

Leveraging Community Power to Mobilize Government Funding to Address a Silent Epidemic



The NYC Asian American Hepatitis B Program

Douglas Nam Le

Program Manager, NYC AAHBP



NYU School of Medicine

**Institute of Community
Health and Research**

American Public Health Association Conference
November 5, 2007, Washington, D.C.

Presentation Co-Authors

Ruchel Ramos, MPA

Henry Pollack, MD

Alex Sherman, MD

Hillel Tobias, MD

Thomas Tsang, MD, MPH

Mariano Jose Rey, MD



Presentation Overview

- I. Background on the Silent Epidemic
- II. Creation of the NYC AAHBP
- III. Mobilizing Funding
- IV. Making It Work
- V. Strategies for Success
- VI. Challenges and Considerations



Burden of Disease

- ❑ Prevalence rates of HBV among Asians around 10-15% compared with less than 1% among mainstream US population
- ❑ Of the 1.5 million Hep B carriers in U.S., about half are Asian
- ❑ Rate of hepatocellular carcinoma (HCC) in Asians was 5-11 fold higher than for other ethnic groups (SEER 2005)



Community Need

- ❑ 1,000,000 Asians in NYC (U.S. Census 2005)
 - ❑ 12% of the NYC Population is Asian
 - 72% are immigrants (U.S. Census 2005)
 - 33% are not U.S. Citizens (U.S. Census 2005)
 - 21% are uninsured (NYC DOHMH 2005)
 - ❑ Most persons do not know their HBV status
 - ❑ Persons who test positive often do not subsequently receive proper evaluation and treatment
-



Community Need (cont'd)

- High rates of HBV and HCC in the Asian population underscore the need to implement programs to prevent new HBV infections and detect chronic HBV infection to treat HCC at an early stage

- Necessary to develop a comprehensive program to include education, screenings, evaluation and treatment

NYC Asian American Hepatitis B Program (AAHBP)

- The NYC AAHBP is a coalition of more than 20 New York City institutions, community-based organizations and healthcare providers dedicated to reducing the burden of hepatitis B infection in the Asian American community through increased awareness, outreach, education, screening, vaccination and treatment





History of the AAHBP

2003

- Coalition of organizations, health care providers and researchers come together to address disparities in hepatitis B among Asian Americans in NYC

2004

- NY City Council awards \$2M to establish program
- Screening of Eastern Asians begun (Chinese and Korean communities)

2005

- NY City Council awards \$2.6M
- Expand program to pilot services in the South Asian and Southeast Asian communities

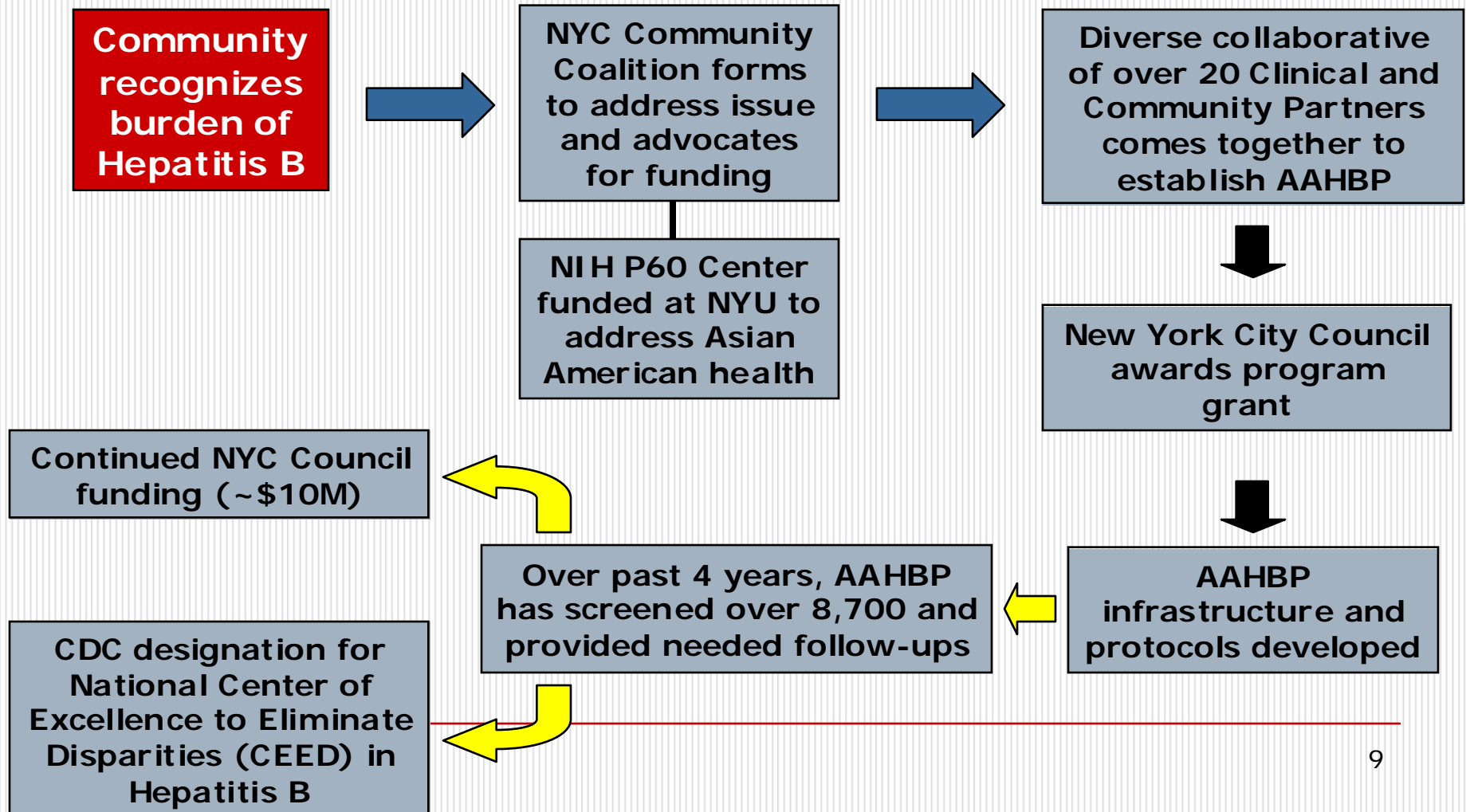
2006

- NY City Council awards \$3.4M
- Expand program to pilot services in non-Asian populations

2007

- NY City Council awards \$1.6M
 - Approx. 1,100 individuals educated and screened
 - Analysis, Education, & Information Dissemination to communities
-

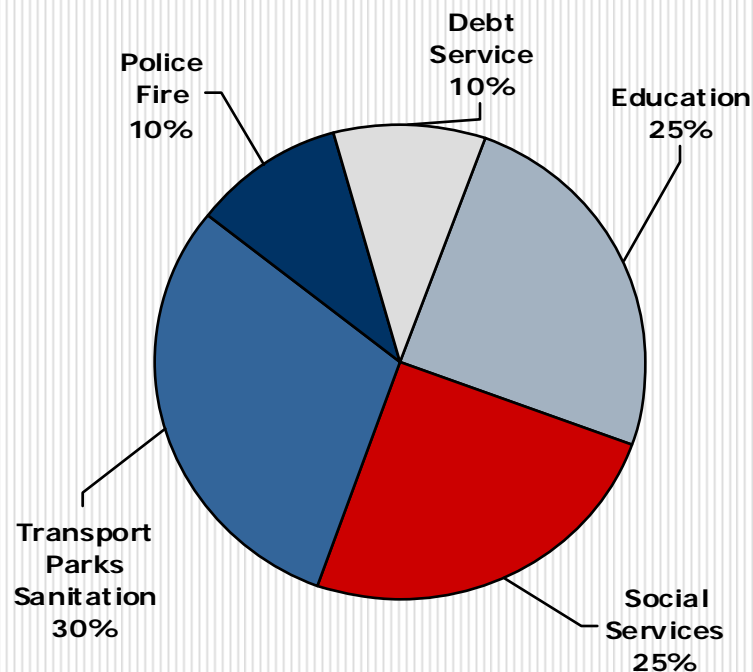
Program Development Process





Funding Landscape in NYC

NYC Budget FY 2008 (Approx. \$59B)



- 12% of total budget unrestricted funds (approx. \$7B)
- NY City Council allocation is approx. \$52M
- Approx. \$2M direct funding to Asian American CBOs
- AAHBP received \$1M NY Council funding



Engaging NY City Council



Above:
Council Member
John Liu with
partner Korean
Community
Services

Right:
Council Speaker
Christine Quinn,
Council Member
Alan Gerson
with AAHBP
partners



Left:
Council Member
Alan Gerson with
AAHBP PIs and
former Prog. Dir.



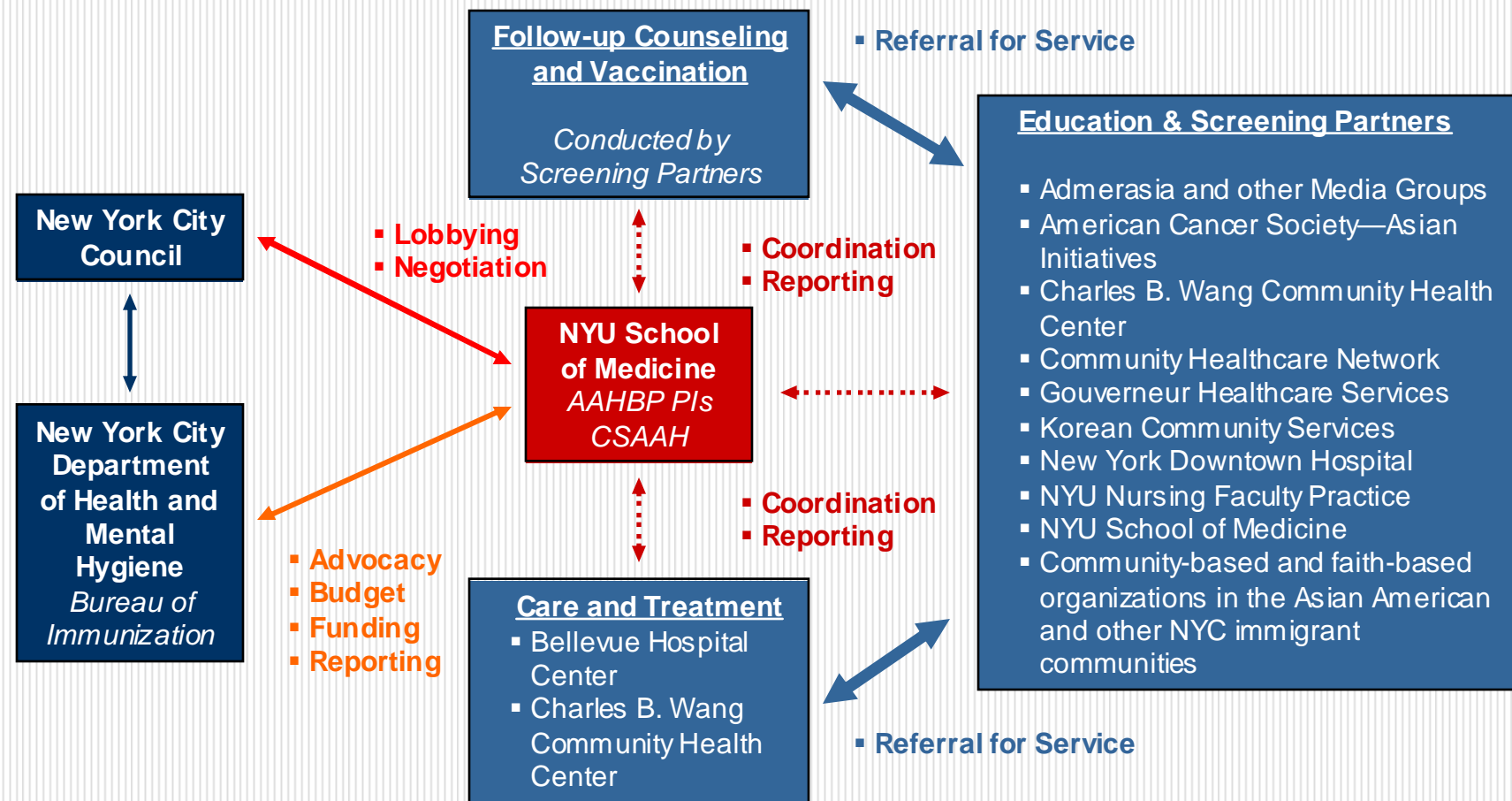
Program Components

- ❑ Outreach and Education
- ❑ Screening
- ❑ Follow-up and Counseling
- ❑ Clinical Evaluation and Treatment





Operational Infrastructure



AAHBP Accomplishments Program Years 1-4



- ❑ 10,000 received education/outreach
- ❑ More than 8,700 individuals screened
- ❑ Over 1,000 sAg+ patients identified and referred into care and treatment
- ❑ Development of linguistically and culturally appropriate outreach, education, prevention services, and treatment to NYC's diverse communities:
 - Chinese (approx. 41%)*
 - Korean (approx. 30%)*
 - South Asian
 - Southeast Asian
 - Latino
 - Afro-Caribbean
 - African
 - Eastern European

* Figures represent percentage of total individuals screened during program years 1-3.

AAHBP Accomplishments Program Years 1-4 (cont'd)



SERVICE TYPE	Year 1 (2004-2005)	Year 2 (2005-2006)	Year 3 (2006-2007)	Year 4* (2007-2008)	TOTAL
Number Patients Screened	1,833	2,288	3,496	1,086	8,703
Number Patients Vaccinated	449	572	1,006	109	2,136
Number Vaccines Given	732	1,502	2,663	492	5,389
Number Care & Tx Visits	255	1,263	1,962	570	4,050

* Year 4 data is preliminary and only represents program activities as of 10/31/07. 15

Year 3 Expansion to New Communities



- ❑ Develop education, screening and follow-up protocols to Latino, Afro-Caribbean, African, and Eastern European populations
 - ❑ Partner with more than 12 healthcare providers, community- and faith-based organizations who serve these populations
 - ❑ Create linguistically and culturally appropriate media education and outreach through print, radio and television—in addition to face-to-face engagement
-

Accomplishments with New Communities



- Host 20 hepatitis B education and screening events in new communities
- Provide appropriate follow-up counseling, vaccination, or referral into treatment
- **820 individuals screened and educated**
 - 60% Latino
 - 35% African American/Afro-Caribbean/African
 - 5% Other Race/Ethnicity
 - **7 individuals identified to be sAg+ and referred to treatment/care**

Strategies for Leveraging Community Power



1. Build trust with community groups and institutions
 2. Community education/base-building
 3. Develop broad-base coalition of health specialists, CBOs/FBOs, local government, and health department
 4. Clear and consistent communication among all partners
 5. Develop an approach that is culturally appropriate and community-oriented
-

Strategies to Mobilize Public Attention and Funding



1. Raise awareness of the public health problem
 2. Frame the community problem
 3. Research local advocacy and budget processes
 4. Identify allies in government and advocacy sectors
 5. Be responsive to the political landscape
-



Challenges

- ❑ After screening 8,700 individuals we have only reached ***less than 1% of the Asian American Community***
 - ❑ Outreach to new immigrant groups and other hard-to-reach segments of population
 - ❑ Large group of partners with different perspectives and agendas
 - ❑ Time pressure to make things happen in relatively short period of time
 - ❑ Shifting political landscapes
-

Considerations for Sustainability



1. Leveraging diverse sources of funding
 2. Maintaining grass-roots collaboration and investment among program partners
 3. Evaluating and disseminating success
 4. When will we *"no longer be necessary"*?
-

For More Information:



Douglas Nam Le

Program Manager

Asian American Hepatitis B Program

Center for the Study of Asian American Health

Institute of Community Health and Research

NYU School of Medicine

550 First Avenue, MSB-153

New York, NY 10016-6481

Phone: 212-263-0485

Fax: 212-263-2133

Email: douglas.le@med.nyu.edu