

**Appendix C**  
CHS Survey Results

**Community Health Service (CHS) Survey Questions and Results**

The following written survey was sent to all 50 CHS agencies in the state of Minnesota. The N=42 reports with one agency reporting two counties separately. Response rate was 82%. Frequency and narrative responses are detailed below.

**Please indicate which of the following activities your CHS agency implements for viral hepatitis by checking each appropriate box and describing how activities are implemented in the space provided.**

<b>Disease Surveillance/Data Collection</b>				
<b>Activity</b>	<b>Hepatitis A</b>	<b>Hepatitis B</b>	<b>Hepatitis C</b>	<b>How is this activity implemented?</b> (Specify differences for hepatitis A, B, and C)
Assess health needs of at-risk populations living in the CHS jurisdiction.	20	24	17	All refugees screened for Hep B and via the perinatal Hep B nurse role. For all, in CHS plan, for B-high risk youth in public clinics. Refugees, STD walk-ins as needed. Review statistical reports (2). Prenatal assessment form asks about infections including hepatitis. Upon jail admission. Hispanic translator (Spanish-speaking interpreter)/nurse on staff. Pregnant moms with Hep B.

				<p>CHS assessment plan and MCH nurses.</p> <p>Info to travelers/vaccine for A, offer B vaccine to employees, emergency response volunteers and clients of SEMCAC, college students, at risk perinatal Hep B follow-up, at public immunization clinics.</p> <p>Done via CHS planning in a very general sense, but doesn't explicitly identify factors such as sexual preference or substance abuse in the context of hepatitis risk.</p> <p>Hep A-nursing homes, day care, school staff. Hep B incorporated as STD planning, pregnant women are assessed at primary provider. For C, provide information to adolescents when appropriate using "Are you at risk for Hep C quiz."</p> <p>As part of our C&amp;TC program, school Hep B immunization program and public clinics, and employee infection control.</p> <p>Targeting kids who get tattoos or may be participating in risky behaviors. Education component to general public is something that could be increased. We do not have clinics on site that would be seeing known HIV/AIDS cases (i.e. co-infected with HCV).</p> <p>Hep B immunization of jail and sheriff department staff.</p> <p>We screen at risk persons as appropriate for Hep B,C in refugee health, jail, STD clinics and juvenile treatment/detention center clinics.</p>
<p>Assess immunization levels in public health clinics and encourage/support private clinic assessment using tools such</p>	<p>7</p>	<p>40</p>	<p>N/A</p>	<p>IPI activities with local medical clinics.</p> <p>Local providers do their assessment internally and do not want assistance. We recently assessed public health clients</p>

<p>as CASA and registries.</p>				<p>want assistance. We recently assessed public health clients. Students in schools, staff at employment (PH and jail), staff meetings. Regional registry in place. CASA audits (multiple). Vaccinate all children and young adults; offer to others in our clinic only. Perinatal Hep B PHN role. Immunization clinics, refugee health and CTC clinics. CCC immunization. Use statewide registry (4). Refugees, TB patients, some STD patients. Implemented registry and encourage clinics and schools to participate. Ensure compliance with state law for school-aged children. Hep A: education and referral to MD. Will monitor in 2003 when registry is fully operational. Done through SWMIIC and retrospective study and annual daycare and school reports. Staff meets with clinic staff to discuss immunization registry.</p>
<p>Review and distribute state and local immunization reports to schools, policy makers, providers, and others.</p>	<p>10</p>	<p>34</p>	<p>N/A</p>	<p>Disease reports summary reviewed at school nurse, county board and public health advisory committee, and immunization team meetings.</p>

				<p>Share with advisory group.                  Letter and mailings, board meeting.                  Annual report to board of health.                  Annually when receive funds from MDH.                  Immunization task force meetings involve public and private providers. School nurses given data also.                  Clinic assessments.                  Retrospective kindergarten survey results shared.                  Not distributing; we review it.                  Will distribute 2002 retrospective data to school nurses and advisory groups.                  Present vaccine-preventable disease data, school/childcare immunization level reports and kindergarten survey data to CHS advisory board, schools, United Way and others.                  School stats regarding HBV.                  School PHN shares data with schools. Director shares data with boards and staff.                  All reports reviewed internally and shared as appropriate.                  Done annually with local advisory committee, medical providers and schools.</p>
<p>Assess adherence to immunization practice standards and provide consultation as needed.</p>	<p>14</p>	<p>40</p>	<p>N/A</p>	<p>IPI visits to medical clinics (multiple responses).                  Immunization coordinator at staff in-services.                  Perinatal Hep B PHN role.</p>

			<p>Surveyed three clinics in county.                  Very time consuming, will funds be provided?                  Give shots; assure schools give Hep B.                  Work closely with schools/clinics.                  Staff in-services, IPI visits to private providers in past year.                  Epidemiology (department?)                  All who present for immunization have records reviewed. If clinic denies shots, we call clinic to discuss vaccine schedule.                  Immunotrack registry.                  Provide consult to school and clinic; no formal protocol currently.                  Distribute latest protocols to clinics/schools as needed.                  Most do not stock Hep A vaccine, assist schools and providers if needed with Hep B.                  Utilize standards from clinics.                  Through school records and Immunotrack for Hep B.                  Annual discussion with private clinics.</p>
<p>Identify local staff responsible for viral hepatitis reporting.</p>	<p>26</p>	<p>27</p>	<p>25</p> <p>DAC nurse responsible for clinic visits and reporting.                  Lab person in our clinic.                  Perinatal Hep B nurse role.                  Do not test; encourage reports to MDH.                  Local staff assigned to provide outreach after diagnosis as</p>

				<p>needed. Providers report most times directly to the state.                  DP&amp;C specialist/coordinator.                  Work in conjunction w/ clinic and hospital.                  Reports go directly to MDH, local not notified.                  Health planning and policy section.                  Immunization officer responsible.                  Supervisor or Immunization Coordination Directors.                  SEMCAC, MDs.                  Local public health nurses identified.                  Info on reporting given to clinics during IPI visits.                  Established a partnership with private clinics in the county called the “clinic partnership” Meet quarterly to discuss various issues including reporting.                  Lab or professional staff at private clinics/hospitals are assigned primary responsibility for reporting.</p>
<p>Maintain current lists of all providers within jurisdiction.</p>	<p>32</p>	<p>36</p>	<p>26</p>	<p>Current provider list maintained for C&amp;TC outreach and includes all providers in county.                  Perinatal Hep B nurse role.                  Standard mailings to all MDs with results of infectious disease reports when received from MDH.                  Lead PH nurse clinic liaison’s responsibility.                  List updated every six to 12 months.</p>

				<p>Clinic lists and contacts updated quarterly at visits.</p> <p>Current lists are maintained for C&amp;TC program and updated two times a year.</p>
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Please indicate which of the following activities your CHS agency implements for viral hepatitis by checking each appropriate box and describing how activities are implemented in the space provided.

<i>Disease Surveillance/Data Collection</i>				
<b>Activity</b>	<b>Hepatitis A</b>	<b>Hepatitis B</b>	<b>Hepatitis C</b>	<b>How is this activity implemented?</b> (Specify differences for hepatitis A, B, and C)
Assure reporting rules, report cards and MDH toll free reporting phone numbers are available to all medical clinics and laboratories, and hospitals.	33	33	33	<p>IPI clinic visit, review report card.</p> <p>Share with two medical clinics.</p> <p>Mailings and meetings.</p> <p>Annual visit to clinics.</p> <p>Review at yearly meeting.</p> <p>DP&amp; C section handles all items in this section.</p> <p>Send information to providers in county.</p> <p>PH medical consultant is our liaison to clinics, MDs report directly to MDH.</p> <p>We have supplied these to clinics. Usually infection control (hospital) or MD calls us. District Epi supplied forms.</p> <p>Quarterly meetings with PHN liaison, clinic and school</p>

				<p>nurses.</p> <p>Infection control officer handles.</p> <p>Infection control staff meet with local staff at least quarterly.</p> <p>As made available by MDH, materials are distributed to local providers via PHN contacts.</p> <p>We do this as part of our DPC common activities framework responsibilities. We meet annually one on one with identified persons to provide education on what, where and when to report and ensure copies of the rule and report forms.</p>
Respond to inquiries from reporting sources and forward any reports of viral hepatitis cases or suspect cases to MDH.	33	35	32	<p>IPI clinic visit, review report card.</p> <p>In clinic and for perinatal Hep B nurse.</p> <p>At medical providers meeting.</p> <p>As requested/needed.</p> <p>Report directly, not through local ph.</p> <p>Information is directly reported to MDH.</p> <p>We are available on a case-by-case basis and medical providers do call us with inquiries.</p> <p>PHN Director or supervisors respond to inquiries and send reports to MDH.</p>
Review hepatitis surveillance data with staff and non reporting providers at least twice per year.	15	16	14	<p>PH adv. Committee, staff and county board meetings.</p> <p>Perinatal Hep B nurse.</p> <p>Route info to all staff.</p>

				<p>Annually with data from MDH.</p> <p>Done at staff meeting where we get regional reports.</p> <p>Staff meetings, annual CHS report.</p> <p>Mail reporting card to clinic biannually.</p> <p>Surveillance data provided by MDH is shared at provider meetings and during CHS planning.</p> <p>Copies of surveillance data from MDH distributed every six months to all medical providers in community at their request. Data also presented at a medical staff meeting in the past year.</p>
Review any local barriers to the reporting process.	16	16	15	<p>At annual visit.</p> <p>Try to clarify reporting process two times year.</p> <p>Agency staff consults with clinics annually; educate public to report to MDH.</p> <p>Health Alert (network) has really kept providers more aware of reporting process.</p> <p>1-800 numbers are provided to clinic contacts and reporting process reviewed.</p> <p>Work in progress. We have identified some barriers and removed them, but underreporting continues.</p>
Use surveillance data to assess CHS program effectiveness.	18	20	17	<p>Perinatal Hep B nurse role.</p> <p>Our numbers are extremely small and do not lend to evaluation of effectiveness.</p>

				<p>Data in annual reports and in two-year updates.</p> <p>Identify at-risk groups if need for education (i.e. foreign born).</p> <p>Review of past six months at staff meetings and in CHS planning.</p> <p>Director/Supervisors.</p> <p>Data is reviewed and input from local providers taken into account.</p> <p>During CHS plan evaluation and planning process - data is assessed.</p>
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<i>Disease Prevention</i>				
<b>Activity</b>	<b>Hepatitis A</b>	<b>Hepatitis B</b>	<b>Hepatitis C</b>	<b>How is this activity implemented?</b> (Specify differences for hepatitis A, B, and C)
Develop and implement plans and policies using MDH and CDC communicable disease recommendations/ guidelines to assure capacity to respond to cases of hepatitis.	19	25	19	Perinatal Hep B nurse role. Have held two Hep A outbreak response clinics. We respond with direction from MDH. Epi section. Epidemiology follow-up done by district office staff (MDH). DP&C nurse completes MDH forms. Would follow state protocol. List of reportable diseases and person to call for A, B, C. Follow DP&C common activities framework. Handled by Epi. Unit. We have no policies and would rely on MDH for technical support.
Disseminate guidelines to local providers (e.g., vaccine schedules and recommendations, hepatitis prevention)	22	35	16	IPI visits (2), clinic visits. Done annually during face-to-face visit with medical provider. We also review perinatal guidelines related to

<p>testing and treatment).</p>				<p>provider. We also review perinatal guidelines related to Hep B prevention. Physicians are not doing universal HBV infant immunization. Have disseminated information on testing recommendations post-exposure to providers. No provider education done related to recommended screening for risk of Hep A, B or C.</p> <p>Coordinate satellite conference immunization updates with local clinic staff and school nurses.</p> <p>As requested; did provider education when Hep B vaccine first available.</p> <p>Perinatal Hep B nurse role.</p> <p>Annual mailing and as requested.</p> <p>Gave guidelines to local providers and visited one provider who sees many refugees.</p> <p>With the state’s help in an outbreak.</p> <p>With help of district epidemiologist.</p> <p>Reinforce guidelines 2x year to clinics.</p> <p>Local DP&amp;C newsletter, IPI visits, during disease investigation.</p> <p>Use the “Got your Shots” manual.</p>
<p>Develop and implement screening and referral strategies for groups at high risk for viral hepatitis.</p>	<p>8</p>	<p>15</p>	<p>5</p>	<p>Perinatal Hep B nurse role.</p> <p>For refugees, std patients and inmates in Corrections.</p> <p>Currently through MCH &amp; immunizations.</p> <p>Providers have complete MN initial refugee health</p>

				<p>assessment forms.</p> <p>Not done with adults. Encouraged but cost can be prohibitive to those at risk.</p> <p>Cannot work in food service until cleared by MDH (for Hep A).</p> <p>Perinatal HBV yes, otherwise no.</p> <p>MDH referral follow up, employee health infection control education and incident follow up.</p> <p>Regularly include strategies in our operations and CHS planning.</p>
<p>Establish and manage public immunization clinics, as needed, based on population-based assessment data.</p>	<p>9</p>	<p>36</p>	<p>N/A</p>	<p>Held regularly each month.</p> <p>Do school clinics.</p> <p>Offer Hep A &amp;B at our public clinics.</p> <p>Weekly public clinics held.</p> <p>Immunization program.</p> <p>OHSA, schools.</p> <p>Ongoing for Hep B; we do not provide Hep A vaccinations.</p> <p>Regularly scheduled immunization clinics that include Hep B vaccine.</p> <p>Open doors.</p> <p>Five immunization clinics per month.</p> <p>Schools and private companies or businesses that request Hep B vaccinations.</p>

				<p>MN VFC for schools and children who qualify. Hep B for employer groups.</p> <p>Hep B is encouraged for those at high-risk but clients would need to privately pay (pay using private resources).</p> <p>Offer in-school Hep B clinics. Vaccinations @ early childhood screening and upon request.</p> <p>HBV only as part of MN VFC (vaccines for children).</p> <p>Four times a month plus appointments. At health department.</p> <p>Public clinics two locations each month, Hep B offered in school clinics and immunization registry is managed.</p>
<p>Maintain and provide consumer education information based on community needs to the public.</p>	<p>29</p>	<p>37</p>	<p>29</p>	<p>Provide as requested (e.g. jails, sheriff).</p> <p>Perinatal Hep B nurse role.</p> <p>Newspaper, brochures, posters, talks.</p> <p>Have info available upon request.</p> <p>Pamphlets/Brochures.</p> <p>Rely mainly on Internet sites with most up-to-date information (rather than pamphlets).</p> <p>Presentations upon request.</p> <p>Upon request or when there is risk factor.</p> <p>Information provided to daycare centers and schools.</p> <p>Available mainly in our school contacts and emergency personnel.</p>

				Maintain current info or access info from MDH website and provide as needed.
Develop local community education programs.	9	19	9	<p>Perinatal Hep B nurse role.</p> <p>Upon request.</p> <p>Blood borne pathogen education is provided at request of industry with day care providers and CPR classes.</p> <p>Education for kindergarten and 6<sup>th</sup> grade parents when school immunization law changed. Upon request from employer groups or community education.</p> <p>SEMCAC provides community Education.</p> <p>Infection control education for sheriff's department.</p> <p>Reporting requirements of restaurants, public health to teach about Hep A to daycare providers.</p> <p>Information available at county fairs, health fairs and newspaper articles.</p> <p>We have periodically done Hep B education for target populations (e.g. jail, refugees).</p>

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<b><i>Disease Control</i></b>				
<b>Activity</b>	<b>Hepatitis A</b>	<b>Hepatitis B</b>	<b>Hepatitis C</b>	<b>How is this activity implemented?</b> (Specify differences for hepatitis A, B, and C)
Assist and/or conduct investigations on communicable diseases in collaboration with the MDH and/or refer information related to cases and suspect cases to the MDH.	30	33	28	<p>Perinatal Hep B nurse role.</p> <p>As needed; haven't had to yet.</p> <p>DP&amp;C nurse completed.</p> <p>Partner with MDH on investigations.</p> <p>Call district epi staff when case reported or suspected.</p> <p>PHN assists with determining who the contacts are of HBV positive person. EH Staff assist with investigations of Hep A cases/outbreaks.</p> <p>Would work in conjunction with Environmental health.</p> <p>Follow up is provided by PHN for reports from MDH.</p> <p>We investigate in consultation with MDH or refer to MDH.</p>
Implement local disease control programs, as indicated, from local surveillance data and trends.	10	15	10	<p>Perinatal Hep B nurse role.</p> <p>Have provided day care and business with ECPs and self-education modules.</p> <p>Would follow up to offer Hep B immunization to household members or employees exposed.</p> <p>Offer B to those "at risk" and school education programs. Little for A, C.</p> <p>PHN provides HBV vaccinations to contacts of reported</p>

				cases.
<b><i>Other activities (list any other viral hepatitis activities being conducted by your CHS agency that are not listed above)</i></b>				
<b>Activity</b>	<b>Hepatitis A</b>	<b>Hepatitis B</b>	<b>Hepatitis C</b>	<b>How is this activity implemented?</b> (Specify differences for hepatitis A, B, and C)
Other, please describe:	0	3	0	Perinatal Hep B/Postpartum and Immunization follow-up (had one in ten years). We now participate fully in the perinatal Hep B prevention program. Immunization improvement, teen pregnancy prevention and STD transmission, ongoing program evaluation.

**If you had more resources available for viral hepatitis surveillance, prevention and control activities, what would you do?** (Please describe)

Provide full vaccination services in the school setting regardless of pay source.

Viral hepatitis is not something that's huge on our radar screen at this time.

We would consider working with providers to increase "screening" activities that get at potential risk of hepatitis. This would require having standards developed like we have around immunization practices and then sharing this information with appropriate providers. We would also develop community education activities around the issue of viral hepatitis.

Incorporate Hep B into overall vaccine management program. Don't make us see providers more than one time per year.

**\*Note:** *The low number of responses to this question may be due to its placement on the bottom of the last page of the survey where many respondents may have missed it.*