

B2. Social Service Provider Survey

Social Service Provider Survey

The CPG developed and distributed an 18-question survey to elicit knowledge, attitudes, beliefs, and behavioral information from social service providers (SSP). SSP were defined as personnel working at several community-based organizations including drug and alcohol treatment centers, mental health, and youth groups. A total of 72 surveys were collected out of 156 mailed or hand-delivered, yielding a 46% response rate.

Methodology

A. Design

Surveys questions were designed as multiple choice or selection criteria questions. Some questions were open-ended to elicit more in-depth answers. In an attempt to identify trends and themes, some questions were repeated to other targeted survey participants (i.e. medical providers, infected or affected persons with HCV).

B. Method

Surveys were distributed by mail or hand-delivered during between September 27 and October 18, 2002. A cover letter explaining the survey purpose and deadline, the survey, and a self-addressed stamped envelope were included in each mailing to optimize response rates.

Quantitative Findings

Describe Your Organization's Services	
Drug & Alcohol	40%
HIV/AIDS	26%
Mental Health	21%
Youth	19%
Housing	19%
Other	18%
Primary care	10%
Specialty medical care	7%
Health Insurance	7%
Child/maternity	4%

When providers were asked to select what best described their agency's services, 40% selected drug & alcohol services, 26% said HIV/AIDS services, and 21% indicated mental health.

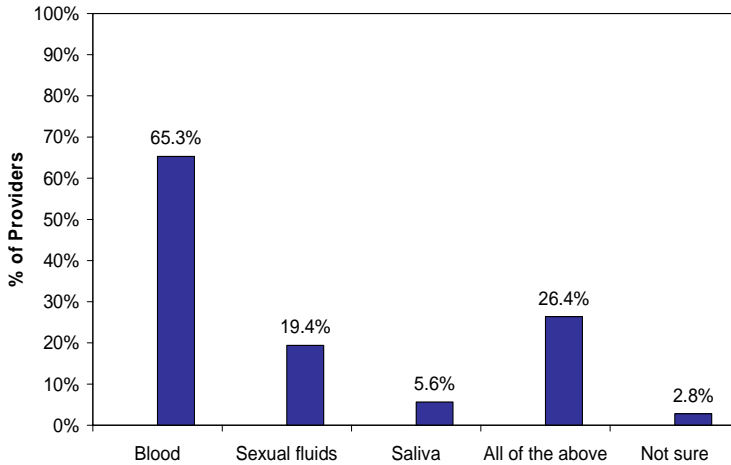
Hepatitis C Specific Services Provided	
Refer to medical services	56.9%
Refer to education class	45.8%
Educational materials	44.3%
Screening and Testing	29.2%
1-1 or Group education	25.0%
Peer education	20.8%
Hepatitis A & B vaccines	16.7%
Acupuncture or massage	16.7%
Herbs or supplements	15.3%
Case management	11.1%
Syringe/needle exchange	11.1%
Support groups	5.6%
Mentoring	1.4%

When asked what type of HCV specific services they provided, referral to medical care was the service offered most frequently, followed by referral to education classes and educational materials.

Provider Awareness of Services Available for HCV	
Hepatitis C testing	90.3%
Hepatitis A&B vaccines	69.4%
Medical care	68.1%
Alcohol and drug services	65.3%
Syringe/needle exchange	63.9%
Hepatitis C Education class	62.5%
Mental Health Counseling	48.6%
Treatment for HCV	47.2%
STD/HIV testing/treatment	47.1%
Case management	43.1%
Complementary or Alternative Care	43.1%
Health Insurance	38.9%
Support groups	26.3%
Transportation assistance	23.6%

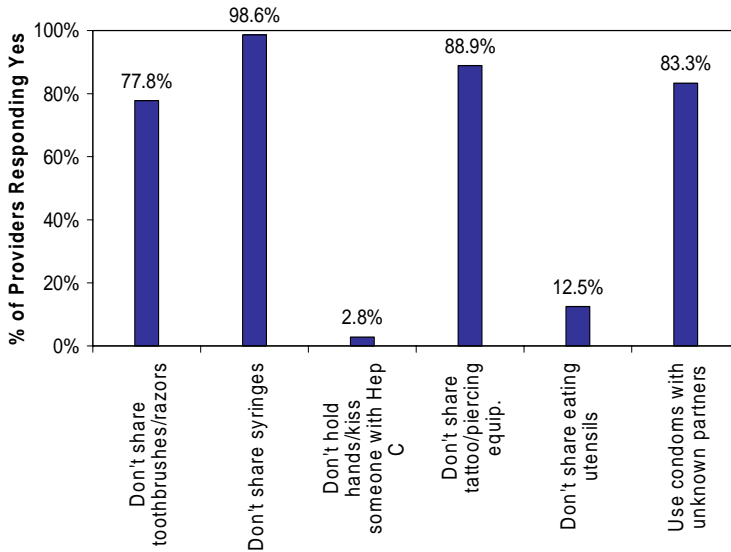
Providers were asked what services they had heard about for their clients with hepatitis C in Multnomah County. Almost all providers (90%) were aware of the availability of hepatitis C testing services. The majority of providers were also aware of hepatitis A&B vaccines, medical care, alcohol/drug services, needle exchange, and education classes.

**How is Hepatitis C Spread?
Social Service Provider Response**



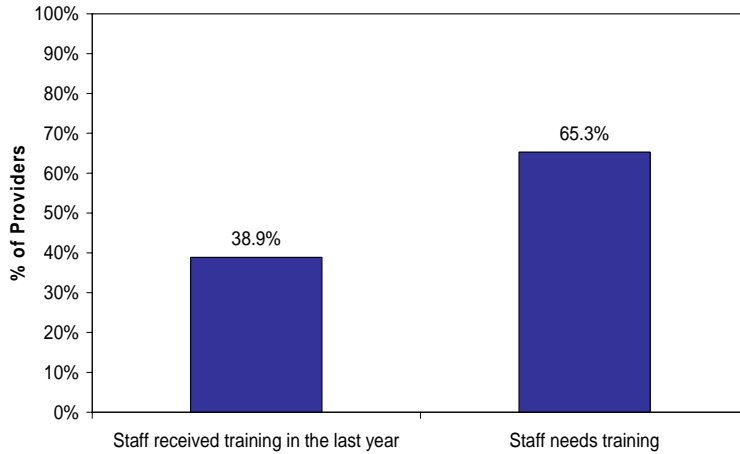
The majority of social service providers surveyed (nearly 99%) knew that hepatitis C was a virus that affected the liver. When asked how hepatitis C is spread, 65% of providers indicated it was spread by blood, 19% by sexual fluids, 6% by saliva, and 26% thought “all of the above.” Nearly 3% of providers were “not sure.”

Ways to Stop the Spread of Hepatitis C



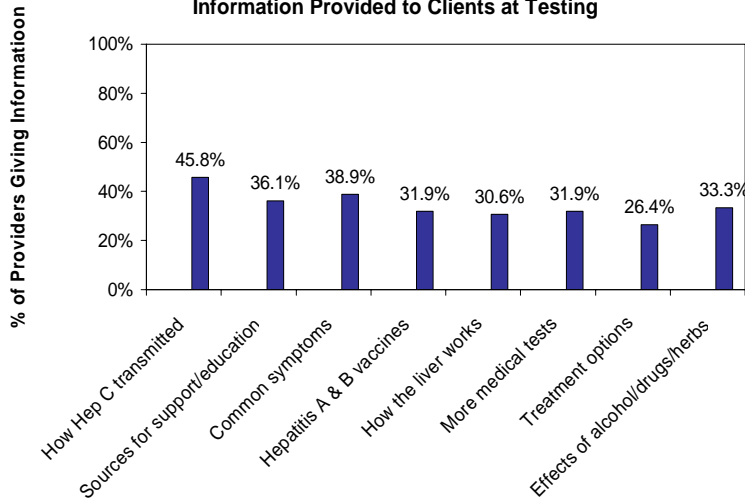
Providers were also asked some ways to stop the spread of hepatitis C. Nearly 99% said not to share syringes, 89% said don't share tattooing or piercing equipment, 83% said using condoms with unknown sex partners, and 78% said don't share toothbrushes or razors.

Staff Training



Providers were asked if their staff had received training on HCV in the last year, and if they felt their staff needed training. While nearly 39% of providers indicated their staff had received training, almost two-thirds (65%) felt it was needed. Providers were asked to indicate their preferred source for staff training. 69% indicated their first choice was on-site all staff training, followed by reading educational materials (43%).

Information Provided to Clients at Testing



When asked what type of information was provided to clients upon testing, nearly 46% of providers indicated they gave information on how hepatitis C is transmitted, and common symptoms of hepatitis C (39%). 36% provided information on where to go for support/education, and 33% gave information on the effects of alcohol, drugs, and/or herbs on the liver.

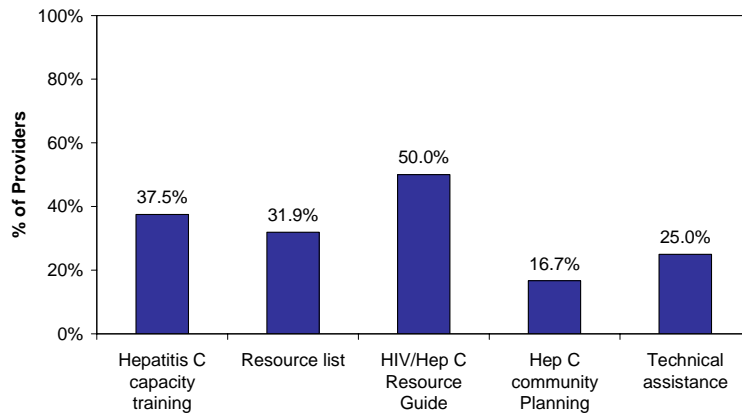
% of Social Service Providers Ranking Five Most Important Services	
Alcohol and Drug Services	59.7%
Hepatitis C education	58.3%
Medical care	56.9%
Hepatitis C Treatment	54.2%
Health Insurance	52.8%
Hepatitis A&B vaccines	34.7%
Support groups	25.0%
Case management	20.8%
Housing assistance	20.8%
Mental Health Counseling	18.1%
Complementary or alternative care	15.2%
STD/HIV services	12.5%
Syringe/needle exchange	11.3%
Rent and/or utility assistance	6.9%
Job assistance	4.2%
Food and/or clothing assistance	4.2%
Transportation	4.2%
Child care	1.4%
Nursing care	0.0%

Social service providers were asked to rank the five most important services for people living with hepatitis C. Alcohol and drug services, hepatitis C education, medical care, hepatitis C treatment, and health insurance were the top five rated services.

% of Social Service Providers Referring to Services	
Primary Medical care	81.1%
Hepatitis C testing	78.6%
Mental Health Counseling	76.5%
Alcohol and drug services	75.5%
STD/HIV testing	72.0%
Education class	71.4%
Health Insurance	68.6%
Hepatitis A&B vaccines	64.7%
Case management	62.5%
Housing	61.7%
Syringe/needle exchange	60.4%
Diet/nutrition	58.0%
Financial assistance	55.3%
Food and/or clothing assistance	52.1%
Rent and/or utility assistance	52.1%
Transportation assistance	49.0%
Interferon based therapy	31.0%
Support groups	28.3%
STD/HIV treatment	21.7%

% of Social Service Providers Experiencing Barriers to Services	
Health Insurance	27.8%
Housing	26.4%
Primary Medical care	25.0%
Mental Health Counseling	25.0%
Financial assistance	25.0%
Rent and/or utility assistance	22.2%
Alcohol and drug services	20.8%
Support groups	16.7%
Transportation assistance	15.3%
Case management	13.9%
Hepatitis C testing	12.5%
Education class	12.5%
Food and/or clothing assistance	12.5%
Diet/nutrition	11.1%
STD/HIV treatment	11.1%
Syringe/needle exchange	9.7%
Hepatitis A&B vaccines	8.3%
Interferon based therapy	8.3%
STD/HIV testing	4.2%

Social Service Provider Awareness of Hepatitis C Services for Providers



Social service providers were asked if they had heard of hepatitis C services that were available for service providers. One-half of providers were aware of the HIV/HCV Resource Guide, but only 17% were aware of community planning opportunities.

Desired Topics for Further Education	
Treatment options	58.3%
Community resources	54.2%
Latest research	43.1%
Dual diagnosed HIV/HCV patients	38.9%
Where to refer clients for more medical tests	37.5%
Psychosocial Issues	33.3%
How HCV is transmitted and/or prevented	31.9%
HCV disease progression	27.8%
Effects of alcohol, drugs, herbs on the liver	26.4%
Integrating HCV into programs	23.6%
Common symptoms	23.6%
Client risk reduction	22.2%
How the liver works	19.4%
Interaction of hepatitis A&B	9.7%

Qualitative Findings

The following open-ended questions were asked and responses received.

Question 9: In your management of hepatitis C positive patients, which support or treatment programs do you generally refer clients to, and have you experienced any barriers in referring them?

Responses (n=77):

Services (48% or n=37)

- Availability of Mental Health and A&D services and resources (17)
- Waiting list, “hoops” (14)
- Access to providers (3)
- Transportation, language (3)

Insurance (31% or n=24)

- No insurance/cost (9)
- Qualification for OHP (7)
- Eligibility (5)
- Lack of Mental Health and A&D service coverage (3)

Patient issues (10% or n=8)

- Patient resistant to engage in services(8)

Education (10% or n=8)

- Educational resources needed (8)

Question 18: Have you had to change your service delivery to meet the needs of hepatitis C positive clients?

Responses (n=10):

- Offer alternative work skills experiences (other than just food services) to our clients
- Clients have been a valuable resource for us to learn more
- Need more information about co-infection with HIV
- Separate “HCV clinic” cancelled due to lack of interest; clients want an integrated approach
- Incorporated a needle exchange site for HCV. This expanded education, training for volunteers and peer educators, supplies: rinse caps, cotton balls, water, tourniquet
- Had to have less stringent requirements for clients who are ill
- More referrals for medical care
- Time for learning or education
- Our county (Washington County) doesn’t provide many (if any) of these services to HCV+ clients. We aren’t testing for it so I pretty much send my highest risk clients to Multnomah County, which puts a bigger burden on them. Many services are not available to incarcerated clients, which makes successful referrals difficult at best. Also, transportation to Multnomah County is a barrier for most clients.

Miscellaneous Social Service Provider Statements

- Not enough services; long waiting lists; services don’t respect client populations so clients are resistant to engage; few resources for the number of clients.
- Need more needle exchange programs available
- Hard times for appropriate funding for mental health services
- We focus on alcohol and drug detox, not on continuing care. It would be nice to have brochures offering info about the above things: support groups, etc. Lack of insurance to cover medical/psych. Community referrals.
- Clients on OHP or without insurance cannot find primary care docs. It is very hard to get clients in to see mental health counselors. The paperwork for OHP is difficult and if you make just over the limit you don’t qualify.
- These services are hard to get due to HCV being a long term disease and the only services we have are for short term. Mental health counseling and interferon are a rarity due to funding.”
- Barriers include waiting lists, eligibility based on income or criminal history, services unavailable in area near clients, lack of financial assistance for clients, long application procedures (too much personal info required to apply for services), contact with insensitive and undereducated staff.

Summary & Intervention Opportunities: Social Service Provider Survey

1. Provider Education

Social service providers are perceived as reliable sources of HCV information and support and should, at minimum, be equipped with up-to-date information regarding HCV transmission and prevention, treatment options, and resources for client support or education.

Social service providers are interested in more than just the “basics” related to HCV. This interest and motivation to learn can cultivate a network of highly skilled, specialized educators in a variety of social service institutions servicing HCV positive clients. In-depth and booster training should be widely available to social service providers. There are opportunities to further inform social service providers about availability of existing, no-cost HCV training.

Educational activities should focus on:

- Blood-to-blood transmission of HCV and activities which facilitate blood borne infections
- Transmission myths (i.e. holding hands) and realities
- Use of condoms or other latex barrier during sex with a HCV-infected person when there is a presence of blood and/or sexually transmitted disease. STDs, including HIV, may heighten the risk of HCV transmission
- The availability of free education classes and peer-based HCV support groups
- Peer support, mentor, and advocacy services being a cost-effective means of connecting clients with services and information
- Community planning opportunities for persons infected or affected with HCV
- Free, monthly, HCV education classes are available and may be underutilized by social service providers. There are opportunities to optimize referrals to these monthly classes.

2. Barriers to Services

More information and discussion on barriers to obtaining service is needed. Community participants surveyed reported barriers in accessing medical care and supportive services. Relationship-building and ongoing exchange of agency information between referents and referral providers may optimize referral outcomes.

Providers realize the importance of health care access, education and alcohol and drug support services for people living with HCV. There remain opportunities; however, there continues to be barriers to access to medical care, mental health, and A&D services among persons without insurance, underinsured, and among persons without citizenship or documentation.

3. Other Recommendations

- For greater representation of HCV knowledge, attitudes, beliefs, and needs, expanded survey participation beyond a convenient sample of providers should be considered.
- Expand distribution of the HCV resource list and HIV/HCV Resource Guide to social service providers.