III. Awareness and Utilization of VHIP: Estimating VHIP Integration at the SEPs

Staff awareness and utilization of VHIP is a necessary condition to program integration. Four sources of data were used to estimate awareness and utilization of VHIP services at the SEPs. Because VHIP enhanced already existing hepatitis services at the MMTP, VHIP integration was only investigated for the SEPs. The results of each are discussed below.

A. Awareness and Utilization of VHIP by SEP Staff: Non-Medical Staff Follow-Up Survey

Awareness and utilization of VHIP by SEP staff was assessed on the follow-up Non-Medical Staff Survey (Appendix B).[5] As discussed, follow-up surveys were administered to all non-medical staff working at the SEPs between April and July 2008 (n=44). More specifically, non-medical staff were asked about their awareness of the hepatitis educational materials available at their agency, their awareness of the VHIP program specifically, whether or not they knew who the Hepatitis Coordinator was at their agency (in general and by name), and whether or not they had ever referred their clients to the Hepatitis Coordinator.

Given the small sample size at each agency, the results of the SEP staff surveys are combined. Results indicate widespread awareness and utilization of VHIP by SEP staff:

- Almost all staff (95%) were aware of the availability of hepatitis educational materials at their agency;
- Three out of four staff (81%) reported being specifically aware of the Viral Hepatitis Integration Program (i.e., recognizing VHIP by name);
- Almost all staff (98%) said that they knew who the Hepatitis Coordinator was at their agency and all of these staff correctly named the Coordinator; and
- 79% of staff said that they had referred clients to the Hepatitis Coordinator at their agency.

In summary, results from the survey of non-medical staff at the SEPs provides face validity to the assertion that VHIP was successfully integrated into the existing service structure at the SEPs. Awareness and utilization results were similar between staff at the two SEPs.

B. Awareness and Utilization of VHIP by SEP Clients: Hepatitis Awareness Survey

Awareness and utilization of VHIP was assessed from the consumer prospective midway through the project. This was accomplished by interviewing participants who were in the process of utilizing the SEPs (Appendix E). NYSDOH staff conducted on-

[5]There were no medical staff at the SEPs.

site interviews with SEP participants. The primary purpose of the interviews was to determine visual recognition of the Hepatitis Coordinator at each agency and to assess client knowledge and utilization of services provided by the Coordinator. Interviews were conducted at the main office site where a multitude of harm reduction services are offered and at the street-based syringe exchange site, where individuals were in the process of exchanging used syringes for new ones. Each Hepatitis Coordinator had a fixed (scheduled) presence in both settings during the project.

Survey participants received a $4.00 metrocard (subway fare) for participating along with the Hepatitis Coordinator's business card. Spanish translation was available at the SEP whose client base was overwhelmingly Hispanic or Latino/a. The brief face-to-face interview began by having the client view a picture of the Hepatitis Coordinator. A series of additional questions about the Coordinator were then asked of those clients who said that they recognized the Coordinator.

Figure 9: Demographic Characteristics of Hepatitis Awareness Survey Participants (N=147)

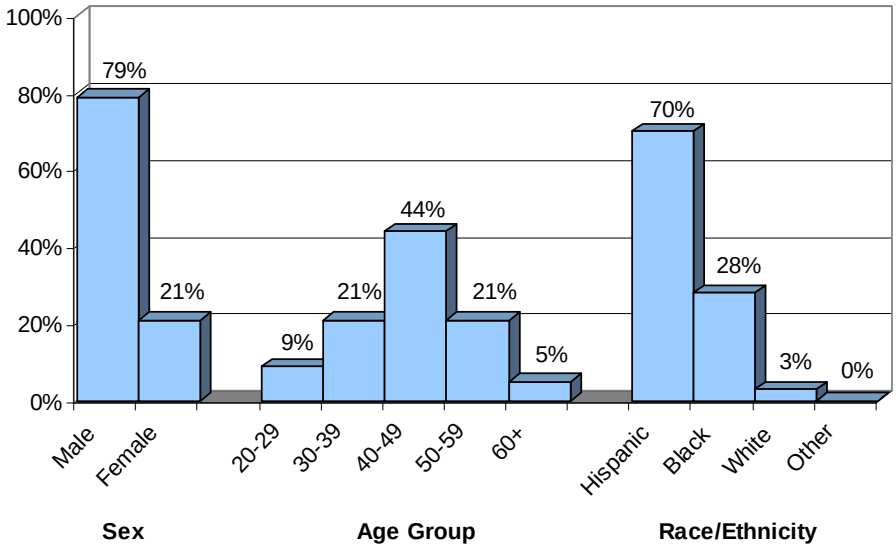
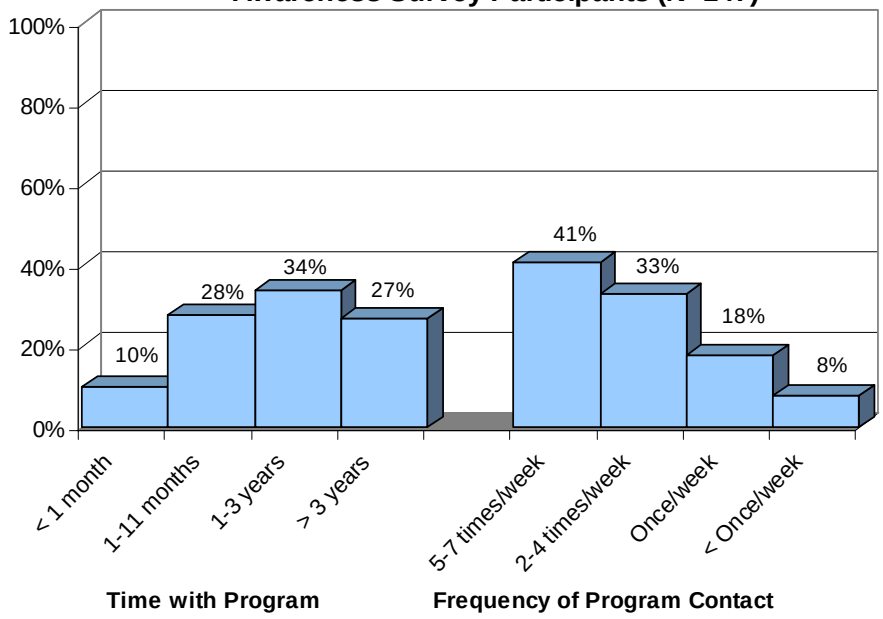


Figure 9 (above) reveals that the hepatitis awareness survey participants were overwhelmingly male (79%), between the ages of 30 and 59 (86%) and persons of color (98%). Figure 10 (below) reveals that most participants had been accessing services from their SEP for at least a year (61%), and most reported going to their SEP at least twice per week (74%). The demographic and service utilization patterns displayed among hepatitis awareness survey participants is generally consistent with those observed among all persons served by the two SEPs.

Figure 10: Service Utilization Characteristics of Hepatitis Awareness Survey Participants (N=147)



Results concerning awareness and utilization of VHIP-specific services are summarized in Table 4. Most respondents (79%) said that they recognized the picture of the Hepatitis Coordinator, however less than one in three respondents (32%) was able to accurately recall his/her name. Notwithstanding this fact, most respondents did know that the Coordinator dealt with hepatitis (60%) and most reported that the Coordinator had provided the respondent with information or a service specific to hepatitis (60%). Eighty percent of survey respondents had taken or received hepatitis educational materials from their agency.

About a third of respondents knew that hepatitis testing (64%) and hepatitis vaccinations (65%) were available at their SEP. Slightly more than one-half of respondents indicated that they had been asked to screen (57%) for or be vaccinated (54%) against hepatitis. Finally, just under one-in-three respondents reported actually being screened for hepatitis at the SEP (30%), while just over one-in-four respondents (27%) reported being vaccinated for hepatitis at the SEP. Although there were some survey result differences between the two SEPs, none of these differences reached the level of statistical significance (separate SEP results are not displayed).

Table 4. Awareness and Utilization of Hepatitis Coordinator Services

Assessment Dimension	Total (N=147)
Recognized picture of the Hepatitis Coordinator	79%
Able to correctly name the Hepatitis Coordinator	32%
Knew that the Coordinator dealt with hepatitis	60%
Provided hepatitis information or hepatitis services by the Coordinator	61%
Seen, taken or received hepatitis educational materials at the SEP	80%
Knew that hepatitis testing was available at the SEP	64%
Knew that hepatitis vaccinations were available at the SEP	65%
Had been asked to test for hepatitis at the SEP	57%
Had been asked to be vaccinated for hepatitis at the SEP	54%
Had tested for hepatitis at the SEP	30%
Had been vaccinated for hepatitis at the SEP	27%

C. Estimating VHIP Coverage: Client Survey

VHIP coverage was also estimated using Client Survey data (Appendix C). As discussed above, baseline and follow-up client surveys were administered at both SEP sites to provide a representative picture of the impact of VHIP on knowledge, attitudes and experiences with hepatitis prevention, screening and access to care. Because client surveys were administered independently and without regard to the receipt of VHIP services, we were able to use the relationship between client survey responses and the receipt of VHIP services to estimate VHIP coverage. More specifically, client survey data were linked to the VHIP tracking system data though a unique client ID. This permitted us to determine the number and percentage of client survey respondents who also received VHIP services. The results are displayed in Figure 11.

Figure 11: Percent of Client Survey Respondents Receiving VHIP Services

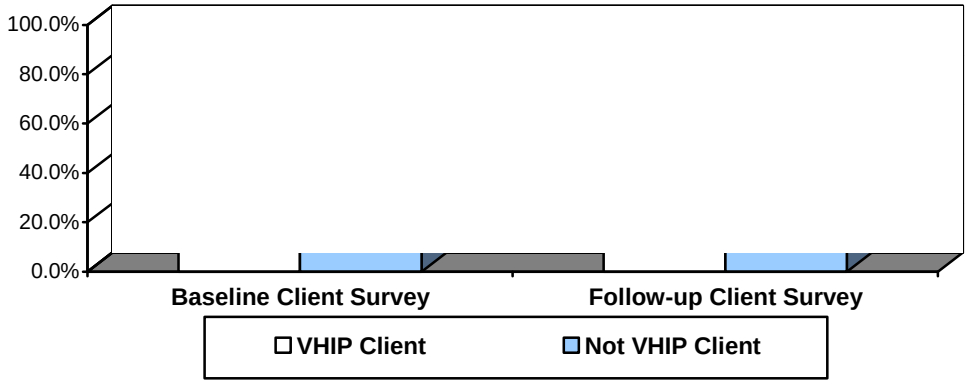


Figure 11 reveals that 18.8% of baseline client survey respondents received one or more VHIP-related service at some point during the project period. Similarly, 23.2% of follow-up client survey respondents received at least one VHIP-related service. Since the baseline and follow-up surveys were cross sectional in nature (although there was some overlap in respondents), they provide separate estimates of the VHIP coverage.

D. Estimating VHIP Coverage: AIDS Institute Reporting System

VHIP coverage was also estimated by comparing VHIP clients served to total clients served at each of the SEPs. Data on all non-VHIP services funded by the AIDS Institute are recorded in the AIDS Institute Reporting System (AIRS), used by both SEPs. We determined the days and the locations that VHIP services were provided at each SEP and the total number of AIRS clients seen on the days and at the locations that VHIP services were provided. VHIP coverage was estimated as:

$$\text{VHIP coverage} = \frac{\text{Total \# of VHIP clients}}{\text{Total \# of clients receiving services on the days and at the locations where VHIP services were offered}}$$

Table 5 reveals that there were 751 unique clients served by VHIP during the study period. There were 3,317 unique clients receiving non-VHIP related services during that time period. This translates into an estimated VHIP coverage rate of 22.6%. It should be noted that almost identical coverage rates were obtained for each individual SEP.

Table 5: VHIP Coverage Using AIRS

Number of Clients Receiving VHIP Services[1]	Total Number of Clients Receiving Services[1]	Estimated Coverage Rate
751	3,317	22.6%

[1]From November 1, 2005 to October 31, 2008. Note: Almost identical coverage rates were obtained for each individual SEP (23.1% and 22.4%).

There are two primary limitations associated with using AIRS data to estimate VHIP coverage. First, the denominator (the total number of clients receiving services) excludes clients accessing non-AIDS Institute funded activities, as these activities are not captured in AIRS. This limitation serves to inflate our estimate of VHIP coverage. The other limitation involves the fact that, on many days, VHIP services were offered for only a portion of the day, but it was not possible to manipulate AIRS data to include clients accessing services at certain times during the day. Our denominator data therefore includes all clients accessing services at any time during the days that VHIP services were offered. This limitation serves to deflate our VHIP coverage estimate,

because the denominator includes at least some clients who accessed services during times when VHIP services were not available.

Awareness and Utilization of VHIP – Summary

Four disparate sources of data were used to estimate awareness and utilization of VHIP services. Results revealed a consistent picture across data sources. Both SEP staff and SEP clients were generally aware of the Hepatitis Coordinator and the nature and types of services provided through VHIP. Most staff had referred clients to VHIP and most clients had been approached and offered VHIP services by the Hepatitis Coordinator. Three of the four data sources produced an estimate of the percentage of total SEP clients that had been served (been vaccinated and/or tested) by VHIP. Three similar estimates were produced, suggesting that about one out of every four SEP clients had been vaccinated and/or tested for hepatitis during VHIP.