

Promoting Hepatitis B Screening for Vietnamese American Adults

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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**

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**

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**

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)

Overview of Study Design

Pre-Intervention Survey

Intervention :
Northern California

Media Education

Control:
Washington, D.C., Virginia,
Maryland, Pennsylvania,
Delaware

None

Post-Intervention Survey

Short media
campaign

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

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

BẢO VỆ
THỂ HỆ MỚI:

69
HÃY CHÍCH NGỪA

VIÊM GAN B







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

Intervention Content Guided by the Health Behavior Framework

Individual Variables

- Knowledge
- Communication & rapport with provider
- Health Beliefs
- Social Support/Norms
- Cultural Factors

Inform about hepatitis B and screening

Media and community spokespersons are Vietnamese

Physicians & Health Care Systems Variables

Mailings to members of the Vietnamese Physician Association of Northern CA

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

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)

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

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

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?





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

Project 1 Interactions with Other Projects & Cores

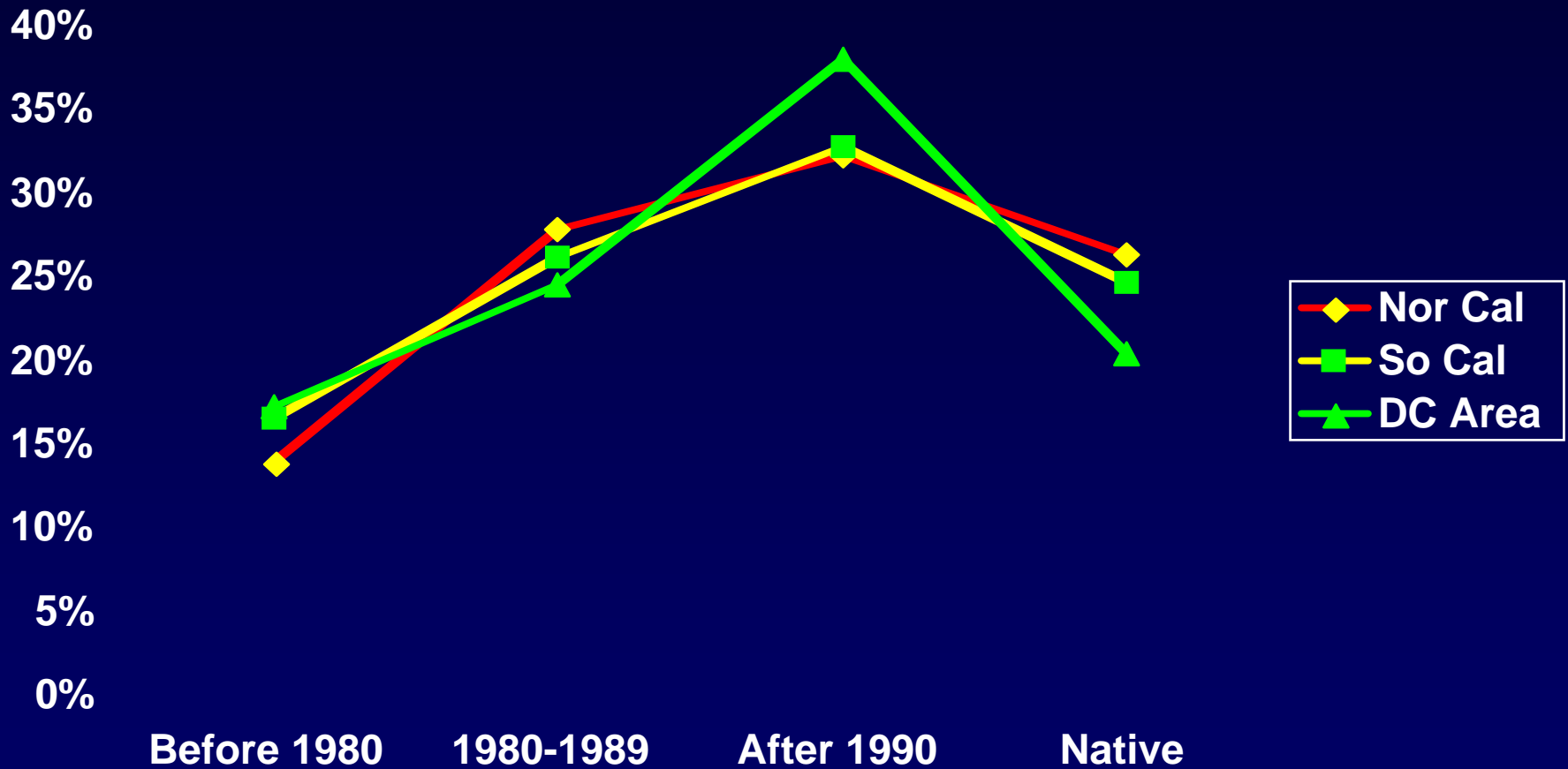
Project 1 Interactions with Other Projects & Cores

- **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

Changes and Responses to Reviewer Comments

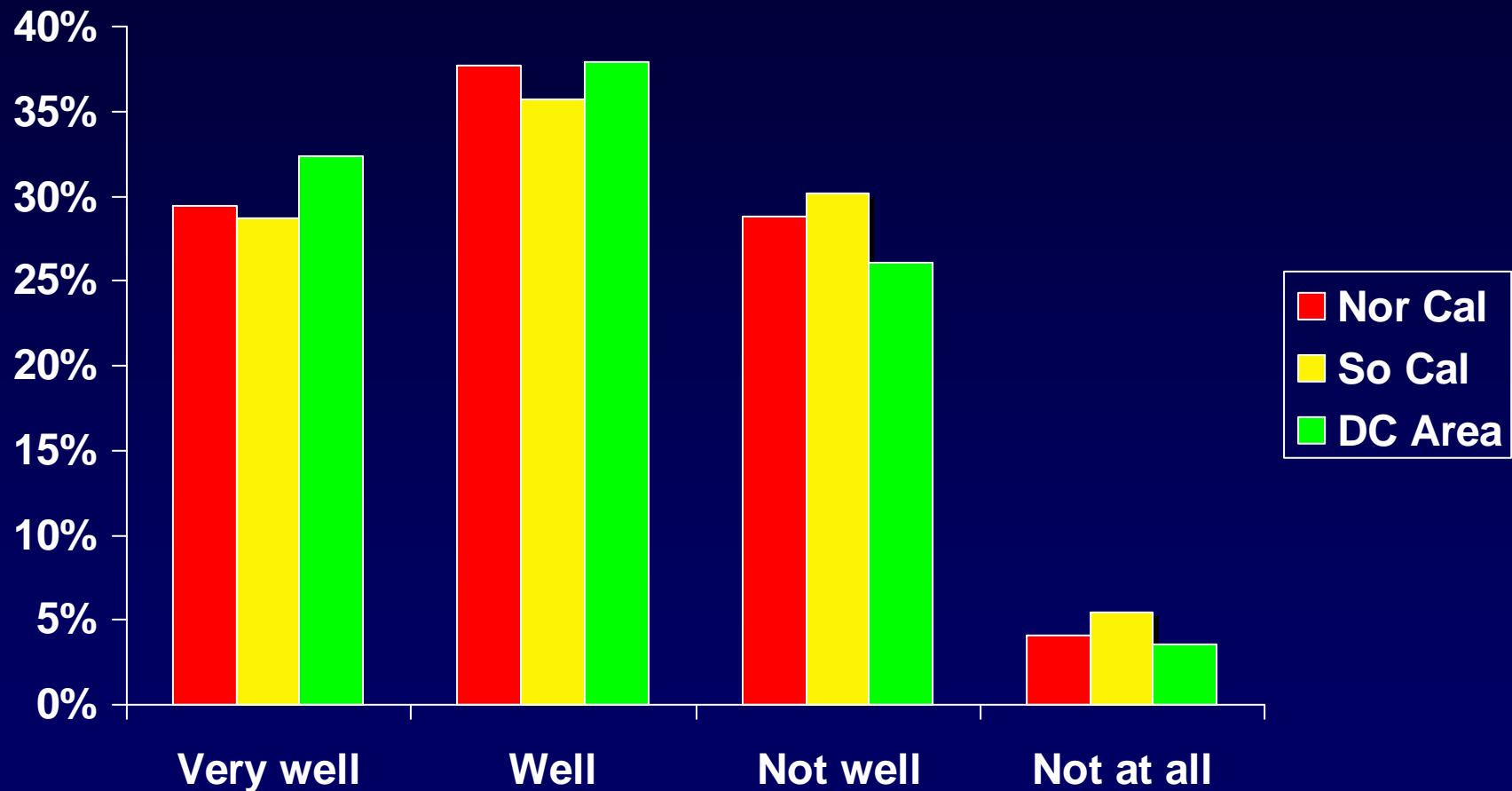
- Impact of vaccination on liver cancer: no longer the primary outcome
- Parental information for those 18 and under: no longer looking at them
- Media campaign contamination: cite prior work
- Demographic comparability of intervention vs. control community:
 - look at sociodemographics
 - controlled 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: ?

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



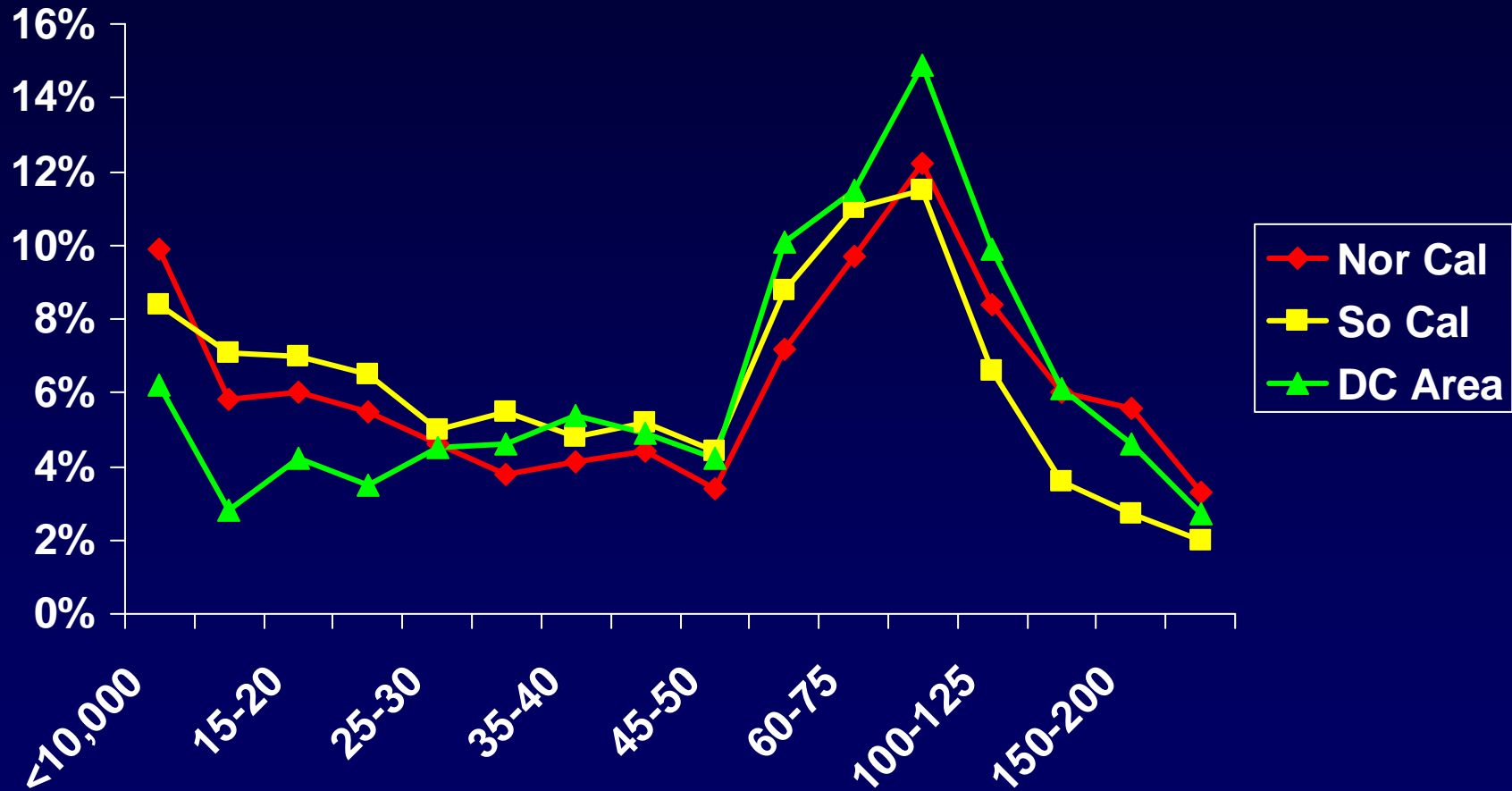
Source: U.S. Census, 2000

Comparison of Sites: English Proficiency



Source: U.S. Census, 2000

Comparison of Sites: Annual Household Income



Source: U.S. Census, 2000

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

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).

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)

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)