



## End Hep C SF--Hepatitis C Organizational Practices Survey

**Email language to send out:** Dear San Francisco service provider colleagues—we need 10 minutes of your time to help eliminate hepatitis C in San Francisco!

We are End Hep C SF, a coalition of organizations across San Francisco working together to prevent new hepatitis C infections, increase access to hepatitis C treatment, and ultimately eliminate hepatitis C from San Francisco. We are trying to learn more about the current levels of awareness about hepatitis C and access to hepatitis C services across San Francisco in order to better target our efforts. Please take 10 minutes to complete our short survey—your feedback will help us to move toward hepatitis C elimination.

This survey was designed for all staff working in any type of organization serving clients who may be at risk for hepatitis C. This includes administrators, counselors, clinicians, educators, staff of homeless shelters, medical clinics, substance use treatment programs, syringe exchange programs, and many other types of staff and organizations. You may complete this survey on your own, you may complete it with others from your organization, or multiple people from your organization may complete the survey individually. Please feel free to forward this survey to other colleagues who also serve clients at risk for hepatitis C. We welcome all responses.

This survey should only take 10 minutes to complete. Thank you in advance for taking the time to help us improve hepatitis C services in San Francisco. Together, we can end the epidemic.

Click this link to complete our brief survey: [https://www.surveymonkey.com/r/EndHepC\\_survey](https://www.surveymonkey.com/r/EndHepC_survey)

**Survey introduction (embedded in survey):**

- This survey is being distributed by End Hep C SF, a coalition of organizations across San Francisco working together to prevent new hepatitis C infections, increase access to hepatitis C treatment, and ultimately eliminate hepatitis C from San Francisco.
- We will distribute this survey annually to help us better target our efforts.
- The survey should only take you 10 minutes.
- Your responses are anonymous.
- You may provide us with contact information at the end of the survey if you would like support to expand your current hepatitis C efforts.

**Information about you:** We value your confidentiality and the following information is optional, however, understanding more about the types of organizations and types of staff involved in hepatitis C services will help us to better support San Francisco efforts to eliminate hepatitis C.

1. What organization do you work for?

2. Within your organization, what program do you primarily work for (if applicable)?

3. What are the primary sites at which you work (if applicable)?

4. Which of the following best describes your position/role within your organization (select ONE)

- Administration (Coordinator, Manager, Director, Administrative Assistant, Front Desk Staff, etc.)
- Providing direct services to clients (Counselor, Navigator, Advocate, etc.)
- Medical Provider (Nurse, Nurse Practitioner, Doctor, Physician Assistant, etc.)
- Other (please specify)

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There are no right or wrong answers to these questions, and we do not expect that every organization will be engaging in every activity listed. Please answer the following questions honestly. If you are inspired to increase your involvement in hepatitis C efforts, we are here to help and our contact information is at the end of this survey.

**IN GENERAL, how frequently your organization engage in the following activities:**

5. How often does your agency provide you with (or ensure that you receive) updates on HCV transmission information, risk factors, and screening and treatment information?	Monthly	Quarterly	Annually	Not at all
6. At what level are staff/clinicians encouraged to talk to clients about their HCV transmission risk?	Required	Optional	Discouraged	Not discussed
7. How often does your organization's staff members ask clients when the last time was that they were tested for HCV or if they've been diagnosed with HCV?	At every appointment	Once a year	A single time (ex., at intake)	Never
8. Does your organization have educational materials (brochures, fact sheets) on HCV available for clients?	Yes	No	Unsure	Not applicable
9. Does your organization have up-to-date posters up about HCV transmission, screening, or treatment visibly displayed?	Yes	No	Unsure	Not applicable
10. Does your organization incorporate up-to-date HCV prevention information into group education/ support groups?	Yes	No	Unsure	Not applicable
11. Does your organization offer HCV-specific support groups?	Yes	No	Unsure	Not applicable

12. For any activities listed above that you would like to start or increase, please describe any barriers you have experienced.

13. Any other comments about the activities listed above?

**Does your organization offer any of the following services:**

14. Hepatitis A and B vaccinations	Provided on site	Referred out	Unsure	Not applicable
If referred out, where do you refer clients?				
15. HCV Screening	Provided on site	Referred out	Unsure	Not applicable
If referred out, where do you refer clients?				
16. Linkage to care for HCV positive clients (linkage to a provider who will treat them)	Linkage staff on site	Referred out for linkage services	Unsure	Not applicable

If referred out for linkage to care, where do you refer clients?

If referring out, what type of referral do you provide (select ALL that apply):

- provide clients with a flyer about linkage services
- provide clients with a phone number for linkage services
- call linkage provider with client
- in-person introduction (warm handoff) to an HCV linkage provider
- accompany client to first linkage appointment
- follow up with client after first linkage appointment

17. HCV Treatment	Provided on site	Referred out	Unsure	Not applicable
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If referred out, where do you refer clients?

18. Do you currently provide Daily Observed Therapy (DOT) for clients taking HCV medications?	Yes	No	Unsure
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19. Do you currently refer clients out for Daily Observed Therapy (DOT)?	Yes	No	Unsure
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If referred out, where do you refer clients?				
20. Do you currently provide syringe access services onsite?	Yes	No	Unsure	
21. Do you currently refer clients out for syringe access services?	Yes	No	Unsure	
If referred out, where do you refer clients?				
22. Opiate agonist therapy (ex., methadone, suboxone, buprenorphine, etc.)	Provided on site	Referred out	Unsure	Not applicable
If referred out, where do you refer clients?				
23. Does your organization refer clients to hepatitis research studies?	Yes	No	Unsure	Not applicable
If yes, where do you refer clients?				
24. If you provide any of the above listed hepatitis C services on site, please check that your current services are listed in the Cal Hep referral guide at <a href="https://www.calhep.org/referral-guide/">https://www.calhep.org/referral-guide/</a> . If your services are not listed, or are incorrect, fill out the Referral Guide Survey (under the Referral Guide options) to have your services added.				
25. Would you/your organization like to expand your hepatitis C activities in any of the following areas (check ALL that apply)				
<ul style="list-style-type: none"> <li>• Integrate questions about HCV into assessments/intakes, treatment plans or discharge planning</li> <li>• Discuss HCV risk reduction with clients</li> <li>• Provide groups/workshops on HCV prevention</li> <li>• Provide referrals to syringe access and methadone or buprenorphine programs</li> <li>• Provide HCV screening services/bring in partner agency to offer screening services</li> <li>• Display posters and distribute educational materials about HCV to clients</li> <li>• Offer DOT for HCV meds</li> <li>• Treat HCV onsite</li> <li>• Other (please specify)</li> <li>• No desired expansion at this time</li> </ul>				
26. What barriers (if any) might make it hard to expand your organization’s hepatitis C activities in the areas you identified above?				
27. What support (if any) would help you to expand your organization’s hepatitis C activities in the areas you identified above?				
28. Members of End Hep C SF are available to work directly with San Francisco organizations and staff to support expanding hepatitis C services. If you would like to be contacted by an End Hep C SF member to receive additional support, please complete the contact information below:				
<ul style="list-style-type: none"> <li>• Your name</li> <li>• Your organization</li> <li>• Email</li> <li>• Phone number</li> <li>• Primary area(s) in which you would like support</li> </ul>				

Thank you for taking the time to share your experiences with us. Your feedback will help us to better target our efforts to increase access to information and services in order to move towards our goal of citywide hepatitis C elimination.

When you click the “next” button below, you will be automatically redirected to the End Hep C SF website <https://endhepcsf.org/> where you can learn more about our activities and access a wide array of hepatitis C related materials.

If you have additional questions about the End Hep C SF Initiative, or would like to speak with us directly, please contact: Katie Burk, Viral Hepatitis Coordinator at [katie.burk@sfdph.org](mailto:katie.burk@sfdph.org) or 415-437-6212. Thank you again for your support.