B activated

Hepatitis B Needs Assessment Report

The B Activated Program

The Association of Asian Pacific Community Health Organizations (AAPCHO), with funding from the Office of Minority Health (OMH), launched the B Activated Program for hepatitis B in 2008. The goal of the B Activated Program is to increase the capacity of local grassroots organizations to participate in policy advocacy and media outreach activities to raise awareness of the disease, and to align national goals and strategies that address chronic hepatitis B. The National Goals and Strategies were developed by the National Taskforce on Hepatitis B Expert Panel in 2008 and funded by the OMH.

Additionally, this report was made possible through activities partially funded by the OMH and the Center for the Study of Asian American Health at the New York University School of Medicine.

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Acknowledgement

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Asian Americans for Community Involvement
San Jose, California

Asian Health Services
Oakland, California

Asian Human Services, Inc.
Chicago, Illinois

Asian Pacific Health Care Venture, Inc.
Los Angeles, California

Bay Clinic, Inc.
Hilo, Hawaii

Charles B. Wang Community Health Center
New York, New York

Chinatown Service Center Community Health Center
Los Angeles, California

Family Health Center of Worcester
Worcester, Massachusetts

International Community Health Services
Seattle, Washington

Kokua Kalihi Valley Comprehensive Family Services
Honolulu, Hawaii

Kwajalein Atoll Community Health Center
Ebeye, Marshall Islands

Lowell Community Health Center
Lowell, Massachusetts

North East Medical Services
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B activated : Table of Contents

AAPCHO

Dear Reader,

Hepatitis B is a serious and costly epidemic affecting millions of people in the United States. The disease's impact has been disproportionately severe among Asian American, Native Hawaiian, and other Pacific Islander (AA&NHOPI) communities.

The Association of Asian Pacific Community Health Organizations (AAPCHO) has helped to address the problem of hepatitis B among these medically underserved communities through its national hepatitis B program. AAPCHO's hepatitis B program assists community health centers (CHC) and community-based organizations (CBO) in developing programs that educate and engage AA&NHOPI communities, health care providers, and policy makers about hepatitis B in new and culturally sensitive ways.

To help community members address hepatitis B through policy, media, and educational programs, we created this three-part publication entitled, *B Activated Resource Guide: Increasing Hepatitis B Awareness, Prevention, and Management in Asian American, Native Hawaiian, and Pacific Islander Communities*.

Part one is the *B Activated Compendium Highlighting Innovative Hepatitis B Community Models*. The compendium consists of case studies highlighting the standard practice of care of six CHCs and CBOs across the country working to address hepatitis B in AA&NHOPI communities. The goal is to capture the innovative strategies used by these organizations, as well as the challenges each experienced. These case studies are not a prescription for success but tools to generate ideas to develop your own hepatitis B services and activities.

Part two is the *B Activated Hepatitis B Needs Assessment Report*. The needs assessment report explores hepatitis B prevention and care activities that exist in CHCs serving AA&NHOPI communities. The report also surveys medical providers for their perceptions and expressed need for resources, to enhance their efforts in the prevention and management of hepatitis B.

Lastly, part three is the *B Activated Hepatitis B Policy Advocacy & Media Outreach Toolkit*. The toolkit is a useful tool to help you in your advocacy and outreach efforts at your local, regional, and national levels of policy and media. A wide-range of information and resources are found throughout the toolkit.

We hope that this resource guide will be both useful and helpful in your organization's efforts to build its capacity to raise national and local awareness about the devastating impact of hepatitis B among AA&NHOPI communities.

Hepatitis B is a significant problem within our communities. However with increased awareness, preventative measures such as screening, and effective management of the disease, many AA&NHOPIs can continue to live long and healthy lives. Thank you for your commitment to engage in the collective effort to address and eliminate hepatitis B.

Sincerely,

Jeffrey B. Caballero, MPH
Executive Director

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Executive Summary

Gaps exist in the provision of hepatitis B care and services for infected patients and at-risk populations. The Institute of Medicine (IOM) released a comprehensive report in early 2010 that highlighted hepatitis B gaps in these areas: surveillance, knowledge and awareness, immunization, and viral hepatitis services.

The Association of Asian Pacific Community Health Organizations (AAPCHO) received funding in 2008 from the Office of Minority Health and the Center for the Study of Asian American Health at the New York University School of Medicine to assess its member community health centers' (CHC) hepatitis B education, screening, vaccination, and treatment services. AAPCHO surveyed the CHCs' organizational capacity to prevent new hepatitis B virus (HBV) infections and their needs to effectively manage care for chronic hepatitis in primary care settings. A needs assessment was conducted with AAPCHO's member CHCs, which serve over 51% Asian American, Native Hawaiian, and other Pacific Islander (AA&NHOPI) patients. The methods included an asset and needs assessment, a brief environmental scan or evaluation of internal conditions and external data and factors that affect each organization, and an identification of resources to address service enhancement. Health care providers were also surveyed to document their capacity and perceptions of hepatitis B services, programs, and resources at their CHCs.

A sample of twelve (12) AAPCHO member CHCs and seventy-five (75) medical providers in the United States and its affiliated Pacific Islands, participated in this assessment. Data sets yielded both qualitative and quantitative findings.

Summary of Key Findings

Health Education Survey

Organizational Information

- Twelve (12) CHCs in the U.S. and its affiliated Pacific Island states responded to the survey.
- Responding CHCs had annual budgets ranging from $3-$33 million.
- Less than 1% of the CHCs' annual budget is spent on HBV prevention.
- Forty-six percent (46%) of the CHCs indicated that they had zero (0) FTE staff dedicated to HBV prevention, care, and treatment.
- Eighty-five to ninety percent (85%-90%) of patient encounters/visits were AA&NHOPIs.

Hepatitis B Programming

- HBV prevention, care, and treatment were offered in 19 AA&NHOPI languages with the most common language being Vietnamese (67%), Mandarin (58%), and Cantonese (50%).
- Early intervention, language interpretation for referrals, and treatment referrals were the three most frequently used HBV services by HBV+ patients.
- Almost 40% of CHC providers believe an in-house specialist would greatly enhance their CHC's comprehensive HBV service provision.

Hepatitis B Screening and Counseling

- Eighty-three percent (83%) of the CHCs provide hepatitis B testing and 82% provide hepatitis B counseling.
- All of the CHCs provide hepatitis B testing on and off-site, and 90% of the CHCs provide confidential testing at their CHCs.

Organizational Capacity and Integration of HBV Prevention and Treatment Services

- Twenty-five percent (25%) of the CHCs responded "somewhat" and "often" when asked whether or not their CHC was doing the best it could to provide HBV screening, treatment, and counseling.
- Forty-two percent (42%) of the CHCs indicated "somewhat" regarding coordination between HBV prevention services and HBV-related medical services.
- One-hundred percent (100%) of the CHCs integrate HBV services into existing medical services or departments.
- Up to 90% of the CHCs "agree" or "strongly agree" that funding is a potential barrier to HBV prevention services.

Health Care Provider Survey

Demographics

- Seventy-five (75) medical providers in the U.S. and its affiliated Pacific Island states responded to the survey.
- 60% of the providers were women and 40% were men, with an average age of 44. (Graph 1)
- Almost 90% of the providers are trained physicians, MD, or equivalent.
- The providers had an average of 7.74 "years of professional experience in a health care setting," with an average of 8.72 "years working with infectious diseases."
- Eighty-nine percent (89%) of the providers responded that they are aware that hepatitis B is a significant medical problem for AA&NHOPIs.

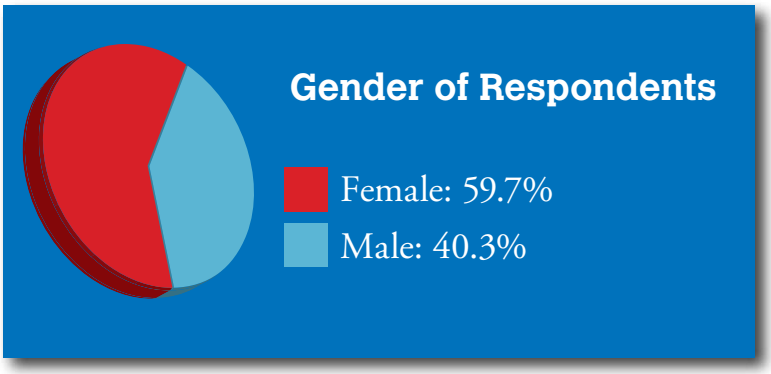
Findings from Provider Survey

- Slightly over 66% of the providers "agree" or "strongly agree" that their clinics have clear guidelines for which patients to screen for HBV.
- Forty percent (40%) of respondents "agree" or "strongly agree" that they have protocols in place for comprehensive HBV monitoring.
- Nearly 50% of the providers reported that patients are referred elsewhere because their CHCs do not provide hepatitis B treatment services.
- Slightly over 50% "disagree" or "strongly disagree" that they provide comprehensive treatment services to HBV+ clients.
- Thirty-nine percent (39%) "agree" or "strongly agree" and 37% "disagree" or "strongly disagree" that adequate support for coordinated HBV activities/services exist at their CHCs (22% were "neutral" and 2% "did not know").
- Approximately 77% "agree" or "strongly agree" that cross-training health care providers would make their HBV programs more effective, 90% feel they would benefit from additional HBV patient/provider communication training, and 75% responded that training on management and treatment of HBV would be useful to them.
- Thirty-eight percent (38%) "agree" or "strongly agree" that high-risk and chronic HBV-infected persons can too easily "slip through the cracks."
- Sixty-five percent (65%) responded "yes" when asked if they integrate the Centers for Disease Control and Prevention's (CDC) guidelines for chronic HBV infection, and 78% "agree" that CDC guidelines have been effective for their HBV testing protocols.

Conclusion

Many medical providers are aware that HBV is a significant medical problem for AA&NHOPIs and they routinely screen patients regardless of insurance status. However, providers also agree that the management and prevention of HBV deserves better coordination on all levels. The lack of coordinated services allows for more patients to fall through the cracks. HBV cross-training for medical providers and other allied health staff would greatly enhance the provision of HBV services at CHCs. In addition, funding dedicated to HBV prevention and care is critical to meeting the growing health needs of the medically underserved AA&NHOPI populations. The findings from this report support AAPCHO's hepatitis B projects, as well as the organization's belief that more HBV advocacy, prevention, and treatment services are needed. The findings also support the IOM's recommendation for better coordination of hepatitis B prevention, management, and treatment.

Graph 1. Health Care Provider Survey



Introduction

Background: AA&NHOPIs and Hepatitis B

Hepatitis B is one of the most common infectious diseases both nationally and abroad. The hepatitis B virus (HBV) is 100 times (100x) more contagious and robust than HIV, and often goes undetected.[1] HBV is most commonly spread from an infected mother to her infant at birth but can also spread through contact with infectious blood, semen, and other body fluids from having sex with an infected person and/or sharing contaminated needles for drug injection or tattooing.

HBV attacks the liver, leading to chronic (lifelong) infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and even death. Tragically, chronically infected persons only learn of their status when they develop symptoms of liver cancer and liver disease later in life. Chronic hepatitis B is a leading cause of liver cancer, with one out of four cases resulting in death. Over 5,000 deaths in the U.S. are attributed to chronic hepatitis B infections.

- An inexpensive and simple blood test is the only way to diagnose for hepatitis B infection.
- The hepatitis B virus is preventable with an effective and safe vaccine.

Up to 12 million (1 out of 12) people in the U.S. are infected with HBV, with roughly 2 million chronically infected. Nationally, Asian Americans (AA) account for more than 50% of chronic HBV cases. In addition, AAs have a high prevalence of chronic hepatitis B and a high incidence rate of liver cancer but are poorly informed about the transmission, prevention, symptoms, risk factors, and occurrence of chronic HBV. Many Asian Americans, Native Hawaiians, and other Pacific Islanders (AA&NHOPIs) continue to suffer needlessly from this silent but deadly disease due to primary care providers' and the general public's alarmingly poor knowledge and awareness about hepatitis B.

- One in 10 AA&NHOPIs in the U.S. suffer from chronic hepatitis B.[2]
- Up to 20,000 women in the U.S. who give birth each year have chronic HBV infection; more than half of these women are AA&NHOPIs.[3]
- Marshallese in Arkansas have a high prevalence of perinatal HBV infection.[4]
- Infants infected at birth have a 90% chance of developing chronic hepatitis B.[5]
- AAs are 6 to 13 times more likely to die from liver cancer than Caucasians (Vietnamese Americans 13x higher, Korean Americans 8x higher, and Chinese Americans 6x higher).[6]
- Liver cancer is the third leading cause of cancer death among AA&NHOPIs.[7]

Medical and work loss costs for HBV-related conditions total more than $700 million per year in the United States. Hepatitis B treatment is estimated at $2.5 billion per year. In 2000, the lifetime cost of hepatitis B was approximated at $80,000 per person or more than $100 billion. This cost is expected to increase more than 2.5 times over the next 20 years.[8]

Objectives

Objective 1: Survey, review, and document current hepatitis B education, prevention, and treatment activities among AAPCHO's member community health centers (CHCs).

Objective 2: Identify the needs of CHCs for improving their capacity to address hepatitis B education, care, and treatment.

Objective 3: Review, coordinate and collect hepatitis B prevalence among CHCs that serve medically underserved AA&NHOPIs.

Methodology

Instrument

A two-part pen and paper survey was mailed to a sample of 15 AAPCHO member community health centers (CHCs) in the U.S. and its affiliated Pacific Islands.

This document addresses both surveys, which were: (1) an 18-page survey with 69 items for health care providers to identify CHC organizational health care providers' capacity and needs to prevent new hepatitis B virus (HBV) infections and effectively manage care for chronic hepatitis in primary care settings; and (2) a 19-page survey with 72 items for directors of health education to assess the community health centers' (CHC) hepatitis B education, screening, vaccination, and treatment services.

A 5-page, 50-item questionnaire was adopted from a needs assessment instrument developed by The Measurement Group for the Health Resources and Services Administration's HIV/AIDS Bureau. Along with the questions used in the referenced document, AAPCHO included additional questions to identify the unique needs of CHCs serving AA&NHOPIs. Prior to deploying the survey, the instrument was pilot-tested for content validity with a small sample of program administrators and clinicians of CHCs. It was revised several times after being tested on medical providers for succinctness and brevity. Feedback from all testers was incorporated into the final version.

Sample

Fifteen AAPCHO member centers were sent packets of the set of questionnaires: five in California, four in Hawaii, two in Massachusetts, and one each in Illinois, New York, Washington, and the Republic of the Marshall Islands.

Procedure

Packets of 10 questionnaires, a cover letter, and a self-addressed return envelope were sent to the Medical Director of each CHC in the sample. A letter was also sent to the Executive Director of each CHC, advising them of the questionnaires and encouraging their CHCs participation. The cover letter explained the two needs assessment surveys conducted by AAPCHO's Hepatitis B Program, stating that a $1,000 incentive is offered when both surveys are returned by September 30, 2009. Follow-up phone calls and email reminders were completed and survey packets were re-sent if CHCs had not completed and returned their surveys. Final calls were made in October 2009 to the medical and health education directors who had not responded.

Data Management and Analysis

Information collected from the questionnaires were coded and entered into SPSS (Statistical Package for the Social Sciences) for data analysis.

Key Findings

Health Education Survey

Characteristics of Repondents

- Twelve (12) AAPCHO member CHCs responded to the questionnaire.
- All respondents identified as a CHC, migrant health center, or community health clinic located in the U.S. and its affiliated Pacific Islands, and reported annual budgets ranging from $3 - $33 million, with a median of $10.7 million.
- Seventy-five percent (75%) of respondents reported that <1% of their annual budget was spent on hepatitis B prevention, and 55% reported that 0% - <1% was spent on hepatitis B care and treatment. (Table 1)
- Respondents reported that approximately 85%-90% of patient visits served were AA&NHOPI patients, with Chinese, Filipino, and Korean being the most commonly served groups. (Table 2)
- Most organizations responded that addressing hepatitis B is within their mission and have the most experience in providing hepatitis B education activities, whereas they were least experienced in the provision of hepatitis B care (60% with zero years of experience).
- Overall, respondents had <10 years of experience with hepatitis B screening, testing, education, vaccination, and treatment.
- Although all respondents reported that their CHCs offered hepatitis B services, 73% of organizations had <1 full-time employee (FTE) staff dedicated to hepatitis B prevention, care, and treatment.
- Only one organization reported having 5 FTEs.
- Regarding coordination between HBV prevention services and HBV-related medical services, 42% indicated "somewhat". 100% of respondents indicated that their CHC integrates HBV preventions services into their existing medical services or departments.
- Respondents feel that "the lack of funding" is the greatest barrier in their capacity to provide comprehensive HBV services.

Table 1. Health Education Survey

Hepatitis B Prevention Budget	
Annual budget spent on hepatitis B prevention	**Percent**
0% of budget	12.5
<1% of budget	75.0
>1% of budget	12.5
Total	**100.0**

Table 2. Health Education Survey

What ethnic/racial groups are served by your organization?		
	Frequency	**Percent**
African American	9	75.0
Cambodian	7	58.3
Caucasian	9	75.0
Chamorro	2	16.7
Chinese	12	100.0
Filipino	10	83.3
Hmong	4	33.3
Indonesian	3	25.0
Japanese	8	66.7
Korean	10	83.3
Lao	6	50.0
Latino	9	75.0
Marshallese	4	33.3
Mien	4	33.3
Multiracial	9	75.0
Native Hawaiian	6	50.0
Samoan	5	41.7
South Asian	6	50.0
Thai	4	33.3
Tongan	4	33.3
Vietnamese	9	75.0
Total Respondents	**12**	**100.0**

- Respondents were told to check all ethnic/racial groups served by their organization.
- The groups most commonly served by respondents were Chinese (100%), Filipino (83.3%), and Korean (83.3%).
- Other ethnic/racial groups served included: Burmese, Doyak/Deyar, Mongolian, Chuukese (2), Fijians, Micronesians, Kiribatis, Yapese/Pohnpeians/Kosvai, Bangladeshi, East African-Somali, Middle Eastern, other compact states, Native Americans.

Services Provided by Community Health Centers

- The most common HBV services and activities respondents offered are hepatitis B screening, vaccination, and STD prevention and treatment (92%), followed by written materials at 83%.
- Besides English, hepatitis B services were offered in 19 languages and the most common languages being Vietnamese (67%), Mandarin (58%), and Cantonese (50%).

- Three of the most commonly used HBV services among HBV+ clients include early intervention services, language interpretation for service referrals, and service referrals. (Table 3)
- When asked what services that would greatly enhance comprehensive HBV service provision, almost 40% of respondents believe that an in-house specialist would greatly address this gap. (Table 5)
- Over 80% of respondents reported that their CHCs provide hepatitis B counseling and testing on and off site.

Table 3. Health Education Survey

The following care and support are offered to people living with hepatitis B:		
	Frequency	**Percent**
Case management	4	33.3
Child care	1	8.3
Early intervention services	4	33.3
Food, clothing, or financial needs	1	8.3
Hepatitis B treatment advocacy	3	25.0
In-house specialist/hepatologist	2	16.7
Language interpretation for service referrals	7	58.3
Mental health	5	41.7
Nutritional counseling	5	41.7
Partner counseling & referral services-PCRS	3	25.0
Service referrals (housing, drug treatment, legal services, job training)	8	66.7
Substance abuse	2	16.7
Total responses	**12**	**100.0**

Table 4. Health Education Survey

Which services/activities do you think are the most successful and why?		
	Frequency	**Percent**
HIV/STD Programs	2	25.0
Hep B Treatment Advice	1	12.5
Early Intervention	1	12.5
Case Management	1	12.5
Specialist/service referral	2	25.0
Hep B Vaccination	1	12.5
Hep B Support Group	1	12.5
Outreach programs, including radio	2	25.0
Labs programs	1	12.5
Family Planning	1	12.5
Substance abuse counseling	1	12.5
PCRS	1	12.5
Total	**8**	**100.0**

- Eight (8) respondents provided one to three answers each to this question. All responses were aggregated in Table 4.
- A quarter of respondents indicated that HIV/STD programs, specialists, and outreach programs were most successful in supporting clients living with hepatitis B at their health center.

Table 5. Health Education Survey

What are the three services that your center does NOT provide that would greatly enhance comprehensive HBV service provision?		
	Frequency	**Percent**
Case management	2	25.0
Childcare	1	12.5
Early Intervention	2	25.0
Group education	1	12.5
Hepatitis B Treatment	1	12.5
Hepatitis B Treatment Advocacy	1	12.5
In-house specialist	3	37.5
Nutritional Counseling	1	12.5
One-on-one counseling	1	12.5
PCRS	1	12.5
Screening	2	25.0
Support Group	1	12.5
Ultrasound	2	25.0
Viral load testing	1	12.5
Total	**8**	**100.0**

- Almost 40% of the respondents believe an in-house specialist would greatly enhance their center's comprehensive HBV service provision.

Table 6. Health Care Provider Survey

Educational Background						
	HS diploma	**Bachelor**	**Master**	**DrPH, PhD**	**MD**	**Total**
Unspecified Specialty	1	1	2	0	25	29
Anesthesiology	0	0	0	0	1	1
Family Medicine	0	0	2	1	15	18
General Practice	0	0	0	0	1	1
Internal Medicine	0	1	0	0	11	12
OB/GYN	0	0	0	0	1	1
Pathology	0	0	0	0	1	1
Pediatrics	0	0	0	0	7	7
Internal Medicine/Pediatrics	0	0	0	0	2	2
Internal Medicine/Geriatrics	0	0	0	0	1	1
Registered Dietitian	0	1	0	0	0	1
Total	**1**	**3**	**4**	**1**	**65**	**74**

Health Care Provider Survey

Characteristics of Respondents

- Seventy-five (75) medical providers completed the questionnaires.
- The respondents' educational background includes 65 medical doctors, one with a DrPH/PhD, seven have either a Bachelor's or Master's degree, and one with a high school degree. (Table 6)
- More than 90% of respondents has some type of license, while almost 50% have some certification.
- Over one-third has both a license and certification.
- Respondents' average professional experience is 7.75 years (range 1 to 34 years); and the average years working with infectious diseases is 8.72 years (range 2-36 years). (Table 7)

Providers' Perceptions of HBV among AA&NHOPIs

- Eighty-nine percent (89%) of respondents believe that HBV is an above average or huge problem for AA&NHOPIs, though more than half of the CHCs had fewer than 10% of patients with HBV.
- Most providers cited substance abusers as the group at-risk for HBV (97%) while only 82% cited foreign-born, 89% cited sexual activity and 73% for pregnant women. Only 60% of providers responded that they normally recommend HBV counseling and testing for foreign-born patients. (Table 8 and 9)
- Providers from health centers are divided on whether they have funding for HBV vaccination services for uninsured patients. 90% agree that they can offer HBV screening and testing for uninsured patients, and 65% agree that they have clear guidelines of whom to screen. Respondents were evenly divided whether a protocol in place for comprehensive HBV monitoring, indicating that some CHCs have clear protocols for HBV management and some do not. Most do not have a HBV specialist (62%) on staff so patients are referred out. (Table 10 and 11)
- While most CHCs in this study have some coordination between prevention and medical services for HBV, 86% of providers believe that care for HBV patients should include social, family, health, drug treatment, and mental health services to better serve HBV patients.

Training Needs

Sixty-three percent (63%) of the medical providers agree that cross-training makes HBV programs more effective and 90% feel they would benefit from additional HBV patient/provider communications trainings. Seventy-five percent (75%) responded that training on management and treatment of HBV would be useful to them.

Table 7. Health Care Provider Survey

How many years of professional experience do you have working with infectious diseases as a health care provider?					
	Total Reponses	**Minimum**	**Maximum**	**Mean**	**Median**
Years as provider working with infections disease	64	0	36	12.25	8.0

- Half the respondents have <8 years of experience working with infectious disease.
- Ten (10) providers have more than 25 years of experience skewing the mean years of experience.

Table 8. Health Care Provider Survey

At-risk Groups			
Which groups do you think are at-risk for hepatitis B?			
	Total Responses	**Frequency**	**Percent**
Substance Abusers	4	5.4	97.3
Sexually Active Clients	17	23.0	89.3
Pregnant Women	18	24.3	73.3
All Clients	2	2.7	38.7
Foreign Born	25	33.8	82.7

Table 9. Health Care Provider Survey

At-risk Groups			
To which adult and youth clients do you normally complete an HBV assessment?			
	Total Responses	**Frequency**	**Percent**
Substance Abusers	75	57	76
Sexually Active Clients	75	51	68
Pregnant Women	75	56	74.7
All Clients	75	23	30.7
Only when clients ask	75	14	18.7
Foreign Born	75	48	64.0
I do not recommend hepatitis B counseling and testing for any of my clients	75	1	1.3

Table 10. Health Care Provider Survey

Insurance Status		
Patients without insurance are provided with limited services		
	Frequency	**Percent**
Don't know/ not applicable	6	8.1
Strongly Disagree	16	21.6
Disagree	24	32.4
Neutral	12	16.2
Agree	16	21.6
Total	**74**	**100.0**

Table 11. Health Care Provider Survey

Service Provision		
We only provide services to patients with insurance		
	Frequency	**Percent**
Don't know/ not applicable	4	5.3
Strongly Disagree	47	62.7
Disagree	21	28.0
Neutral	3	4.0
Total	**75**	**100.0**

Table 12. Health Care Provider Survey

Respondents were asked to assess their community health center's HBV service needs

Community Health Center HBV Service Needs						
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Don't Know**
Our clinic does not have funding for the services requested	13	9	10	20	13	7
Our clinic performs routine HBV screening as part of check-ups for all APIs regardless of health	25	17	8	16	6	2
We offer HBV screening & testing	45	23	4	1	1	-
We have clear guidelines for whom to screen for HBV	29	20	12	12	1	-
Our patients do not know what HBV is so I do not bother to screen for it	1	2	4	27	40	-

Table 13. Health Care Provider Survey

Hepatitis Treatment Referrals		
We have adequate hepatitis B resources for treatment referrals		
	Frequency	**Percent**
Don't know/not applicable	3	4.1
Strongly Disagree	7	9.5
Disagree	16	21.6
Neutral	8	10.8
Agree	25	33.8
Strongly Agree	15	20.3
Total	**74**	**100.0**

Table 14. Health Care Provider Survey

Hepatitis Treatment Referrals		
We do not provide hepatitis B treatment services so the patient is referred elsewhere		
	Frequency	**Percent**
Don't know/not applicable	4	5.4
Strongly Disagree	17	23.0
Disagree	18	24.3
Neutral	2	2.7
Agree	25	33.8
Strongly Agree	8	10.8
Total	**74**	**100.0**

Recommendations

Community health centers (CHCs) continue to be at the forefront of providing care and meeting the needs of the underserved. Due to their unique and critical role in providing care that is comprehensive and tailored to meet the specific needs of patients, CHCs undoubtedly have contributed to a national response for addressing hepatitis B.

According to the Affordable Care Act, $11.5 billion in funding over the next five years will be provided for the operation, expansion, and construction of community health centers throughout the nation. This increased funding will enable CHCs to nearly double the number of patients seen. It can also support hepatitis B expansion opportunities for CHCs in two areas:

Provider Education
- Who should be tested?
- Who should be vaccinated?
- Counseling and harm reduction
- Management and treatment

Services for Underserved Communities
- Manage women identified during pregnancy
- Outreach to family members/household contacts
- Diagnose and treat chronic HBV
- Provide case management/chronic disease management before, during and after treatment

Gaps in providing chronic hepatitis care exist such as:
- Providers do not know and are not providing services
- No patient education regarding transmission and progression
- No system of support for chronic disease management
- No treatment implementation in primary care (i.e. limited access to specialty care; demonstration projects have shown success)

AAPCHO recommends that these gaps can be closed through a Patient Centered Medical Home (PCMH) Framework consisting of:

- Health care provider team based approach to chronic disease management
- Patient centered interactions
- Quality improvement strategies
- Enhancing continuous access to care teams
- Care coordination
- Organized, evidence based care

Combining the PCMH framework with chronic hepatitis B allows for care that is multifaced and accessible in one place, such as a community health center. This approach represents an opportunity to:

- Identify chronic hepatitis B patients
- Vaccinate to eliminate HBV transmission
- Educate patients to help them stay healthier
- Develop hepatitis management and treatment models for PCMH teams
- Reduce costly end-stage results of HBV, including end stage liver disease and transplantation
- Reduce viral hepatitis and health disparities

By aligning AAPCHO's recommendations and the Institute of Medicine's Report on a National Hepatitis Strategy, we feel that these strategies will help address the burden of hepatitis B through increased:

- Support and encouragement of CHCs in implementing HBV screening and testing, without compromising other critical primary prevention efforts
- Knowledge and awareness about chronic hepatitis B
- Funding to support immunization (i.e. increase hepatitis B vaccination of at-risk adults)
- Coordination of federal and state agencies to provide resources for the expansion of community based programs that provide hepatitis B screening, testing and vaccination services that target foreign born populations

Conclusions

This study aimed to understand and integrate an improved system of hepatitis B virus (HBV) prevention and care within the community health center (CHC) program. Findings from this study highlight the disproportionate impact of HBV on Asian American, Native Hawaiian, and other Pacific Islander (AA&NHOPI) communities and how to better address the needs faced by these medically underserved populations.

Many providers are aware that HBV is a significant medical problem for AA&NHOPIs. The sample size of this study, although smaller than what we had hoped for, clearly illustrates what participating CHCs and medical providers offer their patients. Findings suggest that HBV cross-training for medical providers and other allied health staff would greatly enhance the provision of HBV services at CHCs. Providers surveyed in this report also agree that the management and prevention of HBV needs better coordination on all levels because the lack of coordinated services allows for more patients to fall through the cracks.

In addition, findings from this report show that funding for HBV prevention and care is critical to meeting the growing health needs of AA&NHOPIs. Survey results show that funding for a comprehensive HBV program is key to expand HBV screening and testing, and is critical to sustain current preventative and management efforts. For instance, only 60% of providers reported that they normally recommend HBV counseling and testing for foreign-born patients. This finding suggests a need for more resources and continued education to ensure that a broader base and a higher percentage of patients are recommended for HBV testing and counseling. Relying on public funding makes HBV programs in primary care settings extremely vulnerable.

Lastly, the findings from this study support AAPCHO's advocacy efforts, which are aligned with the Institute of Medicine's recommendations, for increased resources and coordination of hepatitis B provider and patient education, prevention, management, and treatment.

Appendix A - Health Education Survey

For AAPCHO's Office Use Only		
Staff:	Date Received:	Survey Number:

I. Organizational Information

1. Is your organization a community health center, health clinic, migrant health center OR a health center in a U.S. affiliated Pacific Island?

   □ Yes (Please continue.)
   □ No (Stop, you do not need to fill out this survey.)

2. Approximately what is the size of Asian, Native Hawaiian & Pacific Islander (AAPIs) communities served by your center?
   - How many persons? _____ persons per year
   - What is the percentage of AAPIs to the total population served by your center?_____%

3. How many AAPI patients encounters do you see?
   - How many visits do you conduct? _____ visits per year.
   - What is the percentage of AAPI visits to the total number of visits served by your center? _____ %

4. What ethnic/racial groups are served by your organization? (Check all that apply)

□ African American
□ Cambodian
□ Caucasian
□ Chamorro/ Guamanian
□ Chinese
□ Filipino
□ Hmong
□ Indonesian
□ Japanese
□ Korean
□ Lao
□ Latino
□ Marshallese
□ Mien
□ Multiracial
□ Native Hawaiian
□ Samoan
□ South Asian
□ Thai
□ Tongan
□ Vietnamese
□ Other Asian (specify) _____
□ Other Pacific Islander (specify) _____
□ Other (specify) _____

5. Looking back at Question #4, which three are the primary ethnic groups served by your organization?

   A. _____ B. _____ C. _____

6. What is the catchment area? What areas or neighborhoods, cities, towns do you serve?

   _____
   _____
   _____

7. What is your organization's total annual budget? $ _____

8. What percentage of the annual budget is spent on hepatitis B prevention activities (i.e. HBV counseling & testing, outreach, vaccination, etc)? _____%

9. What percentage of the annual budget is spent on hepatitis B care and treatment? _____

10. How many years has your organization provided hepatitis B prevention for the following activities:

Screening: _____ years Education: _____ years Treatment: _____ years

Testing: _____ years Vaccination: _____ years

11. This past fiscal year, what are the main sources of funding for your HBV prevention services and activities?

_____% federal _____% foundation _____% private business

_____% state _____% CDC funded _____% other (specify below)

_____% county _____% industry or _____

_____% city pharmaceutical

12. How many paid full time equivalent (FTE) staff do you have dedicated to HBV prevention, care and treatment?
_____ FTE

13. On an average week, how many persons volunteer for your hepatitis B prevention program?

□ none
□ 1 – 10 persons
□ 11 – 20 persons
□ 21 – 30 persons
□ 31 – 40 persons
□ 41 – 50 persons
□ more than 50

II. Hepatitis B Programming

14. In what languages, besides English, do you provide your HBV prevention, care & treatment services and activities? (Check all that apply).

- □ Cambodian/Khmer
- □ Cantonese
- □ Chamorro
- □ English only
- □ Hawaiian
- □ Hindi
- □ Hmong
- □ Ilocano
- □ Indonesian
- □ Japanese
- □ Korean
- □ Laotian
- □ Mandarin
- □ Marshallese
- □ Mien
- □ Punjabi
- □ Samoan
- □ Spanish
- □ Tagalog
- □ Taiwanese
- □ Thai
- □ Tibetan
- □ Tongan
- □ Urdu
- □ Vietnamese
- □ Visayan
- □ Other Asian (specify) _____
- _____
- □ Other Pacific Islander (specify) _____
- _____

15. Which of the following hepatitis B prevention services and activities do you offer at your organization? (Check all that apply below)

- □ Media/public information campaign
- □ STD information hotline
- □ Written materials (pamphlets, newsletter, posters, etc.)
- □ Bar outreach
- □ Street outreach (any type)
- □ Elementary school outreach
- □ Junior/Middle school outreach
- □ High school outreach
- □ Alternative high school outreach
- □ College/University outreach
- □ Sexual health education
- □ Condom distribution
- □ Family planning
- □ Drug & alcohol treatment
- □ Needle exchange/Harm reduction
- □ Risk reduction counseling
- □ Prevention case management
- □ One-on-one counseling
- □ Small group counseling (2 - 12 people)
- □ Large group counseling (more than 12 persons)
- □ Support groups
- □ Hepatitis screening
- □ Hepatitis B vaccination
- □ TB prevention & treatment
- □ STD prevention & treatment

Hepatitis B testing

- □ Surface Antigen (HBsAg)
- □ Surface Antibody (HBsAb)
- □ e-antigen (HBeAg)
- □ DNA
- □ Core antibody (HBcAb)
- □ Core antibody IgM (HBcABIgM)
- □ e-antibody (HBeAb)

Other: _____

16. Which of the following care & support services do you offer to people living with hepatitis B at your organization? (Check all that apply)

- □ Case Management
- □ Child care
- □ Client escort for service referrals
- □ Early Intervention Services
- □ Food, clothing or financial needs
- □ Hepatitis B treatment advocacy
- □ In-house specialist/hepatologist
- □ Language interpretation for service referrals
- □ Mental health
- □ Nutritional counseling
- □ Partner counseling & Referral services (PCRS)
- □ Service referrals (housing, drug treatment, legal services, job training)
- □ Substance Abuse
- □ Support Group

17. Looking back at Question #16, what are the three services that your clients who are living with hepatitis B use the most frequently?

A. _____ B. _____ C. _____

18. Looking back at Question #16, which services and/or activities do you think are the most successful ones? Why?

_____
_____
_____
_____

19. What are the 3 services that your center does not provide but would greatly enhance comprehensive HBV service provisions?

A. _____ B. _____ C. _____

For questions 20 – 22, please read below, circle your response and add any additional comments.

Questions	Not at alll	Rarely	Some what	Often	Frequent	To a great extent	Do not know/ N/A
20. To what extent are the target groups involved in HBV prevention activities or the local board of your CHC?	1	2	3	4	5	6	0
Comment:							
21. To what extent is your organization involved in the *HBV community/task force planning group* for your city or county?	1	2	3	4	5	6	0

Comment:							
22. To what extent is your organization involved in the *state and/or federal planning group* for the HBV guidelines & recommendations?	1	2	3	4	5	6	0
Comment:							

III. Hepatitis B Screening & Counseling

23. Do you provide Hepatitis B testing?

□ Yes, we provide Hepatitis B testing. □ No, we do not provide Hepatitis B testing.

If not, why and do you refer to other sites?

_____

_____

_____ (Skip to question 27.)

24. Do you provide counseling with your Hepatitis B testing?

□ Yes, we provide Hepatitis B counseling. □ No, we do not provide Hepatitis B counseling.

If not, why and do you refer to other sites?

_____

_____

_____

25. Where do you provide your testing?

□ On-site

□ Off-site (check all that apply below)

□ Dance clubs, bars, etc.
□ Other CBOs
□ Community venues (specify):_____
_____
_____
□ Ethnic Festivals
□ Mobile Unit

□ Public sex environments (i.e. parks, bathrooms)
□ Massage parlors
□ Bath houses (i.e. saunas, hot tubs, sex clubs)
□ Churches, temples, places of worship, etc.

□ Other (specify):
_____
_____

26. What type of testing do you offer?

□ Anonymous/Confidential □ Confidential □ Other (specify):_____

Please read the questions and fill in the boxes below. If you have a copy of required data reports, you may also attach them.

All Clients	*Female*	*Male*
27. How many people have you tested for hepatitis B in the past 12 months?		
28. Out of these, how many are infants, children and adolescents (ages 0 –18)?		
29. Out of these, how many are young adults (ages 19 - 30)?		
30. Out of the female clients, how many of them were pregnant?		
AAPI Clients Only	*Female*	*Male*
31. How many AAPI persons have you tested for hepatitis B in the past 12 months?		
32. Out of the AAPI persons, how many are infants, children and adolescents (ages 0 - 18)?		
33. Out of the AAPI persons, how many are young adults (ages 19 - 30)?		
34. Out of the AAPI female clients, how many of them were pregnant?		

IV. Organizational Capacity & Integration of Hepatitis B Prevention & Treatment Services

For questions 35 – 36, please respond by rating your answers and add any comments.

Questions	Not at all	Rarely	Some what	Often	Frequent	To a great extent	Just started less than one year ago
35. Do you feel that your organization is doing the best that it can in providing HBV screening, treatment and counseling for the communities you serve?	1	2	3	4	5	6	0
Comments:							
36. Do you feel that there is coordination between HBV prevention services and the HBV-related medical services?	1	2	3	4	5	6	0

Comments:							

37. Does your organization integrate HBV prevention services into existing medical services or department?

□ Yes, we integrate Hepatitis B prevention services into:

_____

_____

_____

_____

□ No, it is a stand-alone service or it has its own department.

Please read and respond by rating the following potential barriers. Circle each potential barrier with "1" being strongly disagree and "5" being strongly agree.

Potential barriers	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*	*Don't Know/ N/A*
38. Lack of funding for the hepatitis B screening	1	2	3	4	5	0
39. Lack of funding for the hepatitis B testing	1	2	3	4	5	0
40. Lack of funding for the hepatitis B treatment	1	2	3	4	5	0
41. Lack of funding for the hepatitis B vaccination	1	2	3	4	5	0
42. Lack of funding for the hepatitis B vaccination	1	2	3	4	5	0
43. Lack of funding for the hepatitis B counseling	1	2	3	4	5	0
44. Language Barriers	1	2	3	4	5	0
45. Serving hepatitis B-related issues is not in the mission of the organization or the Board of Directors	1	2	3	4	5	0
46. There is a lack of hepatitis B counseling services at this site	1	2	3	4	5	0
47. There is a lack of hepatitis B referral services at this site	1	2	3	4	5	0

48. There is a lack of hepatitis B treatment services at this site	1	2	3	4	5	0
49. There is a lack of hepatitis B vaccination services at this site	1	2	3	4	5	0
50. There is a lack of awareness about HBV in tl community	1	2	3	4	5	0
51. Cost of hepatitis B services to client is a major issue.	1	2	3	4	5	0

Can the following statements impede your center's hepatitis B prevention services? Circle each statement with "1" being strongly disagree and "5" being strongly agree.

	Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*	*Don't Know/ N/A*
52. Staff not comfortable working with HBV treatment	1	2	3	4	5	0
53. Staff not comfortable working with women	1	2	3	4	5	0
54. Staff not comfortable working with men who have sex with men and women	1	2	3	4	5	0
55. Staff not comfortable working with men who have sex with men	1	2	3	4	5	0
56. Staff not comfortable working with youth	1	2	3	4	5	0
57. Staff not comfortable working with sex workers	1	2	3	4	5	0
58. Staff not comfortable working with transgender people	1	2	3	4	5	0
59. Staff not comfortable working with drug users	1	2	3	4	5	0
60. Staff not comfortable working with people living with hepatitis B	1	2	3	4	5	0
61. Staff is not trained in HBV screening, referral, and treatment	1	2	3	4	5	0

62. Does your organization integrate the CDC's guidelines for testing and screening for hepatitis B?
_____ Yes or _____No (add comments below, if any)

_____

_____

63. In your organization, who provides the Hepatitis B prevention and outreach services? (Check all that apply).

- □ Administrators
- □ Program Coordinators
- □ Community health outreach workers
- □ Health Educators
- □ Peer counselors/ leaders
- □ Counselors
- □ Social Workers
- □ Psychologists
- □ General Practice MDs
- □ Internal Medicine MDs
- □ Ob/Gyn MDs
- □ Physician assistants
- □ Nurses/Nurse Practitioners
- □ Medical assistants
- □ Other (specify) _____

64. Who normally provides hepatitis B testing and counseling to clients? (Check all that apply).

- □ Administrators
- □ Program Coordinators
- □ Community health outreach workers
- □ Health Educators
- □ Peer counselors/ leaders
- □ Counselors
- □ Social Workers
- □ Psychologists
- □ General Practice MDs
- □ Internal Medicine MDs
- □ Ob/Gyn MD
- □ Physician assistants
- □ Nurses/Nurse Practitioners
- □ Medical assistants
- □ Other (specify) _____

65. Who normally provides hepatitis B vaccinations to clients? (Check all that apply).

- □ Administrators
- □ Program Coordinators
- □ Community health outreach workers
- □ Health Educators
- □ Peer counselors/ leaders
- □ Counselors
- □ Social Workers
- □ Psychologists
- □ General Practice MDs
- □ Internal Medicine MDs
- □ Ob/Gyn MD
- □ Physician assistants
- □ Nurses/Nurse Practitioners
- □ Medical assistants
- □ Other (specify) _____

66. Who normally provides hepatitis B treatment to clients? (Check all that apply).

- □ Administrators
- □ Program Coordinators
- □ Community health outreach workers
- □ Health Educators
- □ Peer counselors/ leaders
- □ Counselors
- □ Social Workers
- □ Psychologists
- □ General Practice MDs
- □ Internal Medicine MDs
- □ Ob/Gyn MD
- □ Physician assistants
- □ Nurses/Nurse Practitioners
- □ Medical assistants
- □ Other (specify) _____

67. If a client is found to be positive, who is the client referred to next? (Check all that apply).

- □ Administrators
- □ Program Coordinators
- □ Community health outreach workers
- □ Health Educators
- □ Peer counselors/ leaders
- □ Counselors
- □ Social Workers
- □ Psychologists
- □ General Practice MDs
- □ Internal Medicine MDs
- □ Ob/Gyn MD
- □ Physician assistants
- □ Nurses/Nurse Practitioners
- □ Medical assistants
- □ Other (specify) _____

68. Where is your hepatitis B positive client referred to? Please discuss internal and external referrals.

69. If hepatitis B positive client is referred outside of your clinic, does the clinic continue follow up protocols with the client?

□ Yes □ No

70. Are there any areas or resources that would help you to comprehensively address hepatitis B in your client population?

71. What do you feel are your organization's accomplishments in the past two years regarding hepatitis B prevention/treatment services and activities?

72. Do you have any other comments? Needs you want to express or plans for improvement in the near future?

Please attach any documents necessary. Thank you! ☺
If you have any questions, please call Melinda Martin, Senior Program Coordinator
at 510.272.9536 ext.108, e-mail mmartin@aapcho.org.

Return survey to
AAPCHO – Hepatitis B Survey
300 Frank H. Ogawa Plaza, Suite 620
Oakland, CA 94612
Or fax 510.272.0817

Appendix B - Health Care Provider Survey

For AAPCHO's Office Use Only – Date Received:	Staff:	Survey Number:

Part I. Please tell us a bit about you and the health center that you work for.

1. How old are you? _____ years

2. What is your gender? □ male or □ female

Please respond by listing corresponding choices from the right column below each question. For choices "w" through "y" please specify in your answer box.

3. What is your ethnicity? _____	a. African American b. Asian Indian/South Asian c. Cambodian/Khmer d. Caucasian e. Chamorro/Guamanian f. Chinese/Cantonese/Mandarin g. Filipino/Ilocano/Tagalog/Visayan h. Hmong i. Indonesian j. Japanese k. Korean l. Lao m. Latino/Spanish n. Marshallese o. Mien p. Multiracial q. Native Hawaiian r. Samoan s. Thai t. Tibetan u. Tongan v. Vietnamese w. Other Asian (specify) x. Other Pacific Islander (specify) y. Other (specify)
4. What language(s) are you proficient in speaking? _____ _____ _____ _____ _____	

5. Please tell us your educational background.

- □ High School diploma/GED
- □ Community College (AA), specify _____
- □ Bachelor level (BA, BS), specify _____
- □ Master level (MA, MS), specify _____
- □ DrPH, PhD, specify _____
- □ MD, specify _____

6. Please tell us what is your professional qualification (i.e. RN, MD, Certified Alcohol and Drug Abuse Counselor)

- □ Certification, specify _____
- □ License, specify _____

7. How many years of professional experience do you have working in a healthcare setting as a provider? _____ years

8. How many years of professional experience do you have working with infectious diseases as a healthcare provider? _____ years

9. Do you think that hepatitis B is a major health issue with the Asians, Native Hawaiians & Pacific Islanders (AAPIs) in your local community?
   - □ Not at all
   - □ Rare
   - □ Less than average
   - □ Average
   - □ Above Average
   - □ Huge problem
   - □ Don't know

10. What is the percentage of patients at your center who are positive for hepatitis B? _____
    a. Of that total, what percentage are AAPIs? _____

Part II. Needs Assessment

Please read the scenario, rate each statement. Circle each potential barrier on a scale of 1 to 5, with "1" being strongly disagree and "5" being strongly agree.

Scenario A: A young AAPI male with no health insurance comes to the community health center and is screened for hepatitis B and found to be negative; will the patient be referred for hepatitis b vaccination?

Statement	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*	*Don't Know/ NA*
11. Our clinic does not have funding for the services requested.	1	2	3	4	5	0
12. Our clinic performs routine HBV screening as a part of check-ups for all APIs regardless of health insurance.	1	2	3	4	5	0
13. We offer HBV screening and testing	1	2	3	4	5	0
14. We have clear guidelines for whom to screen for HBV	1	2	3	4	5	0
15. I am comfortable referring vaccinations to my patient.	1	2	3	4	5	0
16. I am comfortable working with hepatitis B related topics.	1	2	3	4	5	0
17. In my experience, uninsured API patients do not come back for vaccinations so I do not bother to screen for it	1	2	3	4	5	0
18. Our patients do no know what HBV is so I do not bother to screen for it.	1	2	3	4	5	0
19. We offer hepatitis B screening provided at our center	1	2	3	4	5	0

20. We offer hepatitis B testing provided at our center	1	2	3	4	5	0
21. We offer hepatitis B education provided at our center	1	2	3	4	5	0
22. We offer hepatitis B vaccination provided at our center	1	2	3	4	5	0
23. We offer hepatitis B treatment services provided at our center	1	2	3	4	5	0
Comments:						

Scenario B: A patient who has been screened for hepatitis B is found to be chronically infected. What is the community health center's protocol for this patient?

Statement	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*	*Don't Know/ NA*
24. We have a specialist on staff for treating chronic hepatitis B patients.	1	2	3	4	5	0
25. There is no suitable specialist on staff to refer the chronic hepatitis B patient to.	1	2	3	4	5	0
26. We do not provide hepatitis B treatment services so the patient is referred elsewhere.	1	2	3	4	5	0
27. I am comfortable working with hepatitis B carriers.	1	2	3	4	5	0
28. I am not familiar in screening/treating for hepatitis B.	1	2	3	4	5	0
Comments:						

Scenario C: A chronic hepatitis B patient comes to the community health center with no insurance, what is the protocol for this patient without insurance?

Statement	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*	*Don't Know/ NA*
29. We only provide services to patients with insurance.	1	2	3	4	5	0
30. Patients without insurance are provided with limited services.	1	2	3	4	5	0
31. We do not provide hepatitis B treatment services so the patient is referred elsewhere.	1	2	3	4	5	0

32. We only provide counseling and referral services.	1	2	3	4	5	0
33. We have educational in-language materials to provide to our patients	1	2	3	4	5	0
34. We provide comprehensive treatment services for HBV+ patients without insurance.	1	2	3	4	5	0
35. We have a protocol in place for comprehensive HBV monitoring.	1	2	3	4	5	0
36. We integrate hepatitis B prevention services into existing clinical services.	1	2	3	4	5	0
Comments:						

Part III. Your View Point on Your Health Center

Please read the statements below and rate whether you disagree or agree with them. Rate each statement on a scale of 1 to 5, with "1" being strongly disagree and "5" being strongly agree.

Statement	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*	*Don't Know/ NA*
37. Good coordination exists here between hepatitis B prevention services provided by the health educators/outreach workers and hepatitis B related medical services.	1	2	3	4	5	0
38. We have hepatitis B testing for the community we serve.	1	2	3	4	5	0
39. We have hepatitis B counseling for the community we serve.	1	2	3	4	5	0
40. We have hepatitis B treatment for the community we serve.	1	2	3	4	5	0
41. We have hepatitis B referrals for the community we serve.	1	2	3	4	5	0
42. We have hepatitis B prevention and educational activities for the community we serve.	1	2	3	4	5	0
43. We have a support group for HBV+ patients at our center.	1	2	3	4	5	0
44. I feel that there is adequate support for coordinated hepatitis B activities/services at my community health center.	1	2	3	4	5	0
45. We have adequate hepatitis B resources for testing.	1	2	3	4	5	0
46. We have adequate hepatitis B resources for counseling.	1	2	3	4	5	0
47. We have adequate hepatitis B resources for treatment referrals.	1	2	3	4	5	0

48. Our hepatitis B programs can be more effective in serving AAPIs by cross-training health care providers in the expertise, knowledge, and operating clinical methods of hepatitis B.	1	2	3	4	5	0
49. We can benefit from more training in communicating regarding hepatitis B, health education and encouraging hepatitis B testing, vaccination & treatment.	1	2	3	4	5	0
50. We need to bring together social, family, health, drug treatment, & mental health services to better serve high risk & chronic hepatitis B -infected persons.	1	2	3	4	5	0
51. It is too easy for high-risk and chronic hepatitis B-infected persons to "slip through the cracks" at this clinic.	1	2	3	4	5	0
52. As a clinic, we spend too much time worrying about "models," "turfs," and "theories" than actual service delivery.	1	2	3	4	5	0

Part IV. Your View Point as a Health Provider

Please read the statements below and rate whether you disagree or agree with them. Rate each statement on a scale of 1 to 5, with "1" being strongly disagree and "5" being strongly agree.

Statement	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*	*Don't Know/ NA*
53. I am completely comfortable talking about sexuality, substance abuse, mental health issues and hepatitis B to my clients.	1	2	3	4	5	0
54. I encourage screening for my patients despite their fear of stigma from the community.	1	2	3	4	5	0
55. I am aware of and often refer clients to hepatitis B specialists/liver centers in this area.	1	2	3	4	5	0
56. Providers at our health center, involved in hepatitis B services need to be better trained on issues related to AAPIs so that problems will not continue.	1	2	3	4	5	0
57. I am comfortable with my clients when discussing sexuality and other "tough" issues like substance abuse.	1	2	3	4	5	0

58. Which groups do you think are at risk for hepatitis B? (Check all that apply)

□ Substance abusers

- □ Sexually active clients
- □ Pregnant women
- □ All clients
- □ Foreign-born

59. To which adult and youth clients do you normally complete an HBV risk assessment? (Check all that apply)
    - □ Substance abusers
    - □ Sexually active clients
    - □ Pregnant women
    - □ All clients
    - □ Only when clients ask
    - □ Foreign-born
    - □ I do not recommend hepatitis B counseling & testing to any of my clients.

60. To which adult and youth clients do you normally recommend HBV counseling & testing? (Check all that apply)
    - □ Substance abusers
    - □ Sexually active clients
    - □ Pregnant women
    - □ All clients
    - □ Only when clients ask
    - □ Foreign-born
    - □ I do not recommend HBV counseling & testing to any of my clients.

61. Do you use the Centers for Disease Control & Prevention's guidelines for chronic hepatitis B virus infection?
    _____ Yes or _____ No

62. If you answered "yes", has integrating these guidelines been effective for your clinical protocol for hepatitis B testing? _____ Yes or _____ No. (Please provide additional comments below if any)

_____

_____

_____

_____

_____

_____

63. Are there any hepatitis B trainings that would be useful to you? _____ Yes or _____ No

64. If you answered "Yes" to question 59, what type of training would be useful to you? (Check all that apply)
    _____ Screening/Testing
    _____ Referrals for HBV+ patients
    _____ Management/Treatment
    _____ Other, please specify: _____

65. Does your center have a protocol in place to retain patients? _____ Yes or _____ No

66. If you answered "Yes" to Question #65, what is your center's protocol?

_____
_____
_____
_____
_____
_____

67. What types of prevention and educational materials might enhance your hepatitis B services? Please specify below.

_____ _____ _____ _____

68. Would you be interested in piloting a hepatitis B training module? _____ Yes or _____ No

69. Do you have any other comments? Needs you want to express or plans for HBV improvement in the near future?

_____
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Please attach any documents necessary.
Please return this survey to your supervisor to be returned together
with the rest of the surveys to AAPCHO. Thank you! ☺

Bibliography

1. Center for Disease Control and Prevention website - http://www.cdc.gov/hepatitis/ChooseB.htm. Accessed June 1, 2010.

2. IOM Report Brief - http://www.cdc.gov/hepatitis/IOMnews.htm. Accessed May 2, 2010.

3. Asian Liver Center - http://liver.stanford.edu/Education/faq.html. Accessed May 2, 2010.

4. Fischer G et al. An investigation of perinatal hepatitis B virus infections among a high-risk population: the delivery hospital as a safety net. Accessed June 16, 2010 at http://journals.lww.com/pidj/Abstract/2009/07000/An_Investigation_of_Perinatal_Hepatitis_B_Virus.6.aspx.

5. World Health Organization website - http://www.who.int/mediacentre/factsheets/fs204/en/ Accessed June 1, 2010.

6. Edwards B, Brown M, Wingo P et al. Annual Report to the Nation on the Status of Cancer, 1975-2002, Featuring Population-Based Trends in Cancer Treatment. J Natl Cancer Inst 2005; 97: 1407-1427. Available at http://jncicancerspectrum.oxfordjournals.org/cgi/content/full/jnci;97/19/1407.

7. Office of Minority Health website - http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=190. Accessed May 2, 2010.

Common Acronyms

AA&NHOPI - Asian American, Native Hawaiian, and other Pacific Islanders

API - Asian and Pacific Islander

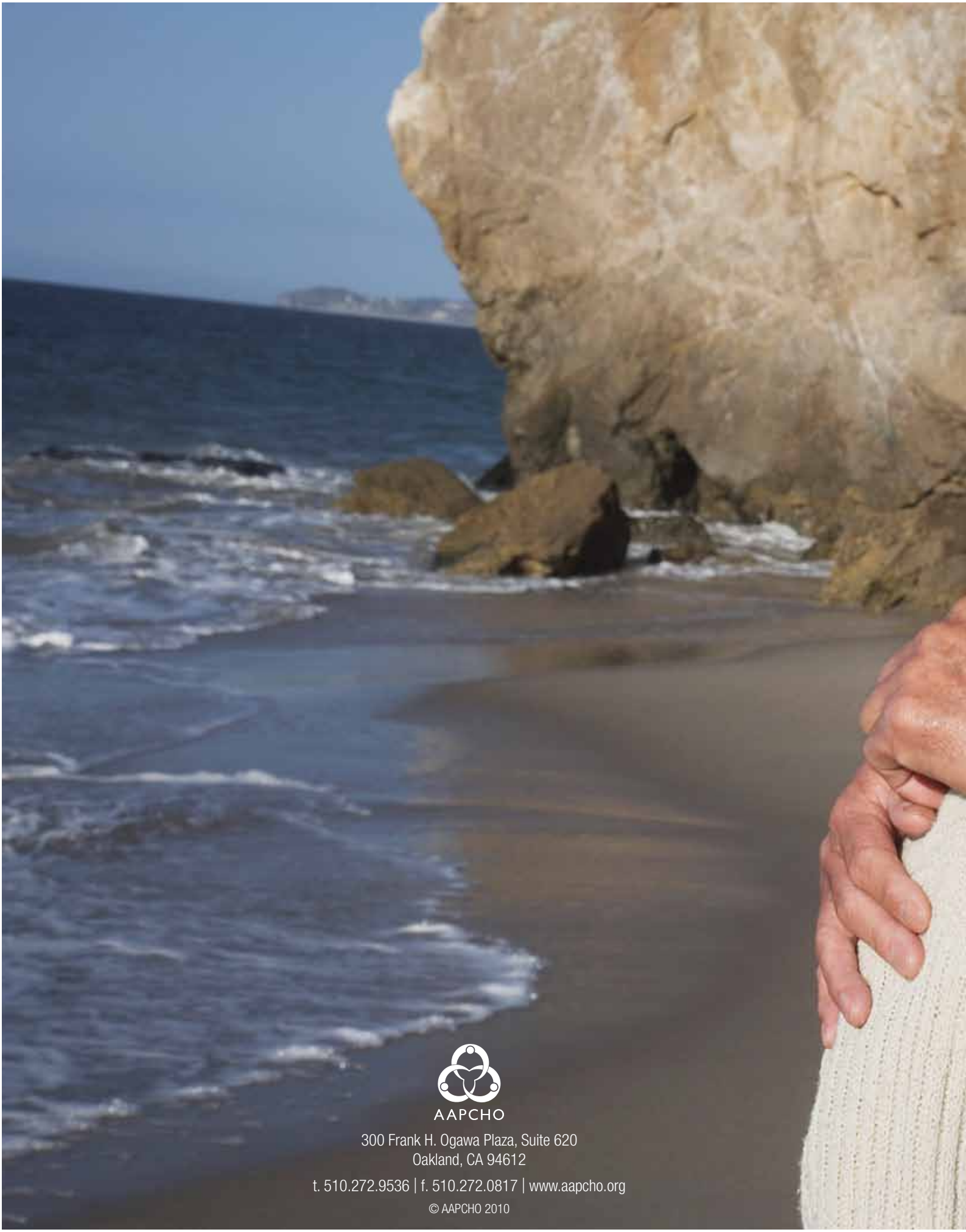
CDC - Centers for Disease Control and Prevention

CBO - Community-based Organization

CHC - Community Health Center

HBV - Hepatitis B Virus

IOM - Institute of Medicine



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