

**Promoting Hepatitis B Screening for  
Vietnamese American Adults**

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**Vietnamese Community Health Promotion Project  
University of California, San Francisco**

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**Background**

- **Funded by the National Cancer Institute**
- **Part of 3 research projects in a P01 mechanism led by Moon Chen at UC Davis**
  - Project 1: Vietnamese in Northern California
  - Project 2: Hmong in Sacramento
  - Project 3: Koreans in Los Angeles
- **5 years funding starting July 2006**
- **Build on previous work by Suc Khoe La Vang**

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**Specific Aims**

- **To raise awareness among Vietnamese Americans in Northern California about hepatitis B and hepatitis-B-related liver cancer.**
- **To increase rates of hepatitis B screening among Northern California Vietnamese ages 18 and older through a Media Education (ME) campaign**

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**Rationale for Scientific Aims**

- Vietnamese rates of liver cancer are particularly high, especially among men.
- Chronic hepatitis B infection is associated with liver cancer
- Screening for hepatitis B can lead to:
  - Treatment to prevent progression to liver cancer
  - Monitoring for liver cancer
  - Screening and vaccination of contacts
- Low screening rates are documented among Vietnamese

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**Rationale for Scientific Aims**

Prior Study Results

In a controlled trial to increase hepatitis B vaccination in Texas, Media Education was effective:

- Parents' knowledge increased significantly
  - Heard of hepatitis B: 21.5% vs. 9% control
  - Heard off free hepatitis B vaccine: 31.9% vs. 4.7%
  - Knew hepatitis B is sexually transmitted: 14.0% vs. 5.2%
- Children's receipt of hepatitis B vaccination
  - Receipt of 3 shots: 9.5% vs. -3.3% in control

(McPhee et al, 2003; Zhou et al, 2003)

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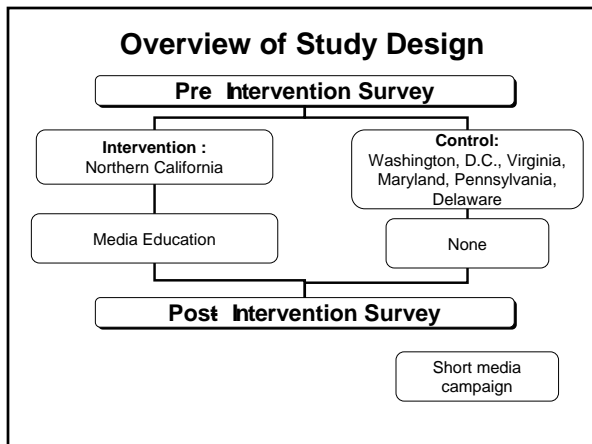
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### Interventions

3.25 years of intervention

Media Education (ME) Campaign:

■ **Print Media**

- *Viem Gan B* booklet
- Newspaper ads, articles
- Calendars, info-cards, postcards

■ **Electronic Media**

- Radio, TV, theater ads
- CDs, e-cards
- Website: [www.123hepBfree](http://www.123hepBfree)

■ **Linkage to low-cost or free clinics, county clinics**

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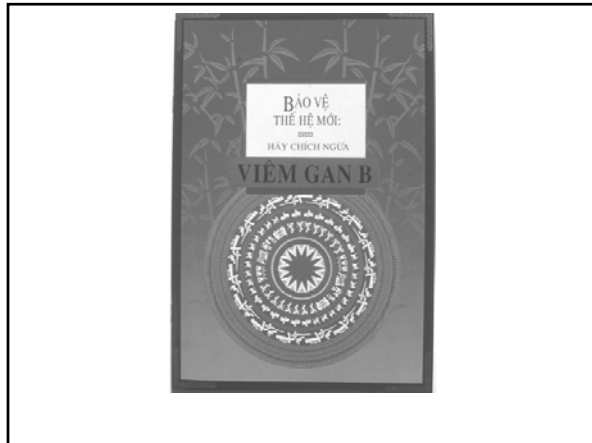
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**Intervention Development**

- **Strategies to reach young bilingual bicultural Vietnamese Americans**
  - Focus groups to discuss media sources and techniques that are effective
  - Targeted advertisements
  - Others
    - CDs
    - E-cards
    - Postcards
    - Website

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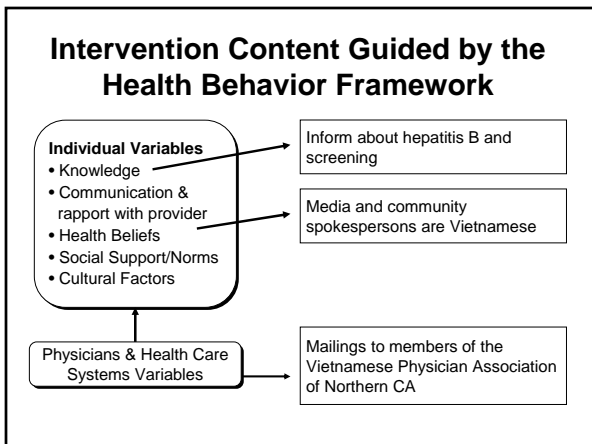
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**Evaluation Methods**

**Surveys**

- Pre- and post-intervention
- Cross-sectional CATI surveys
- Vietnamese surnames
- N = 800 each site each survey
- Survey instrument from previous hepatitis B studies

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**Baseline Rates**

- **Screened for hepatitis B**
  - Vietnamese men in Seattle: 66% (Taylor CDP 2004)
- **Heard of hepatitis B**
  - Vietnamese parents in Washington, D.C.: 49.9-58.9% (McPhee, Peds, 2003)
  - Vietnamese parents in Texas: 46.2-76.4% (McPhee, Peds 2003)
  - Vietnamese men in Seattle: 76% (Taylor, CDP 2004)

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**Evaluation Methods**

**Outcome measures**

- **Primary outcome:**
  - Self-reported receipt of hepatitis B screening
- **Secondary outcomes:**
  - Awareness of hepatitis B and liver cancer
  - Knowledge of hepatitis B and liver cancer
  - Self-reported receipt of hepatitis B vaccination

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**Evaluation Methods**

**Process measures**

- Number of brochures, calendars, referral lists distributed
- Number of newspaper ads and articles and airing of radio spots and television ads
- Number of Web site "hits"
- Attendance lists for CME seminars

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**Community Advisory Board**

- **Funded through this project**
- **Will be the community input into the media development for this project**
- **Roles for subcommittees through CAB or other groups to represent targeted audience**
  - College and graduate students?
  - Art and media students and leaders?
  - Working young adults?

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**Strengths of Project 1**

- Established investigators, including bilingual and bicultural staff of *Suc Khoe La Vang!* (Health is Gold!)
- UCSF Vietnamese Community Health Promotion Project, working in, trusted by community since 1986
- Prior intervention, survey experience in targeted communities
- Prior experience with promotion of hepatitis B vaccinations among Vietnamese
- Media expertise
- Broad-based Vietnamese coalition experiences

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**Project 1 Interactions with Other  
Projects & Cores**

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**Project 1 Interactions with Other Projects & Cores**

- **With Core A (Administration):**  
Vietnamese voice on Advisory Board
- **With Core B (Biostatistics):**  
Statistical analyses
- **With Core C (Methodology):**  
Standardization of formative phase, surveys, process measures  
Modification of existing survey questionnaire, utilizing Health Behavior Framework

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**Changes and Responses to Reviewer Comments**

- Impact of vaccination on liver cancer: no longer the primary outcome
- Parental information for those 18 and under: no longer looking at them
- Media campaign contamination: cite prior work
- Demographic comparability of intervention vs. control community:
  - look at sociodemographics
  - controlled in analyses
- Catchment rate in DC too high (27%): expand control community
- Is screening required for entry INS/when did it start? No
- Reliance on self-report: sub-group validation of tested and untested in each community?
- Telephone listing and problem with cell phone: ?

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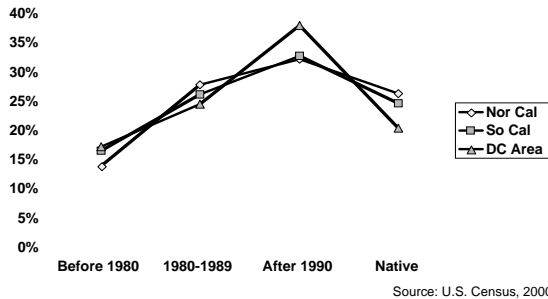
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**Comparison of Sites: Year of Immigration to U.S.**




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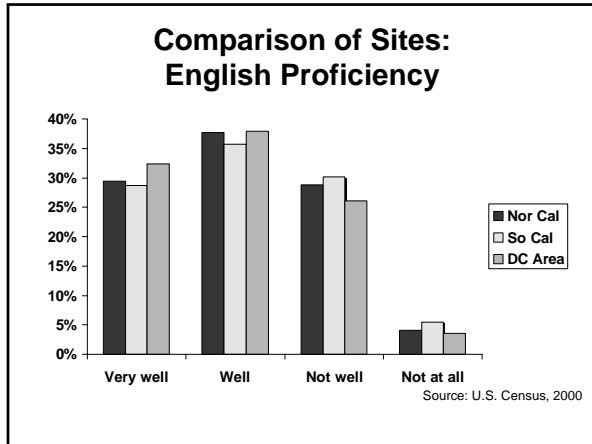
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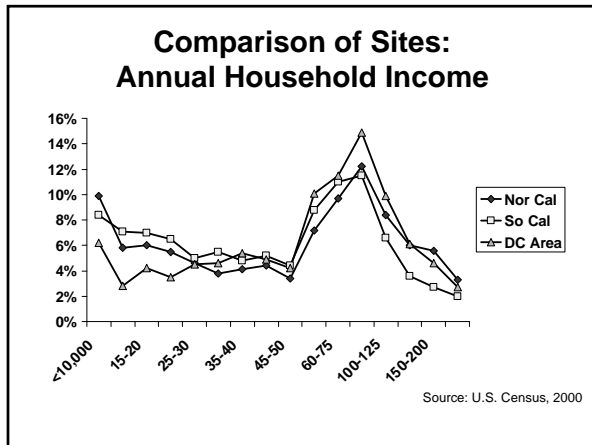
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### Power Calculations

Pre (I)	Pre (C)	Post (I)	Post (C)	Pre-post (I)	Pre-post (C)	Effect Size	N Per site per survey
55%	55%	70%	60%	15%	5%	10%	746
55%	55%	75%	65%	20%	10%	10%	718
60%	60%	75%	65%	15%	5%	10%	707
60%	60%	80%	70%	20%	10%	10%	671
65%	65%	80%	70%	15%	5%	10%	652
65%	65%	85%	75%	20%	10%	10%	608
70%	70%	85%	75%	15%	5%	10%	581

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### Data Analysis

- **Comparison of sites:**  
Chi-squared tests to assess pre-intervention differences among 2 sites.
  
- **Evaluation of the intervention:**  
Z-tests to assess pre- to post-intervention changes in proportions of respondents screened (aware; knowledgeable).

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### Data Analysis

- **Evaluation of the intervention (continued):**  
Multiple logistic regression analysis utilizing HBF to identify factors associated with screening vs. not, such as:
  - Site x Time
  - Residence in intervention/control area
  - Respondent's age
  - Parents' marital status
  - Years in U.S.
  - Household income
  - Health insurance type (Medi-Cal)
  - Knows someone with liver disease
  - Heard of hepatitis B
  - Knowledge about hepatitis B (index)
  - Exposure to intervention (process measures)

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### Validation

- **Pros**
  - Validation is "more valid" than self-report
- **Cons**
  - Have to set a time period on the time since last test
  - Have to obtain written consent in cross-sectional telephone survey
  - Have to locate providers in a mobile population
  - In practice, physicians don't usually validate (if patient states he has never had test, physician doesn't track it down but just orders; if patient states he has had test, physician may not order test)

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