

Hepatitis B Prevention and Care at Community Health Centers 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.

AAPCHO received a funding award (2008) from the Center for the Study of Asian American Health, New York University School of Medicine (NYU) 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&NHOP) patients. The methods included an asset and needs assessment, a brief environmental scan, and an identification of resources to address service enhancement. Healthcare 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. A summary of key findings is listed below; the full report is not yet available at this time.

SUMMARY OF KEY FINDINGS

Health Organization/Education Survey

Organizational Information

- 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.
- 46% of the CHCs indicated that they had zero (0) FTE staff dedicated to HBV prevention, care, and treatment.
- 85%-90% of patient encounters/visits were AA&NHOPs.

Hepatitis B Programming

- HBV prevention, care, and treatment were offered in 19 AA&NHOP 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 the CHCs believe an in-house specialist would greatly enhance their CHC's comprehensive HBV service provision.

Hepatitis B Screening and Counseling

- 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

- 25% of the CHCs responded "somewhat" and "often" when asked whether or not their CHC was doing the best it could in providing HBV screening, treatment, and counseling.

- 42% of the CHCs indicated “somewhat” regarding coordination between HBV prevention services and HBV-related medical services.
- 100% of the CHCs integrate HBV services into existing medical services or departments.
- At least 75% to 90% of the CHCs “agree” or “strongly agree” that funding is a potential barrier to HBV prevention services.

Medical Providers Survey

Demographics

- 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.
- 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 healthcare setting,” with an average of 8.72 “years working with infectious diseases.”
- 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; and 41% of those who responded that they have clear guidelines “agree” or “strongly agree” that they have protocol 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.
- 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 healthcare 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.
- 38% “agree” or “strongly agree” that high-risk and chronic HBV-infected persons can too easily “slip through the cracks.”
- 65% responded “yes” when asked if they integrate CDC’s 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 AA&NHOPi population and underserved communities. The findings from this study support AAPCHO’s ongoing and future hepatitis B projects, as well as the development and support of increased advocacy for HBV prevention and treatment services. The findings also support the IOM’s recommendation for better coordination of hepatitis B prevention, management and treatment.