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Introduction

- One in 10 to 12 Asian Americans & Pacific Islanders (AAPIs) is infected with chronic Hepatitis B (HBV).
- The Chicago metropolitan area is home to the 5th largest AAPI population in the nation and largest in the Midwest. Over two-thirds of these AAPI individuals are foreign-born.
- A fundamental problem exists with the lack of funding for HBV in Illinois and there are presently no core public health viral hepatitis or any federally or state funded chronic HBV surveillance systems.
- In response to the alarming disparity with the high prevalence of chronic HBV among Chicago's AAPIs, the Asian Health Coalition (AHC) initiated the Hepatitis Education and Prevention Program (HEPP) in 1997 to target vulnerable immigrant and refugee populations at high risk for HBV and liver cancer.
- HEPP uniqueness lies in the close partnerships that have been developed among community-based organizations (CBOs), bilingual bicultural community health workers (CHWs) and health care providers. This distinguishes HEPP from other community approaches by providing theoretically guided, evidence-based education with linkage to care opportunities.

Community Health Workers (CHWs) at an AHC-Led Training Workshop



Community-Organized Hepatitis Screening Events

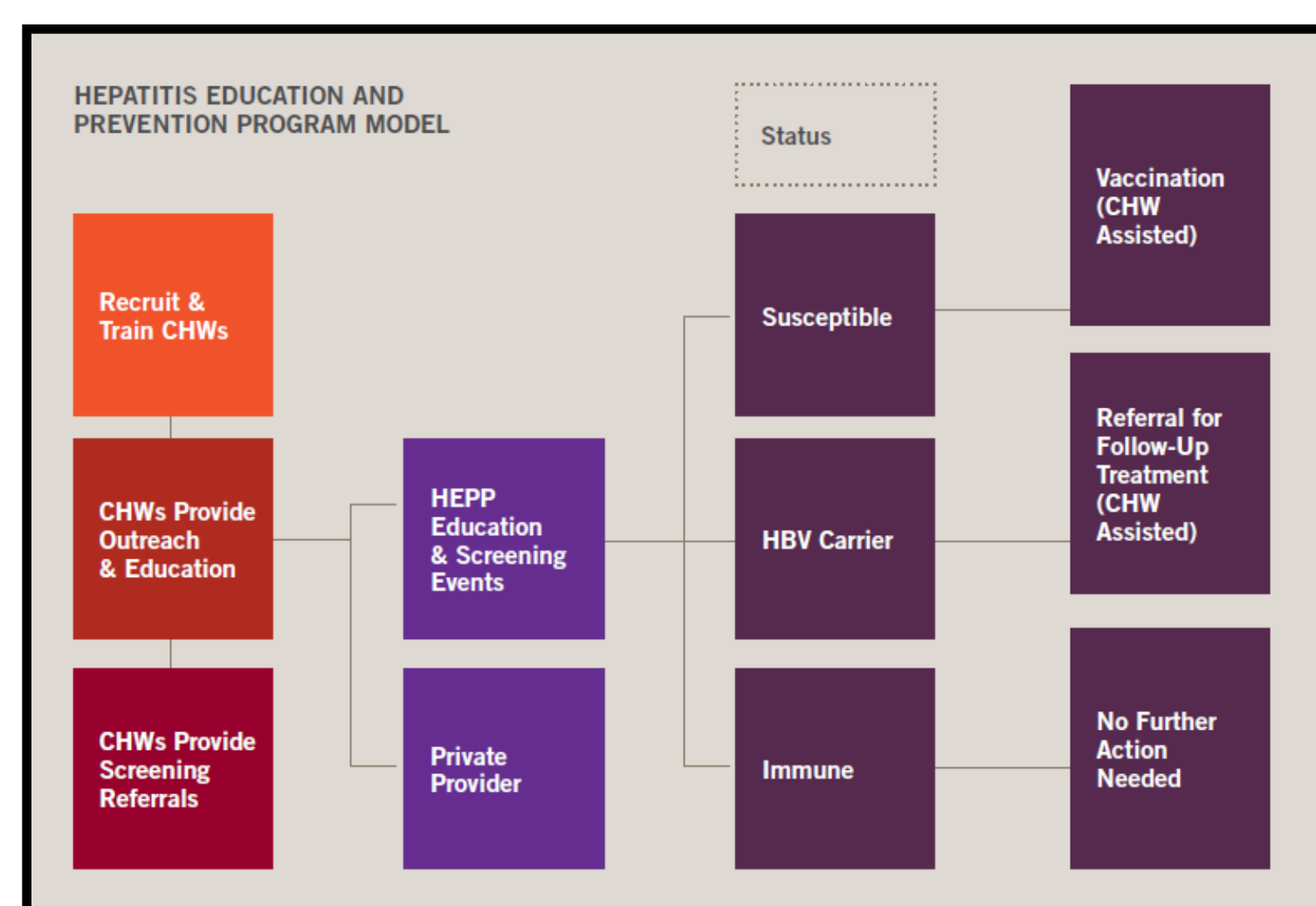


Objectives of HEPP

HEPP is a collaboration between multiple sectors including community-based organizations (CBOs), civic leaders, community health workers, research institutions, industry and public health departments.

The key objectives of HEPP are:

- To build the infrastructure and capacity of Asian communities for hepatitis education and prevention.
- To provide ethnic specific targeted outreach and health education through using community health workers (CHWs).
- To increase hepatitis screening and immunization for high-risk Asians populations.
- To assure appropriate linkage to care and patient navigation using CBOs and CHWs.



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Methods

EDUCATION

- Bilingual bicultural CHWs were recruited from partnering CBOs and trained to conduct culturally sensitive and language-concordant education and outreach.
- As 'natural helpers', CHWs also provide counseling, education, and support to reluctant or ambivalent AAPIs using pedagogical teaching techniques.

SCREENING

- Ethnic-serving CBOs served as central venues and trusted sites within the AAPI community to recruit foreign-born individuals to be tested for HBV at screening events.
- CHWs provide translation and assistance to individuals at screenings.

LINKAGE-TO-CARE

- Relationships were established with providers (e.g. small group / family physicians, FQHCs, and hospitals etc) to serve as pathways to connect those chronically infected with HBV and those in need of HBV vaccinations.

Observations

- High prevalence of chronic HBV was found among foreign-born AAPIs in Chicago especially those from China, Korea and Vietnam.
- CHWs frequently used their social networks in non-traditional settings (e.g. individual seeking heating assistance to recruit for screening)

Country of Birth	Total	Chronic HBV* Positive	
	N	N (%)	(95% CI)
Cambodia	43	2 (4.7)	(0.1-15.8)
China	408	34 (8.3)	(5.8-11.5)
India/Pakistan	151	1 (0.7)	(0.02-3.6)
Korea	138	8 (5.8)	(2.5-11.1)
Lao	43	2 (4.7)	(0.6-15.8)
Thailand	179	3 (1.7)	(0.4-4.8)
United States	31	2 (6.5)	(0.8-21.4)
Vietnam	104	5 (4.8)	(1.6-10.9)
Other†	91	4 (4.4)	(1.2-10.9)
Not Reported	242	14 (5.8)	(3.2-9.5)
Total	1430	75 (5.2)	(4.2-6.5)

Results

Activity	2006-2011
People Educated	32,885
No. Group Educations	264
No. Health Fair Events	63
No. Referred for Screening/Immunization	17,494
Brochures Distributed	17,509
Adults Screened at AHC Organized Events	2,139



Conclusions

- HEPP has successfully demonstrated how community-level prevention activities in a non-clinical setting can increase the uptake of testing and improve access to care services to address HBV disparities among vulnerable AAPI immigrant and communities.
- While successful, the challenges of establishing a sustainable linkage to care program for this limited English proficient population suggests the need for improved culturally competent healthcare systems.
- The ability of CHWs to serve as patient navigators may be an important mechanism to better understand the role for and/or limitations of the CHW model in reducing barriers and improving health for this underserved population.