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Hepatitis B in the Asian Community HBAC Program

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Program Background

- \$45,000 provided to Houston Department of Health and Human Services, Bureau of HIV/STD and Viral Hepatitis Prevention (HDHHS) from CDC
- Timeline
 - Program planning and community engagement began July 2009
 - Provider training began September 2009
 - Testing and results events spanned from September 2009 to May 2010

Intervention Activities

- Targeted Hepatitis B testing intervention for Asian-American community in Houston
- Activities:
 - Education and outreach to general community and to community-based organizations/ stakeholders in the Asian community
 - Hepatitis B education, testing and vaccination events

About Hepatitis B

- Vaccine Preventable Disease
- Acute Infection:
 - occurs first 4 months after acquiring the virus
- Chronic Infection:
 - Persons with chronic infection usually have no symptoms
 - Can lead to liver failure, liver cancer, or cirrhosis — a condition that causes permanent scarring of the liver
- Transmission: spread through contact with the blood and body fluids (i.e. sex, mother to child, drug use)

Why the Asian Community?

- Chronic Hepatitis B infection among Asian/Pacific Island immigrants in the United States is approximately 15%
 - Approximately 35 times higher than overall US population
 - Houston has 4th largest US Asian community in a metropolitan area
 - Majority of Hepatitis B transmission in the Asian community is from mother to child

Program Methodology

- Target population- 1,000 Asian-Americans (18 - 65 years old)
- Sites- six faith-based, one clinical, and two social service organizations
- Tests performed
 - Hepatitis B surface antigen
 - Hepatitis B surface antibody
 - Hepatitis B core antibody

Program Methodology

- HDHHS laboratory received and test all samples
- Test results and referral
 - Individuals received test results from HDHHS approximately 3 weeks after testing
 - Test results and referrals were given to each participant, including educational information and additional resources
- All data was entered into a secured HDHHS Access database for analysis

Community Partners



- Asian American Health Coalition/
Hope Clinic
- Asian Cancer Council
- Boat People SOS
- Houston Department of Health
and Human Services
- Ibn Sina Foundation
- Texas Liver Coalition
- Tzu Chi Foundation, USA
- Tzu Chi International Medical
Association
- University of Texas School of
Biomedical Informatics
- University of Texas School of
Public Health
- University of Texas /MD Anderson
Cancer Center

Evaluation

- Developed SMART objectives
- Created logic model
- Developed data collection tools
- Created collaboration partners evaluation surveys
- Analyzed data
- Shared information with HDHHS Director, HBAC planning committee, and all participating community partners

Objectives

- The HBAC program will comprehensively screen 1000 Asian community members for Hepatitis B markers by May 2010.
- Eight HBAC screening events targeting the Vietnamese, Chinese, Korean, and Asian Indian communities of Houston completed by May 2010.
- A voucher will be given to 95% of susceptible clients who did not return for test results within 1 month of the screening event.
- By July 2010, 25% of individuals susceptible for HBV will bring their voucher to designated clinic to receive their first dose of the HBV vaccination series.

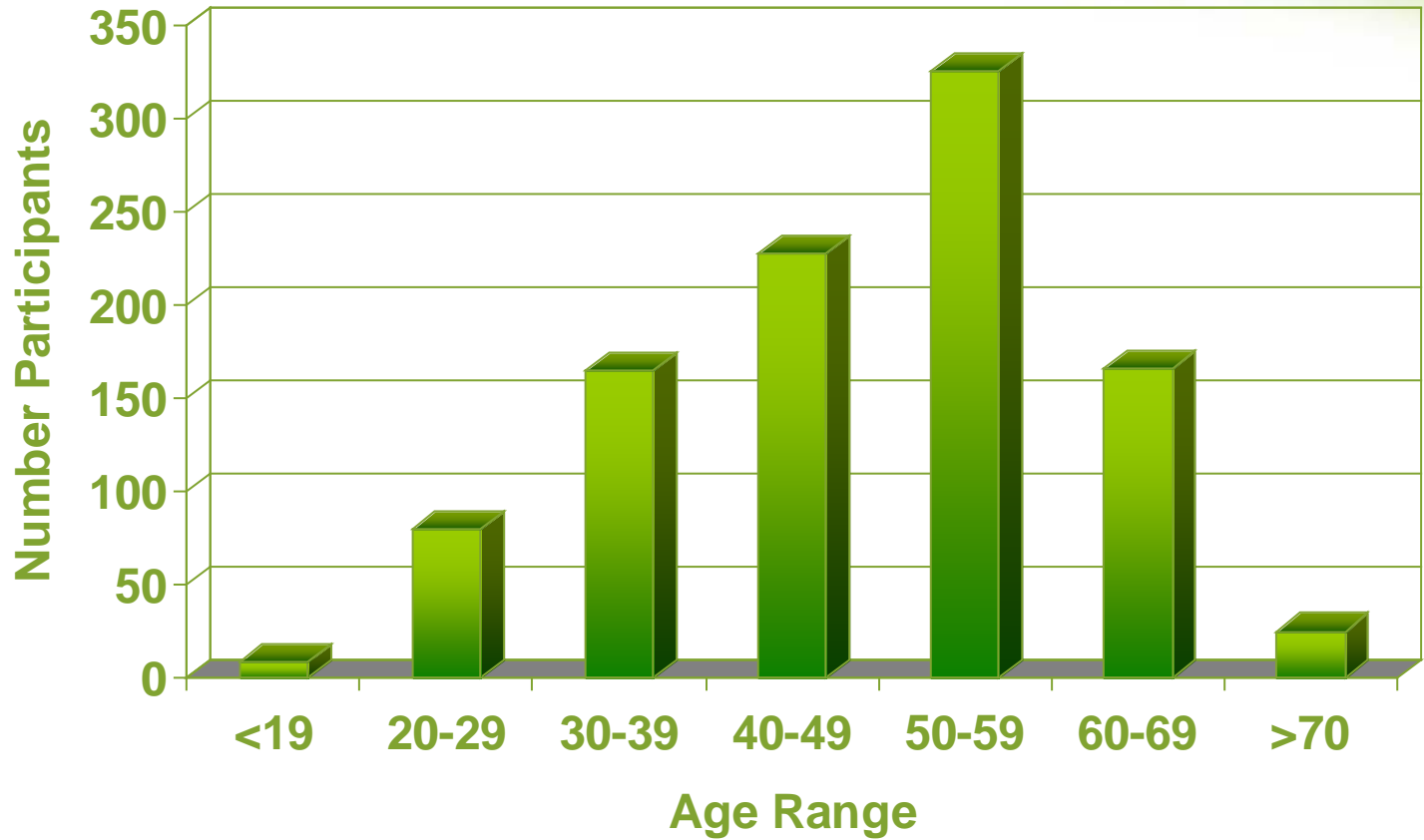
Results

- 10 HBAC screening events targeted the Vietnamese, Chinese, Korean, Asian Indian, and Filipino communities
- 100% of susceptible clients received a referral voucher for vaccination
- 50% received vaccination at designated clinic

Results

- Screened 1,003 people:
 - 364 were already exposed to hepatitis B virus
 - 330 were immune due to previous infection
 - 34 were found to have chronic hepatitis B
 - 214 immune due to previous vaccination
 - 333 were found to be susceptible to hepatitis B infection, and needed vaccination
- Test results were interpreted using HBV serology based on client laboratory results

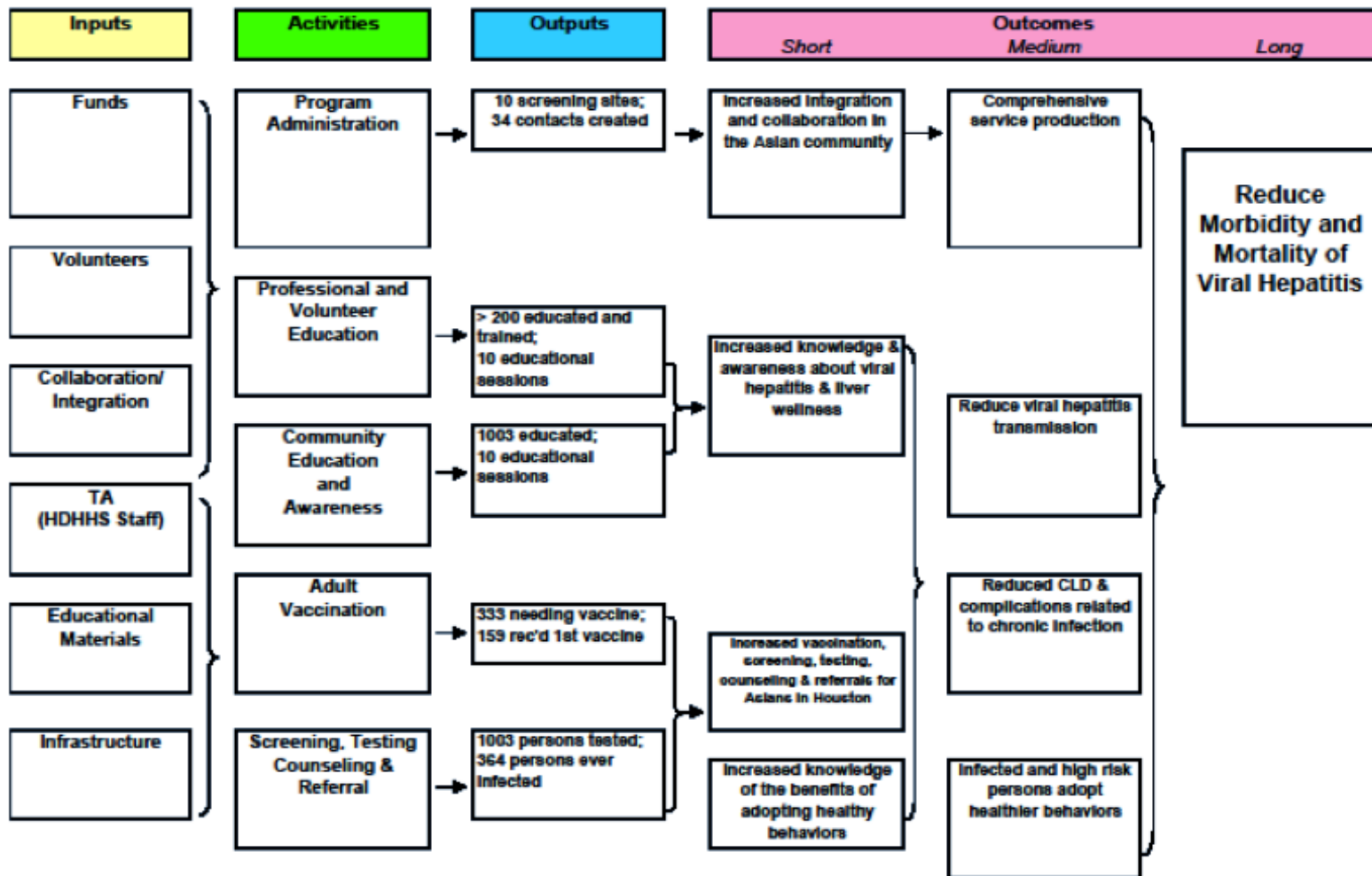
Age Distribution of HBAC Participants



Logic Model

Program: HBAC Screening Logic Model

Situation: CDC funded HDHHS \$45,000 to screen and test for Hepatitis B in the Asian community in Houston, Texas.



Data Collection

- Program Data
 - Risk Assessment questionnaires
 - Consent forms
 - Lab results
- Evaluation Data Collection Tools Created
 - Survey distributed at partnering clinics for general community response
 - Survey distributed to key stakeholders that participated in program planning and implementation

Short Term Outcomes

1. Increased integration and collaboration in the Asian community
2. Increased knowledge and awareness about viral hepatitis and liver wellness
3. Increased screening, vaccination, testing, counseling, and referrals for Asians in Houston
4. Increased knowledge of the benefits of adopting healthy behaviors

Increased integration and collaboration in the Asian community

# of community partners	34
# of organizations	11
# of screening sites	9
# of ethnic groups represented among clients tested	19
Increased Hep B messages w/ other organizations	86%*
Increased Health messages w/ other organizations	100%*
Increased other collaborations	86%*

*results from 7 surveys collected from community partners

Increased knowledge and awareness about viral hepatitis and liver awareness

# of education sessions w/ volunteers	10
# of volunteers trained	200
% w/ Hep B information within last year	50%*
% aware of HBAC Program	56%*
% attended HBAC event	20%*

*results from 70 surveys collected at clinic settings

Increased vaccination screening, testing, counseling and referrals

# of clients tested	1,003
# of infections identified	364
# of vouchers	333
% of clients tested before	20%
% clients vaccinated before	15%
# of clients vaccinated*	166

* As of July 2010 for clients utilizing vouchers at partner clinics only

Increased knowledge of the benefits of adopting healthy behaviors

% of community partners who increased discussion of Hepatitis B risks with clients	100%*

*results from 7 surveys collected from community partners

Qualitative responses from evaluation

- *“This is a great program that is overdue in this community. I know I am speaking for many community members to applaud the CDC's support and (HHS)'s efforts that pull the community together for this joint effort. This is among the first time that the community is coming together for a major disease that has widening the health disparities in the community for the longest time.”*
- *“HBAC is a much needed program which demonstrated great success in its first year. I believe HBAC should continue throughout the coming years as efforts to publicize, screen, and educate about HBV will only need to increase.”*

Conclusions

- Program objectives were met
- Short-term outcome indicators were met
- Outcome indicators suggest that medium to long term goals of increasing hepatitis B awareness, testing, vaccination and referral can be met if continued
- Six of seven community partners rated the Program as “exceeding expectations.”

Recommendations

- Provide dedicate funds for Hepatitis B testing
- Deliver comprehensive service integration in Asian community (ex Dental, Immunizations, HIV/STD, WIC, etc)
- Collaborate with Health Department to support and contribute to existing collaborations in Asian community
- Increase collaboration between in Perinatal Hepatitis B (Immunizations) and Asian community
- Improve Data/Resource sharing on local and national initiatives on viral hepatitis (sex education, surveillance updates)
- Increase collaboration with other populations affected by viral hepatitis