? (n=34)		
Already vaccinated somewhere else	16	47
Didn't know could be vaccinated here	10	29
Didn't want to be vaccinated here	4	12
Appointment is scheduled	1	3
Didn't need to be vaccinated (have immunity)	0	0
Other	3	9
Which vaccines (shots) did you get? <sup>1,6</sup> (n=49)		
A	38	78
B	40	82
Don't know/Don't remember	4	8
Overall, how satisfied are you with the hepatitis vaccination services offered at the MMTP? <sup>6</sup> (n=49)		
Very satisfied	23	47
Satisfied	23	47
Undecided	2	4
Dissatisfied	1	2
Very dissatisfied	0	0

<sup>1</sup> Categories are not mutually exclusive; therefore, totals do not equal 100%.

<sup>6</sup> Responses are based only on those individuals who answered that they received a hepatitis vaccination at AECOM.

<b>12. Hepatitis Treatment</b>	<b>N</b>	<b>%</b>
Have you ever received hepatitis C treatment: (n=98)		
On-site (at MMTP)	13	13
Off-site (at another hospital or clinic)	2	2
Not applicable-didn't need hepatitis treatment	40	41
Not applicable-didn't want hepatitis treatment	10	10
Other	33	34

<b>13. General</b>	<b>N</b>	<b>%</b>
What can we do at the MMTP to raise awareness about hepatitis prevention and treatment? <sup>1</sup> (n=100)		
Offer more hepatitis related support groups	79	79
Provide more educational material	74	74
Have more peer educators knowledgeable about hepatitis	74	74
Have more time to talk with the doctor/physician assistant (PA) about hepatitis	73	73
Other	16	16
Don't know	0	0

<sup>1</sup> Categories are not mutually exclusive; therefore, totals do not equal 100%.

## **Appendix F**

**VHIP Support Group Form**

**VHIP Support Group Data**

*This page intentionally left blank.*

## VHIP Hepatitis Support Group Data Collection Form



Date	Site or Address	Topic(s)	Presenter(s)	Was this presenter(s) a peer?	Special Materials Distributed	Total # of Participants

[illegible]

## VHIP Support Group Data



	MMTP <sup>1</sup>		SEP-A <sup>2</sup>		SEP-B <sup>3</sup>	
	N (missing)	%	N (missing)	%	N (missing)	%
<b>Number of Support Groups</b>	<b>319</b>		<b>70</b>		<b>83</b>	
<b>Topics Covered</b>	(0)		(0)		(0)	
Viral Hepatitis	0	0%	42	60%	68	82%
Hepatitis C	258	81%	22	31%	15	18%
HCV Treatment	45	14%	3	4%	0	0%
HIV/HCV Co-Infection	8	4%	3	4%	0	0%
Harm Reduction	5	1%	0	0%	0	0%
Other	3	<1%	0	0%	0	0%
<b>Number of Participants</b>	<b>2,592</b>		<b>592</b>		<b>1,769</b>	
<b>Gender</b>	(0)		(28)		(37)	
Male	1238	48%	364	65%	1385	80%
Female	1354	52%	199	35%	347	20%
Transgender	0	0%	1	<1%	0	0%
<b>Age</b>	(0)		(26)		(17)	
<20	5	<1%	0	0%	9	<1%
20 – 29	81	3%	12	2%	212	12%
30 – 49	1400	54%	336	59%	1084	62%
50+	1106	43%	218	39%	447	26%
<b>Race/Ethnicity</b>	(21)		(11)		(20)	
Hispanic	1084	42%	120	21%	1566	90%
White	187	7%	42	7%	29	1%
Black	1285	50%	418	72%	152	9%
Asian	1	<1%	0	0%	0	0%
Other Race	14	<1%	1	<1%	2	<1%
<sup>1</sup> AECOM started support groups in January 2007.						
<sup>2</sup> SEP-A started support groups in August 2007.						
<sup>3</sup> SEP-B started support groups in February 2007.						

*This page intentionally left blank.*



## **Appendix G**

### **VHIP Focus Group Reports/Qualitative Interviews**

Non-Medical Staff - November 2005  
SEP Clients - March 2006  
MMTP Hepatitis C Positive Clients - July 2006  
SEP Hepatitis C Positive Clients - October 2006  
SEP Female Hepatitis C Positive Clients - April 2007  
SEP Hepatitis C Positive Clients - July 2007  
MMTP Medical Staff - June 2008  
Non-Medical Staff - August 2008  
SEP Clients - April 2009  
SEP Hepatitis Coordinators - April 2009

*This page intentionally left blank.*

**Viral  
Hepatitis  
Integration  
Project**



# **Viral Hepatitis Integration Project: Non-Medical Staff Focus Group Outcomes November 2005**

*This page intentionally left blank.*

# **Viral Hepatitis Integration Project: Non-Medical Staff Focus Group Outcomes**

## **Background**

In 2004, the New York State Department of Health, AIDS Institute and Albert Einstein College of Medicine (AECOM) received a five-year grant from the Centers for Disease Control and Prevention. The purpose of the grant is to enhance hepatitis services for current and former drug users (IDU) in methadone maintenance treatment program (MMTP) clinics and syringe exchange programs (SEPs) in New York City. The two SEPs chosen to participate in this project are St. Ann's Corner of Harm Reduction (SACHR) and New York Harm Reduction Educators (NYHRE) whereas the MMTPs are part of AECOM.

A supplementary component of the grant was to conduct focus groups with providers to gather their input on a recently compiled Hepatitis Education Packet (HEP) and existing HIV and hepatitis educational materials. Provider's input will help advise gaps in available information and facilitate the development of future educational materials.

## **Methodology**

The Hepatitis Coordinator from each of the three locations chose non-medical staff to participate in the focus group. The criteria for participation were based on availability, knowledge of hepatitis and experience working with injection drug users. Focus group proceedings were audio taped to facilitate data analysis. Each participant signed an informed consent and completed a one page demographic survey.

On Monday, November 7, 2005, thirteen non-medical providers from NYHRE, SACHR and AECOM, participated in a two-hour focus group held at one of AECOM's methadone clinics located in the Bronx, NY. The participants included outreach workers, counselors, a hepatitis educator and coordinators. Each participant received a \$10.00 phone card and lunch for being involved in the group.

Participants received focus group materials one-week prior to the actual focus group along with the following questions to contemplate during review:

- 1) Are the materials appropriate for your client population?
- 2) Are there any gaps in the information?
- 3) Will the Hepatitis Education Packet format work for your clients? If this format will not work with your clients, what would you suggest?
- 4) Which brochures, pamphlets, fact sheets, etc. do you like/don't like?
  - a. Content?
  - b. Appearance?

The focus group materials consisted of the following items:

- 1) Hepatitis Education Packet (HEP) compiled by the Office of Program Evaluation and Research (OPER);
- 2) Workbook provided by the Organization to Achieve Solutions in Substance-Abuse in Oakland, CA (OASIS);
- 3) Pamphlets/brochures produced by CDC;
- 4) Pamphlets/brochures produced by New York City DOH;
- 5) Pamphlets/brochures produced by New York State DOH.

## Results

Table 1 shows the results of the one-page demographic survey. Slightly over half of the participants identified themselves as female and the majority of participants identified themselves as either African American or Hispanic. Although almost half of the attendees responded that they were in their position for less than 6 months (n=6), three attendees were in new positions as hepatitis coordinators created for this grant.

<b>Table 1: Characteristics of Focus Group Participants</b>		
<b>Gender</b>	<b>#</b>	<b>%</b>
Male	6	46.0
Female	7	54.0
Total	13	100.0
<b>Race/Ethnicity</b>	<b>#</b>	<b>%</b>
White	2	15.0
Black or African American	6	46.0
Hispanic or Latino/a	5	39.0
Total	13	100.0
<b>Primary Occupation</b>	<b>#</b>	<b>%</b>
Harm Reduction Specialist	1	8.0
Program Manager/Supervisor	1	8.0
Educator/Outreach Worker	2	15.0
Drug Treatment Counselor	1	8.0
Case Worker/Case Manager	3	23.0
Counselor	2	15.0
Hepatitis Coordinator	3	23.0
Total	13	100.0
<b>Time in Current Position</b>	<b>#</b>	<b>%</b>
< 6 months	6	46.0
6 months - 2 years	3	23.0
2 - 4 years	0	0.0
4 - 6 years	1	8.0
> 6 years	3	23.0
Total	13	100.0

## Highlights of Findings

### HEP Education Packet

Overall, the providers thought this packet had too much information and was too detailed for clients to read on their own, but liked it as a resource guide for their own use. Providers requested copies of some of the individual fact sheets to hand out to clients and place in the waiting room. Providers also made the recommendation that additional material be included in the HEP Education Packet:

- The possible dangers if a client does not get treatment for hepatitis A, B, and C;
- Progression of the hepatitis C virus;
- Hepatitis C and HIV co-infection;
- More information on hepatitis A, B, D, E;
- The difference between hepatitis A, B, and C;
- Interactions with interferon and other medications and vitamins.

### OASIS Workbook

Although participants were unfamiliar with the workbook, they were impressed with its content. They thought their clients would like it because the content was simple and straightforward. Comments included: “it’s excellent for teens and adults,” “straight and to the point,” “a lot of people don’t even know what the liver looks like” and “it has happy colors”.

### CDC Pamphlets/Brochures

The participants liked all the brochures produced by the Center for Disease Control and Prevention. The pamphlet entitled, What Every Injection Drug User Should Know, was a favorite and new to some members of the group. Only NYHRE staff were already familiar with this pamphlet. Unfortunately it is only available on the web and that takes “...too much ink and way too long to print”. Additional comments were: “this is good for needle exchange sites,” “it talks about all three types of hepatitis,” and “[CDC] should make another one based on other risk factors like sex workers, non-injecting drug users...”.

### New York City Pamphlets/Brochures

The participants found these pamphlets to be a little boring for their clientele although they did use them. The pamphlet entitled, Hepatitis C: How to Stay Healthy and Informed, was viewed as an excellent resource primarily because of the size and the fact that some of the focus group participants had helped develop it. Some of the responses were: “it’s the perfect size...it fits in the client’s wallet and the condom packs we hand out” and “this was the result of 8 months of work, many of us here were on the task force to create it...and it came out really good”.

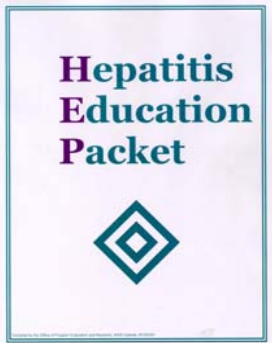
### New York State Pamphlets/Brochures

The participants liked the testimonials in the two booklets entitled, What you Need to Know About Hepatitis C and What do you Know about Hepatitis C. Participants’ comments included: “you can lay these on the table, they are straight forward and non-threatening” and “all societies are represented”. The booklet, What you Need to Know about Hepatitis C, “...explains that you can get treated if on methadone”. Lastly, the brochure entitled, What do you Know About Hepatitis C & HIV, was well received because it is one of the few brochures that offers information on co-infection.

### **Detailed Findings**

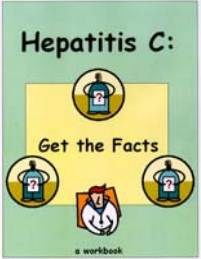

Table 2 presents a summary of the consensus points regarding each of the reviewed materials.

**Table 2: Participant Responses to Existing Hepatitis and HIV Educational Materials**

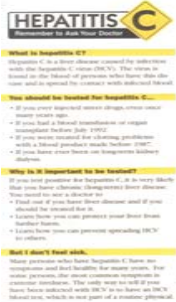
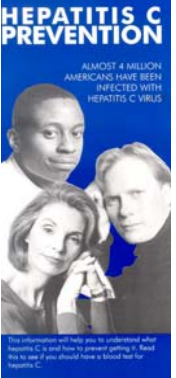
Pamphlet/Booklet Name	Source	Group Consensus	Selected Comments from Participants
<p>1) Hepatitis Education Packet (HEP)</p> 	<p>OPER compiled materials from the following:</p> <ul style="list-style-type: none"> <li>-CDC</li> <li>-Hepatitis C</li> </ul> <p>Support Project</p>	<p>The providers thought this packet had too much information and was too detailed for clients to read on their own, but liked it as a resource guide for their own use. Providers requested copies of some of the individual fact sheets to hand out to clients and place in the waiting room.</p> <p>The participants recommended the following information be added:</p> <ul style="list-style-type: none"> <li>-The possible dangers if client does not get treatment for hepatitis A, B, and C;</li> <li>-The progression of the hepatitis C virus;</li> <li>-Hepatitis C and HIV co-infection;</li> <li>-More on hepatitis A, B, D, E;</li> <li>-The difference between hepatitis A, B, and C;</li> <li>-Interactions with interferon and other medications and vitamins.</li> </ul>	<p>“...the clients are not going to carry this around; they keep all their important papers in zip lock bags.”</p> <p>“...patient will see this in the waiting room and think we (the staff) left it behind by mistake.”</p> <p>“...if a patient has enough time to read this then they are spending way too much time in the waiting room.”</p> <p>“...this would make a great resource guide for us.”</p>





**Table2: Participant Responses to Existing Hepatitis and HIV Educational Materials**

Pamphlet/Booklet Name	Source	Group Consensus	Selected Comments from Participants
<p>2) Hepatitis C: Get the Facts - A Workbook</p> 	OASIS	The providers were not familiar with the workbook and thought it was an excellent tool. They liked the visual attractiveness, and simplicity of content. They requested the workbook in Spanish.	<p>“...it has correct information and does not diminish the seriousness of it (hepatitis).”</p> <p>“...straight to the point.”</p> <p>“...a lot of people don’t even know what the liver looks like or where it is.”</p>
<p>3) Hepatitis? What Every Injection Drug User Should Know</p> 	CDC	Providers can only print this brochure from the CDC website. SEP providers like this pamphlet because it targets IDU’s but some clients will not pick up this pamphlet for fear of being identified as an IDU.	<p>“...good because it talks about all three types of hepatitis.”</p> <p>“...reads well, is simple and straight to the point.”</p> <p>“...the syringe on the cover is a red flag to other people in the family.”</p>

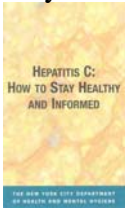

**Table 2: Participant Responses to Existing Hepatitis and HIV Educational Materials**

Pamphlet/Booklet Name	Source	Group Consensus	Selected Comments from Participants
<p>4) Hepatitis C - Remember to Ask Your Doctor</p> 	CDC	The providers use this card often because it has everything a client needs to remember to ask when talking to his/her medical provider.	<p>“...very straight forward and easy to read.”</p> <p>“...gives you the information you need in a hurry.”</p>
<p>5) Hepatitis C Prevention</p> 	CDC	Although the providers felt that this brochure targeted our groups, they criticized the facial expressions of the people on the cover of this brochure. They thought their expressions looked like they were unfazed and unconcerned about the virus.	<p>“...this covers everyone, young man, middle aged woman and she isn’t doping and she is susceptible to hep C.”</p> <p>“I don’t like the smirks on their faces.”</p> <p>“...they look like yeah so what...like the information is not important.”</p>

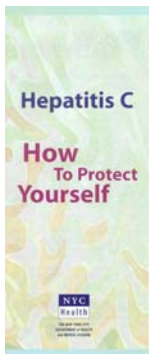
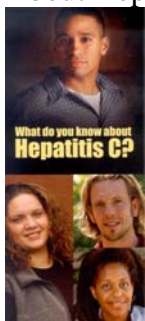
**Table 2: Participant Responses to Existing Hepatitis and HIV Educational Materials**

Pamphlet/Booklet Name	Source	Group Consensus	Selected Comments from Participants
<p>6) Living With Chronic Hepatitis C</p> 	CDC	<p>The providers liked the statistic on the front and that there was a couple on the cover reflecting that hepatitis can affect both sexes. The providers use this brochure with their pregnant clients because it is the only brochure with information on pregnancy and hepatitis C.</p>	<p>“...no other brochure has any information on pregnancy and hep C.”  “...the color will draw the attention of the client.”</p>
<p>7) Living With Chronic Hepatitis B</p> 	CDC	<p>The providers liked the message on the inside of the brochure of the father holding his daughter -“You cannot spread HBV by:</p> <ul style="list-style-type: none"> <li>-sneezing</li> <li>-kissing or hugging</li> <li>-breast feeding</li> <li>-food or water</li> <li>-sharing eating utensils or drinking glasses</li> <li>-casual contact (such as an office setting)</li> </ul>	<p>“...the couple on the front shows acceptance of the hep B virus.”  “...like one person has it and the other is being supportive.”</p>


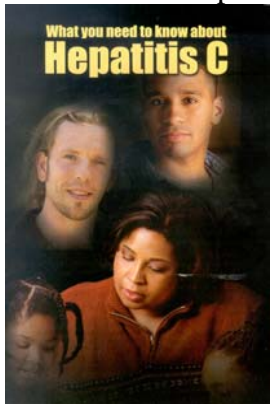
**Table 2: Participant Responses to Existing Hepatitis and HIV Educational Materials**

Pamphlet/Booklet Name	Source	Group Consensus	Selected Comments from Participants
<p>8) Hepatitis C: How to Stay Healthy and Informed</p> 	NYC DOH	The providers liked this pamphlet and use it all the time. The size is what makes it so great. Clients can rip off the back portion that has the viral test results, genotype and biopsy result, place it in their wallet and they can then refer to it with their provider.	<p>“...we put this pamphlet right in condom packs, they are the perfect size.”</p> <p>“...can put the test date, mark test results, genotype and viral load and use as vaccination card.”</p> <p>“...need to create a hepatitis A and B pamphlet in this size.”</p>
<p>9) If You Have Hepatitis C What You Need To Know</p> 	NYC DOH	The providers thought the cover of this pamphlet was boring but had good information on the inside. They liked that the picture of works was on the inside of the brochure, thereby reducing the stigma associated with this brochure.	<p>“...this is bland but good because the picture of the works is hidden on the inside.”</p>

**Table 2: Participant Responses to Existing Hepatitis and HIV Educational Materials**

<b>Pamphlet/Booklet Name</b>	<b>Source</b>	<b>Group Consensus</b>	<b>Selected Comments from Participants</b>
10) Hepatitis C - How to Protect Yourself 	NYC DOH	The providers also thought this pamphlet was bland and the client would not be inclined to pick it up. However, the providers often hand out this brochure to their clients because it specifically discusses harm reduction.	"...good because you don't see the needle straight up." "...it's about harm reduction and how to protect yourself." "...good to hand out but client won't pick it up because it doesn't have a picture on it." "...has useful phone numbers on the back."
11) What do you Know About Hepatitis C? 	NYS DOH	The providers thought the testimonials put a face on the virus. Black, Hispanic and white people tell their story.	"...like the testimonial and that it talks about HIV and hep C." "...you can lay this on the table it's straight forward and non-threatening." "...all societies are represented."

**Table 2: Participant Responses to Existing Hepatitis and HIV Educational Materials**

<b>Pamphlet/Booklet Name</b>	<b>Source</b>	<b>Group Consensus</b>	<b>Selected Comments from Participants</b>
<p>12) What do you Know About Hepatitis C &amp; HIV?</p> 	NYS DOH	The providers expressed this brochure was one of the few available that offers information on co-infection and is specific to IDUs.	<p>“...there is not enough information available about co-infections.”</p> <p>“...there’s more emphasis on HIV with hep C ...that’s why we like this brochure.”</p>
<p>13) What you Need to Know About Hepatitis C</p> 	NYS DOH	Again, the providers liked the testimonials because it puts a face on the virus. Black, Hispanic and white people tell their story.	<p>“...really like the testimonials, it makes it real.”</p>

## **Conclusion**

The participants were already using or familiar with the published materials by CDC, NYSDOH and NYCDOH. The majority of participants favored the CDC materials as a whole because they deemed these materials more appropriate for their clients. Their familiarity with the materials enabled them to choose the brochure with the right message for their client. The participants were unfamiliar with the OASIS workbook and were impressed with both the content and the visual presentation of the book. They liked it so much that they asked for copies to use with their clients and they requested it be made available in Spanish. They liked the OPER compiled book (HEP) of educational materials and fact sheets. Although they often downloaded the fact sheets separately, they liked the idea of having a bound copy for use as a desk reference. They felt the material as a whole was too complicated for their clients to read on their own but thought it advantageous if the simpler fact sheets were available in the waiting room.

## **Next Steps**

The Office of Program Evaluation and Research (OPER) are responding to the recommendations flowing from the non-medical provider focus group. OPER added the additional materials requested by providers to the HEP Educational Packet.

In March 2006, OPER conducted a focus group with clients from NYHRE and SACHR to gather their input on the Hepatitis C: Get the Facts Workbook developed by OASIS. Question topics on the workbook concentrated on the aesthetics, understandability, personal relevance and knowledge gained through a pre-post test. The clients reinforced the utility of the product. OPER will mail copies to the agencies in both English and Spanish (OASIS recently translated the book into Spanish).

The brochure entitled, Hepatitis? What Every Injection Drug User Should Know, was requested by the providers but they do not have the resources to download the color version from the CDC website. OPER contacted the CDC to find out if they could mail the brochure in bulk and was told by a CDC representative that as of now, this brochure is only available through their website. OPER will discuss the possibility of printing the brochure in bulk through the AIDS Institute print shop and mailing it to the sites.

*This page intentionally left blank.*



**Viral  
Hepatitis  
Integration  
Project**



# **Viral Hepatitis Integration Project: Client Focus Group Outcomes March 2006**

Office of Program Evaluation and Research  
New York State Department of Health, AIDS Institute  
CDC Grant: U50/CCU224192

*This page intentionally left blank.*

## **Viral Hepatitis Integration Project: Client Focus Group Outcomes**

**Background:** In 2004, the New York State Department of Health, AIDS Institute and Albert Einstein College of Medicine received a five-year grant from the Centers for Disease Control and Prevention. The purpose of the grant is to enhance hepatitis services for current and former injection drug users (IDUs) in methadone maintenance treatment program (MMTP) clinics and syringe exchange programs (SEPs) in New York City. The two SEPs chosen to participate in this project are St. Ann's Corner of Harm Reduction (SACHR) and New York Harm Reduction Educators (NYHRE). Albert Einstein College of Medicine (AECOM) oversees the MMTP clinics. This memo provides a summary of the client's focus group results.

A supplementary component to the grant was to conduct focus groups with clients to gather their input on HIV and hepatitis educational materials. The purpose of this client focus group was two-fold: 1) to gather information on the client's awareness, utilization and satisfaction with hepatitis-related services and 2) to gather input from the client's on an educational workbook developed by the Organization to Achieve Solutions in Substance-Abuse in Oakland, CA (OASIS). In November of 2005, a focus group with non-medical providers from AECOM, SACHR and NYHRE was held. During this focus group the OASIS workbook was well received by the participants. Overall, the providers thought their clients would like the workbook because the content was simple and straightforward.

**Methodology:** The hepatitis coordinators from NYHRE and SACHR chose clients to participate in the focus group. The criteria for participation included availability and participation in a syringe exchange program. Focus group proceedings were audio-taped to facilitate data analysis. Each participant signed an informed consent and completed a one-page demographic survey.

On March 14, 2006, a total of ten clients from NYHRE and SACHR participated in a two-hour focus group held at SACHR located in the Bronx, NY. The participants were clients from the two needle syringe programs mentioned above. Each participant received three \$10.00 metro cards for participation. They were also compensated \$4 for travel to and from the group and lunch for being involved in the group. Two staff from the Office of Program Evaluation and Research along with Donald Davis, the hepatitis coordinator from NYHRE, facilitated the focus group.

**Results:** Table 1 shows the results of the demographic survey. Of the nine participants who filled out the demographic survey, seven were male and two were female. Five participants identified themselves as Hispanic and four identified themselves as African American. The mean age of the participants was 43 with an age range of 27-57.

<b>Table 1: Characteristics of Focus Group Participants<sup>1</sup></b>		
<b>Gender</b>	<b>#</b>	<b>%</b>
Male	7	78.0
Female	2	22.0
Total	9	100.0
<b>Race/Ethnicity</b>	<b>#</b>	<b>%</b>
Black or African American	3	33.0
Hispanic or Latino/a	5	56.0
Other	1	11.0
Total	9	100.0
<b>Age</b>	<b>#</b>	<b>%</b>
25-35	2	22.0
36-45	1	11.0
46-55	4	45.0
56-65	1	11.0
Missing	1	11.0
Total	9	100.0

<sup>1</sup> One person did not complete the demographic survey.

Table 2: Eight out of nine participants who completed the demographic survey were previously tested, vaccinated and/or screened for hepatitis and five of the nine were tested, vaccinated and/or screened for the first time by Donald Davis or Wilfredo Rodriguez, the hepatitis coordinators from each of the SEPs.

<b>Table 2: Vaccination and Testing History of Participants<sup>1</sup></b>		
<b>Have you ever gotten a vaccine or shot to prevent hepatitis?</b>	<b>#</b>	<b>%</b>
Yes	8	89.0
No	1	11.0
Total	9	100.0
<b>Have you ever been tested for hepatitis C?</b>	<b>#</b>	<b>%</b>
Yes	8	89.0
No	1	11.0
Total	9	100.0

<sup>1</sup> One person did not complete the demographic survey.

## **Detailed Findings**

**Hepatitis Related Services:** The first component of the group assessed awareness, utilization and client satisfaction with hepatitis-related services. Nine people already utilized hepatitis services; one person was not sure where he would go for hepatitis services. The majority of the clients used the services at SACHR and NYHRE; however, two clients used the services at Montefiore Medical Center.

“...I went to NYHRE ...because they have a lot of classes on hep C and they have a counselor there that’s where I went to get the test and got 2 shots for B and I think I have to go back and get 2 more.”

“...nobody knew nothing about hep C twenty years ago not even the hospitals knew about it...now the kids can’t even go to high school without the hepatitis vaccine...for hep B.”

Despite recent vaccination and screening histories, the discussion about where to get services and the utilization of services provoked many questions about hepatitis A, B, and C and the treatment for hepatitis C. Mr. Davis from NYHRE, began educating the group right from the beginning.

“...I was told treatment for hep C was like chemotherapy.”

“...How does your liver feel? Can you actually feel the toxins coming out?”

“...I was told I was positive for hep C but I didn’t need no medication, no shots, because I am one in a million whose body fights it off.”

When participants were asked about satisfaction with services, they reported very positive experiences with the two programs (NYHRE and SACHR) and asked why other programs they used in the past did not offer hepatitis testing or talk to them about hepatitis.

“...I got good information...the people that do it inform you to the best of their ability what you gonna be going through and probably how you got infected and what you need to do to eradicate it.”

“...The only thing is almost everywhere you go they want to hustle you for the Medicaid card and if you don’t have Medicaid, they don’t give you any services.”

**OASIS Workbook:** The second component of the focus group was on the OASIS workbook. The AI chose to review this educational booklet because of positive feedback from the participants in the non-medical staff focus group. Participants were seeing the workbook for the first time during the focus group. The participants were given a pre-test on the workbook prior to distribution (Attachment A).

The participants really liked the book and asked if they could take it home. Participants were asked to highlight the topics in the table of contents that were the most important to them and basically they expressed an interest in all topics listed. Each topic generated discussion and questions, which Mr. Davis answered. The participants often verbalized or read aloud the information they did not already know during the workbook review. They were attentive and engaging and it seemed to be a solid educational experience for them.

Selected comments from the focus group:

- “...the pictures tell a whole lot.”
- “...they need to put this in schools so kids can stop getting tattoos.”
- “...it grabs your attention.”
- “...I did not know the liver was as big as a football.”
- “...this is a very good book.”
- “...this makes it so you can understand it.”
- “...it [the workbook] told me everything I needed to know.”
- “...oh I would definitely pick it up and read it and if I was able to, take it home.”
- “...it attracts your attention because of the way it looks, it explains things so clearly.”
- “...I must say pertaining to this book...it’s very helpful, very knowledgeable, but it doesn’t tell you where to go to get tested.”

**Outcomes:** Pre-post test results: pre-test 63% correct and post-test 76% correct (Table 3). The average percent change in knowledge from the pre-test to the post-test was 13%. The increase was not huge, but there was improvement. There were differences in the administration of the pre and post-test that may have served to confound meaningful comparisons between the two tests. The pre-test was read aloud to the group, one question at a time. A few people shouted out the answer to the first question, which might explain the decrease in knowledge from pre to post-test. The post-test was self-administered. Reading ability was unknown and the group was also in a hurry to eat lunch.

Table 3: Number and Percentage Correct	Pre-Test		Post-Test		Change
Pre/Post Questions	# <sup>1</sup>	%	# <sup>1</sup>	%	%
1) Hepatitis is?	8	100.0	6	75.0	-25.0
2) What does the liver do?	2	25.0	6	75.0	50.0
3) Where is the liver located?	5	63.0	8	100.0	37.0
4) How can you get hepatitis C?	8	100.0	8	100.0	0.0
5) What is the treatment for hepatitis C?	7	88.0	7	88.0	0.0
6) Hepatitis C:	5	63.0	5	63.0	0.0
7) What can make hepatitis C worse?	3	38.0	6	75.0	37.0
8) Who needs hepatitis C treatment?	4	50.0	7	88.0	38.0
9) What is a symptom of hepatitis C?	4	50.0	8	100.0	50.0
10) What does a positive hepatitis C test mean?	4	50.0	5	63.0	13.0
11) What is the best way to tell if your liver is damaged?	6	75.0	6	75.0	0.0
12) Why is the genotype of hepatitis C important?	4	50.0	2	25.0	-25.0
Average % Correct	5.0	63.0	6.2	76.0	13.0

<sup>1</sup> Two people did not complete the pre-test or the post-test.

**Recommendations from Focus Group Participants:** The participants suggested a list of where to get tested with local contact information added to the inside of the back cover of the OASIS workbook. The participants also thought the one piece of information missing from the workbook was that after you are tested (regardless of the result), you should stay clean (sober) or else you can still get HCV or make it worse. Last, but not least, they thought there should be hepatitis coordinators available at all programs.

**Overall Conclusion:** Fifty percent of the participants reported being vaccinated and screened for hepatitis for the first time by the hepatitis coordinators. If this is an accurate representation of what is occurring at the SEP's then this could be considered a success for the program. Also of interest is that clients are being screened for the first time at an older age (mean age = 43).

Overall, the group reported that the workbook was informative, uncomplicated, and that the pictures “tell the story” and “grab your attention”. Furthermore, the participants thought clients of all ages and races could use the workbook.

**Next Steps:** The Office of Program Evaluation and Research (OPER) will determine if the participants request to add a “where to test” information page to the OASIS workbook is feasible. Because the clients reinforced the utility of the OASIS workbook, OPER will mail copies to the agencies in both English and Spanish.

## Attachment A

### Client Pre/Post Test

Please circle one answer for each of the following questions:

1) Hepatitis:

- a. Can be caused by a virus
- b. Can be acquired through injection drug use
- c. Can cause cirrhosis
- d. All of the above

2) What does the liver do?

- a. Removes poisons from your body
- b. Makes key proteins
- c. Recycles molecules
- d. All of the above

3) Where is the liver located?

- a. On the left side of your abdomen
- b. On the right side of your abdomen
- c. In the middle of your chest
- d. None of the above

4) How can you get hepatitis C?

- a. From blood
- b. From coughing/sneezing
- c. From kissing
- d. All of the above

5) What is the treatment for hepatitis C?

- a. Acetaminophen
- b. Penicillin
- c. Interferon and Ribavirin
- d. All of the above

6) Hepatitis C:

- a. Is less common than HIV
- b. Affects less than one million people in the US
- c. Is less common than Hepatitis B
- d. None of the above



7) What can make hepatitis C worse?

- a. HIV
- b. Cigarettes
- c. Hepatitis B
- d. All of the above

8) Who needs hepatitis C treatment?

- a. Everyone with hepatitis C
- b. No one with hepatitis C
- c. People with hepatitis C who have liver damage
- d. None of the above

9) What is a symptom of hepatitis C?

- a. Fatigue
- b. Nausea
- c. Fever
- d. All of the above

10) What does a positive hepatitis C test mean?

- a. That you are definitely infected with the hepatitis C virus
- b. That you were exposed to the hepatitis C virus
- c. That you have cirrhosis
- d. None of the above

11) What is the best way to tell if your liver is damaged?

- a. Blood test
- b. Liver biopsy
- c. Spleen biopsy
- d. None of the above

12) Why is the genotype of hepatitis C important?

- a. Hepatitis C treatment works better for genotype 1
- b. Hepatitis C treatment works better for genotypes 2 and 3
- c. Hepatitis C treatment works better for genotypes 1 and 3
- d. None of the above

Thank you!

*This page intentionally left blank.*

**Viral  
Hepatitis  
Integration  
Project**



# **Viral Hepatitis Integration Project: Hepatitis C Positive Client Focus Group Outcomes July 2006**

Office of Program Evaluation and Research  
New York State Department of Health, AIDS Institute  
CDC Grant: U50/CCU224192

*This page intentionally left blank.*

## **Viral Hepatitis Integration Project: Hepatitis C Positive Client Focus Group Outcomes**

**Background:** In 2004, the New York State Department of Health, AIDS Institute and Albert Einstein College of Medicine received a five-year grant from the Centers for Disease Control and Prevention. The purpose of the grant is to enhance hepatitis services for current and former injection drug users (IDUs) in methadone maintenance treatment program (MMTP) clinics and syringe exchange programs (SEPs) in New York City. The two SEPs chosen to participate in this project are St. Ann's Corner of Harm Reduction (SACHR) and New York Harm Reduction Educators (NYHRE). Albert Einstein College of Medicine (AECOM) oversees the MMTP clinics.

A supplementary component to the grant was to conduct focus groups with hepatitis C positive clients to gather their input on their experience with hepatitis services. The purpose of this client focus group was three-fold: 1) to gather information on awareness, utilization and satisfaction with hepatitis-related services; 2) to understand the impact of hepatitis C on the client's risk behavior and 3) to gather input on what providers can do to facilitate adherence to treatment and to raise awareness of the hepatitis C virus (HCV). This report provides a summary of the client focus group held at AECOM.

**Methodology:** The hepatitis coordinator from AECOM chose twelve HCV positive clients to participate in the focus group. On July 19, 2006, all twelve clients participated in a two-hour focus group held at AECOM's Melrose on Track site located in the Bronx, NY. The participants were clients from AECOM's methadone maintenance program and all were HCV positive. Focus group proceedings were audiotaped to facilitate data analysis. Each participant signed an informed consent and completed a one-page demographic survey. In addition, each participant received \$24.00 in metro cards and lunch for participation. Two staff from the AIDS Institute and one student intern facilitated the focus group.

**Results:** Table 1 shows the results of the demographic survey completed by each participant. Slightly over half (58%) were male and all of the participants identified themselves as either African American (25%) or Hispanic (75%). The mean age of the participants was 47 with an age range of 39-55. The majority of participants reported receiving a vaccine or shot to prevent hepatitis (75%) and all of the participants had been tested for hepatitis C.

<b>Table 1: Characteristics of Focus Group Participants</b>		
<b>Gender</b>	<b>#</b>	<b>%</b>
Male	7	58.0
Female	5	42.0
Total	12	100.0
<b>Race/Ethnicity</b>	<b>#</b>	<b>%</b>
Black or African American	3	25.0
Hispanic or Latino/a	9	75.0
Total	12	100.0
<b>Age</b>	<b>#</b>	<b>%</b>
30-39	1	8.0
40-49	6	50.0
50-59	5	42.0
Total	12	100.0
<b>Have you ever gotten a vaccine or shot to prevent hepatitis?</b>	<b>#</b>	<b>%</b>
Yes	9	75.0
No	3	25.0
Total	12	100.0
<b>Have you ever been tested for hepatitis C?</b>	<b>#</b>	<b>%</b>
Yes	12	100.0
No	0	0.0
Total	12	100.0

### **Awareness and Utilization of Hepatitis-Related Services**

The majority of clients received hepatitis services at AECOM. All clients except for one were aware they were being tested for hepatitis C at the time of their HCV test.

“...The first time I got tested I went for a general physical for work, mandatory. They test you for everything and when I got the results back they told me ‘you have hep C’ and I’m like ‘whoa! Hey! You didn’t tell me you were testing me for that!’”

The majority of the clients were tested when they entered their methadone maintenance program. The clients who received their test results from the counselors at AECOM said they received their status in an empathetic and caring way, but a few participants had a vastly different experience.

“...It was very clinical and impersonal and academic.”

The initial information given to the participants about hepatitis C differed greatly. The majority stated they were told to get a biopsy and did, some reported not being given any information about treatment options and a few were told to stop their risk behaviors.

### **Diagnosis**

The majority of clients said they felt hopeless, were in disbelief or even had suicidal thoughts when they were told their status; yet AECOM providers gave them hope and encouragement about their prognosis.

“...They [the providers] told me if I take care of myself I could live longer.”

### **Treatment**

The participant's current living situation and support system appeared to determine whether or not they received hepatitis treatment. For those that did undergo treatment, most received it at AECOM.

“...As far as for me, the reason why I haven't had treatment is because I'm in a shelter and I don't know if they can take care of me at the time of treatment.”

All the clients were aware that they could receive treatment for hepatitis C at AECOM. Some clients felt more comfortable receiving treatment elsewhere and for others the decision to have treatment elsewhere was because of insurance coverage. Many clients mentioned their positive experiences with Dr. Litwin's services. Most physicians not affiliated with AECOM received negative feedback.

“...The individual [provider] who was passing on information [about hepatitis C] wasn't very knowledgeable about it.”

“...Half the doctors, no the majority, they don't know nothing about hepatitis C.”

“...Half the doctors act like you got....the bubonic plague.”

The majority of clients said they are seen by AECOM for their primary medical care, with the exception of those not on Medicaid or on a medical plan not covered by AECOM services. The experiences in treatment varied from person to person and were largely based on whether support was available as well as how their bodies responded to treatment.

“...I wouldn't be the right candidate for that because of the depression and all that.”

“...I went through the treatment. Treatment was good.”

“...I went through a course of treatment and it didn't work...what I'm going to do, I don't know.”

The clients either had an easy time with their liver biopsy's and/or treatment or they had very difficult experiences.

“...Some people have lovely liver biopsies. They don't feel nothing they don't go through nothing...Some people, such as myself, did not get a good response from it.”

The two central challenges mentioned were the physical hardships of the treatment regimen and the lack of an adequate support system.

“...As far as I’m concerned I don’t think nobody need to go get treatment without somebody. You got to have somebody calling on you when you’re not feeling so great.”  
“...It’s like chemo, worse then chemo. You get so sick and you can’t eat and you’re disorientated, you’re life goes down, and when you get the shots, you know, you’re head spins.”  
“...My t-cells went out of wack.”

Although the participants were aware that treatment was beneficial for helping their hepatitis C, fear served as another barrier to receiving treatment. The fact that treatment is so difficult to endure, physically and mentally, made people shy away from it due to their preexisting medical and psychiatric conditions.

“...I think that the biggest scare with this is that people always hear the negative side of this particularly silent epidemic and it keeps a lot of people from not getting any treatment, those who really need treatment.”  
“...You’re life has to be stable.”

### **Impact on Risk Behavior**

Upon diagnosis most of the participants stated they stopped using illicit drugs. In addition, they said they now very carefully monitor any over the counter medications due to a fear of drug interactions. The participants felt that drinking severely hurt their survival chances and those who did drink reported stopping or needing to cut back.

“...I’m happy because I don’t drink anymore. I don’t know how I ever did it all those years. Terrible.”  
“...I know if I keep drinking I’m gonna be doomed.”

The participants indicated they were more careful about choosing their partners and more honest with those that they chose. One participant even demanded to see her partner’s blood work.

“...I used to be Mr. Lover [before I knew my hepatitis C status].”  
“...Back in the day [before I knew my hepatitis C status] I don’t wear condoms or nothing.”

Approximately half of the participants stated that they are now trying to live a healthier lifestyle. Since their diagnosis the majority of participants indicated they are making a conscious effort to take better care of themselves. At least half of the participants stated that they are now trying to eat more nutritiously. A few are trying to lose weight and most stated they are keeping more up to date on their preexisting medical, psychiatric and social conditions and becoming better advocates for themselves and others.



The participants stated that they were more committed to their physical and psychological recovery after their HCV diagnosis. Many have even become hepatitis C peer educators to help others.

“...I’m clean.”

“...I’m not on the streets.”

“...I did become germ phobic.”

The majority of the participants said they do not hesitate to tell their partners they are hepatitis C positive. They reported they are as concerned about their partner’s health as their own. Most reported being direct when telling their partners of their hepatitis status.

“...I don’t have no trouble telling anyone I have hepatitis.”

“...I have no trouble telling an extra marital person.”

### **Client Satisfaction with Hepatitis-Related Services**

The participants, especially those being treated at AECOM, felt that they have adequate time with their providers and that all their questions are answered. Unfortunately, they felt providers they visit for unrelated conditions answer their questions incorrectly and do not have adequate knowledge of hepatitis C. When receiving treatment at AECOM, if it was crowded, there was not enough time to talk with their providers and typically have to make additional appointments to talk with their providers about their concerns. They felt that their hepatitis C doctors not only answered their questions in ways that made sense to them, but also found innovative ways of dealing with their concerns.

“...My doctor prescribed medication because it makes you eat and even found an allergy pill that makes you eat because my problem was that I got real skinny, skinny, skinny.”

The participants mainly rely on MMTP staff for expertise and felt that their commitment to them was exceptional.

“...I’m just glad we’re able to have groups and stuff.”

### **What could be done to help hepatitis C positive people stay in treatment?**

Participants felt addressing their treatment side effects would ensure treatment compliance. They also felt that a better support system would help, with possible stays in a hospital or a special housing unit when the side effects became overwhelming. Staying clean and increasing education were paramount in helping to reduce risk factors for the participants.

“...But because of the side effects or whatever... they was using drugs again and then now the medicine didn’t start working on them so that was another downfall.”

The participants expressed that, aside from developing gentler medications, a better support system with compassionate providers would be beneficial. Furthermore, participants stated that doctors and nurses need training to deal with hepatitis C patients and more hospital beds also need to be available.

Escorts to providers, housing programs and mass education campaigns were discussed as helpful initiatives for improving attitudes in the hepatitis and medical communities as well as the public.

“...You don’t have a special program for us to help with homelessness. Right now I’m still facing homelessness.”

“...Open a home for us. We need housing.”

“...We need escorts.”

“...They need to take the stigma off hepatitis C that it’s only for drug users.”

The participants felt it would be beneficial to have a short video playing in the waiting room. In addition, an ad campaign, flyers, commercials and other education products were viewed as important.

When asked: “Who should do the video?” The participants responded: “People with hep C,” “peer educators,” “someone we can relate to, someone who speaks so we can understand,” “someone who went through treatment.”

When asked: “What messages should the video convey?” The participants responded: “Get tested.” “Here’s information for you to do what you want.”

**Discussion:** Hopelessness, empathy and choices were the major themes running through the group. Each of the participants expressed sentiments in one or more of these areas. Hopelessness about the diagnosis and during the treatment, empathy and support from those around them and choices of whether to get clean and receive treatment or continue using and take their chances, were all key points in the discussion.

Hopelessness was revealed in two distinct areas: During diagnosis and throughout treatment. When they were originally told of their illness, many reported already suffering with thoughts of death or suicide. They felt their life was over or about to end. Many also suffered from psychological disorders and hence their thought process may already have been skewed. Many had co-morbid illness, such as HIV or cancer. Still others were cross-addicted and saw this as the final phase of a life of misery. Hopelessness, therefore, was a large factor when learning of their illness. Many had just come in from off the streets and when they learned that there was still this big fight ahead they were devastated.

Empathy was also a thread that ran through our discussion. Participants expressed that to successfully endure this illness and its treatment they needed empathy from doctors, nurses and each other. They needed the support of those who understand and possibly a place to rest when they could not take the side effects of treatment. They also felt that, as a drug addict, they needed to be taken care of as well as their non-addicted counterparts. They stated that the small amount of empathy they received from the medical field was not enough to guide them through treatment. Many subsist on governmental funding sources and shelters and were not able to cope with the pressing demands of hepatitis treatment. Their lives were filled with difficult choices.

Finally, choices surrounding their lifestyle changes and treatment options were addressed. Participants had to make choices on whether they were going to endure the treatment and what kind of lifestyle changes they were going to make now that they found out that they were hepatitis C positive. They had to make choices on which healthcare facility and doctors they were going to use. They had to choose whether to leave behind the drugs and alcohol or whether they still wanted to live that lifestyle. They talked about choices in nutritional habits and with telling their partners they have hepatitis C. Participants reported being at a crossroads with two major choices; become clean and undergo treatment or continue their current lifestyle. Although treatment was not an option for all participants, the majority changed some aspect of their lifestyle to help them feel better and not spread the virus to others.

**Conclusions:** A major reoccurring theme was the clients' need for stability in their lives to reduce drug and alcohol use, and to participate in hepatitis treatment. Participants' saw stability as having housing, food, support and access to substance use treatment. Participants' talked about the difficulty in reducing drug and alcohol use and in undergoing hepatitis treatment if they were alone, homeless and hungry.

Participants who were in hepatitis C treatment or had been treated by Dr. Litwin were extremely satisfied with the services they received. In general, participants who were treated elsewhere were not satisfied with their hepatitis C care. They noted that some physicians seemed to know very little about HCV, how to deal with addiction or about important issues that these participants faced every day. In addition, participants' ineligible for treatment or who had opted-out of treatment felt that they were treated with "there is nothing we can do for you," approach.

The responses from the focus group participants reinforce the ultimate objective of this grant - to integrate hepatitis services and disseminate hepatitis-related knowledge widely throughout existing service structures. Many providers, outside of AECOM, but within its referral network, still need education and training on hepatitis C, addiction issues and other coinciding life issues.

*This page intentionally left blank.*

**Viral  
Hepatitis  
Integration  
Project**



# **Viral Hepatitis Integration Project: Hepatitis C Positive Client Focus Group Outcomes October 2006**

Office of Program Evaluation and Research  
New York State Department of Health, AIDS Institute  
CDC Grant: U50/CCU224192

*This page intentionally left blank.*

## **Viral Hepatitis Integration Project: Hepatitis C Positive Client Focus Group Outcomes**

**Background:** In 2004, the New York State Department of Health, AIDS Institute and Albert Einstein College of Medicine received a five-year grant from the Centers for Disease Control and Prevention. The purpose of the grant is to enhance hepatitis services for current and former injection drug users (IDUs) in methadone maintenance treatment program (MMTP) clinics and syringe exchange programs (SEPs) in New York City. The two SEPs chosen to participate in this project are St. Ann's Corner of Harm Reduction (SACHR) and New York Harm Reduction Educators (NYHRE). Albert Einstein College of Medicine (AECOM) oversees the MMTP clinics.

A supplementary component of the grant was to conduct focus groups with HCV positive participants to gather information on their experience with hepatitis services and treatment. Specifically, the purpose of this client focus group was three-fold: 1) to gather information on awareness, utilization and satisfaction with hepatitis-related services; 2) to understand the impact of HCV on the client's risk behavior and 3) to gather input on what can providers do to get people tested and treated for HCV. This report provides a summary of the focus group held with NYHRE and SACHR clients.

**Methodology:** On October 13, 2006, a two-hour focus group consisting of twelve HCV positive participants took place at SACHR located in the Bronx, NY. The hepatitis coordinators from SACHR and NYHRE recruited twelve participants (six clients from each site). Focus group proceedings were audiotaped to facilitate data analysis. Each participant signed an informed consent and completed a one-page demographic survey. In addition, each participant received \$30.00 in metrocards and lunch for participation. Two clients were not HCV positive and were subsequently asked to leave the group after receiving their metrocards. Two staff from the AIDS Institute and one student intern facilitated the focus group.

**Results:** Table 1 shows the results of the demographic survey completed by each participant. The two participants asked to leave the group because they were not HCV positive are included in Table 1 because names were not included on the demographic information sheet making it impossible to discern which clients they were. The majority of participants indicated they were male (83%) and Hispanic (76%). The mean age of the participants was 43 with an age range of 32-55. The majority of participants reported receiving a vaccine or shot to prevent hepatitis (75%) and all of the participants indicated they had been tested for hepatitis C.

<b>Table 1: Characteristics of Focus Group Participants (N=12)</b>		
<b>Gender</b>	<b>#</b>	<b>%</b>
Male	10	83.0
Female	2	17.0
<b>Race/Ethnicity</b>	<b>#</b>	<b>%</b>
Black or African American	1	8.0
Hispanic or Latino/a	9	76.0
Black/Hispanic	1	8.0
Other (not specified)	1	8.0
<b>Age</b>	<b>#</b>	<b>%</b>
30-39	4	33.0
40-49	5	42.0
50-59	3	25.0
<b>Have you ever gotten a vaccine or shot to prevent hepatitis?</b>	<b>#</b>	<b>%</b>
Yes	9	75.0
No	3	25.0
<b>Have you ever been tested for hepatitis C?</b>	<b>#</b>	<b>%</b>
Yes	12	100.0
No	0	0.0

## **Awareness, Utilization and Satisfaction with Hepatitis-Related Services**

### ***Information/Testing***

The focus group participants reported receiving hepatitis information, post diagnosis, from SACHR and NYHRE but most initially tested HCV positive elsewhere. The majority of the participants found out they were infected within the last 5 years. Two participants were HCV negative and asked to leave the group. All participants were aware they were being tested for HCV yet they claimed they were not sure why they had to be tested, what hepatitis C was and unprepared for their positive test results.



### ***Diagnosis***

For the majority of the participants, the news that they were HCV positive came as a surprise:

“...I was just told. Like this ‘you know you have hep C, right?’”

“...I was in detox and, um, they went in and they called me into an office...first thing, like he said, they told me they had something to tell me. I thought ‘wow, I caught HIV’ ‘cause I was with a young lady that shot drugs. And, um, I was scared, I was scared. They went and got a therapist, got a social worker. There was a few people, and then they asked me if there was anyone I would want to speak to as far as my family. I was like ‘no, tell me what you have to tell me.’...they told me and it was a shock.”

### ***Treatment***

The participants stated that although they were told about interferon, they thought they needed a liver biopsy first and this was a major barrier. None of the clients in the focus group had received treatment for hepatitis C, however, all participants had received their hepatitis A and B vaccinations. Two participants underwent liver biopsies scheduled by the hepatitis coordinator at NYHRE; one of which had a very unpleasant experience:

“...This doctor was an !#\$%&\* he wanted to do it his way and didn’t listen to me...he screwed up on the first time he put the needle in...it took him an hour to convince me to have it done again.”

The participants reported that their medical providers recommended they come to programs such as SACHR and NYRHE in order to attend hepatitis support groups and receive information on housing and Medicaid. The participants also indicated the two hepatitis coordinators (Wilfredo and Donald) were their primary sources for learning about hepatitis C and how the virus was transmitted. Furthermore, participants stated that they relied on the hepatitis coordinators to assuage their fears and provide encouragement.

The participants also discussed a soon-to-open clinic at AECOM and claimed this is where they plan to go for hepatitis C treatment. No participants were currently in treatment for hepatitis. They expressed that their reluctance to receiving treatment was based on the potential interactions with medication (HIV and methadone), lack of a support system and depression:

“...I’m gonna do the treatment so I can go to the new clinic that is opening at Albert Einstein and that’s where they are going to treat me. Wilfredo is going to hook me up.”

### ***Client Satisfaction***

The participants felt that their primary care doctors did not have the knowledge necessary to adequately care for them. Several refused to contact their physicians and instead relied on the hepatitis coordinators for information. Overall, participants reported that they were very satisfied with the services they received from the hepatitis coordinators.

Most of the participants were referred to a hospital for their hepatitis follow-up; only two participants followed through on their referral. Type of insurance and difficulty with getting an appointment were described as barriers to receiving services. Clients also admitted that they did not keep their appointments because of a reluctance to have a liver biopsy. A few participants were homeless and did not have Medicaid and consequently no primary physician. The overall experience with services outside of SACHR and NYHRE was not favorable:

“...I had to wait two months for a sonogram appointment .”

“...They send me to a specialist at the hospital in September but I couldn’t get an appointment until December, ya know like look how long I have to wait...by that time I forgot about the appointment.”

“...I don’t have a primary so if I don’t start the treatment [for hep C] I don’t have a doctor.”

“...I come to Wilfredo, I don’t like my primary.”

### **Impact on Risk Behavior**

Participants indicated that they needed to stop using drugs and/or alcohol, if they wanted HCV treatment, but most had not stopped:

“...I was diagnosed after I started using so I got into a methadone program.”

“...I gotta stop using.”

“...I used to drink heavy before I found out I had it....The day I found out I got it it’s like ‘Did I get it from that?’ So it made me really, really think of to slow down on the drinking.”

Participants also expressed a desire to engage in safer sex practices. They felt this was an important step to prevent future cases of hepatitis, especially in those they loved:

“...I’m not just gonna go and have unsafe sex.”

“...I really think about wearing condoms. I really didn’t think about wearing condoms until I found out....you make the extra effort to reach into your pocket now no matter how into it you are.”

Depression was an important theme when describing their quality of life. Many clients became very depressed after receiving their diagnosis and needed help coping with their diagnosis. The participants admitted using drugs more upon diagnosis because it helped them to forget, but then they realized they could not remain in denial and started participating in groups at SACHR and NYHRE to help them cope with their diagnosis:

“...Depression started coming down...for like four or five months.”

“...Depression has a funny way of blocking everything out. You don’t want to hear nothing; all you want to do is be numb. In reality, the more that you numb yourself usin’ the worse you will get in your liver.”

“...It made me think ‘if I do it [use drugs] there are consequences behind it.”

“...I started attending the groups too; the educational groups are on hep C....just trying to educate myself a little bit on it.”

### **What can be done to help people to get tested and treated for HCV?**

This question triggered enthusiastic responses from all participants. Responses were based on the following three themes: 1) give people incentives to test and follow-through with appointments; 2) use more outreach workers (peers) on the street to repeat the messages daily; and 3) hire more hepatitis coordinators like Donald and Wilfredo:

“...Information is getting to some people only. When you are just getting needles and you are on the run you are not getting any information....those people are not being reached.”

“...It’s up to the individual, me as an addict and I am going to die an addict, I keep it for real, we need to attract other addicts that are out there in the street that are doing the drugs today the only way you can do that is money talks and bullshit walks!”

“...Metros and food ...you have to know how to draw these people in the only way an addict is actually going to get some help is when they know they will get something out of it....incentives will bring them in.”

“...The only thing they hear is dollar signs dollar signs I haven’t gotten up this early in I don’t know how long...I am came all the way from Manhattan.”

“...Offer us money and we focus right away.”

“...Need to reach out right there at the drug spot. People that have been there [used drugs] and not scared to go places...cannot put no straight person out there to talk to drug addicts.”

“...Where are all the outreach workers that get trained? They have no jobs where are they we need them out there giving the messages to the people on the street. A lot of us have been trained. You are spending a lot of money on nothing because we get peer training and then don’t get no job.”

When the clients were asked about the possibility of receiving a finger stick to test for hepatitis C, they thought this was a great idea because drug users’ veins are “burnt-out:”

“...I don’t like needles and I shot for 40 years.”

“...Finger sticks will work!”

**Discussion:** The major themes identified through this focus group with HCV positive participants currently enrolled in an SEP were:

- Misinformation out on the street about liver biopsies and interferon treatment;
- The need to test and get vaccinated for hepatitis A and B and tested and treated for HCV;
- Reluctance and fear of HCV treatment mainly because of participant's current life situation (homelessness, unstable living situations);
- Effect on lifestyle (using drugs/alcohol) once diagnosed;
- Not having a primary provider or one they want to see for hepatitis care;
- Lengthy waiting time for follow-up appointments;
- Using their SEP as their main source of care and information;
- The hepatitis coordinators are often the sole source of hepatitis information; and
- To get people tested and treated for hepatitis you need to have incentives.

The participants in this group were clearly not ready to begin treatment. The majority of the clients were in the contemplation stage for getting a liver biopsy and in the precontemplation stage for seeking treatment. They thought they would need to stop using drugs and/or alcohol if they started treatment. The information they received on the streets just reinforced their ambiguity around getting treatment.

The participants were well informed about hepatitis A and B and were already vaccinated for both, they remained, however, somewhat confused about the liver biopsy procedure and HCV treatment. Intermittently throughout the group, they stated that things were unclear especially regarding how they contracted HCV.

There were a few participants who were homeless, without Medicaid insurance or a primary care physician. This seemed to exacerbate their confusion and fears about receiving treatment for hepatitis. It was obvious in the group that those who utilized the hepatitis coordinators as a source of information also depended on them for referrals and appointments. Many used an SEP staff member as their primary healthcare provider. They felt safer at their SEP and with the SEP providers than they did at other clinics.

Not only are incentives (metrocards, money, food) important to this population, but attention also needs to be focused on the on the client's lifestyle and the day-to-day challenges they are facing. Furthermore, ensuring that clients have access to knowledgeable and compassionate hepatitis coordinators is vital. Intensive follow-up with clients to ensure they understand their diagnosis, what their treatment options are and that they follow-through with their referrals is also essential among this population.

**Viral  
Hepatitis  
Integration  
Project**



# **Viral Hepatitis Integration Project: Hepatitis C Positive Female Client Focus Group Outcomes April 2007**

Office of Program Evaluation and Research  
New York State Department of Health, AIDS Institute  
CDC Grant: U50/CCU224192

*This page intentionally left blank.*

## **Viral Hepatitis Integration Project: Hepatitis C Positive Female Client Focus Group Outcomes**

**Background:** In 2004, the New York State Department of Health, AIDS Institute received a five-year grant from the Centers for Disease Control and Prevention. The purpose of the Viral Hepatitis Integration Project (VHIP) is to enhance hepatitis services for current and former injection drug users (IDUs) in select methadone maintenance treatment program (MMTP) clinics and syringe exchange programs (SEPs) in New York City. The two SEPs chosen to participate in this project are St. Ann's Corner of Harm Reduction (SACHR) and New York Harm Reduction Educators (NYHRE). Albert Einstein College of Medicine (AECOM) runs the MMTP clinics chosen.

One component of VHIP is to conduct focus groups with HCV positive participants to gather information on their experience with hepatitis services and treatment. Three focus groups were held with HCV positive clients from AECOM, SACHR and NYHRE during 2006. Because women were under represented in these groups, a separate focus group with just HCV+ women was conducted with clients from the two SEPs. This report provides a summary of the focus group held with NYHRE and SACHR clients. The purposes of this client focus group were three-fold: 1) to gather information on awareness, utilization and satisfaction with hepatitis-related services; 2) to understand the impact of HCV on client risk behavior and 3) to gather input on what providers can do to get people tested and treated for HCV.

**Methodology:** On April 11, 2007, a two-hour focus group consisting of five HCV positive female participants was held at SACHR located in the Bronx, NY. The hepatitis coordinators from SACHR and NYHRE recruited twelve participants, however, only 5 SACHR clients arrived on the morning of the group. Focus group proceedings were audiotaped to facilitate data analysis. Each participant signed an informed consent and completed a one-page demographic survey. In addition, each participant received \$30.00 in Metrocards and lunch for participation. Two staff from the AIDS Institute facilitated the focus group.

**Results:** Table 1 shows the results of the demographic survey completed by each participant. All the participants were female, white (40%) and Hispanic (60%). The mean age of the participants was 40 with an age range of 30-52. The majority of participants reported receiving a vaccine or shot to prevent hepatitis (80%) and all of the participants indicated they had been tested for HCV between six months to seven years ago. They were tested in jail, at their methadone maintenance program (Narco Freedom) and more recently at SACHR.

<b>Table 1: Characteristics of Focus Group Participants (N=5)</b>		
<b>Gender</b>	<b>#</b>	<b>%</b>
Male	0	0.0
Female	5	100.0
<b>Race/Ethnicity</b>	<b>#</b>	<b>%</b>
White	2	40.0
Hispanic or Latina	3	60.0
<b>Age</b>	<b>#</b>	<b>%</b>
30-39	2	40.0
40-49	2	40.0
50-59	1	20.0
<b>Have you ever gotten a vaccine or shot to prevent hepatitis?</b>	<b>#</b>	<b>%</b>
Yes	4	80.0
No	1	20.0
<b>Have you ever been tested for hepatitis C?</b>	<b>#</b>	<b>%</b>
Yes	5	100.0
No	0	0.0

Highlights from the focus group with HCV positive women:

### **Awareness, Utilization and Satisfaction with Hepatitis-Related Services**

#### ***Testing***

All of the women were in relationships and indicated they were not overly concerned about transmitting or contracting HCV. If a partner was HCV positive (n=3), they were not concerned if they got it and stated that they engaged in unprotected sex because they loved their partner. All but one woman reported requested to be tested for HCV because they knew they were at-risk.

“...I got tested when I saw him in terrible pain...I saw the seriousness of it. I never had seen the pains and the discomfort that come with it...he took me by the hand and said ‘come on, you gotta go.’”

“...I got it from my partner, but I was quite aware...I didn’t take precautions, I didn’t use condoms. He let me know from the beginning that he did have it. Even before we did anything intimate but, um, I just did so.”



“...I was being incarcerated....they test you for everything....and they gave me a shot, in my butt. It happened in 2000. They told me to get treatment.”

“...I’ve never shared a syringe but I did share a cooker....and the person I shared the cooker with had hepatitis C and like 8 months later....I woke up in the morning and my eyes were more yellow than this paper....so I went to the doctor and he saw my eyes and sent me to the lab ya know to get my blood drawn...when like 2 weeks later I went back for the results...”

### ***Diagnosis***

There was some indifference about transmission, which stemmed from a significant lack of information and knowledge of the seriousness of HCV. Although the participants knew they were at risk for HCV, the positive diagnosis still came as a shock. For the women who were co-infected, dealing with HIV took precedence over HCV.

“...I tried to block it off because on top of having HIV what else could I have you know. That and what else is next you know...Every day I’m expecting to get something else.” Asking about if she was worried about hep C when she got pregnant: “I didn’t know that, I didn’t know. I didn’t know.”

“...I was like ‘oh my god’.”

“...I thought it was like, you know when you get like, let’s say chlamydia or a urine infection or something that you would get where you would just go in the doctor and it’s gone.”

“...I felt like they were talking to someone else but me.”

“...You mention HIV and it’s a deathly disease,...hep C is not seen as a deadly disease when it can be.”

### ***Treatment***

The participants were not ready to enter HCV treatment. None of the women had a primary care physician or had regular health care. Those that were getting any medical care received it through their MMTP. At best, women had an annual check-up. Only one woman had been referred for a liver biopsy, however her Medicaid ran out the day before her appointment. This woman was very interested in getting care for her HCV, but did not know how to deal with the Medicaid issue. The participants expressed that because HCV can take a long time to manifest symptoms, addressing the virus was not a priority.

“...Well, they scheduled me for a biopsy, this was about 6, 7 months ago but the day before I found out I had a restriction on my Medicaid, so I didn’t get to do it. But I’ve been told that there are some options. They say that sometimes you’re so far along that the treatment’s not going to help....my treatment was all going to depend on what the outcome of the biopsy was.”

“...The biopsy is when you’re really far along...when you’re really ill, ill, that’s when they do a biopsy.”

“...I’ve been so afraid...now I’m ready.”

“...I’ve been afraid because I’ve let myself listen to these people who are getting this injection.”

### ***Client Satisfaction***

When diagnosed, the participants stated they weren’t told how HCV was transmitted; a few asked and were told it could be sexually transmitted. Most participants stated that they just received a referral after their positive diagnosis, but assumed it was for a liver biopsy. Because of all the horror stories they heard on the street about how painful a biopsy is, they did not go to their referral appointments. All the women participated in the Women’s Group at SACHR which is facilitated by the HCV coordinator. They received the most information about HCV during this group.

“...He [my provider] didn’t go into enzymes, genotypes, cirrhosis, any a’ that, none a’ that....[said it’s] just that it’s a liver thing and ‘your eyes are yellow.’ Duh!”

“...They refer you but they don’t tell you nothing.”

“...You hear all these horror stories...I was told they give you these injections that hurt so bad.”

“...I can’t sit there and go by their experience...We all have different immune systems...I can’t go by what others have gone through....”

“...We have a women’s group on Tuesday and we talk about hep C that’s how I learned the little bit I know about it.

### **Impact on Risk Behavior**

The participants seemed to want to take better care of themselves and engage in safer sex practices.

“...That’s when I started using condoms....then I didn’t understand it, why did it take that to make me take care of myself?”

“...When I came here I was very thin, like 92 pounds, but ever since I’ve been here and started to take care of myself I feel stronger, I drink vitamins I refused before. I was told that I would have to take the vitamins because I was anemic before.”

“...I started telling my mother. I started telling her about my disease, you know.”

“...I’ve been clean off heroin for three years.”

### **What can be done to help people to get tested and treated for HCV?**

The participants stated that incentives (money, gift cards, Metrocards) could work as a motive to get tested but getting high was their main priority.

“...For anything. When you’re offered money or anything you go to it.”

“...Metro cards or a gift card to, like, a supermarket, mall or Wal-Mart’s.”

“...When you’re using your not conscious of anything so even if you sit there and you give that to us [incentive], which is beautiful, we’re going to take it, get out of this room and go and use.”

Participants also stated that the best way to get the information about HCV is through education and that peers are the best people to deliver the message. Information about HCV needs to be as clear and ample (everywhere), the same as HIV information.

“...They know where the drug addicts are and so they leave money so they’ll do it.”

“...Wilfredo [the hepatitis coordinator]. He refers you. He tells you that you can go here and you can go here.”

“...What you’re doing right now, going agency to agency, educating.”

The messages provided through education/counseling must provide realistic information on the effects untreated HCV has on the body. Women thought that pictures of a healthy liver compared to an unhealthy liver might shock people into being tested and treated for hepatitis.

“...I think that seeing the rawness of it, and the pain, and the outcome, the fatality of it would change my mind. It’s the fear. See it so raw; see the liver when it’s at its last stages, that it’s possible to die from this. We hear things but we don’t see it but maybe if we were to see it...”

### **Discussion**

The major themes identified through this focus group with HCV positive women were:

- Addiction was the most important issue expressed by the clients.
- The participants' stated they would agree to going into hepatitis care while they were with providers and/or counselors during a focus group or group session, but getting high remained their primary focus.
- It was obvious that the participants had a lot of misinformation and confusion about HCV, what it is, how it’s treated, and the differences between hepatitis A, B and C.

- Women felt they should get ready to enter treatment but once ready they would need help accessing it.
- Incentives, such as Metrocards, gift cards, money, food can motivate and encourage testing but may not be enough to go on for a referral appointment.

Due to their addiction issues, the participants in this focus group were clearly not ready to begin treatment. Only one woman was even thinking about having a liver biopsy; all participants assumed they had to have a liver biopsy before any kind of treatment. The information they received on the streets from their peers who had a biopsy and/or went through the treatment only reinforced their fears.

All of the participants felt Wilfredo (the hepatitis coordinator at SACHR) was a great resource for information about HCV. It was obvious through all the positive statements they made that they trusted him and when they were ready for treatment he would be their go-to person.

Incentives are important to encourage the SEP population to test for hepatitis A, B and C. But motivating clients to go to their first referral appointment or to begin treatment will take more than incentives. Not only are their daily challenges overwhelming but the fear of having a liver biopsy and misunderstanding about what to expect at their first referral appointment keeps them from accepting first referrals. Clients believe that they will be required to have a liver biopsy during this appointment. Therefore, the clients need more than incentives they also need correct information and counseling about what they can expect during their first referral appointment.

**Viral  
Hepatitis  
Integration  
Project**



**Viral Hepatitis Integration Project:  
Hepatitis C Positive Clients  
Who Decline Follow-Up Referrals  
Focus Group Outcomes  
July 2007**

Office of Program Evaluation and Research  
New York State Department of Health, AIDS Institute  
CDC Grant: U50/CCU224192

*This page intentionally left blank.*

## **Viral Hepatitis Integration Project: Hepatitis C Positive Clients Who Decline Follow-Up Referrals Focus Group Outcomes**

### **Purpose:**

To ascertain why clients did not accept a referral for a follow-up appointment after testing positive to the hepatitis C virus (HCV) antibody test.

### **Methodology:**

On July 24, 2007, a two-hour focus group consisting of twelve HCV positive participants took place at SACHR located in the Bronx, NY. The hepatitis coordinators at NYHRE and SACHR were given a list of clients who tested positive to their HCV antibody test and had declined a referral for a follow-up appointment. (During the focus group it was noted that only 4 clients were actually tested at either SACHR or NYHRE). Focus group proceedings were audiotaped to facilitate data analysis. Each participant signed an informed consent and completed a one-page demographic survey. In addition, each participant received \$30.00 in metrocards. Three staff from the AIDS Institute facilitated the focus group.

### **Results of the Demographic Survey:**

Table 1 shows the results of the demographic survey completed by each participant. The majority of participants were male (67%) and indicated they were Hispanic (58%) or African American (25%). The mean age of the participants was 45 with an age range of 31-52. All the participants had been tested for hepatitis C (one client had not received their test results yet).

All participants had some form of Medicaid (100%). Most participants indicated they had a high school diploma or GED (33%), some high school, no degree (25%) or some college, no degree (25%). The majority of participants were presently not married (83%), but were in a relationship/living together (58%) or in a relationship/not living together (25%).

<b>Table 1: Characteristics of Focus Group Participants (N=12)</b>		
<b>Gender</b>	<b>#</b>	<b>%</b>
Male	8	67.0
Female	4	33.0
<b>Race/Ethnicity</b>	<b>#</b>	<b>%</b>
Black or African American	3	25.0
Hispanic or Latino/a	7	58.0
White	1	8.5
White/Black	1	8.5

<b>Table 1: Characteristics of Focus Group Participants (N=12)</b>		
<b>Age</b>	<b>#</b>	<b>%</b>
30-39	2	17.0
40-49	4	33.0
50-59	6	50.0
<b>Do you have health insurance?</b>		
Yes (Medicaid)	12	100.0
No	0	0.0
<b>Are you currently employed?</b>		
Yes	0	0.0
No	12	100.0
<b>What is your highest level of education?</b>		
Grade school only	1	8.5
Some high school, no degree	3	25.0
High school diploma or GED	4	33.0
Some college, no degree	3	25.0
Other, did not specify	1	8.5
<b>What is your marital status?</b>		
Single	10	83.0
Married	1	8.5
Divorced/separated/widowed	1	8.5
<b>What is your relationship status?</b>		
Not in a relationship	2	17.0
In a relationship/not living together	3	25.0
In a relationship/living together	7	58.0
<b>Have you ever been tested for hepatitis C?</b>		
	<b>#</b>	<b>%</b>
Yes	12	100.0
No	0	0.0

### **Major Focus Group Themes:**

**The major themes identified through this focus group with HCV antibody positive clients who failed to accept follow-up referrals (N=12) were:**

- Participants were confused about the meaning of the antibody test; they thought this meant they were HCV positive;
- The majority of participants claimed they were not given a referral appointment (Note: Only 4 clients were tested at SACHR or NYHRE);
- Many of the participants claimed they were ashamed/embarrassed to tell their family members (children and parents) about being HCV positive;
- Participants gained knowledge about HCV through support groups at SACHR not at their post test appointment;
- Most of the participants indicated they had modified their behavior (condom use, not sharing works, decreased drug use) soon after finding out their status;



- Only four participants stated they would be willing to accept a referral for a follow-up appointment;
- Participants had concerns and fears about the liver biopsy and side-effects of the treatment;
- Some of the barriers to care and treatment cited were lack of housing and limited (does not cover all services) Medicaid;
- Participants reported that money as an incentive may encourage clients to attend follow-up referral appointments; and
- It was obvious that the participants had a lot of misinformation and confusion about HCV, what it is, how it's treated, and the differences between hepatitis A, B and C.

### **Discussion:**

Most of the participants did not remember being asked if they wanted a follow-up referral appointment. They also did not fully understand what their positive test results meant. They were confused about the differences between hepatitis A, B, and C; a few participants thought one caused the other. The fear of a liver biopsy prevails among this population. The information they received from their peers about the liver biopsy and treatment exacerbated these fears. Although the participants mentioned that monetary incentives could motivate them to accept a referral and attend their appointment; the majority of the clients stated they did not want a referral because of their unstable lives and fears.

### **Conclusion:**

At SACHR and NYHRE the hepatitis coordinators try to arrange the referral appointment during the post-test counseling session and ensure an escort is available, if needed, for the client. This needs to continue because SEP clients have chaotic lifestyles and once they leave the session it is often difficult to re-engage them. The clients need information and counseling about what to expect at this appointment. If a client initially refuses the referral it is possible they may accept the referral at a later time. Constant reminders about the importance of the follow-up appointment, explaining that the client has only tested antibody positive to HCV and what they can expect at the follow-up appointment (i.e., no liver biopsy at the first appointment) may encourage the client to accept a referral and attend their appointment.

*This page intentionally left blank.*

**Viral  
Hepatitis  
Integration  
Project**



**The Impact of the Viral Hepatitis  
Integration Project  
Medical Staff at AECOM Telephone  
Interview Outcomes  
May – June 2008**

Office of Program Evaluation and Research  
New York State Department of Health, AIDS Institute  
CDC Grant: U50/CCU224192

*This page intentionally left blank.*

## **The Impact of the Viral Hepatitis Integration Project Medical Staff at AECOM Telephone Interview Outcomes**

**Background:** In February 2008, staff from the New York State Department of Health (NYSDOH), AIDS Institute (AI), Office of Program Evaluation and Research (OPER) decided to interview medical staff at AECOM to learn about their experiences with the Viral Hepatitis Integration Project (VHIP), including their thoughts on what has been successful so far and what could be improved with the project.

**Methodology:** The hepatitis coordinator from AECOM provided OPER staff with the names of all the medical providers who had any interaction with VHIP. A total of seventeen names were provided. During May-June, 2008, AI staff contacted each provider by telephone to set-up an appointment to conduct a 10 minute telephone survey. Prior to conducting the survey the participant was told that their participation in the survey was completely voluntary, and that their responses would be kept in strict confidence. They were also told that their name would not be disclosed to AECOM or any other hospital administrator and that they would receive a \$10.00 Dunkin Donuts gift card for their participation. Only one medical provider declined to be interviewed, stating: "I am not that familiar with the project."

**Results:** Table 1 reflects the location of employment and discipline of the telephone survey participants. Thirty-seven percent are located at Hub 1 and 56% of the participants were physician assistants. Three providers (2 Physicians and 1 PA) no longer worked at AECOM at the time of the interview. There were no discernable differences in general responses by location of employment or discipline.

<b>Table 1: Characteristics of AECOM Medical Providers</b>		
<b>Location of employment</b>	<b>#</b>	<b>%</b>
Van Etten	4	25.0
Hub 1	6	37.0
Melrose on Track	3	19.0
No longer with VHIP	3	19.0
<b>Discipline</b>	<b>#</b>	<b>%</b>
Physician	7	44.0
Physician's Assistant	9	56.0

Each participant was asked 12 primary questions about VHIP. The following is a summary of their responses to the questions:

**1. Are you aware of the Viral Hepatitis Integration Project (a.k.a. VHIP)?**

All participants were aware of VHIP.

**2. Do you know who the Hepatitis Coordinator is at AECOM?**

All of the participants knew that Danielle Brown was the hepatitis coordinator at AECOM. When asked what they perceived her role/responsibilities to be, an overwhelming majority responded that she organizes and facilitates client support groups, coordinates in-services for the medical providers and provides referrals for HCV-positive clients to receive liver biopsies.

Some additional comments on perceived responsibilities of the coordinator included:

- ◆ Arranges for transportation and/or escorts to assist clients to their follow-up appointments;
- ◆ Assists with insurance issues clients are facing and helps find clinics that will treat clients with their type of insurance;
- ◆ Key person to make sure clients are seen by the medical provider in the clinic;
- ◆ Makes sure blood labs are in place;
- ◆ Provides education about hepatitis to the clients;
- ◆ Compiles and sends data to the AIDS Institute;
- ◆ Coordinates on-site testing;
- ◆ Liaison between providers and clients seeking treatment; and
- ◆ Coordinates vaccinations and treatment.

**3. What kinds of interactions do you have with the hepatitis coordinator?**

The majority of medical staff contacted the coordinator to: enroll their clients in support groups, help integrate clients into care, or to attend the in-services she coordinates. Medical staff contacted the coordinator to provide educational materials to their clients, set-up labs and liver biopsies for their clients and to follow-up to see how their clients were doing with their treatment.

#### **4. Do you know who the Hepatitis Educator is at AECOM?**

Fifty percent of the participants knew that Jennifer Hidalgo was the hepatitis educator and referred to her as Danielle Brown's assistant. The other half either left prior to her starting on August 20, 2007 (n=3) or did not know who she was. Of the providers that knew her, the only interaction they had with her was via e-mail to invite them to an in-service or to follow-up with a client.

#### **5. What has been your involvement with VHIP so far?**

All the medical providers said they continue with their same responsibilities at their clinic, but since the inception of VHIP they are now doing more work-ups on clients to assess genotype, viral load and make more referrals for liver biopsy. Many stated they attend in-services organized by the hepatitis coordinator, answer client's questions at the end of their support groups, send their clients to the support groups and refer to the coordinator to set-up liver biopsy appointments. Additionally, a few respondents said that the VHIP coordinator moves things along for them which makes their life easier.

#### **6. Were there any changes to your MMTP as a result of VHIP?**

The majority of the respondents said they were treating more clients in a more systematic way, and that the clients seem more satisfied because VHIP has lowered the barriers to access to care.

#### **7. Can you please describe what you feel has worked well with regards to VHIP.**

All the respondents stated how well the support groups were working for their clients. They also said having escorts available to bring frightened clients to the hospital for their liver biopsy was extremely helpful and increased the rate of compliance with follow-up appointments. Also mentioned was that HCV treatment can be successful for clients still actively using (drugs/alcohol).

Some additional comments were:

- ◆ "...Integrated model of care for clients on-site works very well."
- ◆ "...Peer support for treatment and biopsy helps tremendously to help make client feel more comfortable."
- ◆ "...Education for clients because they have so much wrong information."
- ◆ "...Groups really help clients get to follow-up appointment because escorts are available and peers that have already gone through treatment."
- ◆ "...Increase in number of clients being tested and treated since VHIP because of peers encouraging them to get treatment."
- ◆ "...Great education for all...staff, clients, and medical providers...they keep us current on treatment."
- ◆ "...We reached a tipping point with clients and we [providers] needed a push...VHIP did this."
- ◆ "...Organization and follow-up are great."

#### **8. Can you please describe what you feel has not worked well with regards to VHIP.**

A few providers felt that the coordinator's presence was not obvious at their site until recently. It was also stated that VHIP staff needed to improve their communication with providers especially about how the client is doing with treatment. The majority of the respondents, however, did not have negative feedback and felt as though VHIP is working very well:

- ◆ "...Nothing needs to be changed, the project is working."

- ◆ “...Nothing is lacking but maybe breakfast can be provided during the group on Fridays.”
- ◆ “...Things work very smoothly, there are some problems with the hospital but this is out of your control.”

### **9. Do you have any suggestions on how the VHIP initiative can be improved?**

The responses to this question were quite diverse; almost all providers had something different to say:

- ◆ “...Liver biopsies are done really early (7 AM) and that’s too early for this population.”
- ◆ “...Give incentives to all HCV-positive clients whether or not they are enrolled in the methadone maintenance program.”
- ◆ “...Provide more outcome data and VHIP information to the medical providers serving them.”
- ◆ “...Provide psychiatric care, therapists are bombarded...wait time to see them is 2 months. They should be located where they are being treated. Having a part-time therapist to check on the client when going through treatment and need more Spanish speaking therapists.”
- ◆ “...Need enough space at all sites so can hold support groups.”
- ◆ “...Some terminology needs to change so patient can understand.”
- ◆ “...Medical provider, staff and HCV staff all need to stay connected...constant communication with the client.”
- ◆ “...Groups need to be expanded to all sites.”
- ◆ “...Improve your in-services.”

### **10. What recommendations would you give to other MMTP programs interested in integrating hepatitis-related services? [Note, AECOM had already integrated services prior to VHIP.]**

The responses to VHIP were overwhelmingly positive. The providers believed in the project and were very concerned about the population they treat.

- ◆ “...INTEGRATE- this is a model that works.”
- ◆ “...This is the way to go....DOT [directly observed therapy]”
- ◆ “...Train peer educators, have them run the groups and share experiences...at each level throughout their treatment.”
- ◆ “...Provide liver biopsies on site where clients are screened.”
- ◆ “...Providers must be motivated; the more motivated they are the better the outcomes.”
- ◆ “...If client is not doing well with their addiction they have to be continuously followed-up with to get them into treatment.”

### **11. What resources are needed to continue or to improve integration efforts?**

All of the participants wanted VHIP to expand and continue.

- ◆ “...The hepatitis coordinator needs help doing her job so she can branch out to all locations.”
- ◆ “...Need financial support when the grant goes away.”
- ◆ “...Port Morris is a big project and they need help there.”



- ◆ “...Need additional support to maintain the system (keep track of labs, follow-up) other providers do not want to work with our population, we have to do it ...the clients want to get treatment.”

**12. Is there anything else you would like to tell us (additional comments or suggestions) with regards to VHIP?**

- ◆ “...Providing everything on site so don’t lose client is key to successful referrals.”
- ◆ “...Clients are benefiting so much, please continue.”
- ◆ “...We need Danielle’s position!”
- ◆ “...Renew the project.”
- ◆ “...Very happy with Danielle and Jennifer’s work.”

**Discussion:**

All the medical staff from AECOM knew the hepatitis coordinator, Danielle Brown and had interacted with her. They were not as familiar with the hepatitis educator, Jennifer Hidalgo. The most important aspects of VHIP mentioned were client support groups, peer escorts, in-services and having the coordinator set-up and follow-up with lab work and liver biopsies. The response to VHIP was overwhelmingly positive. The providers appear dedicated to the population they serve and strongly encourage VHIP to expand to all sites and to continue. The medical staff stated they have seen positive results with clients they send to treatment and expressed that if more support was available that more clients would get treatment. Using peers to educate, support and escort clients to follow-up appointments, was viewed as one of the the most important aspects of VHIP.

*This page intentionally left blank.*

**Viral  
Hepatitis  
Integration  
Project**



**The Impact of the Viral Hepatitis  
Integration Project  
Non-Medical Staff at AECOM, SACHR  
and NYHRE Focus Group Outcomes  
August 2008**

Office of Program Evaluation and Research  
New York State Department of Health, AIDS Institute  
CDC Grant: U50/CCU224192

*This page intentionally left blank.*

## **The Impact of the Viral Hepatitis Integration Project Non-Medical Staff at AECOM, SACHR and NYHRE Focus Group Outcomes**

**Background:** In February 2008, staff from the New York State Department of Health (NYSDOH), AIDS Institute (AI), Office of Program Evaluation and Research (OPER) decided to conduct focus groups with non-medical staff at AECOM, SACHR and NYHRE to learn about their experiences with the Viral Hepatitis Integration Project (VHIP), including their thoughts on what has been successful so far and what areas need improvement.

**Methodology:** The hepatitis coordinators from AECOM, SACHR and NYHRE chose non-medical staff from their agencies to participate in the focus groups (7 staff from NYHRE, 9 staff from SACHR and 10 staff from AECOM). On August 20 and 21, 2008, two staff from the AIDS Institute staff facilitated three, one-hour focus groups at each site, with the twenty-six non-medical staff. Focus group proceedings were audiotaped to facilitate data analysis. Unfortunately, the tape recorder malfunctioned during the SACHR group and the last 20 minutes of the NYHRE group was not recorded. AI staff transcribed what they remembered from the SACHR group immediately following the focus group, however, none of the quotes included in this report are from the SACHR participants. Each participant completed a one-page demographic survey and received a \$20.00 Dunkin Donut gift card for their participation.

### **Results**

Table 1 shows the results of the demographic survey of the participants from NYHRE, SACHR and AECOM, combined. The majority of participants identified themselves as female and African American. Most of the participants were drug treatment counselors and were in their positions between 2-4 years or for more than 6 years. Participants were also more likely to indicate they saw between 51-100 HCV and HIV clients or did not know the number of HCV and HIV clients they saw in the last 12 months.

<b>Table 1: Characteristics of Focus Group Participants</b>		
<b>Gender</b>	<b>#</b>	<b>%</b>
Male	10	38.5%
Female	16	61.5%
Total	26	100.0

<b>Table 1: Characteristics of Focus Group Participants (continued)</b>		
<b>Race/Ethnicity</b>	<b>#</b>	<b>%</b>
White	1	3.8%
Black or African American	13	50.0%
Hispanic or Latino/a	9	34.6%
Asian	1	3.8%
West Indian	1	3.8%
Not specified	1	3.8%
Total	26	100.0
<b>Primary Occupation</b>	<b>#</b>	<b>%</b>
Harm Reduction Specialist	1	3.6%
Drug Treatment Counselor	8	28.6%
Program Manager/Supervisor	3	10.7%
Program Assistant	1	3.6%
Office Manager	1	3.6%
Educator/Outreach Worker	4	14.3%
Case Worker/Case Manager/Social Worker	4	14.3%
Administrator	1	3.6%
Co-trainer	1	3.6%
Nurse	1	3.6%
Intake	2	7.1%
Not specified	1	3.6%
Total (2 participants reported 2 primary occupations.)	28	100.0
<b>Time in Current Position</b>	<b>#</b>	<b>%</b>
< 6 months	4	15.4%
6 months - 2 years	6	23.1%
2 - 4 years	7	26.9%
4 - 6 years	2	7.7%
> 6 years	7	26.9%
Total	26	100.0
<b>Approximately how many clients with hepatitis C have you seen in the last 12 months?</b>	<b>#</b>	<b>%</b>
0	1	3.8%
1-50	5	19.2%
51-100	8	30.8%
2,000	2	7.7%
Don't know	10	38.5%
Total	26	100.0
<b>Approximately how many clients with HIV have you seen in the last 12 months?</b>	<b>#</b>	<b>%</b>
0	1	3.8%
1-100	15	57.7%
101-200	2	7.7%
201-300	1	3.8%
2,000	1	3.8%
Don't know	6	23.1%
Total	26	100.0

## Focus Group Responses

The same questions were asked in all three focus groups which consisted of nine primary topics. The following is a summary of the participant's responses to the focus group questions.

### **1. Are you aware of the Viral Hepatitis Integration Project (a.k.a. VHIP)?**

All of the participants were aware of the project, but everyone did not know the exact project name. Some knew it as Danielle's project (the Hepatitis Coordinator at AECOM), Wilfredo's project (the Hepatitis Coordinator at SACHR) or the integration project.

#### **1a. Do you know who the hepatitis coordinator is at AECOM/SACHR/NYHRE?**

All twenty-six participants personally knew the hepatitis coordinators not only from their agency, but also from the other two agencies as well. All of the participants gave an in-depth description of the role and responsibilities of the hepatitis coordinator at their site.

"...Well he educates on the different types of hepatitis and he also does the hepatitis testing and screening."

"...He also does support groups and... conferences...He also works on the front lines which is out on the street and any questions we have we go to him."

"...Coordinates health care and hepatitis C."

"...Education groups, trains the peers to oversee the hep C group and she educates us and sets up the services and makes the referral, makes the phone calls to integrate the services."

"...She has the detailed information. If a patient were to ask her about methadone or cocaine she would refer them to us. Because we have the detailed information in that particular area so if a patient has a question that involves some depth and explanation we refer to her or her assistant."

#### **1b. Do you know who the hepatitis educator is at AECOM? (asked in AECOM focus group only).**

The majority of participants knew that Jennifer Hidalgo was the Hepatitis Educator and referred to her as Danielle Brown's assistant.

"...She is a compliment to Danielle and what she does. So when Danielle is not around from what I have seen the quality of service has not fallen off. So apparently they're just teaching everything over there (i.e., HUB) the whole situation is just a beautiful thing."

"...She also follows through with making appointments for biopsies for the patients."

### **2. What has been your involvement with the VHIP project so far?**

The majority of staff members refer clients to the hepatitis coordinator for hepatitis education, screening, testing, treatment and support groups.

“...The education that they get through (VHIP) with dealing with their hep C issues, my patient whose been with Danielle for a while now he stopped using secondary drugs. He’s a peer educator. He escorts a lot of people to their appointments so you know it has kind of like ran across the board with this guy ...It helped his self-esteem issues. Now he runs some of the groups. He’s completely turned around from where he was about a year and a half ago.”

“...During the day, Donald (the Hepatitis Coordinator at NYHRE) will see approximately all our clients. I have approximately 80 clients and they are all hepatitis C positive. So...whenever I have a client that come in, whether they are already diagnosed or newly diagnosed, with hepatitis C or I have clients who have A, B and C... I automatically refer them to Donald.”

“...And Donald sends them out or refers them out if they need if they want to take treatment and if they don’t want to take treatment he still sends them out too 'cuz they need to take a biopsy ‘cuz they to find out exactly where they at with their hepatitis and he offer them a lot of information.... So he and I actually work on the integration project. Of integrated into all case management into HIV and treatment.”

SACHR: During case conferencing they will determine what services the client needs first (i.e. housing, drug treatment, mental health services) in order to start hepatitis C treatment. Also, if a client is likely to become upset or agitated when they receive hepatitis C results, Wilfredo will ask for the social worker to sit in during the post-test counseling.

### **3. Can you please describe what you feel has worked well with regards to VHIP.**

The participants said that hepatitis services were basically non-existent before VHIP and that it was great to have expertise on-site to refer their clients to for education, testing, screening, and evaluation and treatment referrals. They also expressed that escorting clients to their hepatitis C referral appointments and participating in support groups aided in the success of the client accepting and going for treatment.

“...I had a female patient who was scared to death and I referred her to Danielle. She came back and was armed with information. She [Danielle] arranged an escort for her biopsy, and she is continuing with her hep C treatment. At one point she just did not want to be bothered with it so it was like she was sticking her head in the sand. If I leave my head in the sand long enough maybe it will go away. Ya know and we all know that’s not going to happen but she [Danielle] managed to encourage her to take a more active role in her own life ....she is quite pleased now and talks about it all the time....it’s not this big boogie man to her anymore.”

“...As a counselor when the program was brought on site I was able to get a lot of information that was able to help me help my patients. Information that I would have never otherwise *googled*, if I may. But because of Danielle and the program and because of the different trainings that she brought in rather than sending us out for training, I now have a wealth of information thanks to this particular program.”



“...One of my patients, he did not have hepatitis C. He was there to get information for a family member. So like someone said before people are getting the information and bringing it back to the community. Which is helping the community as a whole as well. It would be a great disservice for this program not to continue which is the route that it looks like its going and it would be such a disservice because, you know, Danielle is the head. The patients have established such a great relationship with her which they didn’t have before you know sharing their feeling, going through hepatitis C.”

“...With Donald doing his group and everybody in there are hepatitis C positive. More people are coming into the group and those people are going out and giving more information to others. Word of mouth is the best advertisement. The information that Donald is giving them...and he’s showing them the pictures because when you tell me that my liver is scarred and I’m ignorant to the fact ...but when you show me a picture of a actual liver and you telling me well you know what these cells are being generated ain’t never gonna be generated again and what can happen. I’m scared now tell what I can do, you know, to live. ‘Cuz a lot of people didn’t even realize how important the liver was but Donald shows them...and he takes them right to their appointment.”

SACHR: Escorts for clients to their hepatitis C referral appointments and the support groups aided in the success of the client’s outcome. The support groups are always packed and the staff members believe the clients learn best from one another.

**4. Can you please describe what you feel has not worked well with regards to VHIP.** Everyone seemed to think the program has worked well. Their greatest concern was that VHIP was ending and the coordinators would no longer be there to assist them. The non-medical providers do not have the hepatitis expertise or the time to educate and assist their clients with hepatitis. The participants expressed that they depended on the hepatitis coordinator to screen and test their clients and make the necessary referrals for follow-up. [Note: the incentives VHIP provides to clients for screening and testing were becoming a problem for one agency.]

“...The problem with giving out so many \$4 cards, metrocards, is that clients are being arrested because they’re going down in the subway and if they have abundance cuz like you said they’re hustlers. They need that money. They’ll keep one for their traveling but the other ones they are selling and the cops are picking them up for selling them in the subway.” [Note: clients only receive one \$4.00 metrocard per visit.]

“...The education needs to continue. I mean everyone who walks through the door for methadone treatment needs the opportunity to get information about what hep C is all about. And how it can impact their lives and to see that stop would be a disservice to this entire community...I mean, you cut off the head, the body dies. You cut Danielle out and this thing is going to fall apart.”

“...Even if you have the information [hepatitis] its hard for me as a substance abuse counselor to stop doing substance abuse counseling to do the hepatitis C education. We would have to refer them out and it’s easier to refer them out to someone who’s on site or to an activity that’s happening on site. There’s no telling if the groups are going to

continue after she's gone because we don't have the staff for it. And the peer educators are peers. They're likely to relapse."

"...You know I think the important part of this whole meeting [focus group] is that hep C is fairly new and that also this program is fairly new and I think the whole concept to is having the grant and everything is to see and to get the numbers for all these folks that are actually testing positive for hep C...are actually dying from cirrhosis of the liver and are actually dying from diseases of the liver. And I feel that still we are not reaching the numbers that we should be reaching because still there are people out there untreated, uneducated and haven't even been to our door or any other place that could actually reach them and give them the support that they need to be able to get these treatments...and knowing that this program is not going to be around much longer – so what do we do now, where do we go from here? What about our patients cause our main concern now is the patients. And what are we going to do with them and what is going to happen?"

SACHR: Participants did not identify anything that did not work well with VHIP.

**5. Do you have any suggestions on how the VHIP initiative can be improved?**

Some of the participants expressed that monetary incentives or food vouchers were better than metro cards as an incentive. They also expressed that an incentive needed to be given at each step: testing, screening, and return for results and at the referral appointment. [Note: VHIP does provide an incentive at each step.] The participants said that peer escorts, support groups and the coordinators constant engagement of the client were the three most important factors of VHIP.

"...so giving them the \$4 cards is not really too much of harm reduction you understand what I am saying but if they have the cash or the McDonald's voucher they would go eat even though they might sell the McDonalds voucher but they gonna sell it to somebody else whose gonna eat and they're not getting arrested for selling it in McDonalds but the metrocards is becoming a problem.

"...cash incentives."

"...We work with an incentive based population. What most people do is use their incentives. They use it in the streets. Some of them don't even have stable homes."

**Facilitator: "Do you give an incentive when you test for HIV?"**

**Participant: "Yes \$10 cash."**

**Facilitator: "You give \$10 cash?"**

**Participant: "And we all piggy back off of that....and I'll tell you something about that when we go on-site they're out there lined up waiting and ready...They'll attack you for it."**

"...and they have a benefit that Donald doesn't have – he doesn't have the rapid testing."

**6. What activities do you engage in to get clients to return for their test results?**

The participants expressed that this population was the most difficult population to engage and that there were so many other things going on in their lives that hepatitis screening and testing (especially hepatitis C), was a low priority. Again, constant engaging and the one-stop shopping model, along with support groups and peer escorts were the way to success for this patient population.

“...The problem that Donald’s program or the VHIP program is facing is what we have already mentioned is that there are no cash incentives and folks who are real savvy are like they can go somewhere else and get a coupon or something for a screening...and even if they come in to get screened they’re not coming to get their results because there’s no reason too.” [Note: the client’s do receive a \$4.00 metrocard as an incentive for coming back to get their test results.]

“...I can give you a perfect example. I won’t name names. You have a contract with us and another agency and the other agency offers hot meals everyday. And we both offer the same program but that agency sees more clients than we do. And why? Cuz of those meals. And even that is making the difference in the services.”

“...With here its not so much the program itself it’s the patients not having the proper insurance and not following up on their part. Because we can do so much here. You can refer a patient to get help but you’re not there to see them follow up. So that’s where most of the problems with not being able to follow up.”

“...I think also that we have to wait for the patients until they’re actually ready to deal with their issues just like with HIV but I think what works is having someone there constantly to give them the information, the support and the reassurance that everything’s going to be alright. And when the patients are ready then they let us know and we are ready to help them take the next step. So us being there with the education and the knowledge then we’re there to help them take the second step.”

“...The bottom line is the convenience. Everything is right here; they get their treatment for substance abuse. Any other medical issues that they have they can get taken care of and of course the hep C. And with Danielle being here it takes a whole lot of the weight off the counselors. And the nurses, because we’re not only case managers we do everything.”

**7. What activities do you engage in to get clients to attend their referral appointment?**

Again, the participants reaffirmed how important it is to continually engage the client, have peer escorts available and support groups for them to attend while they are in treatment. AECOM is different from SACHR and NYHRE in that they offer the majority of services on-site, therefore, referral and retention is less of an impediment to care at AECOM.

“...They don’t see it – sticking their head in the sand once again. You know, I get clean then all of a sudden everything starts to fall apart on me, my mind is all confused. But Danielle has a way of making that go away saying this is something that can be dealt

with, this is something that can be addressed, handled and managed. Its not a death sentence.”

“...Patients really do get to their treatments. I have no problem with my patients. And I used to give medication years ago when the side effects were terrible and its not like that anymore and they’re not afraid. They’re really not afraid. They’re reassured; they know what the medication is going to do – the side effects. And literature, I always give them literature when they have questions but I can only spend so much time because I also medicate. But this is why Danielle is really important because when I can’t get to the patients I’ll send them to her. But treatment has definitely increased. Definitely.”

“...The convenience definitely has to stay because sending a patient from here across the street is no guarantee. Just simply because of their life styles. The behaviors that they have from using don’t allow them to get to appointments or places on time.”

“...Some patients have car fare issues. They make excuses. They don’t wanna go cause they don’t want to wait in the waiting room. They’re afraid it might be painful. But if there’s someone there – a peer educator or someone that has the knowledge its easier to make sure they get through what they have to do.”

#### **8. Have you seen these educational materials?**

Staff members were extremely familiar with the Hepatitis C, Get the Facts Workbook developed by OASIS. They stated that this workbook is very helpful to the clients. Staff members were less familiar with the Hepatitis Education Packet (HEP) developed primarily for staff.

“...We’ve all seen it. We have that one and that one.” [Referring to the workbook]

“...Yes. I use this one the most because it has the facts.” [Referring to the workbook]

“...Its colorful.” [Referring to the workbook]

SACHR: The social worker seemed most familiar with this book. [Referring to HEP]

#### **9. Is there anything else you would like to tell us (additional comments or suggestions) with regards to VHIP?**

The participants thought VHIP was working well and that it was unfortunate that it may be discontinued. It was mentioned that education for staff more often would be helpful as would having more peer educators and support groups available for their clients.

“...It’s an excellent program and its working.”

“...It’s needed [VHIP]. Hep C has been around and it’s going to be around for awhile.”

“...It’s like HIV, its not going away.”

SACHR: The participants said that one stop shopping was important for clients to be successful with their treatment. If clients could be screened for hepatitis C, receive their results, have their genotype and viral load performed, and receive their medication all at SACHR more clients would receive treatment.

**Discussion:**

All of the non-medical staff from AECOM, SACHR and NYHRE knew the hepatitis coordinators, and had daily interactions with them. The most important aspects of VHIP mentioned included:

- ❖ One stop shopping for clients is the best way to retain them in care.
- ❖ Incentives need to be increased for the clients to test, return for test results and go to referral appointment especially if off-site. Cash and food vouchers are the best incentives to use.
- ❖ Escorts to appointments by a peer or someone they trust who have gone through treatment themselves is helpful in getting clients to attend follow-up appointments.
- ❖ Support groups before, during and after treatment need to be available to clients.

The response to VHIP was overwhelmingly positive. The non-medical providers are dedicated to the population they serve and strongly encourage VHIP to continue. The participants did not want to see the program end. They especially did not want Danielle, Wilfredo or Donald's position (Hepatitis Coordinators) to end because of the increase in awareness and education about hepatitis among both staff and clients since they began working at their agencies. Although integration has occurred and there is evidence of increased knowledge and awareness of hepatitis among non-medical staff, the integrated model is heavily dependent on the hepatitis coordinators. The non-medical staff refer their clients to the coordinators who remain the hepatitis experts at these agencies. For VHIP to continue when the coordinators are gone, existing staff will have to transcend their existing competencies to provide a full range of services being offered by the hepatitis coordinators.

*This page intentionally left blank.*

**Viral  
Hepatitis  
Integration  
Project**



# **Viral Hepatitis Integration Project: SACHR and NYHRE “Regular Users” April 2009**

Office of Program Evaluation and Research  
New York State Department of Health, AIDS Institute  
CDC Grant: U50/CCU224192

*This page intentionally left blank.*



## **Viral Hepatitis Integration Project: SACHR and NYHRE “Regular Users” Focus Group Outcomes**

**Background:** In 2004, the New York State Department of Health, AIDS Institute received a five-year grant from the Centers for Disease Control and Prevention. The purpose of the grant is to enhance hepatitis services for current and former injection drug users (IDUs) in methadone maintenance treatment program (MMTP) clinics and syringe exchange programs (SEPs) in New York City. The two SEPs chosen to participate in this project are St. Ann’s Corner of Harm Reduction (SACHR) and New York Harm Reduction Educators (NYHRE). Albert Einstein College of Medicine (AECOM) oversees the MMTP clinics.

The purpose of this report is to summarize the final focus groups at SACHR and NYHRE. Two focus groups were held at each SEP: one with clients who regularly use the agency's services, have completed their hepatitis A and B vaccine series and have returned for their hepatitis B and C test results (Returners) while the other focus group was with clients who regularly use the agency's services but have *not* completed their hepatitis A and B vaccine series nor returned for their hepatitis B and C test results (Non-Returners).

**Methodology:** The hepatitis coordinator at each site recruited clients from an AIDS Institute (AI) generated list from the VHIP tracking system and the AIDS Institute Reporting System (AIRS). On April 16, 2009, two, 1½ hour focus groups were held at SACHR. The first group consisted of Non-Returners (N=6) while the second group was with Returners (N=6). On April 17, 2009, one, 1½ hour focus group was held at NYHRE with Returners (N=3). Although the hepatitis coordinator at NYHRE made many attempts to find clients on the AI generated list, only three clients were located and agreed to participate in a focus group. It was necessary to cancel the group at NYHRE with Non-Returners because the coordinator at NYHRE was not able to locate/recruit any clients from the AI generated list even though numerous attempts were made.

Focus group proceedings were audiotaped to facilitate data analysis. Each participant signed an informed consent and completed a one-page demographic survey. In addition, each participant received \$30.00 in Dunkin Donuts gift cards for their time and participation. Two staff from the AI co-facilitated each of the focus groups.

**Results:** Table 1 shows the results of the demographic survey completed by each participant for all three focus groups. The majority of participants indicated they were male (60%) and Hispanic (80%). The mean age of the participants was 45 with an age range of 20-64. Most of participants reported they had some high school education or had graduated from high school (73%) and that they were single (67%) and not currently in a relationship (60%).

<b>Table 1: Characteristics of Focus Group Participants (N=15)</b>		
<b>Gender</b>	<b>#</b>	<b>%</b>
Male	9	60.0
Female	6	40.0
<b>Race/Ethnicity</b>		
Black or African American	2	13.0
Hispanic or Latino/a	12	80.0
American Indian	1	7.0
<b>Age</b>		
20-29	1	7.0
30-39	1	7.0
40-49	8	53.0
50-59	4	26.0
60-69	1	7.0
<b>What is your highest level of education?</b>		
Grade school only	1	7.0
Some high school, no diploma	6	40.0
High school diploma or GED	5	33.0
Some college, no degree	2	13.0
Other	1 (Trade school)	7.0
<b>What is your marital status?</b>		
Single	10	67.0
Married	2	13.0
Divorced/separated/widowed	3	20.0
<b>What is your relationship status</b>		
Not in a relationship	9	60.0
In a relationship/not living together	2	13.0
In a relationship/living together	4	27.0

### **SACHR's Non-Returners (N=6): Not Usable**

Although the Hepatitis Coordinator at SACHR had successfully recruited six non-returners according to the VHIP Tracking System, when the group began we realized that most of the clients thought they *had* completed their hepatitis A and B vaccine series and received their hepatitis B and C test results. We also realized that Spanish was the primary language for all of these clients, and the only language for a few of them. As a result, this focus group was not able to provide insight into the potential barriers to hepatitis service continuity among regular users of syringe exchange programs. It is worth mentioning that when we reviewed client records after the group, we found that the VHIP Tracking System generated list was correct; there were no records that the clients had completed their vaccination series nor was it recorded that they had returned for their test results. Although it's possible that some clients had completed their vaccination series or got retested elsewhere and did not report this fact to the Hepatitis Coordinator, it seems more likely that clients were simply unclear about their vaccination and screening status.

## **SACHR Returners (N=6)**

### **1) Reasons for testing for hepatitis:**

During support groups, the Hepatitis Coordinator would often share his own personal experiences with the group and this encouraged people to be tested for hepatitis. The one-on-one support that the Hepatitis Coordinator gives his clients at SACHR may not be provided at other agencies. Participants also noted that it is convenient to test at SACHR. One suggestion was that if SACHR had a mobile van to conduct hepatitis screening and vaccination they could reach out to more neighborhoods and clients could avoid being seen entering and exiting the agency. Some additional comments on reasons for testing were:

- “...Did not test because of a fear of needles but then I did it for my health.”
- “...Because I learned that my drug use and unprotected sex makes me at risk.”
- “...I received good support.”
- “...When users [drug] decide that they want to start changing their lives, they make testing a part of that for a healthier body.”
- “...Some people may not know they are at risk so they don’t take the test.”

### **2) Reasons for returning for hepatitis B and C results:**

All of the participants in this group stated they had returned for their test results because of the educational material they had received and because the Hepatitis Coordinator had encouraged them to test and constantly reminded them to return for their results.

### **3) Reasons for returning for hepatitis A and B vaccines:**

All of the clients in this group stated they had completed their vaccination series. The clients talked about being ready to take control of their own well-being. They mentioned that no matter how much education about hepatitis they receive, if they are not in the stage of readiness (very much like dealing with their addiction) they are not going to get tested or vaccinated for hepatitis.

### **4) Evaluation and treatment referral for hepatitis C:**

The few clients that were hepatitis C positive said the only reason they went to their referral appointment was because the hepatitis coordinator escorted them to the appointment.

### **5) Additional suggestions and comments from this group:**

Participants suggested that although incentives get people in the door, this is only a first step. It may take more to encourage the client to get tested, vaccinated and return for their results. The participants stated that staff must “keep it real with clients, not from the books” to engage clients. Furthermore support groups have to be really good for people to keep coming. Participants also stated that outreach is very important to engage this population.

## **NYHRE Returners (N=3):**

### **1) Reasons for testing for hepatitis:**

The participants expressed that the Hepatitis Coordinator was a major factor for testing because he shared his personal story. Participants also stated that peers get peers to test. They expressed that attending groups made them aware that the disease does not discriminate and knowing this

motivated them to test. This group also talked about how the willingness to test increased once a person got to the point where they actually cared about their health. Participants talked about how being offered an HIV test (which they always took because of the large incentive) was often a precursor to getting screened for hepatitis.

## **2) Reasons for returning for hepatitis B and C results:**

Participants understood that a positive test result meant that antibodies are present and that they needed a follow-up appointment. All the participants stated that they received their test results because the hepatitis coordinator gave them an appointment card to remind them to return or as one client stated, she did not need help remembering because she was used to going to the doctor to stay healthy. One client shared her story about being nervous to return for her test results, but did so and was relieved to learn she was HCV-negative. She stated she now wanted to protect herself by also getting her A and B vaccinations.

## **3) Reasons for returning for hepatitis A and B vaccines:**

Participants who tested positive for hepatitis C said they returned for their Hepatitis B vaccine series because they were told they were at a higher risk of contracting the virus. All stated they completed their hepatitis A vaccine and B series, except for one individual for whom it was not medically necessary.

## **4) Evaluation and treatment referral for hepatitis C:**

The Hepatitis Coordinator brought one client to his referral appointment. This client began treatment, but stated interferon made him sick and the pills had too many side effects, however he eventually finished treatment once housing was secured and his depression was under control. Another client had viral load testing which confirmed he was HCV positive and he now has his referral appointment set-up for his genotype test and liver biopsy.

## **5) Additional suggestions and comments from this group:**

The participants said they were satisfied with the services at NYHRE and they like the staff because they make them feel comfortable. The group suggested they need to get more people to attend the hepatitis groups so they can learn the importance of getting tested and vaccinated. They also suggested that outreach workers first need to tell people about hepatitis and then they need to bring the individuals to the hepatitis coordinator to get screened and vaccinated.

“...I like the groups. I like the atmosphere in there. I like being in there and helping out in the groups. The groups, they teach you about your body and that’s more important than anything they do. They do a lot of harm reduction, but learning about the hep C it opened my eyes to a lot of stuff. I learned that the liver will regenerate – that’s what caught my fancy.”

**At the end of each group we asked the participants: “What could you tell others who don’t want to get tested to encourage them get tested?” Some of their responses were:**

“...I talk to them and tell them what’s going on, tell them why I got tested.”

“...A lot of them ask – why would they let someone mess with their liver? Why take interferon and make them look sickly, like they have HIV. You get a lot of responses like that.”

“...I would tell them to come to the groups so they could learn more about it and so they can ask questions. I know I learned a lot from the groups.”

“...All you can do is give them their rights. I would tell them that you need to take care of your health. Sometimes people with HIV won’t tell you that they have it.

**Discussion:** The major themes identified through the focus group with regular users who have completed their hepatitis A and B vaccine series and returned for their hepatitis B and C test results at SACHR and NYHRE included:

- Incentives may motivate a client to screen for hepatitis, but until the client is ready to take an interest in his or her personal health, they are not going to return for test results, vaccines or treatment for hepatitis C;
- Support groups helped clients progress to the state of being ready;
- Coordinator’s on-going reminders and support encouraged clients to follow-through with vaccines and follow-up appointments;
- Escorts to referral appointments can help alleviate client’s fears.

**Conclusion:** The hepatitis coordinators made numerous attempts to find eligible clients identified through the the VHIP Tracking System, but could only find and recruit 15. Therefore, the views and statements expressed are not necessarily representative of the entire population of eligible participants. However, these finding can be a valuable resource to guide future explorations into program improvement and to gain an understanding of the program’s strengths.

It appears VHIP has been successful in many ways. Results of the focus group suggest that syringe exchange program users were effectively provided with education and support about hepatitis primarily from the hepatitis coordinators of VHIP. The support groups helped the clients to prepare to take control of their health and when they were ready, escorts were there to take them to their follow-up appointments. The coordinators, along with peers, motivated the clients to follow-through with vaccines and follow-up appointments, but more importantly VHIP assuaged the client’s fears about hepatitis.

“...The hepatitis C group is very important, in my life. He [Hepatitis Coordinator] talks about a lot of things. It’s very educational. People can ask questions. It [the group] shouldn’t ever be removed, we need the help. Cuz’ you got a great percentage of people with hepatitis C. It would be a shame if they closed that [VHIP]. It would hurt a lot.”

**A VHIP Success Story:** One of the clients who had recently been diagnosed with hepatitis C, participated in the focus group of hepatitis C positive clients back in October 2006. Initially, he was ambiguous about starting hepatitis C treatment. Three years later, he participated in this focus group and reported to the group that he was very pleased he decided to complete hepatitis C treatment and as a result had attained a sustained virologic response (SVR).



**Viral  
Hepatitis  
Integration  
Project**



# **Viral Hepatitis Integration Project: Exit Interviews with the Hepatitis Coordinators April 2009**

Office of Program Evaluation and Research  
New York State Department of Health, AIDS Institute  
CDC Grant: U50/CCU224192

*This page intentionally left blank.*



## **Exit Interviews with Hepatitis Coordinators from SACHR and NYHRE**

The purpose of this report is to summarize the findings from exit interviews with the hepatitis coordinators at SACHR and NYHRE.

AIDS Institute staff spoke with the hepatitis coordinator at each site about their overall experience with VHIP. Both coordinators expressed that they thought the program had worked well and they really enjoyed working on the project. They articulated feeling a sense of satisfaction with helping and supporting the clients. Furthermore, they stated they were dedicated to the project and were driven to see it through until the end. Both coordinators were with the project since its inception.

Some of their thoughts on what worked well, what could be improved and what they would have done differently included:

- Program components that worked well:
  - Weekly meetings/camaraderie between coordinators at the three agencies (two coordinators at the SEPs and one coordinator from the MMTP);
  - Hepatitis support groups;
  - Incentives for clients;
  - Escorts/transportation to referral appointments;
  - Educational materials, such as the Hepatitis C: Get the Facts Workbook, developed by OASIS and the Hepatitis Education Packet (HEP), developed by AI staff.
- Program components that could be improved:
  - More communication between AI staff and agency administration:
    - Agency administration not always supportive of hepatitis coordinator's work;
    - Need to get buy-in from agency administration up front.
  - Need more medical hours with physicians assistant (PA) to offer vaccinations;
  - Need another person to help with follow-up, escorts to appointments and to contact clients when they need a nudge to go to referral appointments or come in for vaccinations;
  - Plus, when coordinators were sick or on vacation, hepatitis services had to be suspended.
- What coordinators would have done differently:
  - Place a van in different neighborhoods and locations;
    - Welfare center;
    - SSI office;
    - Homeless shelters;
    - Food pantries.
  - Provide higher incentives for this incentive-driven population.

AIDS Institute staff commended the coordinators for their dedication and recognized their accomplishments. The interactions between the coordinators and their clients demonstrated bonding was accomplished. It was obvious through the many visits to each site that the bonding also extended to other non-clinical staff at their respective agencies. It was apparent that the relationships that developed as a result of VHIP is what helped make the program so successful.

## **Appendix H**

### **VHIP Tracking Forms**

Hepatitis Screening and Vaccination Log  
HCV Evaluation and Treatment Log  
NYC Data Collection Form  
AECOM Hepatitis and HIV Chart Review Form  
Hepatitis Service Log Instructions  
Hepatitis Service Log Submission Form

*This page intentionally left blank.*

# Hepatitis Screening and Vaccination Log



Client ID#: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Ask client during his/her first visit for VHIP services:**

Gender: ☐ Male ☐ Female  
 Race or ethnicity: ☐ Hispanic or Latino/a ☐ Black or African American ☐ Asian ☐ White  
 (mark all that apply) ☐ Other, please specify: \_\_\_\_\_ ☐ Refused

Insurance (specify type of Medicaid): \_\_\_\_\_ ☐ None ☐ Unknown  
 Have primary care provider? ☐ Yes ☐ No ☐ Unknown ☐ Refused  
 If no, referred to: \_\_\_\_\_ ☐ Refused referral  
 If yes: Health center: \_\_\_\_\_ Provider: \_\_\_\_\_ ☐ Unknown  
 Saw primary care provider in the past 12 months? ☐ Yes ☐ No ☐ Unknown ☐ Refused

Ever injected any drugs or medications? ☐ Yes ☐ No ☐ Refused  
 If yes: Ever injected with a needle that someone else had already used? ☐ Yes ☐ No ☐ Refused  
 In the past 12 months, injected any drugs or medications? ☐ Yes ☐ No ☐ Refused  
 In the past 12 months, injected with a needle that someone else had already used? ☐ Yes ☐ No ☐ Refused

Date of last HIV test (mm/dd/yy)? \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Unknown ☐ Never tested ☐ Refused  
 If ever tested for HIV, result of last HIV test? ☐ Neg ☐ Pos ☐ Unknown ☐ Refused  
 If HIV positive, seeing a health care provider for HIV treatment? ☐ Yes ☐ No ☐ Refused

	Site/Address Date Screened (mm/dd/yy)	If Not Screened, Reason & Date (mm/dd/yy)	Date Returned for Results (mm/dd/yy)	Test Results	Notes
HBV:	____/____/____	____/____/____	____/____/____	HBsAg: <input type="radio"/> Neg <input type="radio"/> Pos HBsAb: <input type="radio"/> Neg <input type="radio"/> Pos HBcAb: <input type="radio"/> Neg <input type="radio"/> Pos If HBsAg+, complete HBV Treatment Referral Log	
HCV:	____/____/____	____/____/____	____/____/____	HCV: <input type="radio"/> Neg <input type="radio"/> Pos If HCV+, complete HCV Evaluation and Treatment Log	
HCV:	____/____/____	____/____/____	____/____/____	HCV: <input type="radio"/> Neg <input type="radio"/> Pos If HCV+, complete HCV Evaluation and Treatment Log	

Date due for HBV dose 2 (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date due for HAV dose 2 (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date due for HBV dose 3 (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

		Site/Address Date Vaccinated (mm/dd/yy)	Type of Vaccine	If Not Vaccinated, Reason & Date (mm/dd/yy)	Notes
Hepatitis A Vaccine	Dose 1	____/____/____	<input type="radio"/> HAV <input type="radio"/> Twinrix		
	Dose 2	____/____/____	<input type="radio"/> HAV <input type="radio"/> Twinrix		
Hepatitis B Vaccine	Dose 1	____/____/____	<input type="radio"/> HBV <input type="radio"/> Twinrix	<input type="radio"/> HBV immune	
	Dose 2	____/____/____	<input type="radio"/> HBV <input type="radio"/> Twinrix	<input type="radio"/> HBV immune	
	Dose 3	____/____/____	<input type="radio"/> HBV <input type="radio"/> Twinrix	<input type="radio"/> HBV immune	

**This section is for your records only. Do not submit this information to OPER.**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Client ID# \_\_\_\_\_

Date of birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Contact person: Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Instructions:**

1. One Hepatitis Screening and Vaccination Log should be completed for each client. Update the form each time a hepatitis screening or vaccination is provided.
2. If a client is *not screened* for HBV and/or HCV or is *not vaccinated* for HAV or HBV, enter the date when you discussed hepatitis screening or vaccination with the client and the reason why the client was not screened or vaccinated (e.g., client refused to be vaccinated or client is immune to HBV).
3. Flag the Hepatitis Screening and Vaccination Log using Post-It® flags any time you make a new entry.
4. Data Submission:
  - a) On the 1<sup>st</sup> and the 15<sup>th</sup> of every month, send OPER photocopies of all the flagged Hepatitis Screening and Vaccination Logs.
  - b) Send the Hepatitis Screening and Vaccination Logs and the Hepatitis Service Log Submission Form by FedEx or by fax (518)402-6813.
  - c) Remove the flags after you send the logs.
5. Additional Instructions:
  - a) Write any additional information that you think is important in the notes section for each service or at the bottom of the front side of this form.
  - b) Write any information that you do *not* want sent to OPER on this side of the form.

# HCV Evaluation and Treatment Log



Client ID#: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of referral for **HCV evaluation and treatment** (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Where was the client referred to? \_\_\_\_\_

**Did the client *accept* the referral?**

- |   |   |   |
|---|---|---|
| <input type="radio"/> Yes                               | <input type="radio"/> No-if no, why not? (check <u>all</u> that apply below): ↓ |   |
| <input type="radio"/> Don't want/fear of a liver biopsy | <input type="radio"/> Dealing with other health issues                          | <input type="radio"/> Mental health issues            |
| <input type="radio"/> Don't feel sick right now         | <input type="radio"/> Wants to go to own doctor                                 | <input type="radio"/> No transportation               |
| <input type="radio"/> Don't have the time commitment    | <input type="radio"/> Other more pressing issues/priorities                     | <input type="radio"/> Don't have health insurance     |
| <input type="radio"/> Can't take time off of work       | <input type="radio"/> Fear of the referral and/or treatment                     | <input type="radio"/> Worried about how to pay for it |
| <input type="radio"/> Don't want treatment right now    | <input type="radio"/> Current drug use  | <input type="radio"/> Treatment is not that good      |
| <input type="radio"/> Don't know the doctor             | <input type="radio"/> Wants to go to MMTP provider                              | <input type="radio"/> Don't want more bad news        |
| <input type="radio"/> Don't have a place to live        | <input type="radio"/> Other, specify: _____                                     |   |

**What would *help* the client change their mind and accept a referral appointment?** (check all that apply below): ↓

- |   |  |  |
|---|--|--|
| <input type="radio"/> If had someone to go with         | <input type="radio"/> If didn't have to have a liver biopsy            | <input type="radio"/> If started feeling sick        |
| <input type="radio"/> If had transportation             | <input type="radio"/> If there was an incentive                        | <input type="radio"/> If other issues were addressed |
| <input type="radio"/> If the services were offered here | <input type="radio"/> If there was a larger incentive (amount: \$____) |  |
| <input type="radio"/> If knew what was going to happen  | <input type="radio"/> If decreased/stopped alcohol and/or drug use     |  |
| <input type="radio"/> Nothing                           | <input type="radio"/> Other, specify: _____                            |  |

**Did the client go to the referral?**

- |  |   |                               |
|--|---|-------------------------------|
| If yes, was the client escorted to the referral? | <input type="radio"/> Yes <input type="radio"/> No, why not: _____  | <input type="radio"/> Unknown |
| HCV genotype test performed?                     | <input type="radio"/> Yes <input type="radio"/> No, why not: _____  | <input type="radio"/> Unknown |
| Results obtained from:                           | <input type="radio"/> Lab report <input type="radio"/> Client <input type="radio"/> Other, specify: _____ |                               |
| HCV genotype test result:                        | _____   | <input type="radio"/> Unknown |
| HCV viral load test performed?                   | <input type="radio"/> Yes <input type="radio"/> No, why not: _____  | <input type="radio"/> Unknown |
| Results obtained from:                           | <input type="radio"/> Lab report <input type="radio"/> Client <input type="radio"/> Other, specify: _____ |                               |
| HCV viral load test result:                      | _____   | <input type="radio"/> Unknown |

**Liver Biopsy:**

- |  |   |  |
|--|---|--|
| Client had a liver biopsy?                         | <input type="radio"/> Yes <input type="radio"/> No, why not: _____  | <input type="radio"/> Unknown                          |
| If yes, was the client escorted to the biopsy?     | <input type="radio"/> Yes, by whom: _____   | <input type="radio"/> No <input type="radio"/> Unknown |
| Where was the liver biopsy done?                   | _____   |  |
| Date of liver biopsy (mm/dd/yy):                   | ____/____/____  | <input type="radio"/> Unknown                          |
| Results obtained from:                             | <input type="radio"/> Lab report <input type="radio"/> Client <input type="radio"/> Other, specify: _____ |  |
| Results reported using the:                        | <input type="radio"/> Ishak system <input type="radio"/> Metavir system                                   | <input type="radio"/> Unknown                          |
| Stage of fibrosis (Ishak: 0-6, Metavir: 0-4):      | _____   | <input type="radio"/> Unknown                          |
| Grade of inflammation (Ishak: 0-18, Metavir: 0-4): | _____   | <input type="radio"/> Unknown                          |

**HCV Treatment:**

- |                                    |  |                               |
|------------------------------------|--|-------------------------------|
| Offered HCV treatment?             | <input type="radio"/> Yes <input type="radio"/> No, why not: _____ | <input type="radio"/> Unknown |
| Taking HCV treatment?              | <input type="radio"/> Yes <input type="radio"/> No, why not: _____ | <input type="radio"/> Unknown |
| Date started treatment (mm/dd/yy): | ____/____/____   | <input type="radio"/> Unknown |
| Date ended treatment (mm/dd/yy):   | ____/____/____   | <input type="radio"/> Unknown |

- |  |   |
|--|---|
| Treatment Outcome: (mark the one option that best applies) | <input type="radio"/> Completed treatment and treatment was successful (achieved SVR)                   |
|  | <input type="radio"/> Completed treatment but treatment was <i>not</i> successful (did not achieve SVR) |
|  | <input type="radio"/> Discontinued treatment, why? _____  |
|  | <input type="radio"/> Other, specify: _____   |
|  | <input type="radio"/> Unknown   |

**This section is for your records only. Do not submit this information to OPER.**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Client ID# \_\_\_\_\_

Date of birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Contact person:                      Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Instructions:**

1. One HCV Evaluation and Treatment Log should be completed for each client who tests positive for HCV. Update the form each time you receive information about the client's HCV evaluation and treatment.
2. Flag the HCV Evaluation and Treatment Log using Post-It® flags any time you make a new entry.
3. Data Submission:
  - a) On the 15<sup>th</sup> of every month, send OPER photocopies of all the flagged HCV Evaluation and Treatment Logs.
  - b) You can send the HCV Evaluation and Treatment Logs and the Hepatitis Service Log Submission Form by FedEx or by fax (518)402-6813.
  - c) Remove the flags after you send the logs.
4. Additional Instructions:
  - a) Write any additional information that you think is important in the notes section for each service or at the bottom of the front side of this form.
  - b) Write any information that you do *not* want sent to OPER on this side of the form.





# Hepatitis C Program Data Collection Form

Test Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Site #: \_\_\_\_

Counselor: \_\_\_\_\_

<b>ID:</b> _____				
<b>Name:</b> _____ <small>Last First</small>				
<b>DOB:</b> ____ / ____ / ____				
<b>Address:</b> _____ <small>Street Apt./PO Box</small>				
<b>Phone #:</b> ( ) _____ - _____				
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Trans	<input type="checkbox"/> Refused
<b>Race</b>	<input type="checkbox"/> Am. Ind. <input type="checkbox"/> Alaskan <input type="checkbox"/> Black	<input type="checkbox"/> Asian <input type="checkbox"/> Pac. Islander <input type="checkbox"/> White	<input type="checkbox"/> Other	<input type="checkbox"/> Refused
<b>Place of Birth</b>	<input type="checkbox"/> U.S.	<input type="checkbox"/> Other		
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Refused	
<b>Past 12 Mo. Ins.</b>	<input type="checkbox"/> Private	<input type="checkbox"/> Medicaid	<input type="checkbox"/> None	<input type="checkbox"/> Unknown
<b>Referred by:</b>	<input type="checkbox"/> Counselor/physician at this organization <input type="checkbox"/> Counselor/physician at other organization or clinic <input type="checkbox"/> Educational materials <input type="checkbox"/> Friend/family <input type="checkbox"/> Heard about it on my own <input type="checkbox"/> Other(specify) _____			

<input type="checkbox"/> <b>Pre-test counseled</b>				
	Yes	No	Unknown	Refused
<b>IDU now</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IDU ever</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol now</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MSM ever</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Incarcerated Ever</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HIV+</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STD ever</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Liver Disease</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transfusion or clotting factors before 1992</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hemodialysis</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Organ Transplant</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sex with IDU</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tattoo or Pierce (non-licensed)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sex with HCV+</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hormones/Steroids</b>	<input type="checkbox"/> Inject			<input type="checkbox"/> None
<b>Crystal Meth</b>	<input type="checkbox"/> Inject	<input type="checkbox"/> Snort	<input type="checkbox"/> None	
<b>Cocaine</b>	<input type="checkbox"/> Inject	<input type="checkbox"/> Snort	<input type="checkbox"/> None	
<b>Heroin</b>	<input type="checkbox"/> Inject	<input type="checkbox"/> Snort	<input type="checkbox"/> None	

**HCV Test Result**  
☐ Positive  
☐ Negative

☐ Results Given

**Date of Post-test**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Was a referral made?** ☐ Yes ☐ No ☐ Unknown

**If yes, specify where:** \_\_\_\_\_

**Was referral accepted?** ☐ Yes ☐ No ☐ Unknown

**Did client attend referral appointment?** ☐ Yes ☐ No ☐ Unknown

**If so, was treatment recommended?** ☐ Yes ☐ No ☐ Unknown

**Was treatment accepted?** ☐ Yes ☐ No ☐ Unknown

**Was a referral made for hepatitis A or B vaccination?** ☐ Yes ☐ No ☐ Unknown

**If yes, specify where:** \_\_\_\_\_

**Was vaccination referral accepted?** ☐ Yes ☐ No ☐ Unknown

**Did client attend vaccination appointment?** ☐ Yes ☐ No ☐ Unknown

## Hepatitis A Vaccination

Dose 1	Dose 2
<b>Date of Dose:</b>	<b>Date of Dose:</b>
____ / ____ / ____	____ / ____ / ____

## Hepatitis B Vaccination

Dose 1	Dose 2	Dose 3
<b>Date of Dose:</b>	<b>Date of Dose:</b>	<b>Date of Dose:</b>
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

*This page intentionally left blank.*

# AECOM Hepatitis and HIV Chart Review Form



Patient name: (Last, First) \_\_\_\_\_, \_\_\_\_\_  
Client ID#: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Notes:

## Instructions:

1. One Chart Review Form should be completed for each client in the tracking cohort. The Chart Review Form should be updated quarterly. After the first chart review only enter information that changed since the previous chart review.
  - a) Complete the **HAV and HBV Vaccination** section for all clients.
  - b) Complete the HAV antibody and HBV, HCV and HIV screening fields in the **Hepatitis and HIV Serology** section for all clients. The follow-up HBV testing fields should only be completed for clients who test positive for hepatitis B surface antigen (HBsAg). During the first chart review, enter the date, test result and test site of the client's *most recent HIV antibody test*. During the subsequent chart reviews, enter all the HIV test dates and results for HIV antibody tests conducted after the first chart review.
  - c) Complete the **HIV Evaluation and Treatment** section for clients who are HIV positive when the first chart review is done or who first test positive for HIV during the VHIP grant period. The baseline HIV viral load and CD4 count refer to the first tests conducted after the client tests positive for HIV.
  - d) Complete the **HCV Evaluation and Treatment** section for clients who are HCV positive when the first chart review is done or who first test positive for HCV during the VHIP grant period. The baseline HCV viral load refers to the first test conducted after the client tests positive for HCV. Indicate whether HCV treatment was ever offered and the number of HCV treatment episodes for all HCV positive clients. The remainder of the HCV treatment questions refer to the current or most recent HCV treatment episode. If a client who was treated for HCV prior to the chart review begins another HCV treatment episode during the VHIP grant period or if a client has more than one HCV treatment episode during the VHIP grant period, complete a separate HCV Treatment section for each HCV treatment episode (extra HCV Evaluation and Treatment pages will be provided).
2. At the end of each quarterly review, submit photocopies of pages 1 to 3 of all the Chart Review Forms to OPER (do not submit the cover page). Submit all the quarterly Chart Review Forms to OPER by **March 31, June 30, September 30 and December 31** of each year during the VHIP grant period, beginning on September 30, 2006.
3. Write any additional information that you think is important in the notes sections on the cover page and page 1 or on the back of the Chart Review Form. Comments written on the cover page or on the back of the Chart Review Form will not be seen by OPER. Only notes written on page 1 will be seen by OPER.

# AECOM Hepatitis and HIV Chart Review



Client ID#: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Chart Review (mm/dd/yy)	Clinic	Notes
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		

## HAV and HBV Vaccination

		Date Vaccinated (mm/dd/yy)	Type of Vaccine	If Not Vaccinated, Reason
Hepatitis A vaccine	Dose 1	____/____/____	<input type="radio"/> HAV <input type="radio"/> Twinrix	<input type="radio"/> HAV immune
	Dose 2	____/____/____	<input type="radio"/> HAV <input type="radio"/> Twinrix	
Hepatitis B vaccine	Dose 1	____/____/____	<input type="radio"/> HBV <input type="radio"/> Twinrix	<input type="radio"/> HBV immune
	Dose 2	____/____/____	<input type="radio"/> HBV <input type="radio"/> Twinrix	
	Dose 3	____/____/____	<input type="radio"/> HBV <input type="radio"/> Twinrix	

# AECOM Hepatitis and HIV Chart Review



## Hepatitis and HIV Serology

Test	Date (mm/dd/yy)	Test Results		
HAV antibody test	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HBV screening				
HBsAg	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HBsAb	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HBcAb	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
Follow-up HBV testing (Only complete if tested HBsAg+)				
HBEAg	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HBEAb	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HBV (bDNA) viral load	____/____/____	_____ (units/assay)		<input type="radio"/> Undetectable
HCV screening				
HCV antibody	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HCV antibody	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HIV screening				
First chart review: Most recent HIV antibody				
Date and test result	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
		<input type="radio"/> Never tested	<input type="radio"/> Unknown	
Test site:	<input type="radio"/> Onsite	<input type="radio"/> Other provider, specify: _____		
HIV antibody	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HIV antibody	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HIV antibody	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HIV antibody	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HIV antibody	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate
HIV antibody	____/____/____	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Indeterminate

## HIV Evaluation and Treatment (Complete if HIV+)

Date of first HIV+ test	____/____/____	<input type="radio"/> Unknown
Baseline* HIV viral load	____/____/____	_____ RNA _____ bDNA
		<input type="radio"/> Not ordered <input type="radio"/> Undetectable <input type="radio"/> Unknown
Baseline* CD4 count	____/____/____	_____ cells/mm <sup>2</sup> _____ copies/ml
		<input type="radio"/> Indeterminate <input type="radio"/> Not ordered <input type="radio"/> Unknown
Taking HAART or other ARV?	<input type="radio"/> Yes	<input type="radio"/> No, why not: _____
	<input type="radio"/> Unknown	
If taking HAART or other ARV:		
Date started treatment:	____/____/____	<input type="radio"/> Unknown
HIV treatment provider:	<input type="radio"/> Onsite	<input type="radio"/> Other provider, specify: _____

\*First viral load and CD4 count after the client tested HIV positive.

Client ID#: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

(Version 7/14/06)

# AECOM Hepatitis and HIV Chart Review



## HCV Evaluation and Treatment (Complete if HCV+)

<b>Referral and Follow-up HCV Testing</b>				
Referred to:	<input type="radio"/> Onsite provider	<input type="radio"/> Montefiore GI	<input type="radio"/> Other provider, specify: _____	
	<input type="radio"/> St. Barnabas	<input type="radio"/> Montefiore ID	<input type="radio"/> No referral, why not: _____	
Shown up for referral?	<input type="radio"/> Yes	<input type="radio"/> No, why not: _____		<input type="radio"/> Unknown
HCV genotype:	____/____/____	<input type="radio"/> Indeterminate	<input type="radio"/> Not ordered	<input type="radio"/> Unknown
Baseline HCV viral load*:	____/____/____ IU/ml	____ copies		
	<input type="radio"/> Undetectable	<input type="radio"/> Not ordered	<input type="radio"/> Unknown	
<b>Liver Biopsy</b>				
Liver biopsy offered?	<input type="radio"/> Yes	<input type="radio"/> No, why not: _____		<input type="radio"/> Unknown
Date of liver biopsy (mm/dd/yy)?	____/____/____	<input type="radio"/> Unknown		
	<input type="radio"/> Not done, why not: _____			
Location:	<input type="radio"/> Montefiore	<input type="radio"/> St. Barnabas	<input type="radio"/> Other, specify: _____	
Results:	<input type="radio"/> Metavir system	<input type="radio"/> Ishak system	<input type="radio"/> Verbal report	<input type="radio"/> Unknown
Stage of fibrosis (Ishak: 0-6, Metavir: 0-4):	_____	<input type="radio"/> Indeterminate	<input type="radio"/> Unknown	
Grade of inflammation (Ishak: 0-18, Metavir: 0-4):	_____	<input type="radio"/> Indeterminate	<input type="radio"/> Unknown	
Verbal report:	Fibrosis: _____	Inflammation: _____		
<b>Current or Most Recent HCV Treatment Episode</b>				
Treatment ever offered:	<input type="radio"/> Yes	<input type="radio"/> No, why not: _____		<input type="radio"/> Unknown
# of HCV treatment episodes (including current/most recent):	_____	<input type="radio"/> Unknown		
Date started treatment (mm/dd/yy):	____/____/____	<input type="radio"/> Refused treatment	<input type="radio"/> Unknown	
# weeks of treatment planned:	<input type="radio"/> 12	<input type="radio"/> 24	<input type="radio"/> Maintenance	
	<input type="radio"/> 48	<input type="radio"/> 72	<input type="radio"/> Other, specify: _____	
<b>Medications:</b>				
Pegylated Interferon (once per week)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Interferon (3 times per week)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Ribavirin	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Other HCV treatment, specify: _____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
<b>Treatment endpoints:</b>				
Rapid viral response (RVR) at 4 weeks:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not done	<input type="radio"/> Unknown
Early viral response (EVR) at 12 weeks:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not done	<input type="radio"/> Unknown
End of treatment response (ETR):	<input type="radio"/> Yes, at week #: _____	<input type="radio"/> No	<input type="radio"/> Not done	<input type="radio"/> Unknown
Sustained viral response (SVR) at 24 weeks:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not done	<input type="radio"/> Unknown
Duration of treatment completed:	_____ weeks			
<b>Treatment outcome (complete when the client is no longer taking HCV treatment):</b>				
<input type="radio"/> Planned course of treatment completed				
<input type="radio"/> Treatment was discontinued by the: <input type="radio"/> Patient <input type="radio"/> Provider <input type="radio"/> Unknown				
Why was treatment discontinued? _____				
<input type="radio"/> Other treatment outcome, specify: _____				
<input type="radio"/> Unknown				
*First viral load after the client tested HCV antibody positive.				

Client ID#: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

(Version 7/14/06)

# Hepatitis Service Log Instructions



## Forms

There are 5 forms in the Hepatitis Service Log:

- **Hepatitis Screening and Vaccination Log** - complete 1 form for each client. Update the form each time a hepatitis screening or vaccination is provided.
- **HCV Evaluation and Treatment Log** - complete 1 form for each client who tests positive for HCV. Update the form each time you receive information about the client's HCV evaluation and treatment.
- **HBV Treatment Referral Log** - complete 1 row of the form for each client who tests positive for HBsAg.
- **Hepatitis C Data Collection Form** - complete 1 form for each HCV test. Follow the instructions provided by New York City Department of Health and Mental Hygiene.
- **Hepatitis Service Log Submission Form** - use the pre-printed forms as a cover sheet for each data submission.

Flag each form any time you make a new entry. More detailed instructions for completing the Hepatitis Screening and Vaccination Log, the HCV Evaluation and Treatment Log and the HBV Treatment Referral Log are on the back of each form.

## Submitting Data

Data should be submitted with the **Hepatitis Service Log Submission Form** to OPER by using the provided pre-paid FedEx airbills or by fax (518-402-6813). Send photocopies of the front side of all the forms that were flagged and keep all the originals. Use a black magic marker to block out the client's name, address and phone number (do *not* block out the client's ID number or date of birth) on the Hepatitis C Data Collection Forms.

On the 1<sup>st</sup> of every month (or the following weekday if the 1<sup>st</sup> falls on a weekend or a holiday) send all of the following white forms *unless* the hepatitis test results were not returned from the lab:

- Hepatitis Screening and Vaccination Log
- Hepatitis C Testing – Data Collection Form

On the 15<sup>th</sup> of every month (or the following weekday if the 15<sup>th</sup> falls on a weekend or a holiday) send all of the following white and yellow forms *unless* the hepatitis test results were not returned from the lab:

- Hepatitis Screening and Vaccination Log (white)
- Hepatitis C Testing – Data Collection Form (white)
- HCV Evaluation and Treatment Log (yellow)
- HBV Treatment Referral Log (yellow)

## Supplies or Questions

Please contact us right away if you need additional supplies (i.e., log forms or FedEx airbills) or if you have any problems or questions. You can call or e-mail Karyn Heavner (518-402-6809, kkh02@health.state.ny.us) or Kirsten Rowe (518-402-6801, kas11@health.state.ny.us).

**Thank You! ☺**

*This page intentionally left blank.*



# Hepatitis Service Log Submission Form



TO: Kirsten Rowe  
Phone: 518-402-6814  
Fax: 518-402-6813

FROM: «Coordinator»  
«Title»  
«Site»

DATE: «Date»

SUBJECT: VHIP Hepatitis Service Log Submission

PAGES (*Please indicate how many forms you are submitting*):

\_\_\_\_\_ Hepatitis Screening and Vaccination Log  
\_\_\_\_\_ HBV Treatment Referral Logs  
\_\_\_\_\_ HCV Evaluation and Treatment Log  
\_\_\_\_\_ NYCDOH Hepatitis C Testing – Data Collection Forms

<b>CONFIDENTIAL</b>
---------------------

This information (including any attachments) has been disclosed to you from confidential records which are protected by state law, including Article 27-F of the Public Health Law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure. Please note that additional protections may also apply under federal law, and that civil or criminal penalties may apply under state and/or federal law for unauthorized use or disclosure of this information. If you are not the named recipient, or the named recipient's agent, please contact Kirsten Rowe at (518)402-6814 immediately to arrange for its prompt return. If you experience any other difficulties regarding this transmission, please contact Kirsten Rowe at (518)402-6814.

*This page intentionally left blank.*