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Screening, Vaccination, and Chronic Care Management for Hepatitis B in Coastal Vietnamese Communities

TARGET POPULATION	Adult (≥18) Vietnamese Americans
• LOCATION	Coastal Mississippi Counties of Harrison, Hancock, and Jackson
PROGRAM DESIGN	Community Based Screening and Care Linkage Program
\$ ESTIMATED COST	\$198,583 per year for 5 years 8/15/2015 to 7/31/2020
- K FUNDING SOURCE	US Department of Health and Human Services, Office of Minority Health, and State Partnership Initiative to Address Health Disparities

SUMMARY

The Mississippi Department of Health's "Test to Treat Family and Self" program provides culturally competent education in the coastal Vietnamese communities of Hancock, Harrison, and Jackson counties about the risk factors for Hepatitis B virus (HBV) and the importance of getting screened and vaccinated. The program also provides evidence based-interventions to empower community members to manage their chronic illnesses and links individuals living with Hepatitis B who are unable to pay for treatment to insurance coverage.

BACKGROUND

Hepatitis B is an infectious liver disease caused by the Hepatitis B Virus (HBV). HBV is transmitted through blood and bodily fluids. Because chronic viral Hepatitis B can be asymptomatic and is not routinely screened for, infected individuals are often unaware that they have the disease. Estimates of people living with chronic HBV vary, and were reported to range from 850,000 in 2011 to as high as 2.2 million in 2009. Approximately half of chronic HBV infections are among Asian/Pacific Islanders, and approximately 75% of chronic HBV infections in the US are among people born outside of the US. Liver cancer incidence associated with HBV is also highest in this population.

The coastal Mississippi counties of Hancock, Harrison, and Jackson are home to a large population of Vietnamese Americans who are among the highest at risk for HBV infection. Approximately 80% of the community is either directly employed by, or highly dependent upon the local commercial fishing industry. Further, approximately 25% of the population lives below the poverty line. Thus, many lack health insurance and access to primary care services such as screening and vaccination.

CORE ACTIVITIES

The program provides screening to determine if an individual is immune (by previous vaccination or by acute infection), is chronically infected, or is in need of the vaccine. If an individual is determined to be chronically infected, they are linked to health care services through the assistance of a Community Health Worker (CHW) who will ensure that the individual is connected to services where an opportunity to begin treatment is available. Individuals are followed over time to make sure they can overcome barriers to treatment such as lack of insurance or transportation for physician visits. The program provides the HBV vaccine, and participants are followed by the CHW to ensure that they receive the complete 3-series HBV vaccine. For those living with chronic HBV, household members and partners are encouraged to be tested. Though to date no one in the cohort has tested positive for HBV and been currently pregnant, they would be referred to their maternal health provider and be provided CHW services so that they could be followed over time.

Another objective is to layer the program with evidence-based interventions to build community

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capacity, and to assist those who have chronic hepatitis B and other co-morbidities to manage their chronic illness. For example, the program will provide a Chronic Disease Self-Management course for anyone in the community that is diagnosed as having chronic HBV. The classes are also available to anyone experiencing any other chronic disease such as heart disease or diabetes. Family members may attend the class as well to provide continual support for the participant.

Additionally, the program will provide education about the Affordable Care Act, and anyone who is uninsured or experiencing a financial hardship, will have an opportunity to enroll in health care coverage. Participants who report a financial hardship or lack of insurance as a barrier to treatment or preventative services are referred to sessions that provide Affordable Care Act navigation education. The program is also providing Cultural Competency Training for health care professionals and community leaders, and training on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) for health care providers that provide care to the Vietnamese community. The program has provided community interpreter training for bilingual healthcare professionals on three occasions, and provided a cultural competency training in the priority area so that residents can increase their awareness of cultural norms and practices in the Vietnamese community.

DATA

Currently the program has provided screening for 340 individuals. Of those screened individuals, 47.6% (n=162) were found to be immune due to previous infection, 15.0% (n=51) were found to be immune due to previously receiving the vaccine, 14.4% (n=49) were found to have an undetermined status which indicates the need for re-screening which is ongoing. The program will provide follow-up CHW services to those that were found to have chronic HBV infection (6.5%, n=22), and those that are in need of the HBV vaccine (16.5%, n=56).

FUNDING & COST

The project was funded (\$992, 915) from 8/15/2015 through 7/31/2020 by The US Department of Health and Human Services, Office of Minority Health, State Partnership Initiative to Address Health Disparities. The funding provides for part time salary support for CHWs, laboratory diagnostics, and program evaluation.

STRENGTHS

- The project has a very strong and active Community Advisory Board that results in the ability to discuss programmatic concerns and immediately gain appropriate feedback from community partners and derive community driven solutions
- The project has allowed for the determination of HBV prevalence in a community that is largely unrepresented in county and state level health data

LIMITATIONS

- Even with the provision of ACA navigation education, individuals continue to lack the financial resources for chronic HBV treatment
- Many are currently asymptomatic and cannot justify the expense of treatment
- Sustainability of screening rates will be difficult without provider education that focuses on the importance of routine screening in this population

STAKEHOLDERS

Mississippi Department of Health Office of Policy, Evaluation, Government Relations and Health Equity; Mississippi Department of Health Laboratory; Boat People SOS; Mercy Housing and Human Development; and Coastal Family Health Center.

PROGRAM CONTACT

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