

2010 Colorado Viral Hepatitis Conference



**The Equality in Health:
Hepatitis B Screening Project for
Asian American Pacific Islander
(AAPI)**

Presented by

**Asian Pacific Development Center
(APDC)**

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Asian Pacific Development Center (APDC)



Mission

To advance the well-being of the Asian American Pacific Islander communities of Colorado by providing culturally appropriate and integrated medical, behavioral, and related services.

Programs / Services

Our programs are organized through three major facets of APDC:

- Primary Healthcare
- Behavioral Health
- Program Services

Offices

3 office locations: Aurora, Denver & Colorado Springs

APDC Programs & Services

Hepatitis B

Asian Women's Health Access Program

- Breast, Cervical & Heart health education

Mental Health

- Case Management
- Counseling
- Psychiatric support

Tobacco Disparities

Domestic Violence Victim Assistance

Sexual Assault Prevention

Youth Programs

- Mentorship
- Leadership

Cultural Competency

Community Advisory Board



AAPI Community

Population

(Racial & Ethnic Health Disparities in Colorado 2009)

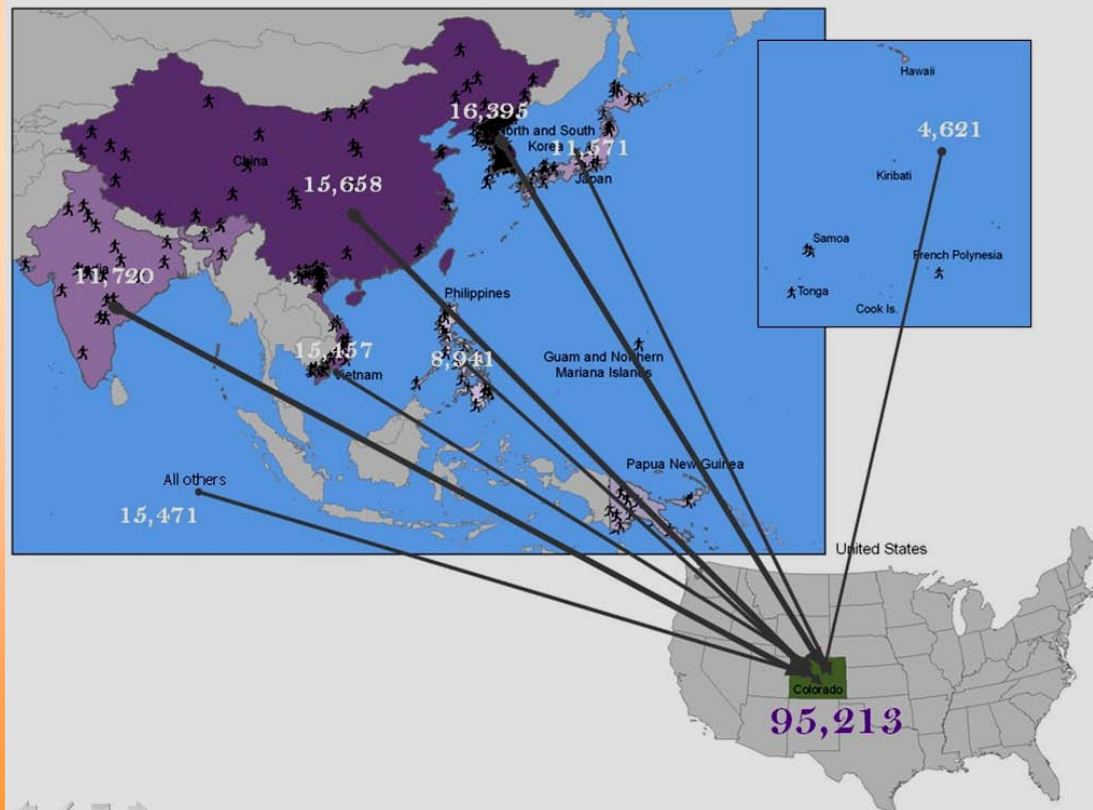
- Fastest growing ethnic group in U.S.
 - More than half are foreign born
 - Immigrant or refugee
 - Immigrant: A person who comes to another country to take up permanent residence.
(Merriam- Webster Dictionary)
 - Refugee: a person with or without nationality who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.
(USCIS)



AAPI Community (cont'd...)

Approx. 3% (95,213) population is AAPI in CO

- Greatest populations: Korean (16,395), Chinese (15,658), Vietnamese (15,457)
- Other Asians include: Japanese, Asian Indian, Filipino, Hmong, Lao, Cambodian, Thai, Indonesian, Burmese, Tibetan, Mongolian
- Counties: Arapahoe, Adams, Denver, Douglas, Jefferson, El Paso



Health Disparities in AAPI

AAPI health disparities are caused by cultural and social barriers.

- Hepatitis B & Chronic Liver Disease
 - AAPI have the highest rate for chronic Hepatitis B
- Cancer
 - 29% of all deaths
 - Breast Cancer: 12% of all AAPI women
 - Cervical Cancer: AAPI women has double the mortality rate compared to other ethnicities
- Heart Disease
 - Mortality rate is less than half of total U.S. population
- Cerebrovascular Disease
- Chronic Lower Respiratory
 - Highest ethnic group with TB incidence
- Diabetes Mellitus



(Racial & Ethnic Health Disparities in Colorado 2009)

Hepatitis B Screening Project for Asian American Pacific Islander (AAPI)



Health disparity:

- Hepatitis B and Cultural Competency
- 168.2/100,000 = 10 x's the state average of 16.2/100,000
- Koreans = 12%, Vietnamese = 12%, Chinese = 12% compared to U.S. = 0.5%
- HBV = 100 x's more contagious than HIV
- HBV infection rate = 3% to 19% of AAPI adults compared to 0.1% to 0.2 % of general U.S. population
- High Chronic HBV infection rate in AAPI = high risk of premature death due to cirrhosis or hepatoma.
- Liver cancer rates in AAPI = 11.7 x's those of white population



Target population:

- Korean (16,395), Chinese (15,658), Vietnamese (15,457)

Time line:

- December 1, 2005 – December 31, 2010
- Supported by the Colorado Trust

Partners:

- Korean, Chinese and Vietnamese communities of Colorado
- University of Colorado Health Sciences Center, School of Nursing
- Denver Public Health
- American Liver Foundation, Gilead, GlaxoSmithKline

Goals:

- Develop three advisory councils in each of the target populations
- Screen and provide HBV education 200 individuals from each community

How Cultural Competency comes into play:



- AAPI and significant barriers to healthcare:

Lack of insurance, linguistic barriers, differences in health behavior, beliefs & attitudes = quality of care is compromised

- Cultural competency is critical because any public health education or campaign that is not congruent with the behavior and culture of the targeted population will be misguided
- It is important to understand that specific cultures have different attitudes regarding health care
- A non-traditional community setting which will enable to eliminate organizations, systematic and clinical biases and hidden assumptions



Efforts:

- Provide culture-specific training regarding the health behaviors of AAPI to health care providers, ensuring equal treatment in medical services
- Provide HBV screening and immunization to reduce health care access barriers specific to minority populations
- Provide training to AAPI community in HBV prevention and awareness as well as using and communicating the health care system



Community Advisory Boards (CAB):

- Made of individuals from each community
- Diversity of CAB to ensure representation
- Knowledgeable of their communities and ability to mobilize the project into their community
- Role is to interpret, educate, let their community know about the FREE screenings, support with clarification and questions
- Received HBV training
- Support in providing culture-appropriate PowerPoint education and correct translation of documents into each community's language
- Help recruit additional volunteers and fill out paperwork, direct community participants to appropriate stations during screening

Korean Community

2005-2007



Hepatitis B blood screening at 7 scheduled community settings:

Total = 19

Subgroups	Frequency (%)
HBsAg +	8(4%)
Anti-HBs- & HBsAg-	87 (32%)
HBsAb+	102(52%)
Anti-HBc+	61(31%)
Anti-HBc-	41(20%)

Chinese Community

2008 - 2009



Hepatitis B blood screening at 7 scheduled community settings:

Total = 126

Hepatitis B-POSITIVE = 9 (7.14%)

Hepatitis B-NEGATIVE = 117

Immune and no need for vaccine = 75

No immunity and need vaccine = 42

Total number of vaccines:

284 doses*

Hepatitis B 1st dose = 143

Hepatitis B 2nd dose = 83

Hepatitis B 3rd dose = 58

*an undetermined number of people have come to immunization clinic at DPH for Hepatitis B 2nd and 3rd doses

Vietnamese Community

2009



Hepatitis B blood screening 3 scheduled community settings

Total = 203

Hepatitis B-POSITIVE = 30 (14.78%)

Hepatitis B-NEGATIVE = 173

Immune and no need for vaccine = 128

No immunity and need vaccine = 45

Total number vaccines given

279 doses*

Hepatitis B 1st dose = 210

Hepatitis B 2nd dose = 47

Hepatitis B 3rd dose = 20

*approximately 6 or more people have come to immunization clinic at DPH for Hepatitis B 2nd and 3rd doses



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