


Health Disparities and Community Strategies: Asian/ Pacific Islanders

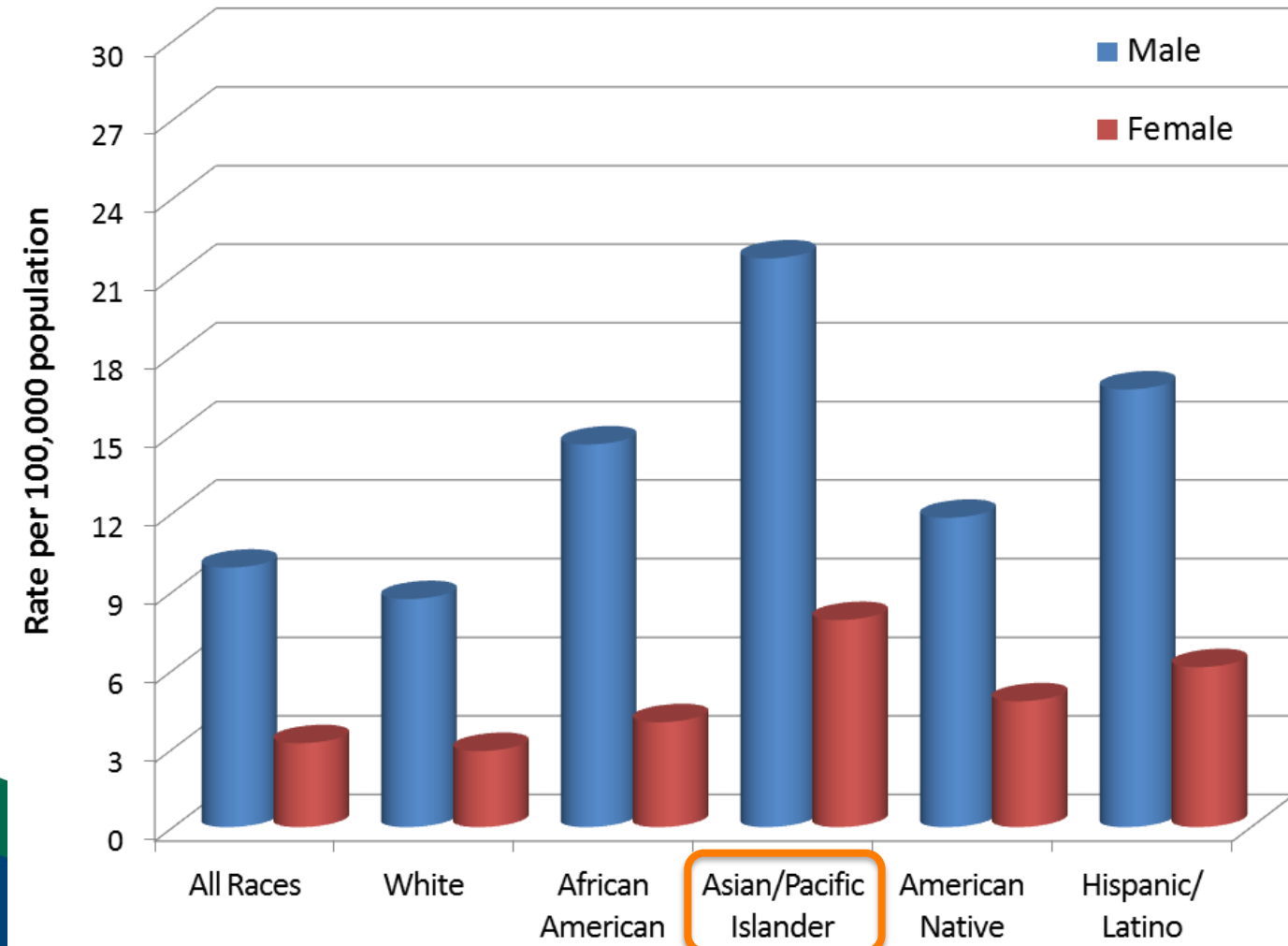
Anthony L-T Chen, MD, MPH
Director of Health
Tacoma-Pierce County Health Department

Washington State Academy of Sciences
7th Annual Meeting & Symposium
September 18, 2014, Seattle, WA

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

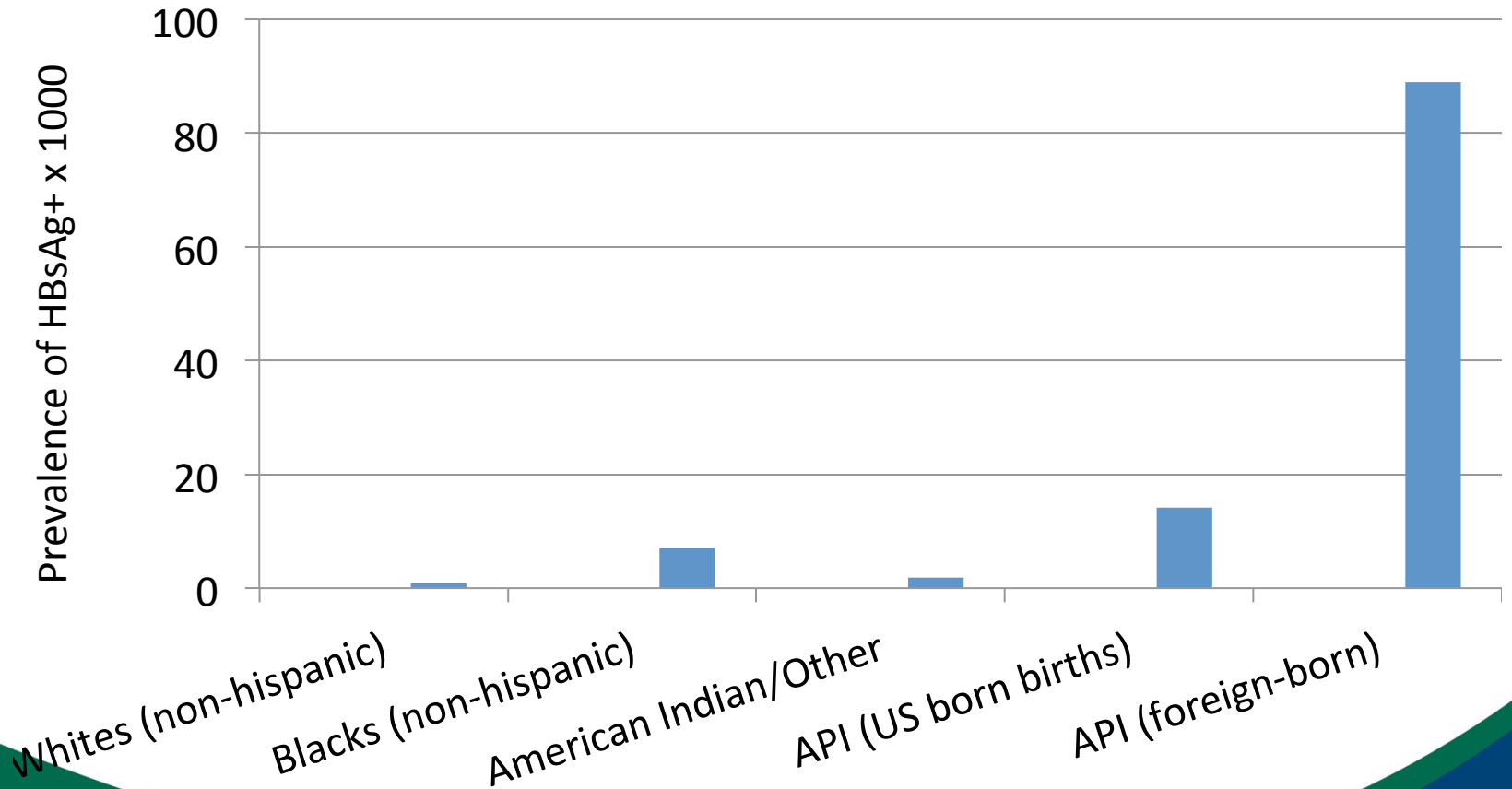


Hepatitis B Chronic Infection Rates in the US: NHANES 1999-2008

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

| Variable | Participants Tested, n | Prevalence of HBsAg (95% CI), % | Unadjusted OR (95% CI) |
|---------------------------------------|------------------------|---------------------------------|------------------------|
| All participants | 37 259 | 0.27 (0.20–0.34) | NA |
| Sex | | | |
| Female | 19 033 | 0.17 (0.09–0.24) | 1 |
| Male | 18 226 | 0.38 (0.25–0.50) | 2.27 (1.31–3.96) |
| Race or ethnicity | | | |
| Non-Hispanic white | 15 259 | 0.11 (0.06–0.15) | 1 |
| Non-Hispanic black | 8850 | 0.73 (0.4–1.0) | 6.9 (3.7–13.1) |
| Hispanic* | 11 670 | 0.05 (0.003–0.11) | 0.52 (0.2–1.5) |
| Other race | 1480 | 1.97 (1.0–2.9) | 19.0 (10.2–35.5) |
| Birthplace | | | |
| United States | 30 181 | 0.17 (0.11–0.22) | 1 |
| Mexico | 4056 | 0.026 (0.0–0.0007) | 0.16 (0.03–0.82) |
| Elsewhere (white, black, or Hispanic) | 2419 | 0.59 (0.27–0.91) | 3.6 (1.9–6.6) |
| Elsewhere and other race | 577 | 3.28 (1.41–5.14) | 20.4 (10.3–40.6) |

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



Why Immigration Is an Asian American Issue



SOURCE: AP/Seth Wenig

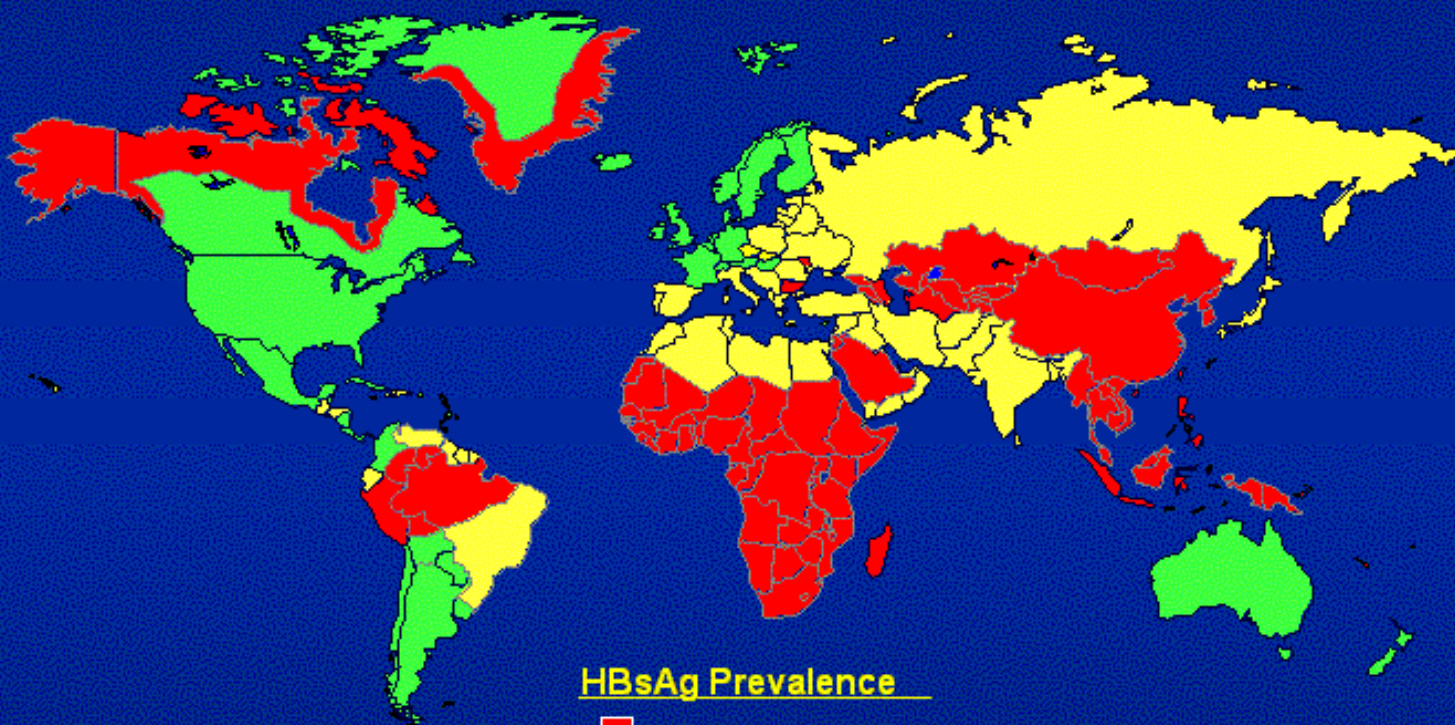
A group of Asian Americans joins others that support reform of immigration legislation at a rally in New York, Tuesday, May 1, 2007.

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

| Group | Population Number | Percent of State API Population |
|-----------------|-------------------|---------------------------------|
| Chinese | 94,198 | 14.0 |
| Filipino | 91,367 | 13.5 |
| Vietnamese | 66,575 | 9.9 |
| Korean | 62,124 | 9.2 |
| Asian Indian | 61,124 | 9.1 |
| Japanese | 35,008 | 5.2 |
| Samoan | 13,110 | 1.9 |
| Guam | 9,746 | 1.4 |
| Native Hawaiian | 5,861 | 0.9 |
| Other | 82,179 | 12.2 |
| Combined | 153,281 | 22.7 |

Sampling of Asian Ethnicities in Washington State

Asian Indian

Okinawan

Nepali

Bangladesh

Indochinese

Pakistani

Bhutanese

Indonesian

Sikkim

Borneo

Iwo Jimayan

Singaporean

Cambodian

Japanese

Sri Lankan

Celebesian

Javanese

Sumatran

Ceram

Korean

Thai

Chinese

Laotian

Vietnamese

Filipino

Malayan

Hmong

Maldivian

Sampling of Pacific Islander Ethnicities in Washington State

| | | |
|-------------|------------------|------------------|
| Carolinia | Northern Mariana | Solomon Islander |
| Fijian | Islander | Tahitian |
| Guamanian | Paluan | Tarawa Islander |
| Hawaiian | Papua New | Tongan |
| Kosraean | Guinean | Trukese |
| Marshallese | Polynesian | Yapese |
| Melanesian | Ponapean | |
| Micronesian | Samoaan | |

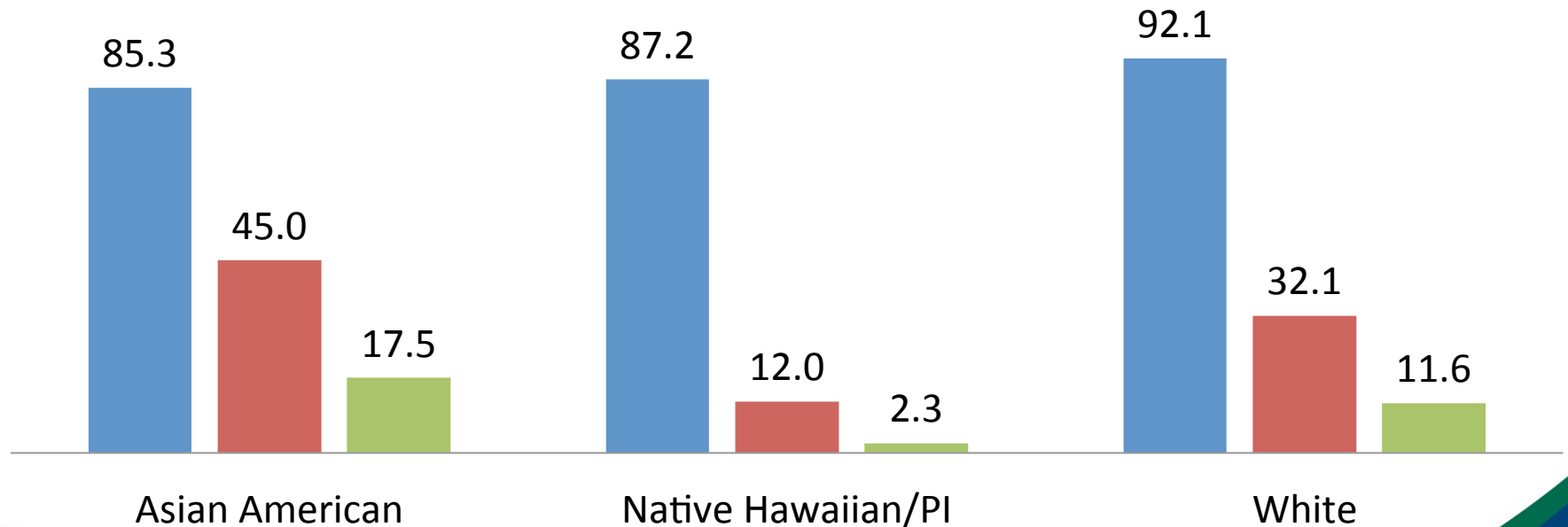
Hepatitis B Exposure (Past Infection) Rates in the US: NHANES 1999-2008

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

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

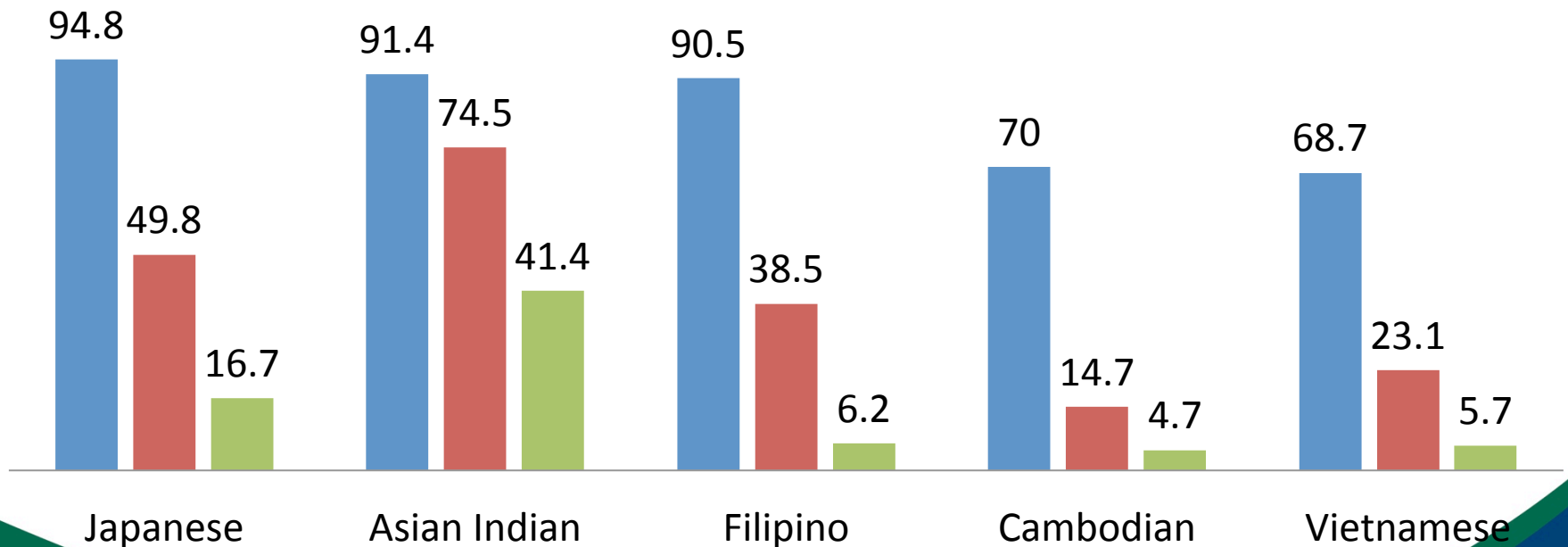
Education Levels Among Asian/Pacific Islander and White Adults in Washington State, 2010-2012

■ High School Grad or Higher ■ Bachelor's Degree or Higher ■ Graduate degree or higher

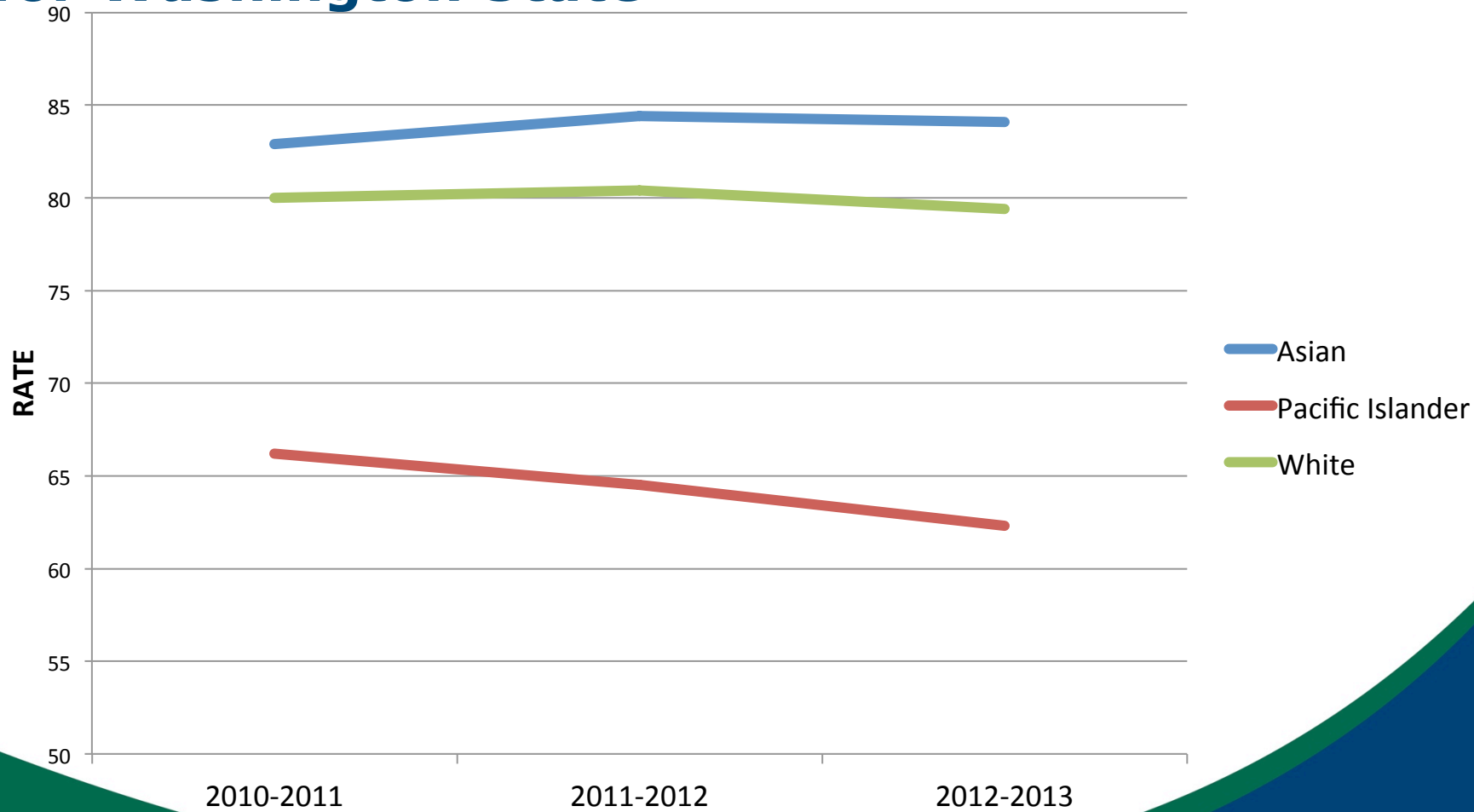


Education Levels Among Selected Asian Ethnicities in Washington State, 2010-2012

■ High School Grad or higher ■ Bachelor's Degree or Higher ■ Graduate degree or higher




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
- 



Provider and Public Knowledge

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Hepatitis B



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Quick Facts

Hepatitis B

- Hepatitis B is transmitted through blood or other body fluids for transmission. Most acute hepatitis B infections do not persist but if the infection lasts 6 months or longer, it could lead to chronic liver disease, liver cancer and death.[4]
- Hepatitis B is not common in childhood in the U.S. and is not highly contagious in the same way that common childhood diseases like pertussis and chicken pox are contagious. In the U.S., hepatitis B is primarily an adult disease (ages 20-50) but the virus also can be transmitted from an infected mother to her newborn baby. 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]
- While hepatitis B was not prevalent in the U.S. before childhood vaccination campaigns were introduced in 1991, historically it has been endemic in Asia and Africa. Worldwide, hepatitis B is the cause of most acute liver failure.
- In the U.S., 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

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]

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VOLUNTEER NOW!

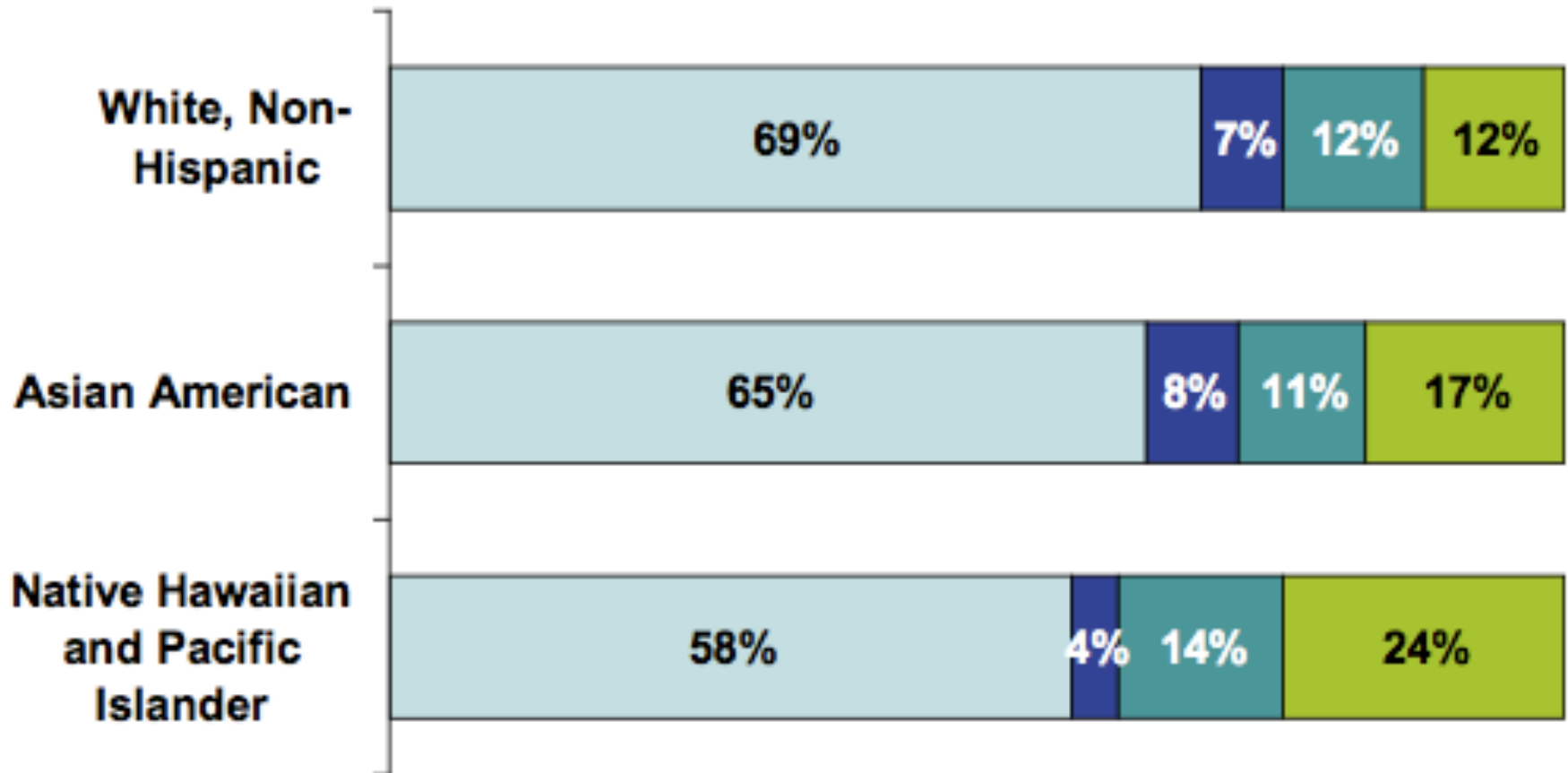
BEFORE YOU VACCINATE
ASK 8 QUESTIONS

49 Doses of
14 Vaccines

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

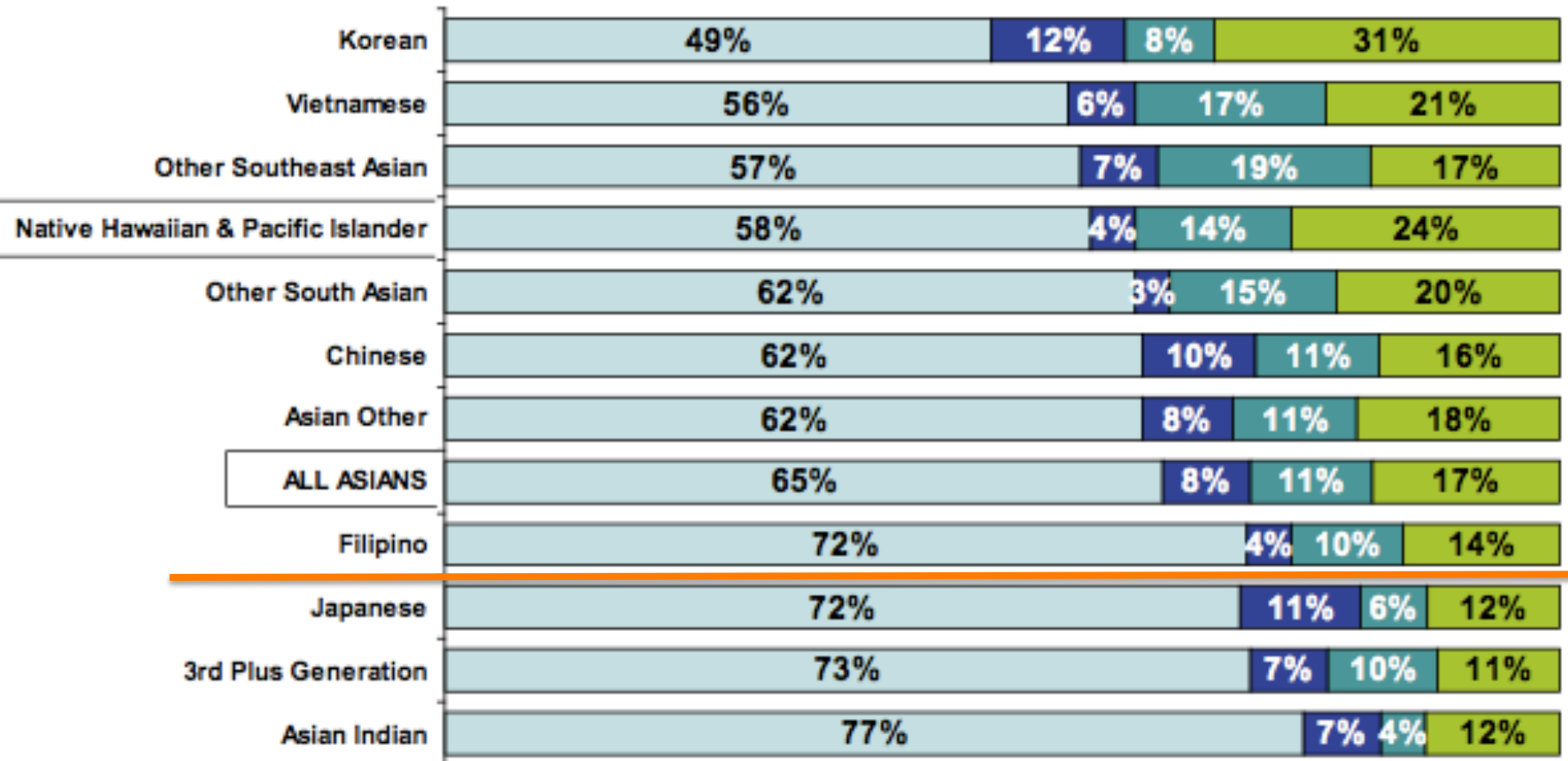
Health Coverage Among Asian and Pacific Islanders, 2004-2006

□ Employer ■ Other Private ■ Medicaid or Other Public ■ Uninsured



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

■ Employer
 ■ Other Private
 ■ Medicaid or Other Public
 ■ Uninsured



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Hepatitis B Immunization Coverage Among Vietnamese-American Children 3 to 18 Years Old

Christopher N. H. Jenkins, MA, MPH*; Stephen J. McPhee, MD*‡; Ching Wong*; Thoa Nguyen*;
and Gary L. Euler, DrPH§

ABSTRACT. *Objective.* Persons with chronic hepatitis B virus (HBV) infection are at increased risk of chronic hepatitis, cirrhosis, and liver cancer. Although HBV infection is relatively uncommon in the United

to design successful catch-up campaigns for this population. *Pediatrics* 2000;106(6). URL: <http://www.pediatrics.org/cgi/content/full/106/6/e78>; *hepatitis B immunization; Vietnamese-Americans.*

- 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

Armstrong GL, Mast EE, Wojczynski M, Margolis HS. Childhood hepatitis B virus infection in the United States before hepatitis B immunization. *Pediatrics* 2001; 108:1123–1128.

Wasley A, Kruszon-Moran D, Khuhnert W et al. The Prevalence of Hepatitis B Virus Infection in the United States in the Era of Vaccination. *J Inf Dis*: 2010; 202 (2):192–201



MMWR™

Morbidity and Mortality Weekly Report

Recommendations and Reports


December 23, 2005 / Vol. 54 / No. RR-16

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

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From Medscape Education Clinical Briefs

New Guidelines Now Endorse Screening for Hepatitis B Virus CME/CE

Developed and funded by **Medscape**

News/CME Author: Laurie Barclay, MD Faculty and Disclosures
CME/CE Released: 07/16/2014 ; Valid for credit through 07/16/2015

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CLINICAL CONTEXT

In the United States, approximately 700,000 to 9.2 million persons have chronic hepatitis B virus (HBV) infection. Of these, approximately 15% to 25% die of cirrhosis. HBV infection may include hepatic decompensation.

Persons with chronic HBV infection may act as carriers. Screening may include detection of chronic infection and monitoring for development of hepatocellular carcinoma.

SYNOPSIS AND PERSPECTIVE

Persons at high risk for HBV infection should be screened. Preventive Services Task Force (USPSTF).

Michael L. LeFevre, MD, MSPH, and colleagues. May 27 in the *Annals of Internal Medicine*.

"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." Rama Rajanathan, 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 issued a grade D recommendation against screening asymptomatic persons for HBV infection."

"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



help avoid **732,000** deaths



save nearly **\$1.4 trillion** in total societal costs
(that includes \$295 billion in direct costs)



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

MMWR. Benefits from Immunization During the Vaccines for Children Program Era — United States, 1994–2013. MMWR 63(10):1-8 | 04.22.2014

www.cdc.gov/features/vfcprogram

National Policy: Access to Care

One Hundred Fourth Congress
of the
United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Wednesday,
the third day of January, one thousand nine hundred and ninety-six*

An Act

To provide for reconciliation pursuant to section 201(a)(1) of the concurrent resolution
on the budget for fiscal year 1997.

- 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.

Mar. 23, 2010

[H.R. 3590]

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”.

Patient
Protection and
Affordable Care
Act.
42 USC 18001
note.

Increasing Provider Knowledge and Quality of Care

The screenshot shows the CDC website page for Hepatitis B Information for Health Professionals. At the top left is the CDC logo and the text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People.™". To the right, there are radio buttons for "Viral Hepatitis" (selected) and "All CDC Topics", a search box with the text "Choose a topic above", and a "SEARCH" button. Below this is a navigation bar with an "A-Z Index" and letters A through Z. The main heading is "Hepatitis B Information for Health Professionals". On the left is a sidebar menu with categories like "Questions & Answers", "Vaccination of Children", and "Professional Resources". The main content area includes a "Viral Hepatitis Home Page" link, social media sharing options (Recommend, Tweet, Share), and a paragraph describing Hepatitis B. A "SPOTLIGHT" box highlights a Medscape article. Below that is a "QUESTIONS & ANSWERS" section with a link to "Health Professionals" and a list of topics. To the right is a "Need information for the public?" section with a photo of a diverse group of people. Further right is a "Contact Us" and "About Us" section. At the bottom right is a "Quick Links" section with links for "Sources for IG/HBIG" and "Online Serology Training". A red arrow points from the "Health Professionals" link in the Q&A section to the "Viral Hepatitis Home" link in the sidebar. Another red arrow points from the "Need information for the public?" section to the "ARE YOU AT RISK?" banner on the right.

CDC Home
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

Viral Hepatitis
All CDC Topics
Choose a topic above SEARCH

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

Hepatitis B Information for Health Professionals

Hepatitis B Information for Health Professionals

- Questions & Answers
- Vaccination of Children
- Vaccination of Adults
- Perinatal Transmission
- Chronic Infection Testing
- Statistics & Surveillance
- Postexposure Prophylaxis
- Professional Resources
- Patient Education Resources
- Populations At Risk
- Hepatitis & Specific Settings

Viral Hepatitis Home

- Hepatitis A, B, C, D, E
- Statistics & Surveillance
- Populations at Risk
- Hepatitis and Specific Settings
- Outbreaks
- State and Local Partners, Grantees

[Viral Hepatitis Home Page](#)

Recommend Tweet Share

Hepatitis B is caused by infection with the Hepatitis B virus (HBV). The incubation period from the time of exposure to onset of symptoms is 6 weeks to 6 months. HBV is found in highest concentrations in blood and in lower concentrations in other body fluids (e.g., semen, vaginal secretions, and wound exudates). HBV infection can be self-limited or chronic. [Read More](#)

SPOTLIGHT

[Medscape - A Silent Epidemic: Why Chronic Hepatitis B Matters](#)

QUESTIONS & ANSWERS

[Health Professionals](#)

- Overview and Statistics
- Transmission, Symptoms, and Treatment
- Hepatitis B Serology
- Hepatitis B Vaccination

Need information for the public?

ARE YOU AT RISK?

Millions of Americans are at risk with VIRAL HEPATITIS. Most don't know it.

Take this online assessment to see if you're at risk.

Quick Links

Sources for IG/HBIG

Online Serology Training

VACCINATION

Infants & Children

- Guidelines & Recommendations
- Schedules & Dosages

Adults

- Guidelines & Recommendations
- Impending Guidelines

Increasing Provider Knowledge and Quality of Care

CDC Home



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- Viral Hepatitis
- All CDC Topics

Choose a topic above

SEARCH

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Viral Hepatitis Populations

Populations

Asian and Pacific Islander

STD

HIV/AIDS

Men Who Have Sex With Men

People who Inject Drugs

African Americans

Viral Hepatitis Home

Hepatitis A, B, C, D, E

Statistics & Surveillance

Populations at Risk

Hepatitis and Specific Settings

Outbreaks

State and Local Partners, Grantees

Resource Center

[Viral Hepatitis Home Page](#) > [Populations](#)

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Asian & Pacific Islanders

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.



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Outside CDC ([disclaimer](#))

Fed Link Other Federal sites

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Increasing Provider Knowledge and Quality of Care

The screenshot shows the Medscape website interface. At the top left is the Medscape logo and 'FAMILY MEDICINE'. A search bar on the right contains the text 'Search CME & Education'. Below the logo is a navigation menu with 'News & Perspective', 'Drugs & Diseases', and 'CME & Education' (which is highlighted). To the right of the menu are links for 'Discussion', 'Dr. A Chen', and a settings gear icon. The main content area features the article title 'New Guidelines Now Endorse Screening for Hepatitis B Virus' with a 'CME/CE' tag. Below the title, it says 'From Medscape Education Clinical Briefs' and 'Developed and funded by Medscape'. At the bottom of the article preview, it lists 'News/CME Author: Laurie Barclay, MD' and 'Faculty and Disclosures'.

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.

moderate or that there is moderate certainty that the net benefit is moderate to substantial, Kuma Rajanarani, 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



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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](#)



6th Annual AHF Content Development Meeting

AHF Provider Education:

Information specifically for healthcare professionals interested in learning more about Hepatitis



MORE...

NOW AVAILABLE

Download the NEW HBV Screening Made Easy Toolkit

Strategies & Solutions for Hepatitis B Screening, Testing, Linkage to Care, & Treatment



DOWNLOAD

Increasing Provider Knowledge and Quality of Care

The screenshot shows the website for B Free CEED, a National Center of Excellence in the Elimination of Hepatitis B Disparities. The header features the NYU Langone Medical Center logo on the left and the B Free CEED logo on the right. A navigation menu includes Home, About Us, Projects, Hepatitis B Info, Resource Library, News and Events, and Blog. The main content area is divided into several sections:

- Resource Library:** A large section with a grid of icons representing various media types (audio, video, documents, etc.). The text reads: "Explore our Resource Library. You can access multilingual brochures, training resources, and podcasts here. Go to the Resource Library »".
- Community Organization:** "Are you part of a community organization? Find info & resources here »"
- Health Researcher:** "Are you a health researcher? Find info & resources here »"
- Health Provider:** "Are you a health provider? Find info & resources here »"
- Latest Resources:** A list of recent publications, including "NEW! Hepatitis B PSA - Chinese and Korean", "IOM: Recommendations for Asian Pacific Islanders", and "Hep B Care Card For Patients and Health Care Providers".
- Website Updates:** A section with a gear icon for updates.

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.

Increasing Provider and Public Knowledge

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For Health Professionals

For the Public

For Coalitions

Immunization Action Coalition

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Handouts for Patients & Staff

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Vaccine Information Statements

Diseases & Vaccines

Talking about Vaccines

Topics

IAC Home | Diseases & Vaccines | [Hepatitis B](#)

Diseases and Vaccines

Hepatitis B



Merck discontinues production of Comvax vaccine (Hib-HepB)
CDC press release - 7/24/14

Immunization Materials for Patients & Staff

→ Hepatitis B Handouts

More than 30 hepatitis B-specific educational pieces for health professionals and their patients



Hepatitis B - Make Sure Your Child is Protected

[English](#) | [Spanish](#)



Protect Yourself from Hepatitis B

[English](#) | [Spanish](#)

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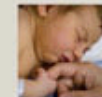
→ [View All for Health Professionals](#)

MORE DISEASES & VACCINES

| | | | |
|-----------------------------|---------------------------|---------------------------|--------------------------|
| Anthrax | HPV | PCV | Shingles |
| Chickenpox | Influenza | PPSV | Smallpox |
| Diphtheria | Measles | Polio | Tetanus |
| Hepatitis A | Meningo. | Rabies | |
| Hepatitis B | Mumps | Rotavirus | |
| Hib | Pertussis | Rubella | |

PROTECT NEWBORNS

New IAC initiative to
Give birth to the end
of Hep B



Articles & Reports

[Hepatitis B Journal Articles](#)

IAC's selection of practical, clinical, and programmatic articles

[Unprotected People Reports](#)

Case reports, personal testimonies, and articles about hepatitis B

[Vaccine Policy & Licensure](#)

Increasing Public Awareness

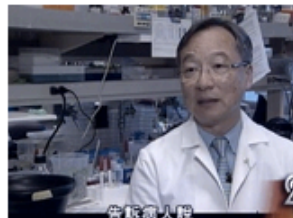


Chinese celebrities Huang Lei and Zhou Dongyu

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.



Chinese celebrities Huang Lei and Zhou Dongyu



Dr. So on KTSF



Dr. So teams up with HBV survivors



Mini Video Clip on HBV for World Hepatitis Day



Asian Liver Center at SF Chinese New Year Parade 2013

Increasing Public Awareness

Know Hepatitis B

Know Hepatitis B

 Recommend  Tweet  Share

Questions and Answers

Campaign Materials in multiple languages +

Logos and Usage Guidelines

Professional Resources

About the Campaign

About our Partner

Spread the Word

For more information on viral hepatitis from CDC, [click here](#).



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

Health-e-Cards

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Recommend

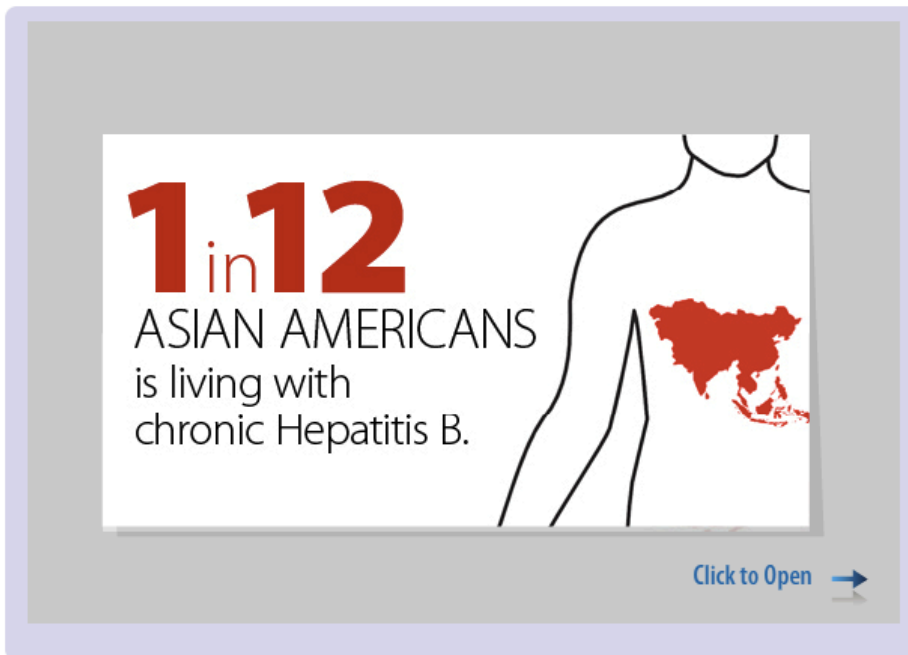
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Hepatitis B and Asian Americans

Fill out the information below to personalize and send this eCard.



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from your
iPhone.

DOWNLOAD NOW

* Indicates a required field.

Recipient Name(s)

Recipient Email(s)

1. *

1. *

Increasing Public Awareness

Health-e-Cards

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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
Your Source for Credible Health Information

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1 *

1 *

The National Task Force on Hepatitis B

Focus on Asian and Pacific Islander Americans

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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

(1192 unread) - altchen61@yahoo.com - Yahoo Mail Create a WIX site

hepatitisproject
PAMSA

Home Conference Grants Resources About Blog

Attend the 2014 National Hepatitis Conference



Below the main image are three smaller images: a solid blue rectangle, a group photo of people standing in a line, and another group photo of people sitting at a table.

Mobilizing the Community



hepbunited.org



1 in 12

Asian Americans
has hepatitis B.
2 in 3 don't know it.

SHARE      

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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

Announcements

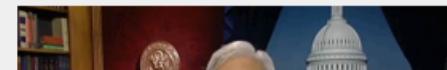
[CDC's Know Hepatitis B Campaign Named as a MCH Marketing Awards Finalist for Best Asian Health Campaign and Best Multicultural Radio Campaign](#)

[Registration Now Open for HBU's Webinar on Sept. 30: Hepatitis B Provider Knowledge and Screening Practices](#)

[CDC's Second Phase of the National Know Hepatitis B Campaign has Been Released](#)

[The White House Recognizes Joan Block for Her Leadership in Combatting Viral Hepatitis](#)

Multimedia



Mobilizing the Community

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Project Prevention Coalition
Community Organization *Keu Tiv Thav*

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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 shared a link.

August 21 · Edited

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>



Hmong Tribune August 2014

Mobilizing the Community



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[NYC Hep B Coalition](#)
[NYC Hep C Task Force](#)
[Policy](#)
[Events Calendar](#)
[News](#)

NYC HEPATITIS B COALITION

About Us

The **NYC Hepatitis B Coalition** was founded in 2009 as a city-wide network of community based organizations, health care organizations, providers, and others interested in hepatitis B related issues. The **NYC Hepatitis B Coalition Mission** is to coordinate efforts to prevent, manage and reduce hepatitis B among all residents of New York City. The coalition seeks to foster an inclusive collaboration among all stakeholders to advance hepatitis B awareness, screening, access to care, and vaccination through education, outreach, advocacy and support of research.

Who We Are

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For campaign resources, [click here](#). For vo

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DONATE TODAY



About Us

Our Mission

San Francisco Hep B Free is a citywide campaign to turn San Francisco into the first hepatitis B free city in the nation. This unprecedented campaign will provide free and low-cost hepatitis B testing and vaccinations to Asian and Pacific Islander (API) adults at locations throughout San Francisco.

[Mandarin](#) | [Cantonese](#)
[More Videos](#)



B a Hero!
See a doctor who tests for hepatitis B.

Download this [patient ask form](#) and take it to your



DFW Hepatitis B Free Project

Utsw.HepbFree@gmail.com | (702) 763-4372

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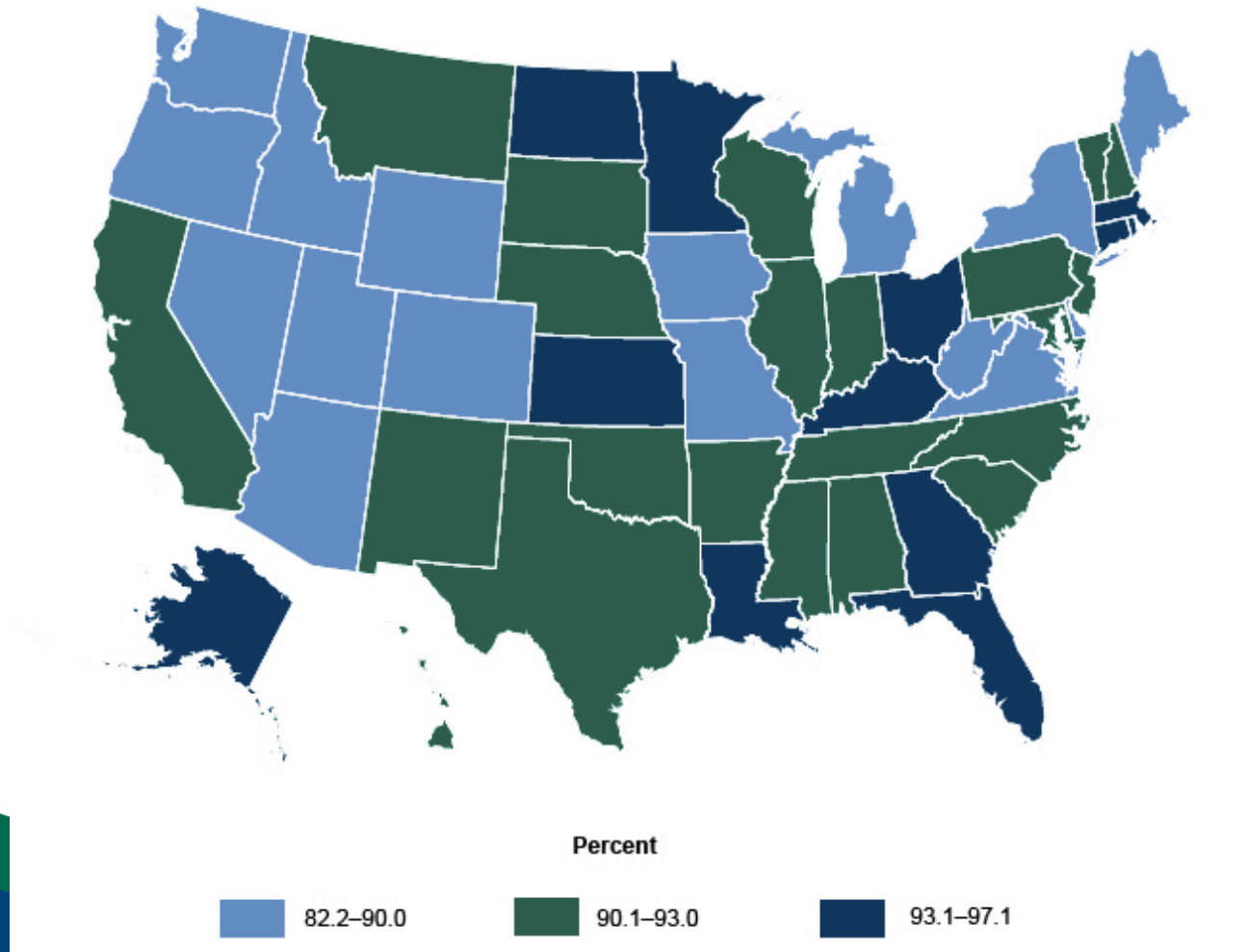


The DFW Hepatitis B Free Project is an organization run by medical students from UT Southwestern Medical School that provides free Hepatitis B and C screenings to

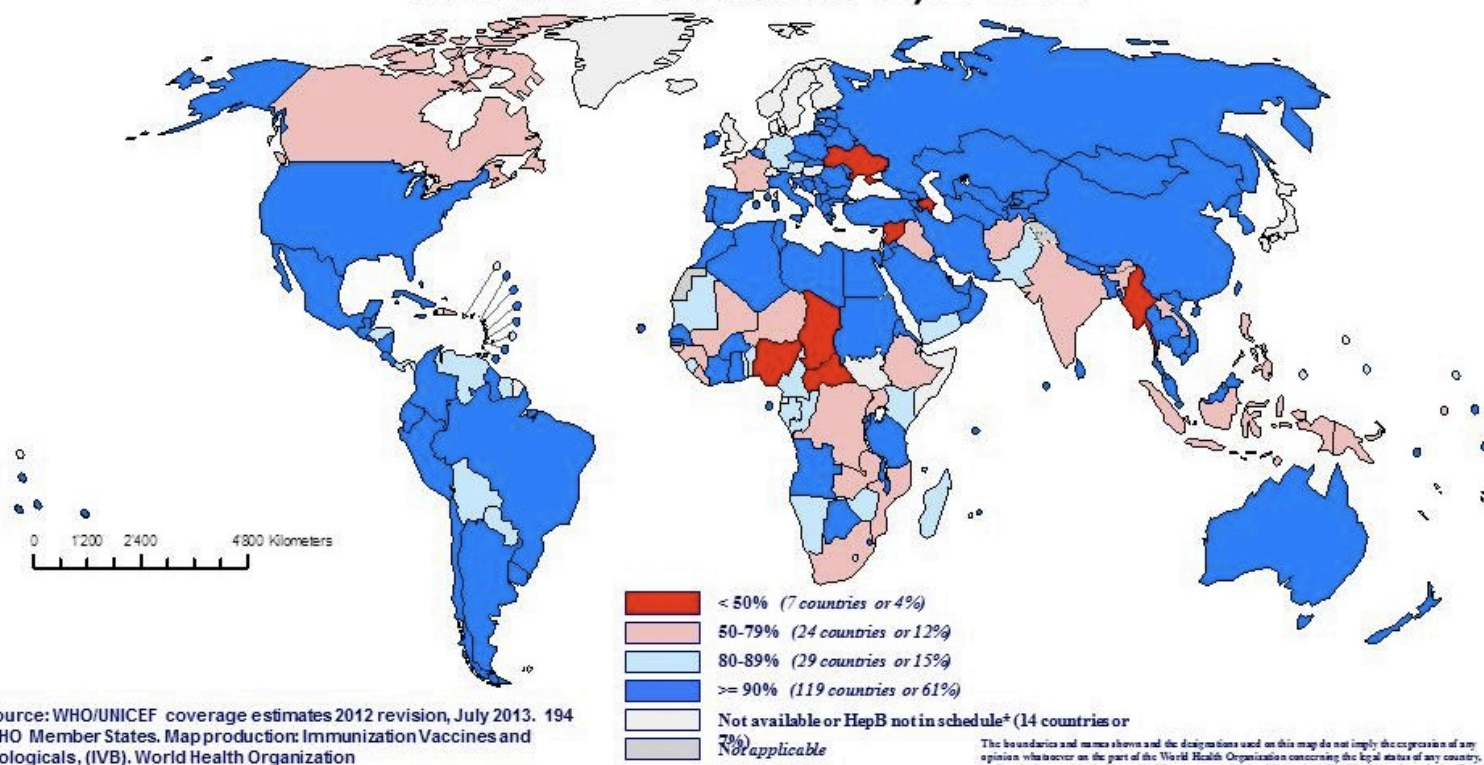
Hepatitis B Immunization Coverage for Children 19–35 mos by Race and Ethnicity, National Immunization Survey, 2013

| Race/Ethnicity | Percentage |
|--|------------|
| White, non-Hispanic | 91.0 |
| Black, non-Hispanic | 91.1 |
| Hispanic | 89.7 |
| American Indian/Alaska Native only, non-Hispanic | 96.1 |
| Asian, non-Hispanic | 92.0 |
| Native Hawaiian or other Pacific Islander | 94.9 |
| Multiracial, non-Hispanic | 90.7 |

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 Biologicals, (IVB). World Health Organization
Date of slide: 16 July 2013

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

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2013. All rights reserved.

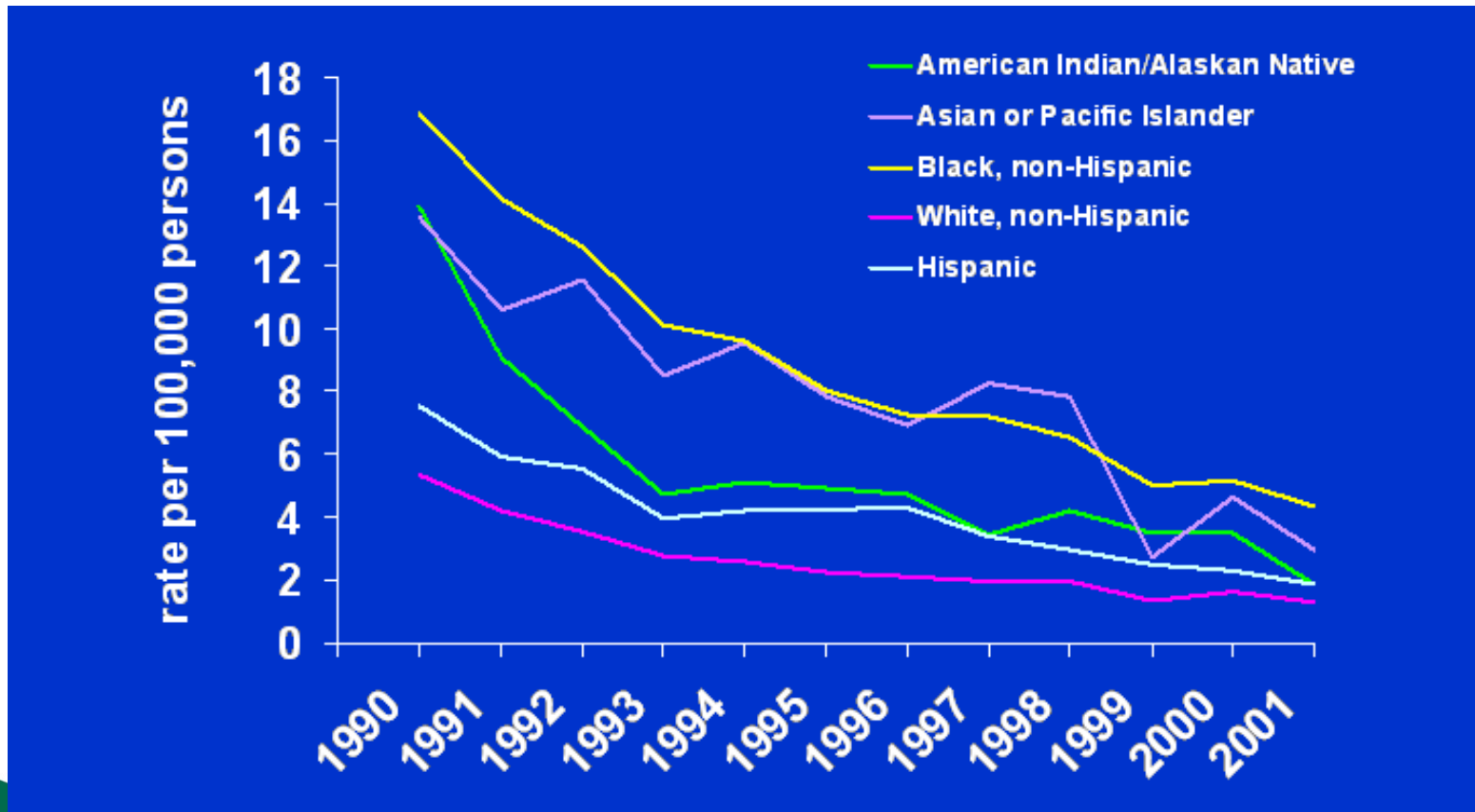


Hepatitis B Infection in US Children Pre- and Post Universal Vaccination

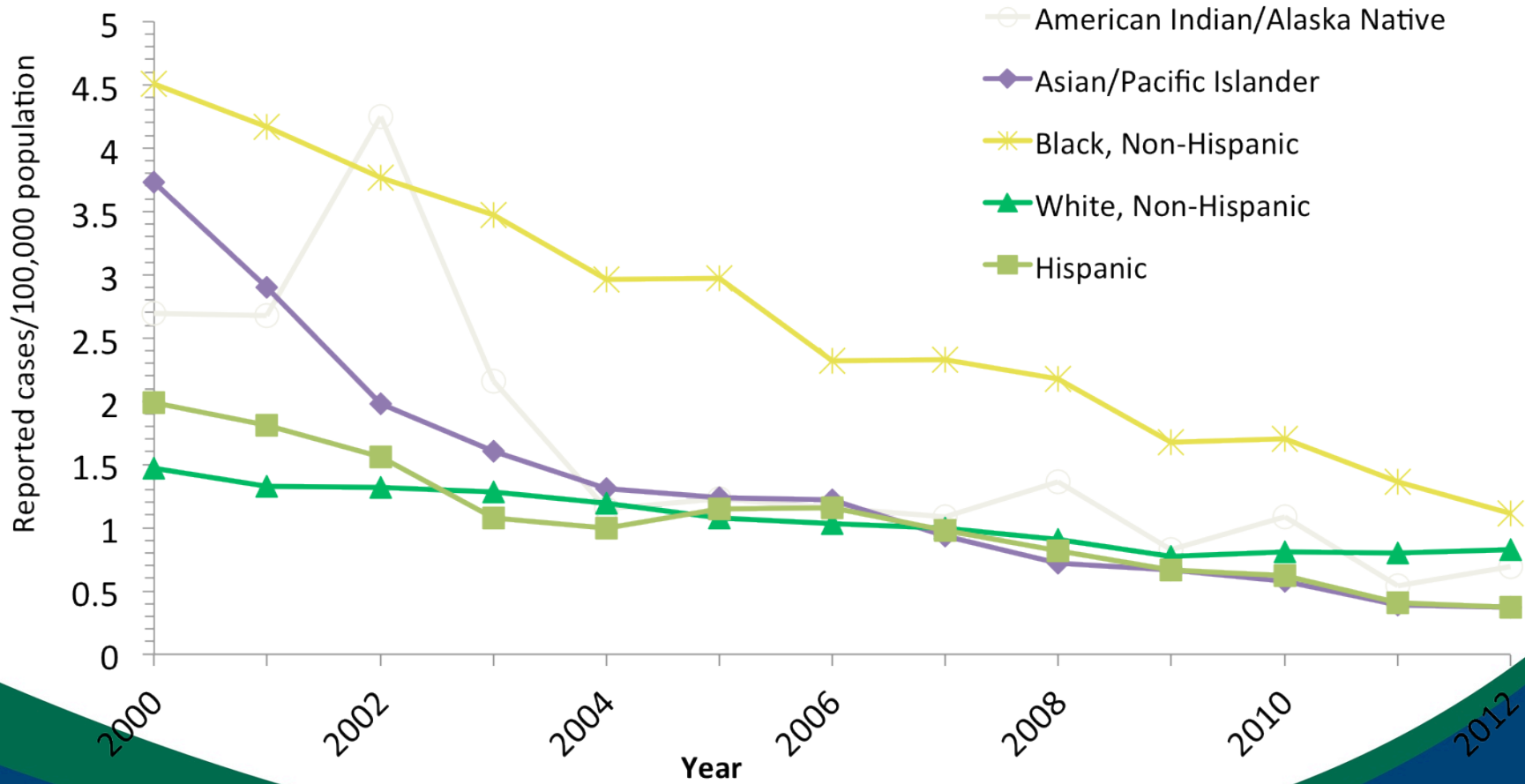
Table 2. Age-Adjusted Prevalence of Past and Present Hepatitis B Virus Infection among Children 6–19 Years of Age, by Selected Demographic Characteristics

| Variable | NHANES III (1988–1994) | | | NHANES 1999–2006 | | | <i>P</i> ^b |
|---------------------|--------------------------|---------------------------------------|----------------------------|--------------------------|---------------------------------------|----------------------------|-----------------------|
| | Sample size ^a | No. of children with positive results | Prevalence, % (95% CI) | Sample size ^a | No. of children with positive results | Prevalence, % (95% CI) | |
| Overall | 5679 | 77 | 1.9 (1.2–2.7) | 12,004 | 81 | 0.6 (0.4–0.9) | <.01 |
| Race and ethnicity | | | | | | | |
| White, non-Hispanic | 1478 | 13 | 0.7 (0.4–1.3) ^c | 3058 | 15 | 0.6 (0.3–1.2) ^c | NS |
| Black, non-Hispanic | 1921 | 35 | 2.2 (1.4–3.3) | 3830 | 44 | 1.0 (0.7–1.4) | <.05 |
| Mexican American | 2011 | 6 | 0.5 (0.1–1.3) ^c | 4148 | 17 | 0.4 (0.2–0.7) ^c | NS |
| Other | 269 | 23 | 10.3 (5.2–17.7) | 968 | 5 | 0.4 (0.1–1.1) ^c | <.01 |


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



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




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

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253-768-6411

