

Supplemental Table: Emergency Department and Population Characteristics, Stratified by Hepatitis Screening Status

	EDs that do NOT Routinely Screen for Hepatitis (n=232)		EDs that Routinely Screen for Hepatitis (n=58)		P
	n	column %	n	column %	
ED Characteristics					
Median Annual Visit volume (IQR)	232	13,300 (5,097-36,914)	58	17,328 (4,300-40,000)	0.80
Teaching Hospital Status					0.76
Nonteaching hospital	219	94.4	54	93.1	
Teaching hospital	13	5.6	4	6.9	
Crowding Status (by CDC criteria)*					0.88
Crowded	101	43.5	24	41.4	
Not crowded	131	56.5	34	58.6	
Urban Influence code					0.54
Urban	118	50.9	30	51.7	
Large rural	32	13.8	5	8.6	
Small rural	82	35.3	23	39.7	
Region					0.36
Northeast	26	11.2	10	17.2	
Midwest	83	35.8	15	25.9	
South	75	32.3	22	37.9	
West	48	20.7	11	19.0	
Social Worker Availability in ED					0.02
None	84	36.2	21	36.2	
Some part of the day	126	54.3	24	41.4	
24 hours/day	22	9.5	13	22.4	
ED Director Strongly Worried About Cost*					<0.01
Strongly Not Worried	10	4.4	10	18.9	
Not Worried	29	12.9	8	15.1	
Neutral	52	23.1	8	15.1	
Worried	73	32.4	21	39.6	
Strongly Worried	61	27.1	6	11.3	
Population characteristics					
EHE Priority Jurisdiction Status*					0.45
Non-Priority Jurisdiction	185	79.7	43	74.1	
Priority Jurisdiction	47	20.3	15	25.9	
Proportion of ED patients uninsured*					0.06
<15%	127	57.5	21	40.4	
15%-34%	73	33.0	22	42.3	
≥35%	21	9.5	9	17.3	

Abbreviations: CDC (Centers for Disease Control and Prevention), ED (emergency department), EHE (Ending the HIV Epidemic), IQR (interquartile range)

Legend*: As described previously,^{3,4} an ED was classified as (1) crowded if it had at least one of three CDC criteria: average waiting time of one hour or greater, left without being seen rate of 3% or more, or any time on ambulance diversion and (2) in an EHE priority jurisdiction if it was located in any of the jurisdictions identified in HHS's "Ending the HIV Epidemic: A Plan for America." Worry about costs corresponds to ED directors' responses on a Likert scale (1-5; strongly disagree-strongly agree) to "I worry that implementing preventive services would lead to increased financial costs to my ED due to lack of reimbursement for added tests, vaccines, and/or counseling." Data missingness was 4.1% and 5.9% for ED directors' worry about costs of implementing preventive health services and information on proportion of their patients who were uninsured, respectively. Missing data were not imputed; only available data were analyzed.