

# Chronic Hepatitis B in Chinese Immigrants: Assessing Barriers to Health Care Access

Chari Cohen<sup>1,2</sup>, Gang Chen<sup>1</sup>, Joan Block<sup>1</sup>, Philip Siu<sup>3,4</sup>, Leilei Duan<sup>4</sup>, Richard Kahn<sup>1,2</sup>, Alison Evans<sup>1,2</sup>, W.T. London<sup>1,5</sup>

1. Hepatitis B Foundation, Doylestown, PA [www.hepb.org](http://www.hepb.org), [chari@hepb.org](mailto:chari@hepb.org)
2. Drexel University School of Public Health, Philadelphia, PA
3. Chinatown Medical Services, Philadelphia, PA
4. Chinese Health and Information Center at Thomas Jefferson University, Philadelphia, PA
5. Fox Chase Cancer Center, Philadelphia, PA

**Introduction:** Chronic hepatitis B (HBV) is the world's most common serious liver disease, causing 1 million deaths annually and 80% of liver cancer worldwide. HBV and liver cancer are the largest health disparities for Asians and Pacific Islanders (API), affecting up to 10% of API communities, and accounting for over 50% of all HBV cases in the U.S. Liver cancer rates are three times higher among APIs, and liver cancer ranks third in causes of cancer death among APIs. Research indicates that APIs lack awareness and knowledge regarding HBV and liver cancer, and less than 50% of infected APIs are aware of their infection. Chronically infected APIs, especially new immigrants, face a number of barriers to accessing appropriate health care for their infection.

**Methods:** Individuals who tested positive for hepatitis B (HBsAg+) at community screenings in Philadelphia since 2001 were contacted by bi-lingual outreach workers at the Chinese Health and Information Center at Thomas Jefferson University. Each respondent was given a telephone survey, in Chinese or English, by a trained interviewer, about their health care access and HBV knowledge.

### Results:

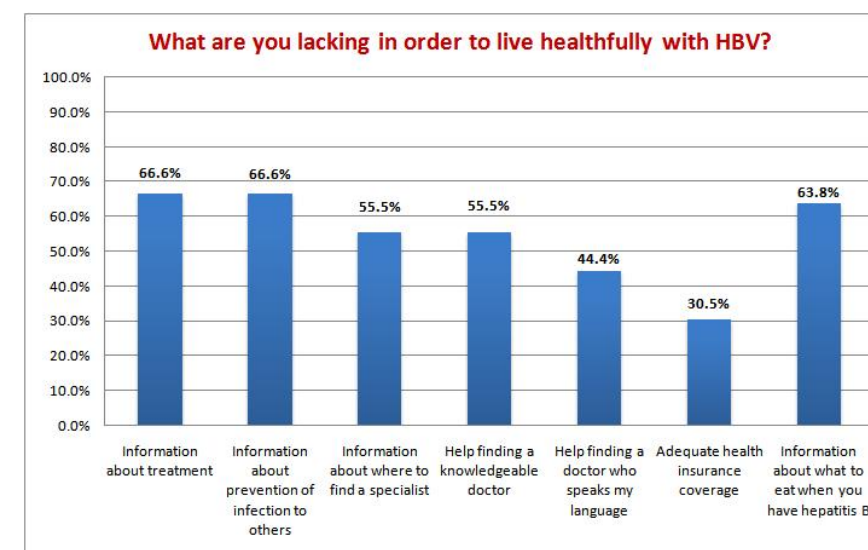
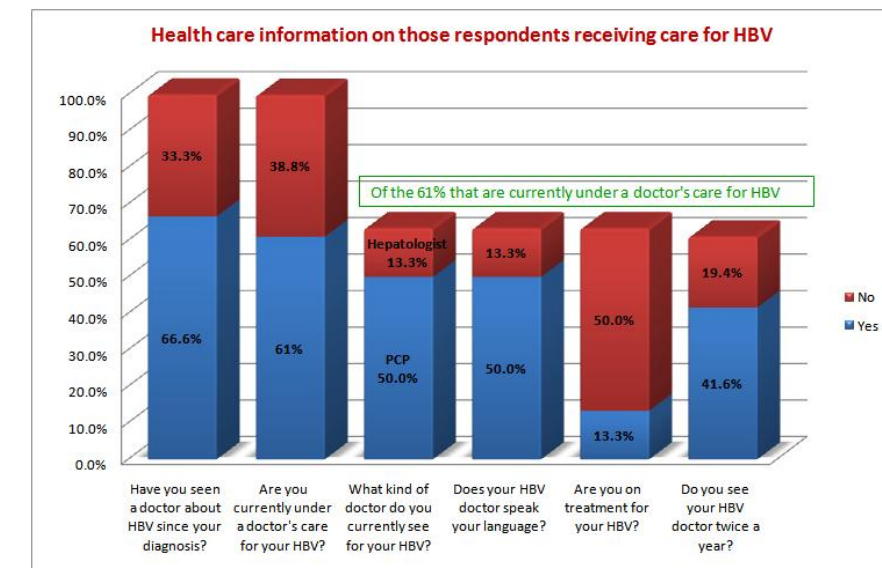
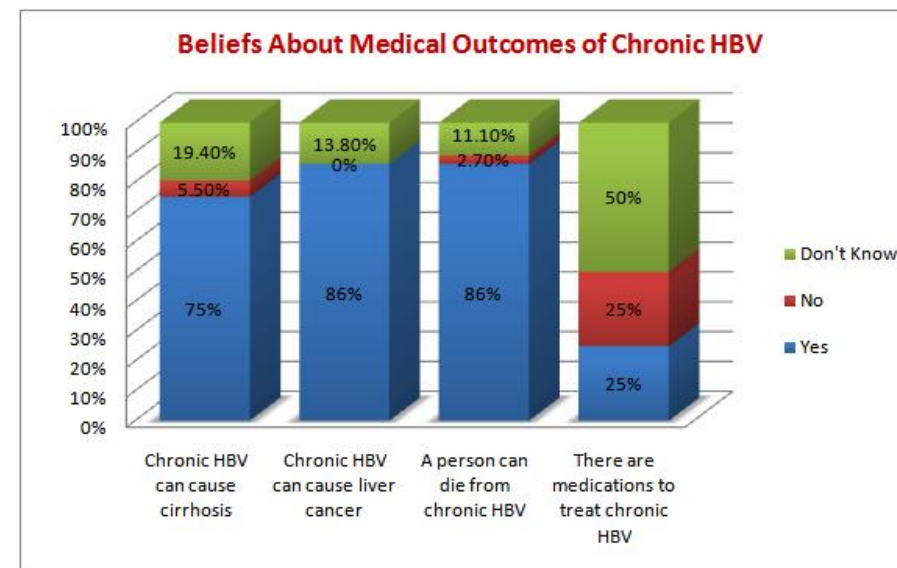
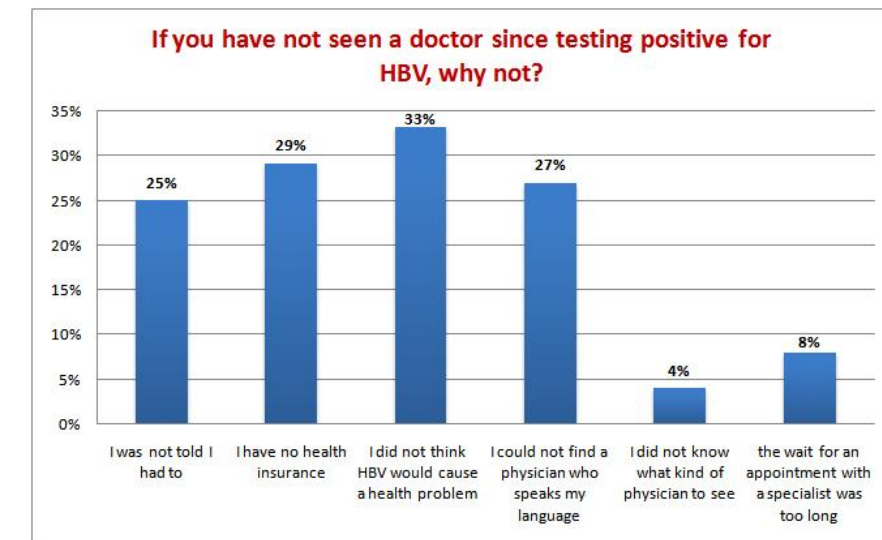
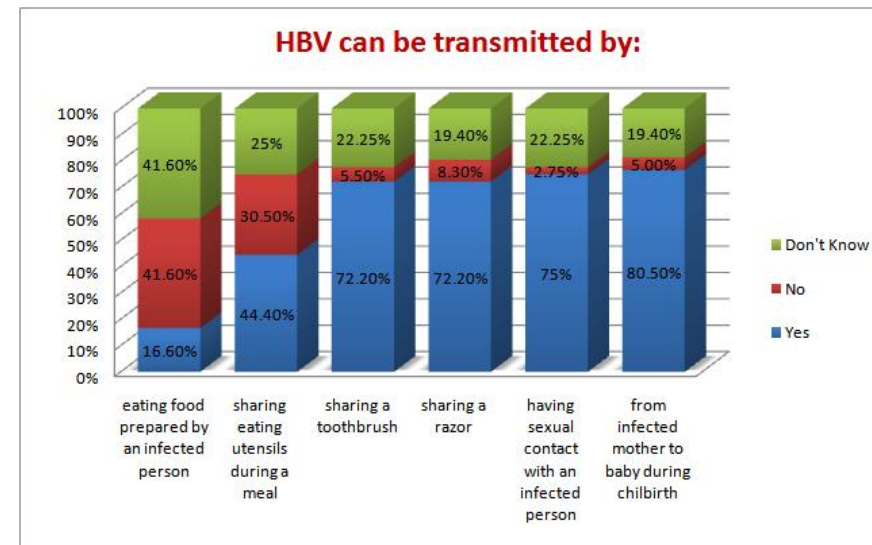
- 100% of respondents were ethnic Chinese (n=36) and foreign-born, with 94.4% born in Mainland China.
- The mean age of respondents was 55, with a range of 19 to 86 years.
- 55.5% indicated that they completed high school, and 27.7% had some form of education post-high school.
- 47.2% indicated that they were employed and 75% had a household income below \$30,000.
- 87% of respondents had seen a doctor within the past 12 months, and 75% return to the same doctor for their medical care (i.e. "medical home").
- 83.3% of respondents spoke English "not well" or "not at all," and 33.3% indicated the need for an interpreter at medical visits.
- Among those individuals who are currently under the care of a physician for their HBV, 86.4% did not know what tests are done at their HBV visits.

### Lessons Learned:

- Preliminary results indicate that HBV knowledge, health insurance and language are barriers to care for chronically infected Chinese foreign-born individuals in Philadelphia.
- While many respondents were aware that chronic HBV leads to cirrhosis and liver cancer, most still indicated the need for more information about the negative health outcomes of chronic HBV infection.
- Community-based screening programs should provide comprehensive HBV information, and follow-up to those who test positive for HBV, to help them access care. This might be best accomplished through a case-management approach.

**Discussion:** Preliminary results indicate that APIs with HBV face a number of individual and system-wide barriers to accessing health care for their infection, which puts them at greater risk for dying from end-stage liver disease or liver cancer. This survey study of chronically infected Chinese individuals in Philadelphia offers important information regarding health care access, usage and barriers, and will allow us to appropriately tailor future interventions, including education, patient navigation, infrastructure development, and advocacy. Coinciding studies conducted by HBF and its partners document the lack of an appropriate safety net in the U.S. for individuals for chronically infected individuals to access appropriate, sustainable care for HBV. Progress has been made in Philadelphia: community asset mapping indicate a number of organizations that can provide culturally competent HBV-related services, including education, insurance assistance, translation and referrals for follow-up care. Infrastructure development and coalition building have begun. The Philadelphia Hepatitis B Task Force, which includes community, non-profit, academic and health services organizations, was initiated in 2009 to develop city-wide goals and objectives for hepatitis B. Continued rigorous documentation of chronic HBV infection and barriers to care in API communities is critical in shaping and informing public policies to effectively reduce the health disparities associated with chronic hepatitis B and liver cancer.

**Gateway to Care:** The Hepatitis B Foundation's Gateway to Care (G2C) is a public health initiative to reduce the morbidity and mortality associated with HBV and liver cancer in APIs. G2C is a comprehensive model, designed in Philadelphia, PA, to document the burden of chronic HBV in APIs, increase awareness and knowledge of hepatitis B in API communities and among health care providers, and navigate infected individuals through the process of accessing appropriate, sustainable care and services. For more information, please visit contact [chari@hepb.org](mailto:chari@hepb.org).



**Hepatitis B Foundation:** The Hepatitis B Foundation is a national non-profit organization dedicated to finding a cure and improving the lives of those affected by hepatitis B worldwide. Our commitment includes funding focused research, promoting disease awareness, supporting immunization and treatment initiatives and serving as the primary source of information for patients and their families, the medical and scientific community and the general public. Visit us at [www.hepb.org](http://www.hepb.org).