

**VIRAL HEPATITIS
NEEDS ASSESSMENT SURVEY**

The survey will assess hepatitis knowledge and counseling skills, agency capacity for integration of viral hepatitis services, barriers to integration, current hepatitis services available, and the general acceptance for integrating viral hepatitis counseling, testing and referral into existing STD/HIV/D&A programs/services

This section of the survey asks general questions about you and your work.

1. **Name of your agency:** _____
2. **Geographic location:** _____
(City) (State) (Zip Code)

IF YOU ARE HEP C POSITIVE, PLEASE SKIP TO PAGE 6

3. **What is your current position title? (Please circle one)**
- a. HIV Counselor
 - b. Disease Intervention Specialist (DIS)
 - c. Nurse/Nurse Practitioner
 - d. Substance Use Counselor
 - e. Early Intervention Counselor
 - f. Physician
 - g. Physician Assistant
 - h. Program Director
 - i. Clinic Manager
 - j. Program Manager
 - k. Other (please specify) _____
4. **How long have you been in your current position?**
- a. 6 months or less
 - b. Between 6+ months and 2 years
 - c. Between 2+ years and 5 years
 - d. More than 5 years
5. **Do you personally provide prevention services to persons at risk of Hepatitis C?**
 Yes No
6. **Do you supervise staff in your agency who provide prevention services to persons at risk of Hepatitis C?**
 Yes No
7. **What is your highest level of education? (Circle highest level completed)**
- a. Less than 12 years
 - b. High school graduate or GED
 - c. Some college
 - d. AA/AS degree
 - e. BA/BS degree
 - f. Graduate degree
8. **In what type of facility/setting do you primarily work? (Please circle one)**
- a. HIV Counseling/Testing Clinic
 - b. STD Clinic
 - c. Combined HIV/STD Clinic
 - d. Immunization Clinic
 - e. Alcohol/Substance Use Treatment Center
 - f. Correctional facility/JAIL/PRISON Health Clinic
 - g. Other (please specify) _____

9. Which of the following STD/HIV services or programs do you or your agency provide to patients and clients? (Circle all that apply)

- a. STD Education Materials
- b. STD Community Education/Outreach
- c. STD Clinical Examination and Treatment
- d. STD Interviewing and Partner Referral
- e. HIV Education Materials
- f. HIV Community Education/Outreach
- g. HIV Clinical Examination and Treatment
- h. HIV Counseling, Testing, and/or Partner Referral
- i. HIV Prevention Case Management
- j. HIV Medical Referrals
- k. Other _____
- l. None of the above

This section of the survey asks about your (or your staff's) training or technical assistance needs for the different types of viral hepatitis (Hepatitis A, B, C)

10. Which of the following Hepatitis A & B services do you or your agency directly provide? (Circle all that apply)

- a. Hepatitis A & B Education materials
- b. Community Education Outreach
- c. Hepatitis A & B Testing
- d. Hepatitis A & B Risk Reduction Counseling
- e. Hepatitis A & B Vaccine to everyone
- f. Hepatitis A & B Vaccine to children < 19 only
- g. Hepatitis A & B Treatment for chronic infection
- h. Hepatitis A & B Medical Referrals
- i. Other _____
- j. None of the above

11. If you were asked to provide Hepatitis (A & B) services now, how would you rate your (or your staff's) current knowledge of:

- | | | | | | |
|--|---|-------------------------------|-------------------------------|-------------------------------|------------------------------------|
| a. Hepatitis A & B Risk of Infection | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| b. Hepatitis A & B Virus Transmission | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| c. Hepatitis A & B Prevention Messages | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| d. Hepatitis A & B Vaccine | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| e. Hepatitis A & B Testing | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| f. Hepatitis A & B Referrals | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

12. For each of the following topic areas please indicate whether you (or your staff have received training, received training but need more, or need training in order to provide high quality Hepatitis services to your clients/patients.

- | | | | |
|--|--|--|---|
| a. Prevention of Hepatitis A & B | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| b. Transmission of Hep A & B Virus | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| c. Counseling guidelines for Hep A & B | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| d. Counseling skills for Hep A & B | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| e. Tests and test results for Hep A & B | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| f. Hepatitis A & B Vaccine | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| g. Other _____ | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| h. I don't want/need training on Hep A & B | | | |

13. Which of the following Hepatitis C services do you or your agency directly provide? (Circle all that apply)

- a. Hepatitis C educational materials
- b. Community Education
- c. Hepatitis C Testing
- d. Hepatitis C Risk Reduction Counseling
- e. Hepatitis C Treatment for chronic infection
- f. Hepatitis C medical referrals
- g. Other _____
- h. None of the above

- 14. If you were asked to provide hepatitis C services now, how would you rate your (or your staff's) current knowledge of:**
- | | | | | | |
|--|---|-------------------------------|-------------------------------|-------------------------------|------------------------------------|
| a. Hepatitis C Risk of Infection | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| b. Hepatitis C Virus Transmission | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| c. Hepatitis C Prevention Messages | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| d. Hepatitis C Treatment for chronic infection | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| e. Hepatitis C Medical Referrals | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

15. For each of the following topic areas please indicate whether you (or your staff) have received training, received training but need more, or need training in order to provide high quality Hepatitis services to your clients/patients.

- | | | | |
|--|--|--|---|
| a. Prevention of Hepatitis C | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| b. Transmission of Hepatitis C | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| c. Treatment of chronic infection with Hep C | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| d. Counseling guidelines for Hepatitis C | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| e. Counseling skills for Hepatitis C | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| f. Tests and rest results for Hepatitis C | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| g. Medical Referral for Hepatitis C | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| h. Co-infection of Hepatitis C and HIV | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| i. Other _____ | <input type="checkbox"/> Need Training | <input type="checkbox"/> Received Training | <input type="checkbox"/> Received training, need more |
| j. I don't want/need training on Hepatitis C | | | |

16. Given that the main risks for Hepatitis C virus infection are: receiving a blood transfusion before 1992, injecting illegal drugs, having unprotected sex with more than one partner, and/or having had an STD, what percentage of your clients would you estimate are at risk for Hepatitis C virus?

- 0-25%
- 26-50%
- 51-75%
- over 75%
- don't know

17. On a scale of 1 to 5 (with 1 = could not integrate, and 5 = could definitely integrate with ease), how easily could your program, with existing resources, do the following:

- | | | | | | |
|--|---|---|---|---|---|
| a. Integrate viral hepatitis counseling into existing STD/HIV/Drug & Alcohol services | 1 | 2 | 3 | 4 | 5 |
| b. Integrate hepatitis testing into existing STD/HIV/Drug & Alcohol services | 1 | 2 | 3 | 4 | 5 |
| c. Integrate viral hepatitis referral services into existing STD/HIV/Drug & Alcohol services | 1 | 2 | 3 | 4 | 5 |

18. Of the following topics, please circle those for which you receive requests for information for your clients/patients. (Circle all that apply)

- Testing for Hepatitis A
- Testing for Hepatitis B
- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Hepatitis A general information
- Hepatitis B general information
- Hepatitis C general information

19. What viral hepatitis educational materials are currently available for your clients/patients? (Circle all that apply)

- Pamphlets
- Videos
- Fact Sheets
- Poster
- Nothing
- Other _____

20. Where do you get your current information on viral hepatitis? (Circle all that apply)

- a. CDC (Internet page, information line, staff, etc.)
- b. Internet
- c. Text book
- d. Television
- e. Physicians you work with
- f. Nurses you work with
- g. My primary care physician
- h. National liver/hepatitis foundations
- i. Local hepatitis community-based organization
- j. I have not looked for information
- k. Other _____

21. How would you rate your (or your staff's) counseling skills for:

- | | | | | | |
|--|---|-------------------------------|-------------------------------|-------------------------------|------------------------------------|
| a. Facilitating client decisions about viral hepatitis testing | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| b. Conducting client-centered viral hepatitis risk reduction | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| c. Facilitating decisions about viral hepatitis vaccinations | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| d. Discussing viral hepatitis treatments | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| e. Making viral hepatitis medical-related referrals | <input type="checkbox"/> Not part of my job | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

22. Which of these barriers to integrating viral hepatitis into your existing HIV/STD/D&A counseling, testing and referral activities exist? (Circle all that apply)

- a. My lack of knowledge about viral hepatitis
- b. Time available with client
- c. Testing is not available
- d. Vaccine for Hepatitis A is not available
- e. Vaccine for Hepatitis B is not available
- f. No educational materials are available to give to clients
- g. There are no provider referrals in place to send clients for testing
- h. There are not provider referrals in place to send clients for treatment
- i. Higher level management has not set policy
- j. Clients/patients do not understand the risks of viral hepatitis
- k. Viral hepatitis is not designated as a disease priority in my facility/setting
- l. There are no barriers for me to integrate hepatitis services.
- m. Other _____

23. Have you attended viral hepatitis training since 1999? (Check all that apply)

- a. Viral hepatitis information/education
 - Hepatitis A
 - Hepatitis B
 - Hepatitis C
- b. Counseling for viral hepatitis
 - Hepatitis A
 - Hepatitis B
 - Hepatitis C
- c. Viral hepatitis vaccination
 - Hepatitis A
 - Hepatitis B
 - Hepatitis C
- d. Other (please specify) _____
- e. I have not attended any of the above

24. For each category in which you have staff represented, please indicate whether or not they are trained in Viral Hepatitis.

(If yes, please check which types of viral hepatitis)

- | | | | | | |
|---|--|---------|------------------------------|------------------------------|------------------------------|
| a. HIV counselors | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, | <input type="checkbox"/> HAV | <input type="checkbox"/> HBV | <input type="checkbox"/> HCV |
| b. Disease Intervention Specialist (DIS) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, | <input type="checkbox"/> HAV | <input type="checkbox"/> HBV | <input type="checkbox"/> HCV |
| c. Nurse/Nurse Practitioner | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, | <input type="checkbox"/> HAV | <input type="checkbox"/> HBV | <input type="checkbox"/> HCV |
| d. Substance Use Counselor | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, | <input type="checkbox"/> HAV | <input type="checkbox"/> HBV | <input type="checkbox"/> HCV |
| e. Prevention Case Manager | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, | <input type="checkbox"/> HAV | <input type="checkbox"/> HBV | <input type="checkbox"/> HCV |
| f. Early Intervention Counselor | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, | <input type="checkbox"/> HAV | <input type="checkbox"/> HBV | <input type="checkbox"/> HCV |
| g. Immunization Clinic Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, | <input type="checkbox"/> HAV | <input type="checkbox"/> HBV | <input type="checkbox"/> HCV |
| h. Physician | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, | <input type="checkbox"/> HAV | <input type="checkbox"/> HBV | <input type="checkbox"/> HCV |
| i. Physician Assistant | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, | <input type="checkbox"/> HAV | <input type="checkbox"/> HBV | <input type="checkbox"/> HCV |
| j. Other _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, | <input type="checkbox"/> HAV | <input type="checkbox"/> HBV | <input type="checkbox"/> HCV |
| k. None are trained in Viral Hepatitis | | | | | |
| l. I would like to train staff on Viral Hepatitis but have been unable to do so thus far. | | | | | |
- Please explain: _____

25. If viral hepatitis training were available, whom would you send? (Circle all that apply)

- a. Myself
- b. Clinic Manager other than myself
- c. Program Manager other than myself
- d. First Line Supervisor other than myself
- e. HIV Counselor
- f. Disease Intervention Specialist (DIS)
- g. Nurse/Nurse Practitioner
- h. Substance Use Counselor
- i. Prevention Case Manager
- j. Early Intervention Counselor
- k. Immunization clinic staff
- l. Trainers (to train other staff)

26. Approximately how many people receive prevention services at your agency in a year?

- a. <100
- b. >100-300
- c. >300

27. What do you (or your staff's) top hepatitis training need?

28. Does your agency have funds budgeted for training?

- a. Yes
- b. No
- c. Don't know

THE FOLLOWING QUESTIONS ARE FOR PATIENTS

1. What was your level of knowledge prior to testing positive?
 - a. some knowledge
 - b. moderate
 - c. well-educated
 - d. none

2. Do you receive care locally? If so, who is your provider?

3. Provider knowledgeable?

4. Educational materials provided? By whom?

5. Are local services adequate for your needs?

6. Would additional services at the time of diagnosis have assisted in your coping abilities with this diagnosis?
 - a. educational materials
 - b. educational programs
 - c. follow-up Q & A sessions with physician or nurse
 - d. referral to support group
 - e. counseling
 - f. drug and alcohol treatment programs

7. Barriers to service?

8. Do you go out of the area to receive care? If, so where?

9. Educational materials provided? By whom?

10. What services have you received?

11. Barriers to service?

12. Do you attend support groups/educational programs? If not, why not?

Other comments