



**Montgomery County, Maryland, Department of Health and Human Services
Asian American Health Initiative
in Partnership with the
Filipino American Ministry of St. Michael the Archangel Catholic Church**

*Hepatitis B Prevention Services Project for the
Filipino American Community in Montgomery County, Maryland*

Evaluation Report Fiscal Year 2013

St Michael the Archangel Parish



**Asian American
Health Initiative**



Together To Build A Healthy Community

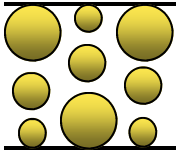
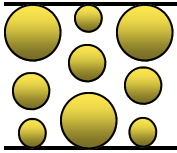


Table of Contents

1. Background.....	2
About the Asian American Health Initiative	2
About the Filipino American Ministry of St. Michael the Archangel Catholic Church....	2
Hepatitis B and the Asian American Community.....	3
Economic Impact of Treating Hepatitis B.....	6
Federal Action in Viral Hepatitis	7
2. Understanding and Assessing Needs	8
Highlights of AAHI’s Hepatitis B Efforts	8
Community Mobilization and Empowerment	10
3. About the Hepatitis B Prevention Services Project	11
Planning and Marketing.....	11
Implementation	12
4. Outcomes	16
About the Participants	16
Evaluation Tools.....	16
Program Results	17
5. Lessons Learned and Recommendations	20
Lessons Learned.....	20
Recommendations for Future Hepatitis B Efforts	21
6. Acknowledgements.....	23
7. References.....	24

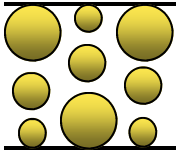


Executive Summary

In Fiscal Year (FY) 2013, the Asian American Health Initiative (AAHI) collaborated with the Filipino American (Fil-Am) Ministry of St. Michael the Archangel Catholic Church, a local faith-based organization, on a hepatitis B project for the Filipino American community in Montgomery County, Maryland. The Hepatitis B Prevention Services Project provided free hepatitis B education, screenings, vaccinations, and treatment referrals to County residents over the age of 18, regardless of income level or insurance status. In total, 38 individuals participated. Services were provided by the Fil-Am Ministry in cooperation with the Migrant Heritage Commission, Inc. (MHC) Health Care Resource Program, with support from AAHI.

Feedback from the FY2013 Hepatitis B Prevention Services Project provided insight into the Filipino American community of Montgomery County, particularly with regard to attitudes and behaviors regarding health and healthcare, and the valuable role of faith-based organizations. Through the lessons learned of this program, AAHI is able to further identify gaps and continue efforts to eliminate hepatitis B disparities in the Asian American community in Montgomery County.





I. Background

Across the United States, the Asian American population is growing at a rapid pace. According to the U.S. Census Bureau, the United States' Asian American population increased by 46 percent—more than any other major racial group—between the 2000 and 2010 decennial censuses. The U.S. Census Bureau also projects that by 2050, more than 40 million Americans will self-identify as Asian or Asian in combination with one or more race(s). If accurate, this would represent a 161 percent increase in the total Asian American population. During this same period, the U.S. Census Bureau projects the entire U.S. population to increase by only 44 percent (US Census Bureau, 2011).

In the state of Maryland, Montgomery County is home to the eighth largest Asian American population on the East coast (Advancing Justice, 2011). Montgomery County's 135,451 Asian American residents represent more than 40 percent of the state's entire Asian American population. As the largest county in Maryland, Montgomery County is also one of its most diverse. Montgomery County's Asian American residents, combined with the County's Hispanic and African American residents, form a minority-majority community; meaning that fewer than 50 percent of the County's residents are non-Hispanic white.

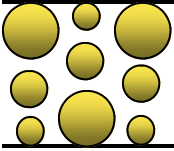
About the Asian American Health Initiative

The Asian American Health Initiative (AAHI), part of the Montgomery County Department of Health and Human Services, was established in FY2005 as the first-ever County office to exclusively address the specific health needs of the pan-Asian American community. AAHI's mission is to identify the health care needs of Asian American communities, to develop culturally competent health care services, and to implement health education programs that are accessible and available to all Asian Americans in Montgomery County. For nearly a decade, AAHI has worked to eliminate the health disparities that exist between Asian Americans and their non-Asian counterparts.

About the Filipino American Ministry of St. Michael the Archangel Catholic Church

The Filipino-American (Fil-Am) Ministry of St. Michael the Archangel Catholic Church is a local faith-based organization located in Silver Spring, Maryland. The vision of the St. Michael the Archangel Catholic Church is to be a living vibrant parish that welcomes and nurtures all members of the community. The Fil-Am Ministry is composed of dedicated volunteers who are also leaders and key movers of other Filipino organizations.





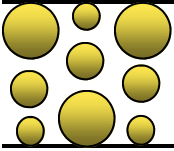
Hepatitis B and the Asian American Community

Proclaimed a “silent killer” and a “silent epidemic” by public health professionals, hepatitis B is a potentially fatal disease caused by exposure to the hepatitis B virus (HBV) that can lead to cirrhosis, liver cancer, or liver failure in chronically infected individuals. Although it is recognized as a leading human carcinogen and is the main cause of primary liver cancer worldwide (Asian Liver Center [ALC], 2011), as many as two-thirds of infected persons in the United States are unaware of their infection status and are at risk of developing serious, potentially life-threatening liver disease (ALC, 2011; Institute of Medicine [IOM], 2010). When left unmonitored and untreated, as many as 1 in 4 chronically infected adults will die from liver complications due to HBV (World Health Organization [WHO], 2010; Office of Minority Health [OMH], 2008).

Hepatitis B—and liver disease that may result from chronic infection—among Asian Americans is recognized by the U.S. Department of Health and Human Services (USDHHS), the World Health Organization (WHO), and numerous other public health organizations as one of the most serious ethnic health disparities in the United States. Although Asian and Pacific Islander Americans together account for only 5 percent of the total population of the United States, they represent more than half of the estimated 1.2 – 1.5 million HBV cases in the country (ALC, 2011; OMH, 2008). The risk of hepatitis B among Asian Americans is significant when compared to the general population, with as many as 1 in 10 Asian Americans chronically infected, compared to 1 in 1000 Caucasian Americans (ALC, 2011; USDHHS, 2011). When disaggregated by ethnicity and country of origin, 5 – 15 percent of Asian and Pacific Islander American immigrants are chronically infected with HBV (ALC, 2011). These disparities are mirrored in HBV-related morbidity and mortality rates (USDHHS, 2011).

Table 1. Hepatitis B Key Facts

- Hepatitis B is the most common chronic infectious disease in the world; it is considered 50-100 times more infectious than HIV (WHO, 2008).
- An estimated 600,000 – 700,000 people die each year due to complications resulting from chronic hepatitis B (WHO, 2008; OMH, 2008).
- HBV causes 80 percent of all primary liver cancer worldwide and is the third leading cause of cancer deaths among Asian Americans, compared to the 16th among non-Hispanic whites (OMH, 2008).
- HBV is regarded as a “silent killer” because it can be asymptomatic and people often are unaware that they are infected until it reaches advanced stages (OMH, 2008).
- Although most infected adults are able to fight off a hepatitis B infection, 30 – 50 percent of children, and 90 percent of infected infants will develop chronic hepatitis B (Hepatitis B Foundation, 2005).
- Hepatitis B is both preventable and treatable.
- The HBV vaccine is so effective that the WHO has called it the first “anti-cancer vaccine” (ALC, 2011). Screenings are a precursor for the life-saving vaccine.



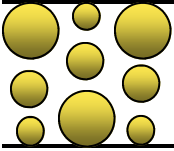
According to the 2010 U.S. Census, the Filipino American community is the fourth largest Asian American ethnic subgroup in Montgomery County. Research within the last decade report liver cancer as the fifth leading cause of death among Filipino American males living in California (American Cancer Society, 2005).

Although estimates vary widely regarding the exact number of individuals chronically infected with hepatitis B, the Centers for Disease Control and Prevention (CDC) recommends that certain at-risk populations should be screened for presence of HBV in the blood (see Table 2). Numerous studies conducted to assess knowledge and awareness of hepatitis B among Asian American populations have found, however, that much of the at-risk population is misinformed regarding the means of transmission, prevalence, risk of infection, and opportunities for vaccination (IOM, 2010). Despite the widespread availability of the hepatitis B vaccine—hailed by the WHO as the first “anti-cancer” vaccine (ALC, 2011)—immunization rates remain low among many populations, including those in the United States (ALC, 2011; OMH, 2008). Likewise, studies have shown that doctors serving these populations often lack sufficient knowledge about hepatitis B or the Asian American community to effectively mitigate the risks of the disease (OMH, 2008). For instance, in qualitative interviews, most Korean Americans expressed the misconception that sharing of contaminated food and eating utensils was the most common route of HBV transmission, whereas few mentioned that HBV can be sexually transmitted, and none mentioned mother-to-child transmission (IOM, 2010; Choe et al., 2005).

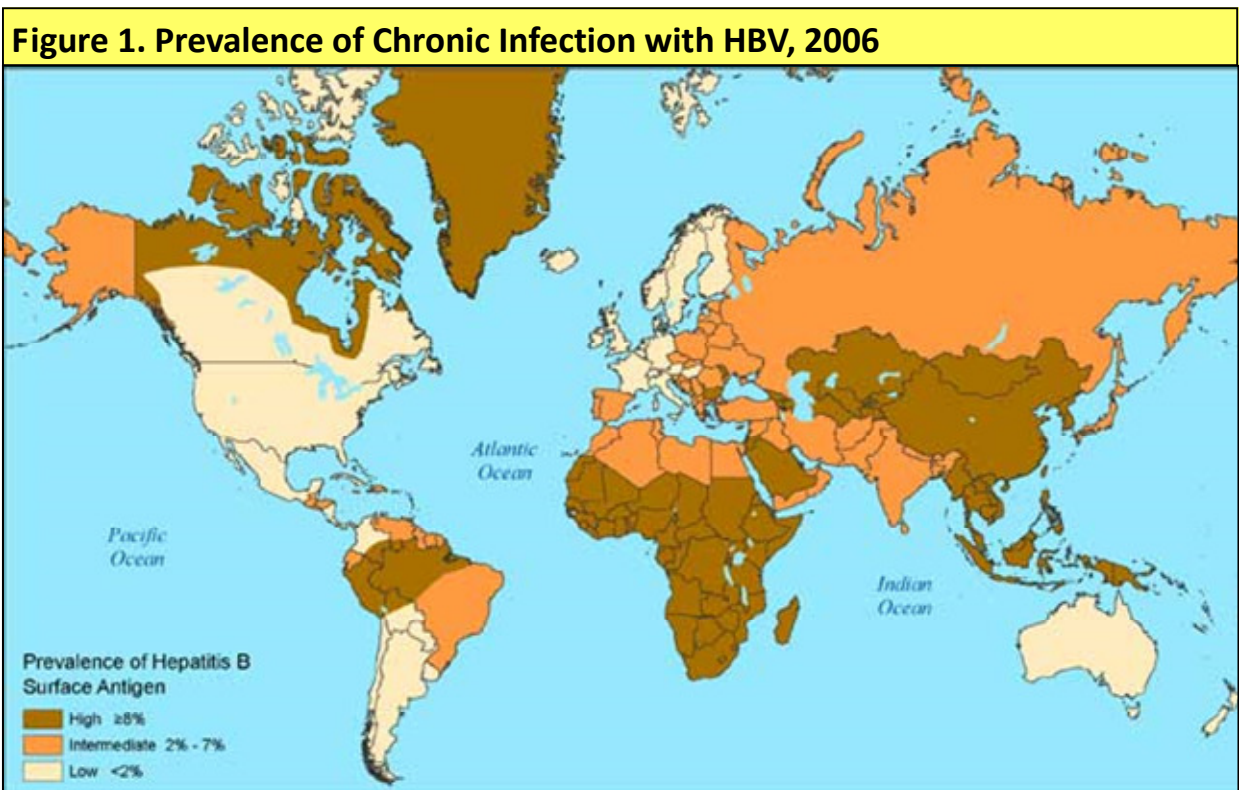
Table 2. Who Should be Screened for Chronic HBV Infection?

- **Persons born in geographic regions with hepatitis B surface antigen (HBsAg) prevalence of >2%.** All persons born in geographic regions with HBsAg prevalence of >2% (e.g., much of Eastern Europe, Asia, Africa, the Middle East, and the Pacific Islands) and certain indigenous populations. See Figure 1.
- **Persons with behavioral exposures to HBV.** Men who have sex with men, past or current intravenous drug users.
- **Persons receiving cytotoxic or immunosuppressive therapy.** Persons receiving cytotoxic or immunosuppressant therapy (e.g., chemotherapy for malignant diseases, immunosuppression related to organ transplantation, and immunosuppression for rheumatologic and gastroenterologic disorders).
- **Persons with liver disease of unknown etiology.** All persons with persistently elevated alanine aminotransferase (ALT) or aspartate aminotransferase (AST) levels of unknown etiology.

Source: Centers for Disease Control and Prevention. (2008). Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Infection. MMWR. 57RR08; 1-20. Retrieved from <http://www.cdc.gov/>



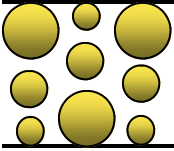
To prevent transmission of the disease and minimize the long-term health risks associated with chronic hepatitis B infection, the CDC recommends routine testing for several populations, including all individuals born in Asia, Africa, and other geographic regions with 2 percent or higher prevalence of chronic HBV infection (see Figure 1). According to the 2010 American Community Survey one-year estimates, more than 11 million residents of the United States were born in Asia, including China, Korea, Indonesia, and Vietnam, where the prevalence of chronic HBV infection is high (≥ 8 percent) across all socioeconomic groups.



Source: Centers for Disease Control and -Prevention. (2009). *Traveler's Health*. Retrieved from <http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-2/hepatitis-b.aspx>

Because some persons might have been infected with HBV before they received the hepatitis B vaccination, the CDC additionally recommends testing for the following high-risk populations regardless of vaccination history:

- Persons born in geographic regions with HBV prevalence of >2 percent.
- U.S.-born persons not vaccinated as infants whose parents were born in regions with high HBV endemicity (>8 percent).
- Persons who received the hepatitis B vaccination as adolescents or adults after the initiation of risk behaviors (CDC, 2008).



Economic Impact of Treating Hepatitis B

In addition to HBV-related health risks, treatment of hepatitis B has significant economic consequences. During the past 20 years, hospital fees associated with a hepatitis B diagnosis have increased fourfold, while end-stage treatment for someone with viral hepatitis can cost upward of hundreds of thousands of dollars (USDHHS, 2011). However, screening, vaccination, and treatment of hepatitis B are cost-effective measures that can produce long-term cost savings.

Table 3. National Viral Hepatitis Roundtable Fact Sheet*

The medical costs associated with care for viral hepatitis include:

- Screening blood test for hepatitis B: \$8
- Hepatitis B vaccination: \$60 for each of the three vaccinations
- Hepatitis B immune globulin for post-exposure prevention: \$400
- HBV treatment: \$2,000 – \$16,000 per year

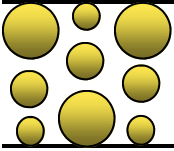
Costs associated with treating liver disease resulting from chronic hepatitis B:

- End stage liver disease: \$30,980 – \$110,576 per hospital admission
- Liver transplantation: \$314,000 (uncomplicated cases)
- HBV infections result in an estimated \$658 million in medical costs and lost wages annually

* Costs may vary.

Source: National Viral Hepatitis Roundtable. (2011). *Chronic Viral Hepatitis and Health Care Reform*. Retrieved from http://nvhr.org/sites/default/files/docs/Viral_Hepatitis_Reform.pdf

Despite public recommendations for increased screening and the associated cost of treating hepatitis B infection and correlated end-stage illnesses, each year an estimated 3,000 people in the United States die of hepatitis B-related liver disease. During the same year, an estimated 43,000 new infections occur, including 1,000 infants who acquire the infection at birth from HBV-positive mothers (IOM, 2010). Too few at-risk or infected individuals recognize the need for testing, while fewer than half of those diagnosed with hepatitis B are referred for appropriate care (Cohen, Holmberg, McMahon, et al, 2011).



Federal Action in Viral Hepatitis

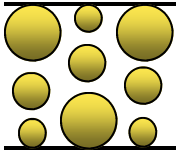
In January 2010, the Institute of Medicine (IOM) released an in-depth review examining the prevention and control of viral hepatitis infections in the United States. The report, *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*, identified serious shortcomings in the nation's current strategy to curtail the spread of viral hepatitis. The Institute's report calls attention to three primary factors that hamper efforts to combat viral hepatitis (IOM, 2010):

1. A lack of knowledge and awareness about chronic viral hepatitis on the part of healthcare and social-service providers,
2. A lack of knowledge and awareness about chronic viral hepatitis among at-risk populations, members of the public, and policymakers,
3. An insufficient understanding about the extent and seriousness of this public-health problem, resulting in inadequate public resources being allocated to prevention, control, and surveillance programs.

In response to the IOM report, the USDHHS expressed an increased commitment to ensure "new cases of viral hepatitis are prevented and that persons who are already infected are tested; informed about their infection; and provided with counseling, care, and treatment." In the May 2011 report, *Combating the Silent Epidemic: U.S. Department of Health and Human Services Action Plan for the Prevention, Care and Treatment of Viral Hepatitis*, the USDHHS highlighted six topic areas—in correspondence with recommendations by the IOM—that if fully implemented, could result in an increase in the proportion of persons who are aware of their HBV infection from 33 percent to 66 percent, and eliminate mother-to-child transmission of HBV (USDHHS, 2011). The Viral Hepatitis Action Plan focuses on the following six topics:

1. Educating Providers and Communities to Reduce Health Disparities;
2. Improving Testing, Care, and Treatment to Prevent Liver Disease and Cancer;
3. Strengthening Surveillance to Detect Viral Hepatitis Transmission and Disease;
4. Eliminating Transmission of Vaccine-Preventable Viral Hepatitis;
5. Reducing Viral Hepatitis Caused by Drug-Use Behaviors; and
6. Protecting Patients and Workers from Health-Care Associated Viral Hepatitis.

At a special White House event to release the USDHHS report on World Hepatitis Day 2011, the CDC unveiled the *Know More Hepatitis* campaign to "complement existing efforts" and "build a collective voice" around the continuing problem of viral hepatitis. As part of the growing campaign, the CDC, in partnership with the Health Resources and Services Administration and Occupational Safety and Health Administration, designated May 19, 2012 as the first-ever National Viral Hepatitis Testing Day, to remind health care practitioners and the public about the need for testing among at-risk populations.



II. Understanding and Assessing Needs

Given the high prevalence of HBV infections among the Asian American population, it is important for hepatitis B education, screening, vaccination, and treatment referral services to be readily available and accessible for the community. However, there is limited access to hepatitis B services in Montgomery County for low-income and uninsured County residents from high prevalence geographic areas, including Asia. Asian Americans who experience financial troubles, lack insurance, or are linguistically isolated are especially vulnerable. Barriers such as social stigma associated with hepatitis B and lack of knowledge regarding accessible services, further reduce the utilization of current Hepatitis B resources and services. Due to physicians' unawareness of the prevalence of hepatitis B among Asian Americans and lack of familiarity with national screening guidelines, even individuals with insurance oftentimes have difficulty obtaining hepatitis B screenings.

Highlights of AAHI's Hepatitis B Efforts

Hepatitis B education and outreach has been a priority area of AAHI since the organization's inception. In addition to offering hepatitis B awareness programs directly to community members, AAHI has also engaged healthcare professionals in educational trainings on the specific health risks of hepatitis B for Asian American patients. Furthermore, AAHI works to ensure that healthcare screenings and treatment resources are accessible to all those in need, reaching out at health fairs, community events, and through media campaigns.

HEPATITIS B
Isa sa sampung Asyanong Amerikano ay may impeksiyon na Hepataytis B
One in 10 Asian American is infected with HEPATITIS B

Hepatitis B is a virus that can cause liver disease, cancer, and death. Asian Americans have the highest rates of liver cancer of any ethnic group.

Ang Hepataytis B ay isang bayon na nagiging sakit ng sakit sa atay, kanser, at pagkamatay. Ang mga Asyanong Amerikano ang may pinakamataas na proporsiyon na may kanser sa atay tungkol kumpara sa ibang mga pangkat etniko.

You are at risk for Hepatitis B if you:
• Live with someone who has Hepatitis B
• Share needles, syringes, or injection equipment
• Have sex without a condom, including anal sex
• Have a tattoo or body piercing
• Have a transfusion of blood or blood products
• Have a kidney transplant

Hepatitis B can be spread through blood and other bodily fluids.

Ang Hepataytis B ay maaaring magkaroon sa pamamagitan ng dugo at iba pang mga likido sa katawan.

FILIPINO AMERICANS are 3x more likely to develop liver cancer caused by Hepatitis B than Caucasians.
Ang mga Filipino ang naninihiran sa U.S. na may Hepataytis B ay 3x mas malamang na magkaroon ng kanser sa atay kung ikumpara sa mga Puti.

The ONLY way to be sure if you have Hepatitis B is to take a blood test.
Talk to your doctor about getting tested and vaccinated against Hepatitis B.
Ang tanging paraan upang tiyakin kung ikaw ay may Hepataytis B ay ang pagkuha ng iksaminasyon sa dugo.
Makipag-usap sa iyong doktor tungkol sa pagkuha ng iksaminasyon at mapabakuna laban sa Hepataytis B.

Asian American Health Initiative
Together To Build A Healthy Community

For more information contact Montgomery County Department of Health and Human Services, Asian American Health Initiative at 240-777-4515 or www.AAHIinfo.org

As awareness surrounding Asian American health issues grew in the early part of the last decade, in 2008, AAHI released a countywide health needs assessment report entitled, *Asian American Health Priorities: Strengths, Needs, and Opportunities for Action*. The report recommended to “expand health promotion and disease prevention programs to raise awareness and level of knowledge of health issues that disproportionately affect Asian Americans.” As part of a wider effort to achieve this objective, the report called for AAHI to provide hepatitis B screening and vaccination services to high-risk populations (AAHI, 2008).

In an effort to enhance access to culturally and linguistically competent hepatitis B services, AAHI collaborated with local community-based organizations to develop a successful program model in Montgomery County. In the past few years, AAHI has been involved in several public-private partnerships to expand hepatitis B education, screening, vaccination, and referral to treatment for Asian American communities in Montgomery County. To date, over 850 individuals have been screened for hepatitis B through AAHI's collaborative projects. Building community partnerships was integral to developing and sustaining these efforts. In addition to providing technical assistance throughout each project, AAHI also placed a strong emphasis on community empowerment and sustainability.

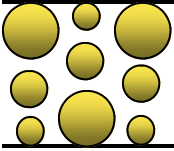
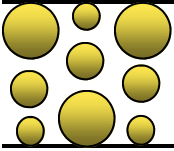


Table 4. Highlights of AAHI's Hepatitis B Efforts To Date

YEAR	EVENT/PROJECT	PARTNERS
FY2005	AAHI Releases First Countywide Community Health Needs Assessment Report	
FY2006-2007	Hepatitis B Education and Outreach Efforts in Community	
FY2008	AAHI Releases Second Countywide Community Health Needs Assessment Report	
September 2008	CDC Releases Recommendations for the Identification and Public Health Management of Persons with Chronic Hepatitis B Infection in September 2008	
FY2009	AAHI Strategic Plan 2011-2015 Development	
FY2010	Hepatitis B Education, Screening, and Referral to Vaccination and Treatment Project in the Chinese American Community	Chinese Culture and Community Service Center
FY2011	Hepatitis B Community Event	Hepatitis B Initiative of Greater Washington, D.C., Chinese Culture and Community Service Center, Chinese American Medical Society – Mid Atlantic Region, Organization of Chinese Americans – Greater D.C. Chapter, Bristol-Myers Squibb, University of Maryland's Phi Delta Sigma
FY2011	Hepatitis B Education, Screening, Vaccination, and Treatment Referral Project in the Vietnamese American Community (Screening, Management, Awareness, Solutions for Hepatitis B Program-SMASH B)	Viet Nam Medical Assistance Program
FY2012	Screening, Treatment, Outreach, and Prevention of Hepatitis B Program (STOP B)	Chinese Culture and Community Service Center
FY2012	Hepatitis B Education, Screening, Vaccination, and Treatment Referral Project in the Vietnamese American Community (Screening, Management, Awareness, Solutions for Hepatitis B Program-SMASH B) Supported by a Montgomery County Council Grant	Viet Nam Medical Assistance Program, Maryland Vietnamese Mutual Association
FY2012	Hepatitis B Education, Screening, Vaccination, and Treatment Referral Project in the Korean American Community (Active Care & Treatment of Hepatitis B Program- ACT Hep B)	Korean Community Service Center of Greater Washington, Global Mission Church, Asian Pacific American Medical Students Association
FY2013	Hepatitis B Prevention Services Project in the Filipino American Community	Filipino American Ministry of St. Michael the Archangel Catholic Church, Migrant Heritage Commission, Inc.



Community Mobilization and Empowerment

Many public health models underscore the vital role of communities as influencing partners in eliminating health disparities and improving health outcomes. With that in mind, AAHI made community mobilization and empowerment a keystone priority in its *Strategic Plan 2011 – 2015: Health Equity through Action—Improving Health Outcomes for Asian Americans in Montgomery County*. Acknowledging the need for community-driven hepatitis B efforts in the County, AAHI continues to provide technical assistance to Asian American community- and faith-based organizations in order to improve the health status of their constituent communities. AAHI is dedicated to empowering organizations with the confidence and skills to develop, implement, and evaluate successful health projects for community benefit.

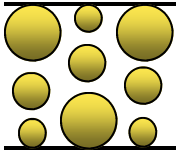
Since partnering on the FY2010 Hepatitis B Pilot Project with AAHI, the Chinese Culture and Community Service Center (CCACC) has been involved in coordinating several hepatitis B community events in the area. With a new level of expertise and experience on the topic of hepatitis B, CCACC has explored ways to build a sustainable program within its organization and successfully secured grant funding for future programming for Asian Americans. CCACC currently administers the Screening, Treatment, Outreach, and Prevention of Hepatitis B (STOP B) Program offering low-cost screening services at a local community health center.

AAHI and the Viet Nam Medical Assistance Program (VNMAP) collaborated on the FY2011 and FY2012 Screening, Management, Awareness, Solutions for Hepatitis B (SMASH B) Programs. VNMAP is an emergent community leader and advocate for Asian American health issues in Montgomery County. The organization has expanded their community involvement efforts and are positioned to successfully carry out public health projects to meet the needs of their community members.

In FY2012, AAHI partnered with the Korean Community Service Center on the Active Care & Treatment of Hepatitis B (ACT Hep B) Program. This was the first AAHI hepatitis B project with a significant partnership with a faith-based organization, the Global Mission Church. To read the full SMASH B and ACT Hep B Program Evaluation Reports, please visit: <http://aahiinfo.org/our-work/publications/>.

Through the FY2013 Hepatitis B Prevention Services Project, in collaboration with the Fil-Am Ministry of St. Michael the Archangel Catholic Church, AAHI was able to continue its efforts in reducing the hepatitis B disparity for Asian Americans and mobilize a wider network of collaborators to improve health outcomes in Montgomery County.





III. About the Hepatitis B Prevention Services Project

Purpose:

To provide culturally and linguistically competent hepatitis B education, screening, and vaccination or treatment referral for Filipino American adults in Montgomery County, Maryland.

Goals:

- To increase knowledge and awareness about hepatitis B
- To increase access to hepatitis B screening and vaccination
- To engage community members and strengthen capacity to address hepatitis B-related issues
- To enhance data collection of hepatitis B

Planning and Marketing

Using AAHI’s 2008 Community Health Needs Assessment, Hepatitis B Project Evaluation Reports, and other secondary data sources as references, the project team established fitting goals to lay the foundation for the FY2013 Hepatitis B Prevention Services Project. Internal program planning was initiated many months prior to the first event.

Since early program development, AAHI and leaders of the Fil-Am Ministry closely collaborated with one another, meeting and communicating on a regular basis to develop thorough operational plans detailing each phase of the project. Insight provided by the Fil-Am Ministry was key to ensure the project was culturally tailored and met the needs of the Filipino American community.

A program flier was created and disseminated through various venues, including community events and church announcements. Promotion and pre-registration for the project was led by the Fil-Am Ministry, with support by AAHI, AAHI’s

network of health promoters, and the Migrant Heritage Commission, Inc. (MHC), a Filipino community-based organization. Interested participants pre-registered for the project by calling designated Fil-Am Ministry volunteers. All services were provided onsite at the St. Michael the Archangel Catholic Church. The majority of project events were scheduled to follow the Fil-Am Ministry’s monthly mass service, which allowed more streamlined coordination and access for the community.

Fil-Am Ministry of St. Michael the Archangel Catholic Church 805 Wayne Ave.
Migrant Heritage Commission, Inc. (MHC) Silver Spring, MD
20910

FREE Hepatitis B Services

“Filipino Americans are **3 times** more likely to develop liver cancer caused by Hepatitis B than Caucasians.”

Join us to receive information on Hepatitis B and sign up for a FREE Hepatitis B screening.

October 7th @ 6:00pm:
Learn about Hepatitis B at the Educational Workshop

October 14th @ 12:00pm:
Screen for Hepatitis B, provided for FREE to eligible participants

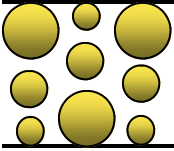
November 18th @ 2:00 | 2:30 | 3:00pm:
Receive your results during a FREE physician consultation
(All services will be provided at St. Michael the Archangel Catholic Church)

Registration Info:

- To register, call:
Mr. Tony Calaro at 240-460-3609
Mr. Carl Abella at 301-908-6788
Ms. Isidora Badua at 202-412-4116
Mr. Jesse Gatchalian at 202-631-8856
- Space is limited. Seats will be given on a first come, first served basis
- Must be a Montgomery County, MD resident, 18 years or older

Services provided by the Fil-Am Ministry of St. Michael the Archangel Catholic Church in cooperation with the Migrant Heritage Commission, Inc. (MHC) Health Care Resource Program, and with support from the Asian American Health Initiative (AAHI), Montgomery County Department of Health & Human Services.

St. Michael the Archangel Parish



Implementation

Educational Workshop

The Educational Workshop took place in October 2012 at the St. Michael the Archangel Catholic Church in Silver Spring, Maryland. One modification of the Hepatitis B Prevention Services Project that differed from previous AAHI hepatitis B projects was the separate Educational Workshop and Screening Day. This model best fit the needs of the community. Upon arrival, participants checked in at the registration table. Bilingual and bicultural volunteers provided language support in English and Tagalog as needed.



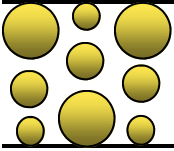
Next, individuals participated in an educational workshop led in English, the community's preferred language, by a volunteer bilingual bicultural Filipino American physician. The physician was an active member of the Filipino community and served as a trustworthy source of information for program participants. The workshop provided an overview of hepatitis B, including modes of transmission, symptoms, treatment, and screening procedures. Pre- and post-tests were administered before and after the workshop to assess knowledge, attitudes, and beliefs regarding hepatitis B. Following the educational workshop, participants interested in receiving the free screening were asked to complete a project registration form.

Screening Day

The Screening Day occurred one week after the Educational Workshop . AAHI held a volunteer orientation immediately prior to the event in order to familiarize helpers with the event set-up and program tasks. Upon arrival, participants checked in at the registration table. Participants who completed the Educational Workshop proceeded to complete the necessary paperwork to participate in the program and screening. Walk-in participants were provided one-on-one hepatitis B education before completing necessary screening forms.

In the screening area, phlebotomists collected blood samples by venipuncture. After the hepatitis B screening, volunteers helped participants schedule for the subsequent Results Day. Prior to departure, participants were asked to fill out a program evaluation form . The collected blood samples were sent for analysis of the hepatitis B surface antigen (HBsAg), which screens for the presence of the virus in the blood, and surface antibodies (HBsAb), which establishes immunity.





Results Day and Follow-Up Care Coordination

Confidential results of the hepatitis B screening were provided in-person during a subsequent Results Day, held at the same location in November 2012.

Participants were scheduled in advance to attend one of three appointment sessions prior to receiving their hepatitis B screening results. Upon arrival of their assigned session, they checked in at the registration table. Thereafter, each participant met with a volunteer bilingual and bicultural physician for a private one-on-one consultation to discuss their individual screening results, ask questions, and as necessary, receive referral to applicable follow-up options:

- **At-Risk (Need Vaccine):** Individuals who tested negative for HBsAg and HBsAb were considered vulnerable to HBV infection. These participants were considered at risk and were strongly advised to get vaccinated. Participants were encouraged to receive the first dose of the vaccine at the onsite vaccination clinic, offered at no charge through the program. A volunteer bilingual and bicultural Filipino American physician was on hand to administer shots. Individuals were then scheduled for subsequent vaccination clinic visits for their second and third doses, also available at no cost.
- **Infected (Need Treatment):** All infected participants were strongly advised to undergo further testing to determine the severity of their HBV condition and counseled on treatment options.
- **Immune:** Individuals who tested negative for HBsAg and positive for HBsAb were considered immune. Individuals were encouraged to promote hepatitis B awareness and screening among their family and friends and stay connected to the project team for information about future free or low-cost local screenings when available.

To ensure prompt and appropriate access to vaccination or treatment, program coordinators followed up with participants who were unable to attend the Results Day and individual accommodations were arranged for, as needed.



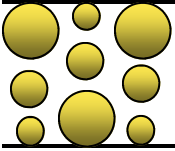


Table 5. HBV Screening Result and Follow-up Coordination

SCREENING RESULT	FOLLOW-UP COORDINATION
At-Risk	<ul style="list-style-type: none"> • Advised to receive the first dose of the vaccine at the onsite vaccination clinic, offered at no cost; and • Registered for subsequent second and third doses, at no cost.
Infected	<ul style="list-style-type: none"> • Advised to undergo further testing to determine severity of HBV infection; • Referred to primary care provider, if applicable, or local treatment options; and • Offered comprehensive individual case coordination to access treatment, including initial scheduling and subsequent medical appointments.
Immune	<ul style="list-style-type: none"> • Encouraged to promote hepatitis B awareness and screening among family and friends.



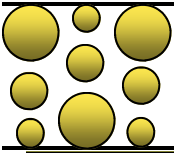
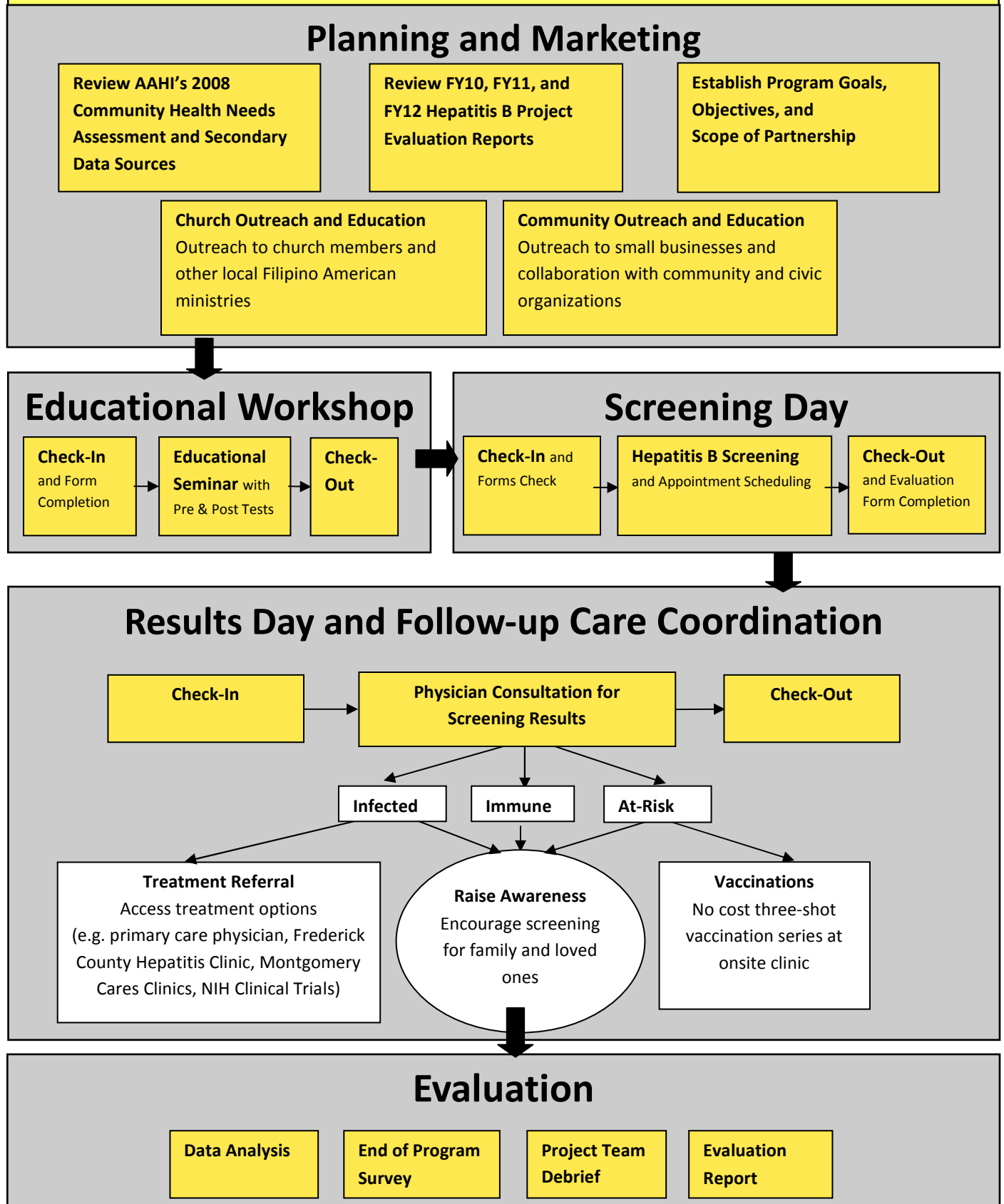
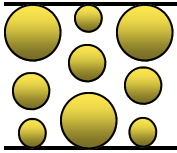


Figure 2. FY2013 Hepatitis B Prevention Services Project Process Flow Chart





IV. Outcomes

About the Participants

In total, the FY2013 Hepatitis B Prevention Services Project provided education, screening, and vaccination or treatment referral to 38 Asian American residents of Montgomery County. The majority of participants identified as ethnic Filipino. Of those who reported birth origin, 71 percent were born in the Philippines. The participant age range was broad, ranging from 20 to 86 years of age. The majority of participants were between the ages of 60 and 69 years old. The gender distribution was majority female (74 percent), with 26 percent male participants. The average length of time reported living in Montgomery County and the United States were 14.9 years and 17 years, respectively. Of those who reported insurance status, 34 percent were uninsured. Approximately 39 percent of participants reported they did not have a regular doctor or health care provider. The majority of participants reported hearing about the event through a church member, friend, or family.



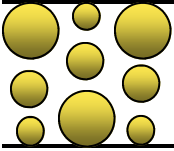
Evaluation Tools

The Fil-Am Ministry and AAHI incorporated several evaluation tools to assess the quality of the project. Data collected through the program will help inform future hepatitis B programming efforts in other at-risk communities in Montgomery County. In the Educational Workshop, information about participants' knowledge, attitudes, and beliefs of hepatitis B were gathered through pre- and post-tests. Participants also completed a survey about their general experience throughout the Screening Day at the end of the event. Six months after the Screening Day, a comprehensive end-of-program survey and a stamped, addressed return envelope was mailed out to all participants to gather overall feedback about the program and follow-up process. Questionnaires for at-risk individuals receiving vaccinations through the program were distributed and collected on-site during the third and final vaccination.



In addition to participant feedback, a debrief was conducted with key project stakeholders to further assess program quality, discuss lessons learned, and offer recommendations for future improvements and success:

- Fil-Am Ministry Representatives: Mr. Antonio Calaro, Ms. Denia Calaro, Mr. Jesus Lego, Ms. Anabella Mariano-Peralta
- AAHI Representatives: Mr. Perry Chan, Ms. Sanjana Quasem
- Volunteer Physician: Dr. Bayani L. Manalo



Program Results

Of the 38 participants screened, 53 percent were unprotected and considered at-risk for future HBV infection, 47 percent were found immune to HBV, and no participants were found to be infected with HBV. During the Educational Workshop, 68 percent of the pre-tests and 42 percent of the post-tests were collected from participants. The average scores increased from 69 percent on the hepatitis B knowledge pre-test, to an average score of 79 percent on the post-test.

Program evaluation indicates that hepatitis B is viewed as a health risk to participants. Feedback also shows that participants look favorably upon preventive health measures such as vaccination. Approximately 92 percent of respondents stated a belief that the HBV vaccination is either “very effective” or “somewhat effective.” This percentage slightly increased from the pre-test percentages, suggesting that information from the Educational Workshop increased awareness about the hepatitis B vaccine. The most frequently cited reasons for coming to the screening event were: 1) “I want to protect the health of my family;” 2) “I want to know my own health status;” 3) “I do not have health insurance;” and 4) “Recommendation from my family member or friend.”

The overall response rate to the end-of-program survey distributed after six months was 74 percent. Of those who responded, 93 percent reported that the Hepatitis B Prevention Services Project’s Educational Workshop provided him/her with the information necessary to make an informed decision about his/her health and hepatitis B screening. Ninety-six percent stated that he/she was informed of his/her hepatitis B virus screening result in a culturally-appropriate and sensitive manner by the physician. Prior to participating in the Hepatitis B Prevention Services Project, 50 percent of participants were not planning to get screened for hepatitis B.



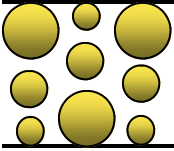


Table 6. Program Quality Measures	
OUTPUTS and OUTCOMES	RESULTS
Number of participants pre-registered for the Educational Workshop	44
Number of participants educated	38
Number of participants screened	38
Percentage of screened participants attended Results Day	95%
Percentage of at-risk participants referred for vaccination	100%
Percentage of at-risk participants completed three-shot vaccination series	85%
Percentage of participants reported they would urge family and friends to be screened and/or vaccinated	97%
Percentage of participants reported since participating in the program, they have encouraged family and friends born in high prevalence regions (such as the Philippines) to get screened	96%

SERVICE QUALITY	RESULTS
Percentage of participants reported the registration process was organized	100%*
Percentage of participants reported the educational lecture was informative	100%*
Percentage of participants reported the screening process was efficient	100%*
Percentage of participants reported that the follow-up steps were explained clearly	100%*
Percentage of participants reported an understanding of the possible follow-up options	100%
Percentage of participants reported overall satisfaction with the program	96%
Percentage of participants reported they would recommend family and friends to participate in future Hepatitis B Prevention Services Project education and screening events	96%

* Reported as “Strongly Agree” or “Agree”

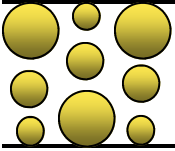
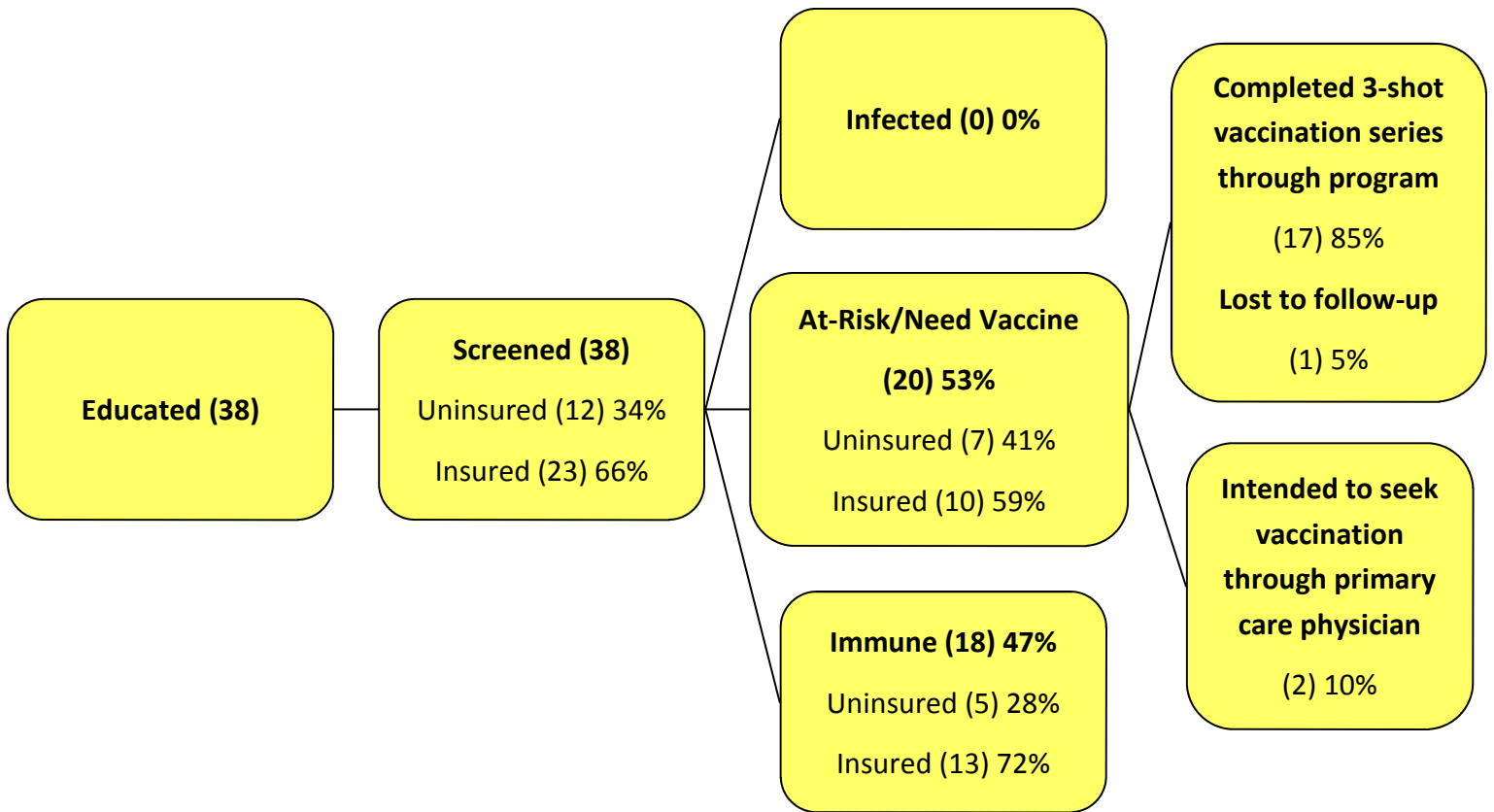
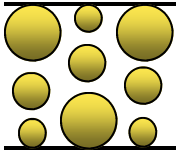


Figure 3. FY2013 Hepatitis B Prevention Services Project Participant Follow-up Chart





V. Lessons Learned and Recommendations

Lessons Learned

Keeping evaluations of previous AAHI hepatitis B projects in mind, various lessons learned were incorporated into the planning of the FY2013 Hepatitis B Prevention Services Project. At the same time, the Hepatitis B Prevention Services Project shed light on specific program features to keep in mind for future hepatitis B initiatives, including:

✓ **Explore mutually beneficial collaborations between public health and faith-based organizations.**

Sharing many commonalities, cooperative partnerships between public health entities and faith-based organizations are growing. As trusted community leaders, faith-based organizations are powerful vehicles of influence in the communities they serve. Faith-based organizations can be key partners in addressing health and social needs, particularly for isolated pockets of the community. As learned through AAHI's previous hepatitis B projects and other initiatives, faith-based organizations are cornerstones in many local Asian American communities and provide valuable insight into community dynamics. The Hepatitis B Prevention Services Project reinforced the critical role of churches in reaching Filipino Americans in Montgomery County. Future projects should continue to cultivate successful and substantive partnerships with faith-based organizations in order to support improved health outcomes for individuals and communities.

The White House's Office of Faith-Based and Neighborhood Partnerships, led by the Center for Faith-Based and Neighborhood Partnerships at the USDHHS, released a toolkit entitled, "A Partnership Guide for Faith-Based and Neighborhood Organizations." The guide shares collaborative opportunities that can be formed at the local level to address critical challenges. The toolkit is available for download at: www.whitehouse.gov/partnerships.

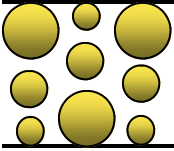
✓ **Empower faith-based organizations to mobilize and promote preventative health.**

While "an ounce of prevention is worth a pound of cure," prioritizing preventative health continues to be a challenge for many. The project team shared that their community members are not immune to the reactionary mindset—many wait to show symptoms of an illness before seeking health care. Various factors such as insurance status, fear, and limited time and resources, create obstacles to accessing health services in a timely manner. With this in mind, faith leaders may strategize how to promote wellness to their congregation by seamlessly integrating the concept of preventative health not only through designated health projects, but via their organizational mission and social efforts.

The County's Filipino American community has a wealth of resources in health care practitioners. According to project team members, Filipino American physicians, nurses, and other health professionals are readily accessible and eager to lend their time for community benefit. In partnership with the health care practitioners from the community, future programs may explore how to integrate spirituality into the holistic model of disease prevention and wellness promotion. Faith-based organizations should be engaged as partners in the movement to eliminate hepatitis B disparities and other health disparities in the Asian American community.

✓ **Optimize volunteer networks.**

As with many faith-based organizations, committed community volunteers dedicate their personal time to planning and executing events. In addition to the immense person power and infrastructure a well-established volunteer network brings, it is important to be mindful of volunteer needs and recognize that volunteer-led organizations may experience natural challenges in time scarcity and responsiveness. Close communication and establishing expectations throughout joint projects is key.



Recommendations for Future Hepatitis B Efforts

Evaluation of the Hepatitis B Prevention Services Project emphasized several focus areas of hepatitis B programming within the broader scope of public health. Through feedback from the program team, program participants, and health professionals paired with a thorough review of AAHI's past hepatitis B projects, recommendations for future hepatitis B initiatives include:

✓ **Enhance access to culturally and linguistically competent hepatitis B services and resources.**

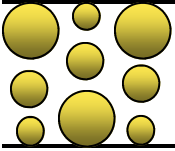
With the growing diversity in Montgomery County, it is important that culturally and linguistically competent healthcare services are accessible. For the Asian American population, barriers to hepatitis B services and treatment are oftentimes widespread. In-language services, confidence in health care providers, clinic operating hours, clinic locations, and transportation are just a few factors that create obstacles for Asian Americans to access hepatitis B services.

The Fil-Am Ministry shared that the Filipino American community is generally comfortable reading, writing, and speaking English. Nevertheless, it was still a priority to integrate culturally appropriate components and to tailor activities to meet the needs of the community. Work remains to be done to ensure vulnerable and isolated community members have access to culturally and linguistically competent hepatitis B services.

✓ **Promote hepatitis B awareness and early detection among the Asian American community and healthcare professionals who serve Asian American patients.**

According to the program evaluations, more outreach work needs to be done within the Asian American community to increase awareness of the risks and health implications of hepatitis B among Asian Americans. Educational outreach can assist in closing the knowledge gap of prevention, early detection, and follow-up care. Particularly for small business owners and linguistically isolated families, outreach efforts can help connect vulnerable groups to needed hepatitis B services.

Physicians and healthcare professionals, especially those with Asian American clients, are also in need of hepatitis B education. Based on program data, one of the most cited reasons why participants had not been previously screened for hepatitis B was, "Having never been instructed by a doctor." National research shows similar findings. According to the IOM (2010), knowledge about hepatitis B among health care professionals is generally poor, and compliance for provider guidance for hepatitis B is low. Data from the 2009 International Symposium on Viral Hepatitis and Liver Disease showed that only 18-30 percent of Asian American primary care providers who treat Asian American adult patients reported testing them for HBV infection (IOM, 2010). Increased hepatitis B education for physicians and healthcare providers will allow for greater advances towards prevention and surveillance for this high-risk population.



✓ **Empower faith-based organizations to advocate for and collaborate on hepatitis B prevention, early detection and screening, vaccination, and treatment programs for Asian Americans.**

Capacity building within communities is key in increasing access to quality healthcare services as it develops a sense of ownership and motivation among community stakeholders to address health concerns among their constituency. Efforts like the Hepatitis B Prevention Services Project provide opportunities for faith-based organizations and community members to get involved in a cause and become champions for Asian American health. Through the technical assistance provided during the Hepatitis B Prevention Services Project, project team members indicated that they gained confidence, experience, and improved skill sets to better serve their population's needs and work towards positive community change. Project partners came away more empowered, motivated, and competent in working with the Filipino American community. Together, such collaborative efforts may lead to an enhanced network of faith-based organizations working towards better health outcomes and service delivery for all in Montgomery County.

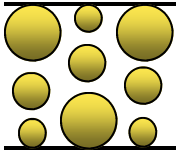
✓ **Strengthen partnerships and collaborations.**

To enhance the reach of public health efforts in vulnerable communities, strong partnerships and collaborations are essential. With a common interest to meet the needs of the County's Filipino American community, the partnership between AAHI and the Fil-Am Ministry during the Hepatitis B Prevention Services Project proved to be mutually valuable. Developing a sound working relationship early in the planning stage was effective. The pre-planning and planning stages were critical in establishing roles, responsibilities, and an internal communications plan so that all partners were on the same page with project development. Trust was built throughout the process and a strong mutually beneficial partnership was established. During the evaluation debrief, Fil-Am Ministry members noted that AAHI's technical assistance support allowed them to gain the know-how to coordinate a community hepatitis B program. Likewise, AAHI team members gained valuable and insightful information regarding the County's Filipino American community.

✓ **Enhance data collection and reporting efforts.**

To obtain a more comprehensive understanding of community needs and to best allocate resources to meet such needs, it is essential to have robust data that is disaggregated by Asian subgroups, especially at the local level. Having an improved data bank may not only help guide organizations in providing necessary services for their communities, but could also aid in efforts to solicit funds, apply for grants, rally community support, and better articulate the necessity of services and education. The Hepatitis B Prevention Services Project data collection efforts may contribute to this endeavor, but future initiatives should maintain data collection as a priority.

Data collection not only serves to shed light on evolving community needs, but also works to provide insight into program quality and areas of improvement for future initiatives. The dissemination of findings is also equally important. Sharing collected data will not only help contribute to the broader pool of Asian American health data available, but will hopefully bring awareness to the data gaps that persist. Future efforts may consider partnering with academic institutions to explore community-engaged research opportunities to formally document and disseminate findings.



VI. Acknowledgements

AAHI and the Fil-Am Ministry of St. Michael the Archangel Catholic Church would like to express its deep appreciation to their respective staff members, interns, volunteers, AAHI Steering Committee, AAHI Health Promoters, and Montgomery County DHHS Leadership for their tireless commitment and support for the FY2013 Hepatitis B Prevention Services Project. Finally, we are grateful to the project participants who provided valuable program feedback and have pledged a strong commitment to improving the health of all County residents and spreading awareness of hepatitis B-related concerns in the community.



SPECIAL THANKS

Migrant Heritage Commission

Jesse Gatchalian
Grace Valera

Dr. Nerita Estampador-Ulep
Mark Hodge, RN
Dr. Bayani L. Manalo
Damon Smith
Dr. Frank Trinh
Dr. Diosdado E. Ulep

AAHI Health Promoters

Montgomery County Department of Health and Human Services

FILIPINO AMERICAN MINISTRY OF ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH

Carl Abella
Jeanneatte Abella
Isidora Badua
Antonio Calaro
Denia Calaro
Corazon Lego
Jesus Lego
Anabella Mariano-Peralta
Dr. Juanita Mendiola

St. Michael of Archangel Catholic Church
805 Wayne Avenue
Silver Spring, MD 20910

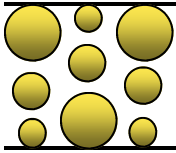
EDITORIAL and DESIGN

Jamie Lok Weng
Former AAHI Program Specialist

ASIAN AMERICAN HEALTH INITIATIVE

Perry Chan
Sierra Jue-Leong
Sanjana Quasem
Jasmine Vinh

Asian American Health Initiative
1335 Piccard Drive, Lower Level
Rockville, MD 20850
Telephone: (240) 777-4517
Fax: (240) 777-4564
Website: www.AAHInfo.org
General Information: info@aahiinfo.org



VII. References

- American Cancer Society. (2005). California Cancer Facts & Figures: Five most common cancers in males by race/ethnicity in California, 1997-2001. Retrieved from http://liver.stanford.edu/Public/presentations/patientconferenceSam_So_HBV_and_Liver_Cancer_06.pdf
- Asian American Health Initiative. (2008). *Asian American health priorities: Strengths, needs, and opportunities for action*. Retrieved from http://www.AAHIinfo.org/english/pdf/needsAssessment/AAHI_01AssessmentReport.pdf
- Asian American Center for Advancing Justice. (2011). *A Community of Contrasts, Asian Americans in the United States: 2011*. Retrieved from http://www.advancingjustice.org/pdf/Community_of_Contrast.pdf
- Asian Liver Center at Stanford University. (n.d.). *FAQ about Hepatitis B*. Retrieved from <http://liver.stanford.edu/Education/faq.html>
- Choe, J. H., N. Chan, H. H. Do, E. Woodall, E. Lim, & V. M. Taylor. (2005). Hepatitis B and liver cancer beliefs among Korean immigrants in western Washington. *Cancer*, 104(12), 2955-2958.
- Cohen, C., Holmberg, S.D., McMahon, B.J., et al. (2011). Is chronic hepatitis B being undertreated in the United States? *Journal of Viral Hepatitis*, 18(6), 377-383.
- Hepatitis B Foundation. (2005). *Hepatitis B fast facts*. Retrieved from http://www.hepb.org/pdf/hepb_fast_facts.pdf
- Institute of Medicine. (2010). *Hepatitis and liver cancer: A national strategy for prevention and control of hepatitis B and C*. Washington, DC: The National Academies Press. Retrieved from <http://www.cdc.gov/hepatitis/pdfs/iom-hepatitisandlivercancerreport.pdf>
- Ma, G. X., Gao, W., Tan, Y., Chae, W. G., & Rhee, J. (2012). A community-based participatory approach to a Hepatitis B intervention for Korean Americans. *Progress in Community Health Partnerships: Research, Education, and Action*, 6 (1), 7-16.
- Office of Minority Health. (2008). *Goals and strategies to address chronic hepatitis B in Asian American, Native Hawaiian and other Pacific Islander populations*. Retrieved from <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=190>
- President's Advisory Commission on Asian Americans and Pacific Islanders. (2001). *Asian Americans and Pacific Islanders. A People Looking Forward. Action for Access and Partnerships in the 21st Century*. Interim Report to the President and the Nation. Washington, DC: White House Initiative on Asian Americans and Pacific Islanders.
- Tong, M. J., Pan, C. Q., Kowdley, K. V., Kowdley, K. V., Han, S.-H. B., Min, A. D., & Leduc, T.-S. (2011). The management of chronic Hepatitis B in Asian Americans. *Digestive Diseases and Sciences*, 56 (11), 3143-3162.
- U.S. Census Bureau. (2010). *Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data*. Retrieved from <http://factfinder2.census.gov>
- U.S. Census Bureau. (2011). *Profile America, Facts for Features, Asian/Pacific Islander Heritage Month: May 2011*. CB11-FF.06. Retrieved from http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb11-ff06.html
- U.S. Department of Health and Human Services. (2011). *Combating the silent epidemic of viral hepatitis: Action plan for the prevention, care and treatment of viral hepatitis*. Retrieved from http://www.hhs.gov/ash/initiatives/hepatitis/actionplan_viralhepatitis2011.pdf
- World Health Organization. (2008). *Hepatitis B fact sheet*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs204/en>