Health Disparities and Community Strategies: Asian/Pacific Islanders

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Washington State Academy of Sciences
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Outline

• Hepatitis B as an example of health and health care disparities in Asians and Pacific Islanders
• How characteristics and demographics help us understand the challenges and underlying causes
• How progress in hepatitis B inform community strategies to reduce health and health care disparities in Asian/Pacific Islanders
Liver Cancer Incidence by Race and Ethnicity in the US, 2007

**Table 1.** Prevalence and Predictors of Chronic Hepatitis B Virus Infection (Positive HBsAg) Among Persons Aged 6 Years or Older in the United States, 1999 to 2008

<table>
<thead>
<tr>
<th>Variable</th>
<th>Participants Tested, n</th>
<th>Prevalence of HBsAg (95% CI), %</th>
<th>Unadjusted OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All participants</td>
<td>37,259</td>
<td>0.27 (0.20–0.34)</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>19,033</td>
<td>0.17 (0.09–0.24)</td>
<td>1</td>
</tr>
<tr>
<td>Male</td>
<td>18,226</td>
<td>0.38 (0.25–0.50)</td>
<td>2.27 (1.31–3.96)</td>
</tr>
<tr>
<td><strong>Race or ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>15,259</td>
<td>0.11 (0.06–0.15)</td>
<td>1</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>8,850</td>
<td>0.73 (0.4–1.0)</td>
<td>6.9 (3.7–13.1)</td>
</tr>
<tr>
<td>Hispanic*</td>
<td>11,670</td>
<td>0.05 (0.003–0.11)</td>
<td>0.52 (0.2–1.5)</td>
</tr>
<tr>
<td>Other race</td>
<td>1,480</td>
<td>1.97 (1.0–2.9)</td>
<td>19.0 (10.2–35.5)</td>
</tr>
<tr>
<td><strong>Birthplace</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>30,181</td>
<td>0.17 (0.11–0.22)</td>
<td>1</td>
</tr>
<tr>
<td>Mexico</td>
<td>4,056</td>
<td>0.026 (0.0–0.0007)</td>
<td>0.16 (0.03–0.82)</td>
</tr>
<tr>
<td>Elsewhere (white, black, or Hispanic)</td>
<td>2,419</td>
<td>0.59 (0.27–0.91)</td>
<td>3.6 (1.9–6.6)</td>
</tr>
<tr>
<td>Elsewhere and other race</td>
<td>577</td>
<td>3.28 (1.41–5.14)</td>
<td>20.4 (10.3–40.6)</td>
</tr>
</tbody>
</table>

Hepatitis B Prevalence By Race in Washington State: NHANES III 2010

Prevalence of HBsAg+ x 1000

- Whites (non-hispanic)
- Blacks (non-hispanic)
- American Indian/Other
- API (US born births)
- API (foreign-born)
Why Immigration Is an Asian American Issue

A group of Asian Americans joins others that support reform of immigration legislation at a rally in New York, Tuesday, May 1, 2007.

By Tram Kieu | May 28, 2013

Asian Americans and Immigration

- Fastest growing ethnic group in the United States
- Recently passed Hispanics as the largest group of new immigrants
- Between 2000 and 2010, total Asian American population increased 43%
- Two thirds of Asian Americans are foreign born
- Three quarters of Asian-American adults are foreign born
Geographical Distribution of Chronic HBV

HBsAg Prevalence
- ≥8% - High
- 2-7% - Intermediate
- <2% - Low
Asian and Pacific Islander Populations in Washington

- US Rank #6 for Asian and #5 for Native Hawaiian/Other Pacific Islander population
- Total state Asian and Pacific Islander population: 674,573
- Top seven counties, total API: 615,129
  - King County: 353,702 or 52.4%
  - Pierce County: 85,743 or 12.7%
  - Snohomish County: 84,201 or 12.5%
  - Clark County: 28,146 or 4.2%
  - Kitsap County: 23,064 or 3.4%
  - Thurston County: 21,728 or 3.2%
  - Spokane County: 18,545 or 2.7%
## Snapshot of Asian Pacific Americans in Washington State

<table>
<thead>
<tr>
<th>Group</th>
<th>Population Number</th>
<th>Percent of State API Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>94,198</td>
<td>14.0</td>
</tr>
<tr>
<td>Filipino</td>
<td>91,367</td>
<td>13.5</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>66,575</td>
<td>9.9</td>
</tr>
<tr>
<td>Korean</td>
<td>62,124</td>
<td>9.2</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>61,124</td>
<td>9.1</td>
</tr>
<tr>
<td>Japanese</td>
<td>35,008</td>
<td>5.2</td>
</tr>
<tr>
<td>Samoan</td>
<td>13,110</td>
<td>1.9</td>
</tr>
<tr>
<td>Guam</td>
<td>9,746</td>
<td>1.4</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>5,861</td>
<td>0.9</td>
</tr>
<tr>
<td>Other</td>
<td>82,179</td>
<td>12.2</td>
</tr>
<tr>
<td>Combined</td>
<td>153,281</td>
<td>22.7</td>
</tr>
</tbody>
</table>
### Sampling of Asian Ethnicities in Washington State

<table>
<thead>
<tr>
<th>Asian Indian</th>
<th>Okinawan</th>
<th>Nepali</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Indochinese</td>
<td>Pakistani</td>
</tr>
<tr>
<td>Bhutanese</td>
<td>Indonesian</td>
<td>Sikkim</td>
</tr>
<tr>
<td>Borneo</td>
<td>Iwo Jimayan</td>
<td>Singaporean</td>
</tr>
<tr>
<td>Cambodian</td>
<td>Japanese</td>
<td>Sri Lankan</td>
</tr>
<tr>
<td>Celebesian</td>
<td>Javanese</td>
<td>Sumatran</td>
</tr>
<tr>
<td>Ceram</td>
<td>Korean</td>
<td>Thai</td>
</tr>
<tr>
<td>Chinese</td>
<td>Laotian</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>Filipino</td>
<td>Malayan</td>
<td></td>
</tr>
<tr>
<td>Hmong</td>
<td>Maldivian</td>
<td></td>
</tr>
</tbody>
</table>
# Sampling of Pacific Islander Ethnicities in Washington State

<table>
<thead>
<tr>
<th>Region</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carolinia</td>
<td>Fijian</td>
</tr>
<tr>
<td>Fijian</td>
<td>Guamanian</td>
</tr>
<tr>
<td>Guamanian</td>
<td>Hawaiian</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>Kosraean</td>
</tr>
<tr>
<td>Kosraean</td>
<td>Marshallese</td>
</tr>
<tr>
<td>Marshallese</td>
<td>Melanesian</td>
</tr>
<tr>
<td>Melanesian</td>
<td>Micronesian</td>
</tr>
<tr>
<td>Micronesian</td>
<td>Northern Mariana Islander</td>
</tr>
<tr>
<td>Northern Mariana Islander</td>
<td>Paluan</td>
</tr>
<tr>
<td>Paluan</td>
<td>Papua New Guinean Polynesian PonapeanSamoan</td>
</tr>
<tr>
<td>Papua New Guinean Polynesian PonapeanSamoan</td>
<td>Solomon Islander Tahitian Tarawa Islander Tongan Trukese Yapese</td>
</tr>
</tbody>
</table>
Hepatitis B Exposure (Past Infection) Rates in the US: NHANES 1999-2008

Table 2. Prevalence and Predictors of Exposure to Hepatitis B Virus (Positive Anti-HBc) Among Persons Aged 6 Years or Older in the United States, 1999 to 2008

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Participants Tested, n</th>
<th>Prevalence of Anti-HBc, (95% CI), %</th>
<th>Unadjusted OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All participants</td>
<td>37 259</td>
<td>4.6 (4.1–5.0)</td>
<td>NA</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>19 033</td>
<td>3.9 (3.4–4.4)</td>
<td>1</td>
</tr>
<tr>
<td>Male</td>
<td>18 226</td>
<td>5.3 (4.7–5.9)</td>
<td>1.39 (1.2–1.6)</td>
</tr>
<tr>
<td>Family income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥2 times poverty threshold</td>
<td>16 993</td>
<td>3.6 (3.2–4.0)</td>
<td>1</td>
</tr>
<tr>
<td>1–1.9 times poverty threshold</td>
<td>9197</td>
<td>6.2 (5.4–7.0)</td>
<td>1.79 (1.5–2.1)</td>
</tr>
<tr>
<td>Below poverty threshold</td>
<td>8328</td>
<td>5.7 (4.7–6.7)</td>
<td>1.63 (1.1–2.0)</td>
</tr>
<tr>
<td>Education (participants aged ≥20 y)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;12 y</td>
<td>7191</td>
<td>8.7 (7.6–9.8)</td>
<td>1</td>
</tr>
<tr>
<td>≥12 y</td>
<td>15 950</td>
<td>4.8 (4.3–5.3)</td>
<td>0.53 (0.47–0.60)</td>
</tr>
</tbody>
</table>

Education Levels Among Asian/Pacific Islander and White Adults in Washington State, 2010-2012

- **High School Grad or Higher**: 85.3% (Asian American), 87.2% (Native Hawaiian/PI), 92.1% (White)
- **Bachelor's Degree or Higher**: 45.0% (Asian American), 12.0% (Native Hawaiian/PI), 32.1% (White)
- **Graduate Degree or Higher**: 17.5% (Asian American), 2.3% (Native Hawaiian/PI), 11.6% (White)

U.S. Census Bureau; American Community Survey, 2010-2012. American Community Survey 3-year Estimates, Table S0201.
Education Levels Among Selected Asian Ethnicities in Washington State, 2010-2012

- **Japanese**
  - High School Grad or higher: 94.8%
  - Bachelor's Degree or Higher: 49.8%
  - Graduate degree or higher: 16.7%

- **Asian Indian**
  - High School Grad or higher: 91.4%
  - Bachelor's Degree or Higher: 74.5%
  - Graduate degree or higher: 41.4%

- **Filipino**
  - High School Grad or higher: 90.5%
  - Bachelor's Degree or Higher: 38.5%
  - Graduate degree or higher: 6.2%

- **Cambodian**
  - High School Grad or higher: 70%
  - Bachelor's Degree or Higher: 14.7%
  - Graduate degree or higher: 4.7%

- **Vietnamese**
  - High School Grad or higher: 68.7%
  - Bachelor's Degree or Higher: 23.1%
  - Graduate degree or higher: 5.7%

U.S. Census Bureau; American Community Survey, 2010-2012. American Community Survey 3-year Estimates, Table S0201.
Adjusted Cohort Graduation Rate (four year) for Washington State

English Proficiency Among Asian Americans

• 1 in 3 Asian Americans have limited English proficiency
• Vietnamese, Laotian and Hmong have the highest rates of limited English proficiency
• Limited English Proficient (LEP) students have the lowest on-time graduation rates (56.6%).

From Healthcare Disparities to Health

• Provider and public knowledge
• Access to quality health care
• Policy recommendations and guidelines
• Adherence to guidelines (quality improvement):
  • Screening
  • Perinatal hepatitis B testing
  • Vaccination
• Cultural and linguistic proficiency
Most people do not experience any symptoms during acute infection but may have symptoms, such as yellowing of the skin and eyes (jaundice), dark urine, extreme fatigue, nausea, vomiting and abdominal pain. [2,4]

In the U.S., individuals at highest risk for hepatitis B infection are those who engage in risky behaviors such as illegal IV drug abuse, prostitution, men who have sex with men, heterosexuals with multiple sexual partners and people who have received blood transfusions using infected blood. Healthcare workers, who are exposed to infected blood or body fluids of patients through contact with needles or medical devices used on patients, or when breaches in proper hygiene and/or infection control practices occur, are at high risk for becoming infected with hepatitis B. In

# Health Coverage Among Asian and Pacific Islander Subgroups, 2004-2006

<table>
<thead>
<tr>
<th>Group</th>
<th>Employer</th>
<th>Other Private</th>
<th>Medicaid or Other Public</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korean</td>
<td>49%</td>
<td>12%</td>
<td>8%</td>
<td>31%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>56%</td>
<td>6%</td>
<td>17%</td>
<td>21%</td>
</tr>
<tr>
<td>Other Southeast Asian</td>
<td>57%</td>
<td>7%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Native Hawaiian &amp; Pacific Islander</td>
<td>58%</td>
<td>4%</td>
<td>14%</td>
<td>24%</td>
</tr>
<tr>
<td>Other South Asian</td>
<td>62%</td>
<td>3%</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Chinese</td>
<td>62%</td>
<td>10%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Asian Other</td>
<td>62%</td>
<td>8%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>ALL ASIANS</td>
<td>65%</td>
<td>8%</td>
<td>11%</td>
<td>17%</td>
</tr>
<tr>
<td>Filipino</td>
<td>72%</td>
<td>4%</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td>Japanese</td>
<td>72%</td>
<td>11%</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>3rd Plus Generation</td>
<td>73%</td>
<td>7%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>77%</td>
<td>7%</td>
<td>4%</td>
<td>12%</td>
</tr>
</tbody>
</table>

• Concern: Not immunizing one cohort of adolescents in the US will result in 160,000 hepatitis B infections, 10,000 chronic infections, and 1400 deaths

• Coverage survey of Vietnamese-American children 3-18 yo in Houston, Dallas, and Washington, DC, 1998
Findings

• National Immunization Survey (1996) found 88% of API children 19-35 mos received all 3 doses of HBV
• Total study sample: only 14-29% of Vietnamese-American children 3-18 yo received all 3 doses of HBV
• Children less likely to have been immunized if:
  • They lived in the Texas sites
  • They were older
  • Their families had lived in the United States for a longer time
  • Their provider was Vietnamese or an institutional provider
Policy Recommendations and Guidelines: Hepatitis B Vaccination

- **1982:**
  - Vaccination of infants of HBsAg mothers

- **1988:**
  - Vaccination of infants in racial/ethnic groups with high HBV infection

- **1991:**
  - Universal vaccination of infants
  - Vaccination of adolescents with high risk behavior
  - Vaccination of selected high-risk groups

- **1994:**
  - Catch-up vaccination of all unvaccinated children <11 yo in racial/ethnic groups from areas with high or intermediate endemicity.
  - Vaccination of all 11-12 yo children who have not previously received hepatitis B vaccine.

- **1997:**
  - Universal vaccination of all children 0-18 yo


A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States

Recommendations of the Advisory Committee on Immunization Practices (ACIP)
Part 1: Immunization of Infants, Children, and Adolescents
Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B

• Universal vaccination of infants beginning at birth
• Prevention of perinatal HBV infection
• Routine vaccination of previously unvaccinated children and adolescents
• Vaccination of unvaccinated adults at increased risk for infection
Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B

- Standing orders for HBV vaccination beginning at birth
- Hospital policies and procedures and case management programs to identify and manage infants born to HBsAg+ mothers
- Vaccination record reviews for all children 11–12 yo and children <19 yo born in countries with intermediate and high levels of HBV
- Hepatitis B vaccine requirements for school entry
- Providing hepatitis B vaccination in settings that serve adolescents.
Policy Recommendations and Guidelines: Hepatitis B Screening

“The recommendations are given a grade of B, which indicates that there is high certainty that the net benefit is moderate or that there is moderate certainty that the net benefit is moderate to substantial…These recommendations are a dramatic and welcome upgrade from the 2004 USPSTF guidelines, which issued a grade D recommendation against asymptomatic persons for HBV infection.”
National Policy: Access to Care

Vaccines for Children
20 years of protecting America’s children

The Vaccines for Children program was established in 1994 to make vaccines available to uninsured children. VFC has helped prevent disease and save lives...big time!

CDC estimates that vaccination of children born between 1994 and 2013 will:

- prevent 322 million illnesses
  - more than the current population of the entire U.S.A.
- help avoid 732,000 deaths
  - greater than the population of Boston, MA.
- save nearly $1.4 trillion in total societal costs
  - (that includes $285 billion in direct costs)
  - or $4,473 for each American

http://www.cdc.gov/vaccines/programs/vfc/index.html
National Policy: Access to Care

- Personal Responsibility and Work Opportunity Reconciliation Act of 1996 = Welfare Reform
- Legal immigrants are denied public assistance for five years or until they attain citizenship
National Policy: Access to Care

• Washington Health Care Access Act: Basic Health Plan
  • 1987 Pilot
  • 1993 Permanent
  • 2014 Ended

• Patient Protection and Affordable Care Act, 2010

Public Law 111–148
111th Congress

An Act

Entitled The Patient Protection and Affordable Care Act.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Patient Protection and Affordable Care Act”.

Mar. 23, 2010
[H.R. 3590]
Patient Protection and Affordable Care Act.
42 USC 18001
note.
Increasing Provider Knowledge and Quality of Care
Increasing Provider Knowledge and Quality of Care

Viral Hepatitis Populations

Asian and Pacific Islanders are at higher risk for Hepatitis B, which can lead to liver cancer. Early diagnosis of Hepatitis B and access to lifesaving medical care can help reduce these inequalities.

Featured Poster
Assistant Secretary for Health Dr. Howard Koh is featured on our new poster [PDF - 1 page].

Also available in other languages: Chinese Korean Vietnamese

Dr. Koh’s YouTube Message
In this CDC YouTube video, Dr. Howard K. Koh, MD, MPH, Assistant Secretary for Health, U.S. Department of Health and Human Services, addresses Asian Americans about the importance of talking to their doctor about testing for Hepatitis B.

Chronic Hepatitis B Facts
- Global public health problem: There are an estimated 240 million people living around the world with chronic Hepatitis B, with an estimated 1.2 million living in the United States.
- Can lead to liver cancer: Approximately 15% to 25% of people with chronic Hepatitis B develop serious liver damage, including liver cancer.

http://www.cdc.gov/hepatitis/populations/api.htm
Increasing Provider Knowledge and Quality of Care

Specific high-risk groups that should be screened include:

- persons born in countries and regions where the prevalence of HBV infection is at least 2%;
- persons who were born in the United States but who were not vaccinated as infants, and whose parents were born in regions such as sub-Saharan Africa and southeast and central Asia, where the prevalence of HBV infection is 8% or more;
- persons testing positive for HIV;
- users of injection drugs;
- men who have sex with men;
- household contacts of persons with HBV infection.

Ruma Rajbhandari, MD, MPH, and Raymond T. Chung, MD, from Massachusetts General Hospital in Boston, write in an accompanying editorial, “These recommendations are a dramatic and welcome upgrade from the 2004 USPSTF guidelines, which
Increasing Provider Knowledge and Quality of Care

Download Documents

THE HBV SCREENING MADE EASY TOOLKIT

This fully integrated, multicomponent, CME/CE-certified activity is designed to simplify the screening of persons at risk for HBV infection in your office practice. Below are the toolkit components, including the instructions for implementation with the individual steps for the implementation of the toolkit and the responsibilities of each individual in using the toolkit components.

Patient Information Card
Provider Guide
Instructions For Implementing
Poster
Screening Card
Patient Information Card - Chinese
Patient Information Card - Korean
Patient Information Card - Vietnamese

AHF Provider Education:
Information specifically for healthcare professionals interested in learning more about Hepatitis

NOW AVAILABLE
Download the NEW HBV Screening Made Easy Toolkit
Strategies & Solutions for Hepatitis B Screening, Testing, Linkage to Care, & Treatment

6th Annual AHF Content Development Meeting
MORE...
Increasing Provider Knowledge and Quality of Care

Explore our Resource Library
You can access multilingual brochures, training resources, and podcasts here.
Go to the Resource Library »

B Free CEED: National Center of Excellence in the Elimination of Hepatitis B Disparities
B Free CEED is a national resource and expert center committed to eliminating hepatitis B disparities in Asian and Pacific Islander communities. B Free CEED develops, evaluates, and disseminates evidence-based practices. A partnership of New York University School of Medicine and local and national coalition members, B Free CEED is one of eighteen Centers of Excellence in the Elimination of Disparities funded in 2007 under the Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.) program of the Centers for Disease Control and Prevention.

http://hepatitis.med.nyu.edu/
Increasing Provider and Public Knowledge
Increasing Public Awareness

Chinese celebrities Huang Lei and Zhou Dongyu

Famous Chinese celebrities Huang Lei and Zhou Dongyu, join the 2014 Jade Ribbon Campaign to raise social awareness of hepatitis B and eliminate misconceptions about infection.
Increasing Public Awareness

Know Hepatitis B

Getting tested for Hepatitis B can help many people access lifesaving treatments that can prevent serious liver damage.

1 in 12 Asians Americans and Pacific Islanders has Hepatitis B

Hepatitis B is common worldwide, especially in many parts of Asia and the Pacific.
Increasing Public Awareness

Hepatitis B and Asian Americans
Fill out the information below to personalize and send this eCard.

1 in 12 ASIAN AMERICANS is living with chronic Hepatitis B.

Increasing Public Awareness

Health-e-Cards

Hepatitis B and Asian Americans
Fill out the information below to personalize and send this eCard.

Were you or your parents born in Asia?
If yes, you may be at increased risk for Hepatitis B.
Learn more:
www.cdc.gov/hepatitis/ChronicBandAsianAm.htm

www.cdc.gov

* Indicates a required field.

Recipient Name(s)  Recipient Email(s)
Mission: Eliminate hepatitis B and hepatitis B related liver disease and liver cancer by:

- Empowering and mobilizing communities
- Enabling national networking and policy development
- Advocating for education and access to comprehensive care and affordable treatment for all Asian and Pacific Islander Americans.
Mobilizing the Community

Attend the 2014 National Hepatitis Conference

http://apamsahep.wix.com/hepatitisconference
Mobilizing the Community

Hep B United – We Can Stop Hepatitis B

Hep B United is a national coalition to address the public health challenge of hepatitis B, the leading cause of liver cancer and a major health disparity among Asian Americans. Our goal is to support and leverage the success of local community coalitions across the U.S. to increase hepatitis B awareness, screening, vaccination and linkage to care for all Americans, but in particular, for high-risk Asian and Pacific Islander populations who are disproportionately impacted.

Our Goals

The goals of Hep B United and the local campaigns are to:

- Raise the profile of hepatitis B and liver cancer as an urgent public health priority.
- Increase hepatitis B testing and vaccination, particularly among Asian Americans and other at-risk communities.
- Improve access to care and treatment for individuals living with hepatitis B to prevent end-stage liver disease and liver cancer.

Growing Momentum to Address Hepatitis B

Hepatitis B affects up to two million Americans – yet the disease is often overlooked and largely unknown. To address this, we will work with our partners to expand hepatitis B education and awareness efforts among Asian American communities.
Mobilizing the Community

Project Prevention Coalition
Community Organization

Timeline | About | Photos | Likes

PEOPLE

148 likes

ABOUT

PPC is a volunteer, community-based health coalition located in Merced, CA to help reduce health disparities in the Hmong community.

Project Prevention Coalition was featured in the Hmong Tribune Newspaper August 2014 article. Please feel free to read online or grab a copy at the nearest Hmong store near you. Thank you to Seng Alex Vang and Jennifer Xyooj for the article. http://bit.ly/1oVntw2

https://www.facebook.com/ProjectPreventionCoalition

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>91.0</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>91.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>89.7</td>
</tr>
<tr>
<td>American Indian/Alaska Native only, non-Hispanic</td>
<td>96.1</td>
</tr>
<tr>
<td>Asian, non-Hispanic</td>
<td>92.0</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>94.9</td>
</tr>
<tr>
<td>Multiracial, non-Hispanic</td>
<td>90.7</td>
</tr>
</tbody>
</table>

HBV Immunization Coverage for Children 19–35 mos, 2011

HBV Immunization Coverage (3 doses)
Worldwide

Source: WHO/UNICEF coverage estimates 2012 revision, July 2013. 194
WHO Member States. Map production: Immunization Vaccines and
Biologics, (IVB). World Health Organization
Date of slide: 16 July 2013

*Does not include Nethrivals which is in schedule but not reporting

http://www.who.int/immunization/monitoring_surveillance/burden/vpd/surveillance_type/passive/
HepB_map_schedule.jpg?ua=1
Hepatitis B Infection in US Children Pre- and Post Universal Vaccination

### Table 2. Age-Adjusted Prevalence of Past and Present Hepatitis B Virus Infection among Children 6–19 Years of Age, by Selected Demographic Characteristics

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Sample size$^a$</td>
<td>No. of children with positive results</td>
</tr>
<tr>
<td>Overall</td>
<td>5679</td>
<td>77</td>
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<tr>
<td>Race and ethnicity</td>
<td></td>
<td></td>
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<tr>
<td>White, non-Hispanic</td>
<td>1478</td>
<td>13</td>
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<tr>
<td>Black, non-Hispanic</td>
<td>1921</td>
<td>35</td>
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<tr>
<td>Mexican American</td>
<td>2011</td>
<td>6</td>
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<tr>
<td>Other</td>
<td>269</td>
<td>23</td>
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</tbody>
</table>

Incidence of Acute HBV by Race/Ethnicity in the US, 1990-2001
Incidence of Acute HBV by Race/Ethnicity in the US, 2000-2012

Reported cases/100,000 population

Year


American Indian/Alaska Native
Asian/Pacific Islander
Black, Non-Hispanic
White, Non-Hispanic
Hispanic

reproduced at: http://pathmicro.med.sc.edu/virol/hepatitis-disease2.htm
From Healthcare Disparities to Health

• Provider and public knowledge
• Access to quality health care
• Policy recommendations and guidelines
• Adherence to guidelines (quality improvement):
  • Screening
  • Perinatal hepatitis B testing
  • Vaccination
• Cultural and linguistic proficiency
National Prevention Strategy Recommendations

• Ensure a strategic focus on communities at greatest risk.
• Reduce disparities in access to quality health care.
• Increase the capacity of the prevention workforce to identify and address disparities.
• Support research to identify effective strategies to eliminate health disparities.
• Standardize and collect data to better identify and address disparities.

RWJF: Roadmap and Best Practices to Reduce Racial and Ethnic Disparities in Health Care

- Culturally tailored to meet patients’ needs
- Employ multidisciplinary teams of care providers
- Target multiple leverage points along a patient’s pathway of care
- Patient navigation and engaging family and community members in the health care process
PolicyLink: Reducing Health Disparities Through a Focus on Communities

Principles:

• Utilize multisector and multistrategy approaches to improve community conditions and individual health
• Tailor community-driven interventions to the specific community context
• Understand and address the role of race and ethnicity in building healthy communities
• Strengthen and build upon community assets for the long term
Summary

• Asian and Pacific Islanders suffer disparities in health and healthcare
• There is significant diversity among ethnic subgroups
• This leads to challenges in data collection and analysis and intervention
• These characteristics and demographics help us understand the challenges and underlying causes of disparities
• Examining healthcare disparities can help inform strategies for improving health disparities.
• Through a combination of multiple community strategies, there has been significant reduction in the and healthcare disparities for hepatitis B
Contact information

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