

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

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## The NYC Asian American Hepatitis B Program

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# Presentation Overview

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



# Burden of Disease

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- ❑ 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

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- ❑ 1,000,000 Asians in NYC (U.S. Census 2005)
  - ❑ 10% 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
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# Community Need (cont'd)

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- High rates of HBV and HCC in the Asian population underscore 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)

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- 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

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## 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

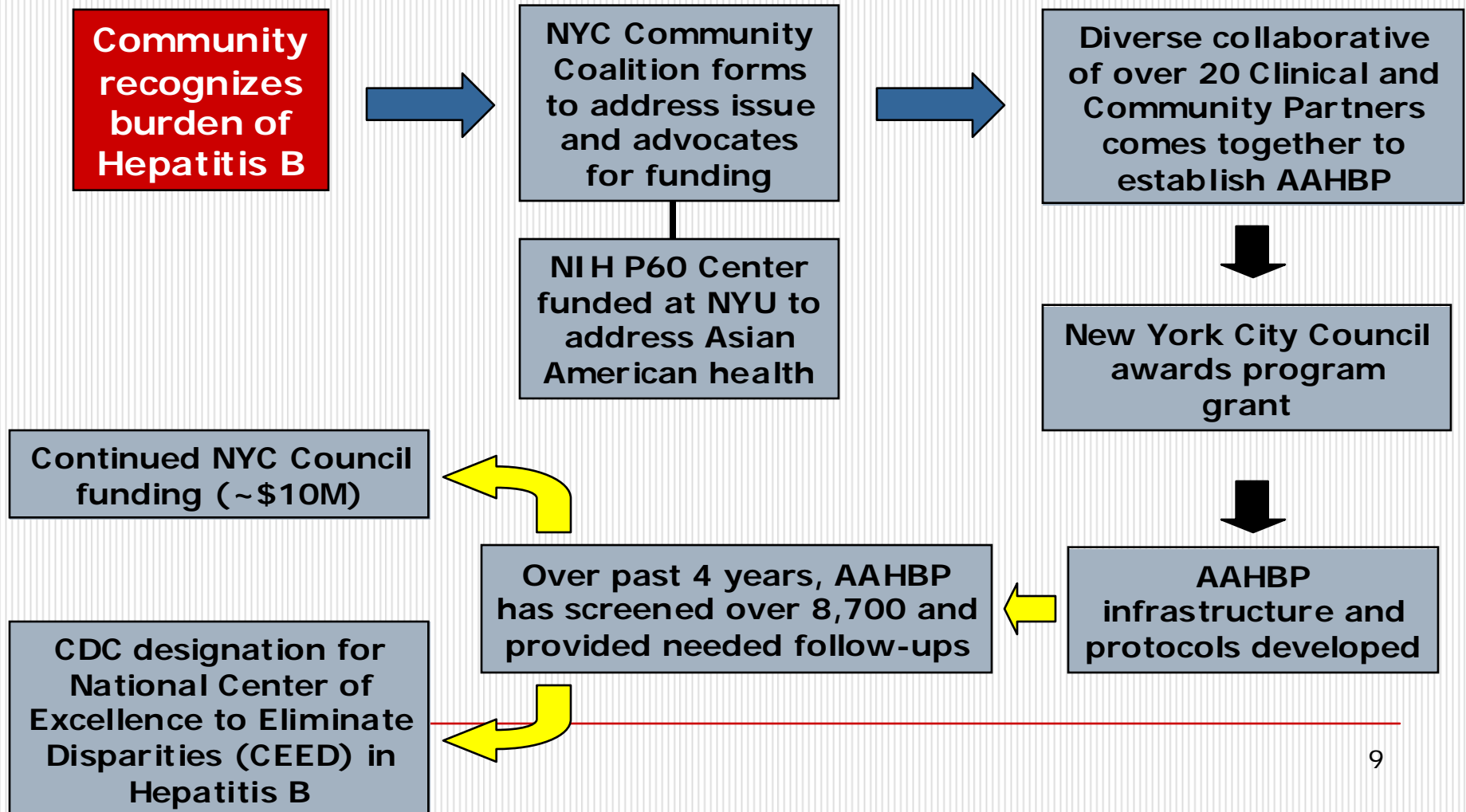
- NY City Council awards \$3.4M
- Expand program to pilot services in African and Latino communities

## 2007

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



# Program Development Process





# Engaging NY City Council





# Program Components

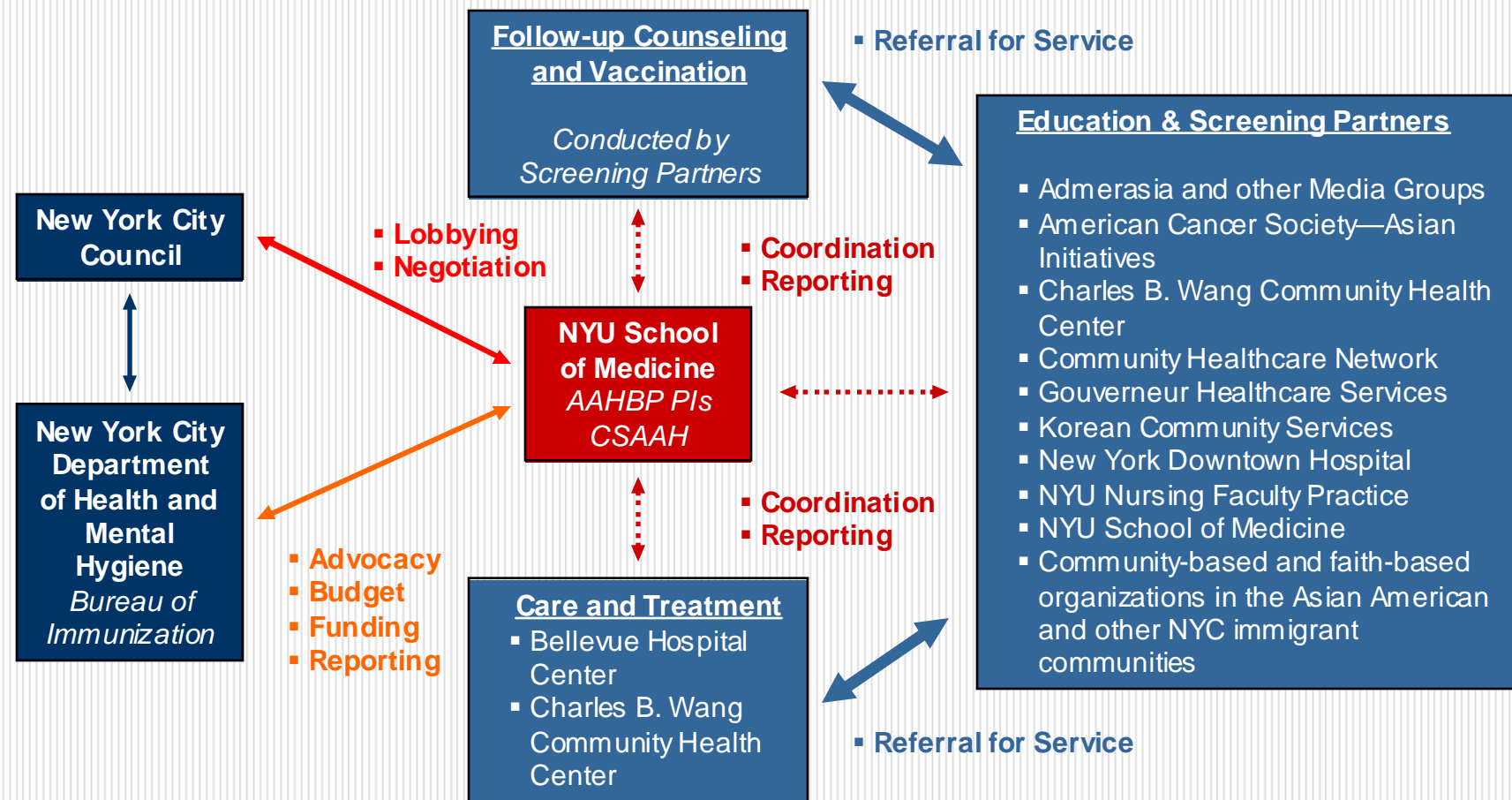
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- ❑ Outreach and Education
- ❑ Screening
- ❑ Follow-up and Counseling
- ❑ Clinical Evaluation and Treatment





# Operational Infrastructure



# AAHBP Accomplishments Program Years 1-4

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- ❑ 10,000 receiving 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

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\* Percentages are based on screening numbers for program years 1-3 only.

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



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

\* Year 4 data is preliminary and only represents program activities as of 10/31/07. 14

# Expansion to New Communities

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- ❑ Target education, screening and follow-up targeted to Latino, Afro-Caribbean, African, and Eastern European populations
  - ❑ Partner with more 12 community- and faith-based organizations serving these populations
  - ❑ Linguistically and culturally appropriate media education and outreach through print, radio and television in addition to face-to-face
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# Accomplishments with New Communities

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- 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

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

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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
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# Challenges

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- ❑ After screening 9,000 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
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# Considerations for Sustainability

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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"*?
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# Key to Success: "From the Community, By the Community, To the Community"

