

Cultural Competency: HBV Prevention and Control in the Asian American Communities



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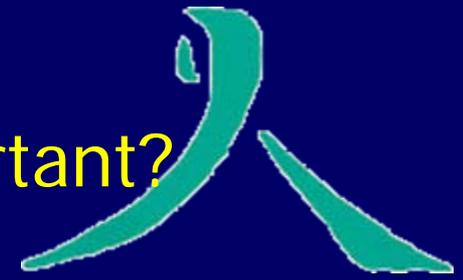


Video

- “Eliminating Health Disparity”: Free satellite broadcast for immunization outreach workers
- Presented by California Coalition of Childhood Immunization
- In collaboration with the California DHS, Immunization Branch
- Produced by CDLHN (California Distance Learning Health Network) on July 10, 2003

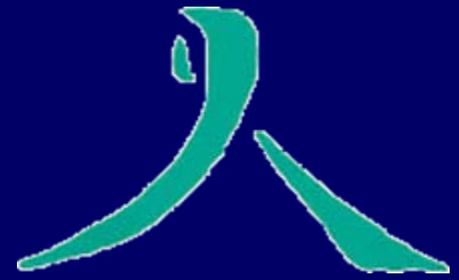
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Why is cultural competency important?



- HBV prevention strategy and materials developed for one community may totally bomb in another ethnic community:
 - Different disease epidemiology
 - chronic HBV prevalence rates
 - predominant mode of transmission
 - Does the strategy need to be modified
 - Different perception about the disease
 - Different language spoken
 - Direct translation of material is often culturally inappropriate "Lost in Translation"
 - Different sources for health information (ethnic media)
 - Effective spokesperson for one community can be a dud for another
 - Different cultural beliefs and tradition

Burden of Chronic Hepatitis B in the US¹



- About 1.4 million Americans have chronic HBV
- Over 50% are Asian and Pacific Islander
- Recent screening studies by ALC and others showed that 10-20% of adult Asian Americans have chronic HBV²⁻⁴

1 CDC. Available at: www.cdc.gov/ncidod/diseases/hepatitis/b/faqb.htm

2. Guane et al. AASLD, 2004, Poster Abstract #1269

3. Chao et al. AASLD, 2004, Poster Abstract #1271

4. AASLD 2005, Abstract

HBV and Liver Cancer is the Greatest Health Disparity Between Asian and White Americans^{1,2}

Maternal race/ethnicity	2002 Births	Estimated maternal HBsAg Prevalence	Estimated Births to HBsAg positive women
White, non-Hispanic	2,298,156	0.13%	2,988
Hispanic	876,642	0.09%	789
African American	593,691	0.5%	2,968
Asian Pacific Islander			
Foreign born	175,264	8.9%	15,598
US born	35,643	1.4%	499
Other	42,330	0.5%	212
Total	4,021,726		23,054

1. Asian Liver center <http://liver.stanford.edu>

2. Draft ACIP hepatitis B recommendations, CDC 2005

What contributes to the burden of Chronic HBV Infection and Liver Cancer in the Asian American community: *Immigration*



Fastest growing ethnic population (percentage growth)¹
API population has increased 4x since 1980
(14.4 million in 2002)
Foreign born API: 2.5 million in 1980 to
8.3 million in 2002
(42% entered the US after 1990)

1 in 10 Californian is API (38% in SF,
28% SJ and 10% NYC)

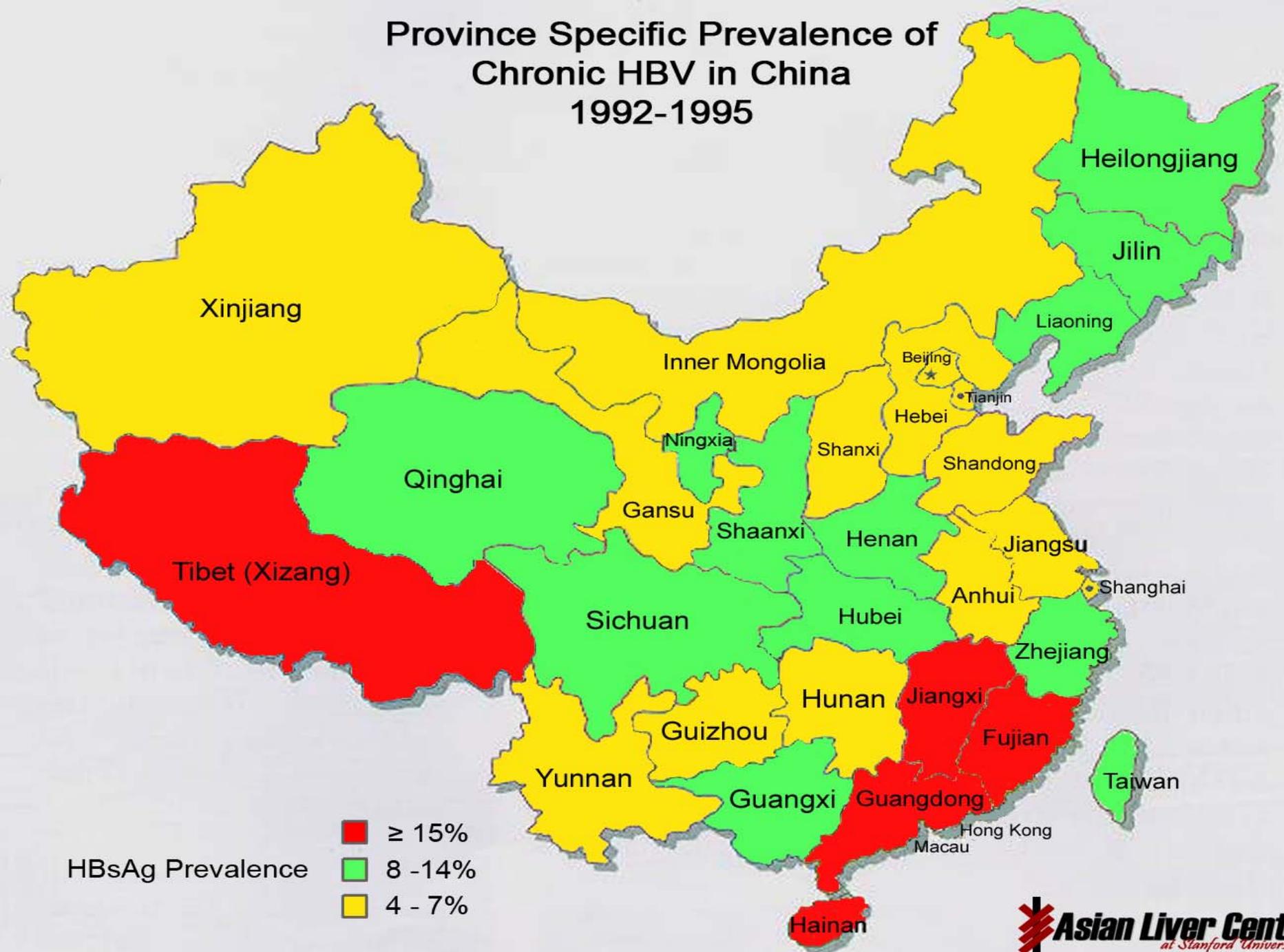
75% came from countries with
chronic HBV rates of 8-15%, and where
80% of liver cancer is caused by chronic
HBV infection

**Potentially 840,000 API have
chronic HBV**



1. US Census Bureau http://www.census.gov/Press-Release/www/releases/archives/facts_for_features_special_editions/004522.html

Province Specific Prevalence of Chronic HBV in China 1992-1995



Cultural competency: Learn about differences in disease burden and epidemiology



	Non-Asian Americans	Foreign born API Americans
Incidence of chronic infection	0.1%	9%
Common age of infection	adult	Newborn, childhood, adult
Symptomatic acute infection	More likely	Few (early age of infection)
Age at risk for liver cancer	Late adulthood	From early adulthood

Five Most Common Cancers in Males by Race/Ethnicity California, 1997-2001



	Rank				
	1	2	3	4	5
Asian					
Laotian	liver	lung	stomach	colorectal	oral
Cambodian	lung	liver	colorectal	lymphoma	oral
Vietnamese	lung	liver	prostate	colorectal	stomach
Chinese	prostate	colorectal	lung	liver	stomach
Korean	lung	stomach	colorectal	prostate	liver
Filipino	prostate	lung	colorectal	lymphoma	liver
Non-Asian					
White	prostate	lung	colorectal	bladder	melanoma
Hispanic	prostate	colorectal	lung	lymphoma	leukemia
Black	prostate	lung	colorectal	lymphoma	oral

Source: California Cancer Facts & Figures 2005, American Cancer Society

Existing Strategy to Eliminate HBV Transmission in the US does not fully address the needs of the APIA communities

- Existing ACIP recommendations:
 - Focus on vaccinating newborn or childhood
 - Selected adult high risk groups (1982)
 - MSM, STD clinic, correctional facilities
- Does not call for routine testing of all API
- Does not call for vaccinating unprotected adult API



Additional considerations for a culturally appropriate strategy:

API adults and children should be tested for chronic HBV infection (HBsAg)

- Screen for the 1 in 10 API (foreign born or have foreign born parent) who don't even know they have been chronically infected
- Without appropriate treatment or monitoring, 1 in 4 person with chronic HBV will die of liver cancer, cirrhosis or liver failure
- For those who test positive for HBsAg
 - Appropriate HBV treatment can reduce risk of liver cancer and cirrhosis
 - regular screening for liver cancer can lead to early detection and successful removal of the cancer
 - Important for oncologist because reactivation of HBV infection can lead to death during cancer chemotherapy

All API (foreign born or parents are foreign born) should be tested for HBsAg before HBV vaccination

- Adrian Elkins
- Adopted as an infant from India where he was infected
- Received HBV vaccination on arrival to the US without testing
- HBV diagnosed only when he was dying from liver cancer at 20 yrs old



Chronic Hepatitis B is a Silent Killer¹



- Many people don't know they have been infected
- Many feel perfectly healthy
- Routine liver function blood test are often normal
- Doctors and patients are then fooled that everything is OK
- If you wait for symptoms (jaundice, pain or swollen belly), it is often too late





Additional considerations for a culturally appropriate strategy:

API adults should be listed as a high risk group targeted for universal adult immunization

- API has the largest pool of adults with chronic HBV (1 in 10 API), and can transmit the infection through close household contact or unprotected sex
- Many API are not aware they have chronic HBV
- About 15% are treated by TCM practitioners that may lead to under reporting of HBV infection
- 20% API lives in household with 5 or more people that increase the chances of transmission
- 46% (4 million) API are young adults 18-44 yrs
- 45% of API between the ages 25-34 years are single

Asian Americans is a diverse community with many languages and cultures



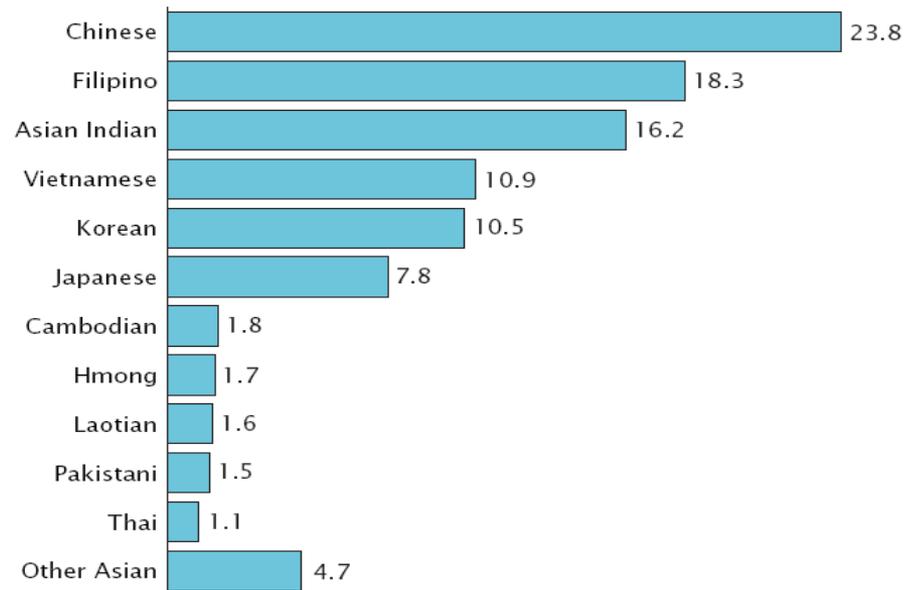
Five detailed Asian groups had over one million people.

- Census 2000 found that, among 10 million Asians in the United States, five groups numbered one million or more: Asian Indian, Chinese, Filipino, Korean, and Vietnamese. Together these groups made up about 80 percent of the Asian population. Chinese was the largest group and represented about 24 percent of the Asian population, followed by Filipino, Asian Indian, Vietnamese, and Korean.
- Six other detailed Asian groups together accounted for about 15 percent of the Asian population: Japanese, Cambodian, Hmong, Laotian, Pakistani, and Thai.
- The remaining Asian groups (categorized as Other Asian) accounted for about 5 percent of the Asian population.

Figure 1.

Asian Population by Detailed Group: 2000

(Percent distribution. Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/sf4.pdf)



Source: U.S. Census Bureau, Census 2000 special tabulation.

What you need to know when you plan for a culturally and linguistically appropriate program?



- Hit the streets
 - “talk the talk” to listen and learn everything you can about the target community
 - cultural beliefs and tradition
 - perception about HBV, liver cancer and health in general
 - Languages or dialects spoken
 - Preferred sources for health information
 - Effective spokespersons for that particular ethnic community
- Develop a coalition of community partners who expressed the passion to help rid the community of HBV and liver cancer
 - “Walk the talk”

A Survey Among Chinese Americans Showed Need For HBV and Liver Cancer Awareness and Education¹



- High prevalence of HBV and liver cancer
 - 24.7% respondents or family diagnosed with HBV or liver cancer
- Low knowledge regarding HBV and liver cancer
 - Unaware of the prevalence in Asians
 - No current cure
 - Knowledge level lowest in those born in China
- Misconceptions/prejudice about those infected with HBV
 - Confusion between hepatitis B and hepatitis A transmission
 - Believing those with HBV usually or always have symptoms
- Low preventive practices
 - Less than a quarter of respondents had been vaccinated themselves, or their children

1. Wu C, So S. Chronic hepatitis B and liver cancer knowledge and preventive action in the high risk Chinese American community. APHA Abstract # 4305, 2002

Cultural competency: Don't just translate English material into another language



- Direct translation often result in “Lost in Translation”
 - Culturally inappropriate or offensive language
 - awkward or incomprehensible
- Develop materials with the target ethnic population and age-group in mind
 - Chinese vs Korean
 - Chinese from China vs Taiwan/Hong Kong
- Graphic design in addition to language must be culturally appropriate

What is wrong with this HBV Chinese informational brochure on the CDC website?



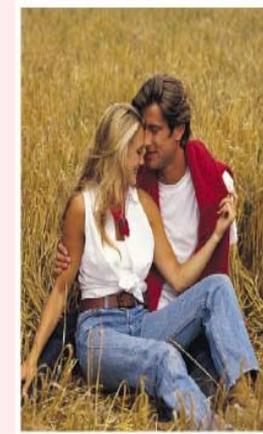
乙型肝炎和你

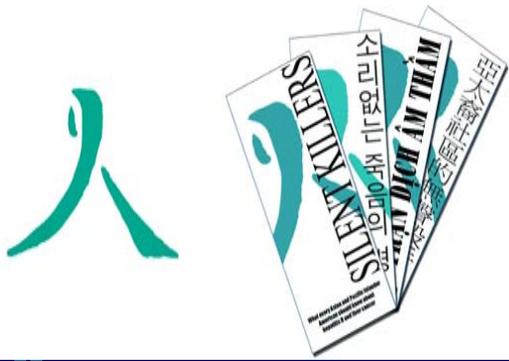


給懷孕婦女和初生嬰兒的母親

如何染上乙型肝炎？

乙型肝炎是經過與接觸帶菌者的血液或液體的傳染。





Increase awareness in the public and healthcare community about the prevalence of HBV in the API community, and the relation between HBV and liver cancer.

Jade Ribbon Campaign to Prevent and Fight Hepatitis B and Liver Cancer (Launched May, 2001)

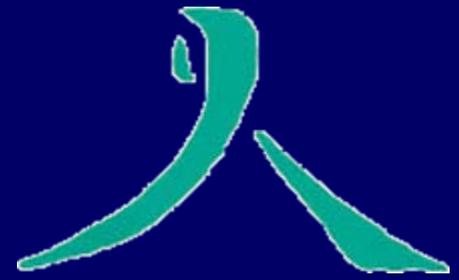
- Get tested
- Get vaccinated
- Get help
- Get screened
- Join the Jade Ribbon Campaign

CHARACTERISTICS 特点

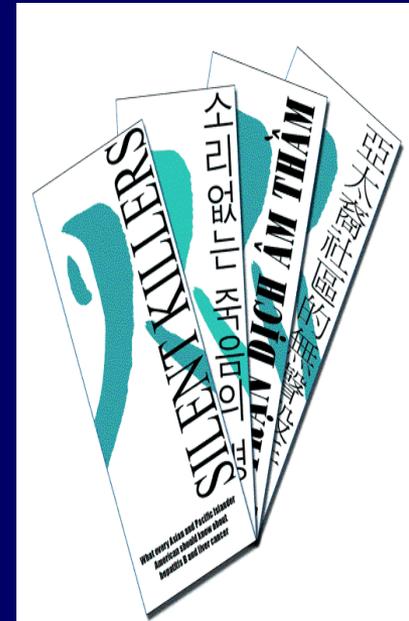


- Multi-ethnic, culturally and linguistically appropriate
 - Simplified and Traditional Chinese 中文
 - Vietnamese 越南文
 - Korean 韓文
 - Thai 泰文
 - English 英文
- Media Campaign 華語專案
- Educational Campaign 教育專案
- **Forming partnerships (Coalition of over 400 organizations)**
- Raise public awareness among various target groups
 - Asian and Pacific Islander community
 - Youth education (API Youth)
 - Physician education
 - General public

Educational Resources (2004)



Brochures Requested (Norway, Vietnam, Australia)	178,000
Hot-Line Phone Calls (toll free: 888-311-3331)	3,400
Avg. Monthly Hits on Multilingual Website (http://liver.stanford.edu)	175,000
Physician's Guide on Hepatitis B – posted on official CDC hepatitis B website	
Documentary on HBV (English and Chinese subtitles)– film festivals, TV stations	
TV PSA in Korean and Mandarin Chinese	
Radio PSA in Cantonese, Mandarin and Korean	
Youth Video (Chinese subtitles)	



PSA in Chinese Newspaper



15元?!

是買盒月餅?



還是換來“**遠離肝癌威脅**”的安心!

肝癌佔亞裔人士癌症死亡率第一名，而80%的肝癌起因於B型肝炎。亞裔人士感染B型肝炎的比例是其他人種的百倍；而每四名感染B型肝炎成為帶原者的人之中，就會有一名終將死於B型肝炎引發的肝癌或肝衰竭。

B型肝炎帶原者沒有任何症狀，多數發展至肝癌初期階段仍感“健康”。因此，唯一確認自己是否感染B型肝炎的方法，是要求你的醫生進行B型肝炎 - HBsAg及 HBsAb的驗血檢查。

B型肝炎的驗血檢查費用只有15元起，即使你沒有保險或你的保險沒有包含這個項目，你都能負擔得起向你的醫生提出這項要求。

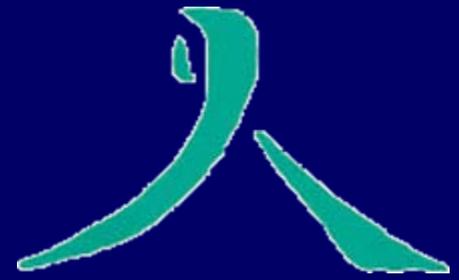
讓小錢立大功，保護自己和家人，儘快接收檢查！



史丹福大學亞裔肝臟中心致力於宣導和教育亞裔民眾及專業醫療人士有關B型肝炎的正確知識；欲知詳情，請向你的醫生洽詢，或你可閱覽網站 <http://liver.stanford.edu> 或打電話到 (650) 725-4837；(650) 72-LIVER.

同時請支持我們“佩戴翡翠絲帶活動”傳播B型肝炎的知識及訊息共同對抗B型肝炎及肝癌。▶





推薦你真正的保肝極品

美國唯一經食品藥物安檢局(FDA)正式通過美國中央疾病控制中心(CDC)推薦，世上唯一可以預防癌症的疫苗！

只要三個療程，免吃藥，免進補，終身保護，終身有效！
熱情推薦給你，完整三個療程，只要60元。

“三針護一生”——低價成人B型肝炎疫苗計畫，給你實實在在的保肝極品！

時間	9月18日起每月第一和第三個星期六11:00am-2:00pm
地點	十八街的青年會館(Y.M.C.A. 360 18th Ave. S.F. at Geary St.)
對象	所有18歲以上舊金山居民不用預約！不需保險！

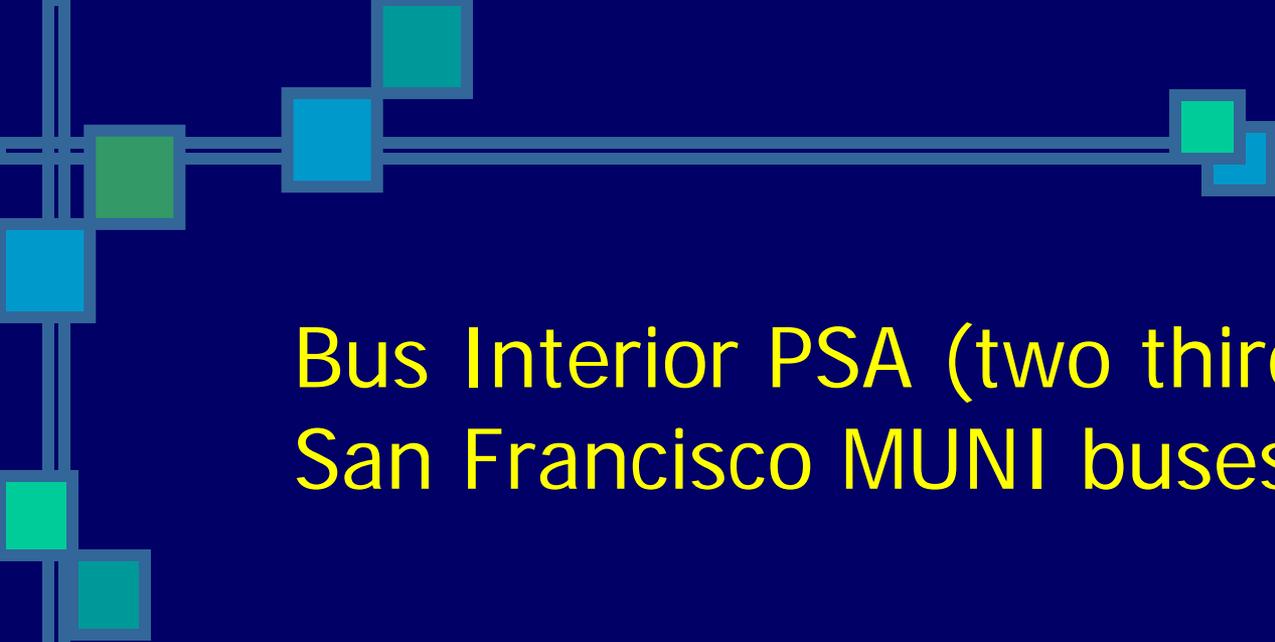
史丹福大學亞裔
肝臟中心 / 三藩市
公共衛生局 / 青年
會館聯合主辦

如果你已經是B型肝炎帶原者，接受B型肝炎疫苗，
雖對你無害，但也幫助你對B型肝炎病毒產生抗體。
市面上沒有任何藥物，可以有效幫你對抗B型肝炎病毒。
只有讓沒有受到感染的人，儘快接受B型肝炎疫苗接種，
才是真正的保肝良方！

預知詳情或更多B型肝炎和肝癌的防治知識，請洽史丹福大學亞裔肝臟中心
1-888-311-3331 或閱覽網站<http://liver.stanford.edu>

3 For Life
“三針護一生”

Advertising design courtesy of Ten Communications / Asian Liver Center at Stanford University ©2004 ALC



Bus Interior PSA (two thirds of the San Francisco MUNI buses, Nov 2005)

Every 30 seconds,
hepatitis B takes a life.
Getting tested & vaccinated
can save you.

B型肝炎每30秒奪去一條生命
保護你和家人
接受檢查和疫苗注射



Jade Ribbon Campaign
to fight hepatitis B and liver cancer

<http://liver.stanford.edu>

650-72-LIVER

