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Background about HBV and Koreans in NYC

- Hepatitis B (HBV) is a blood-borne, perinatally and sexually transmitted viral infection that can lead to liver disease, liver cancer and premature death.
- Despite the high prevalence of chronic hepatitis B (CHB) in Asian Americans and other ethnic groups, a majority of these populations remains unscreened and unprotected.
- Approximately 2.2 million people in the U.S. are infected with chronic HBV; many were born in Asian countries where prevalence of chronic HBV infection is about 6%.
- Korean immigrants face many barriers to care including: limited English language proficiency, difficulty navigating the complex health care system, and ineligibility for health insurance.
- Korean immigrants in NYC show the highest number of uninsurance rate.
- A large percentage of those who are chronically infected with hepatitis B virus (HBV) are not linked to care due to lack of health care access in NYC.
- Moreover, misconception and misunderstanding about 'Healthy Carriers' hinder patients not to take regular check-ups.
- Widespread misbelief that transmission occurs through sharing foods, not eating stew in individual dishware, or circulate wine glass around, leave chronic patients inactive in caring themselves and hiding their disease.

Korean Community Services of Metropolitan NY(KCS)

- Non-profit, community-based organization serving Korean immigrants to meet health, social, and community needs since 1973
- KCS provides culturally competent programs in the areas of Aging, Education, Immigration, Workforce Development, Public Health, and Mental Health. Headquartered in Bayside, Queens, KCS has five other offices located throughout NYC.
- Year 2005, KCS started off raising awareness through testing and educational activities.
- Year 2008, as a member of the B Free CEED Partnership, KCS worked to create a 'Be Certain' multi-phase campaign to decrease stigma and encourage screening
- Year 2014, as a member of NYC Hep B Free Coalition, KCS provided 'Check Hep B Patient Navigation Program' in partnership with NYC DOHMH.

NYC Check Hep B Patient Navigation Program

In 2014, using NYC Council funding, the Health Department developed the Check Hep B Patient Navigation Program to promote linkage to care and clinical care coordination to support HBV medical evaluation, retention in care, and treatment for **underserved people** living with HBV in NYC. Entering the 4th year, two CBOs and five medical institutions were funded.

Hep B in New York City and Check Hep B Program Sites

The following map shows the rate of newly reported Hep B in 2015 by ZIP code and the location of Check Hep B program sites.

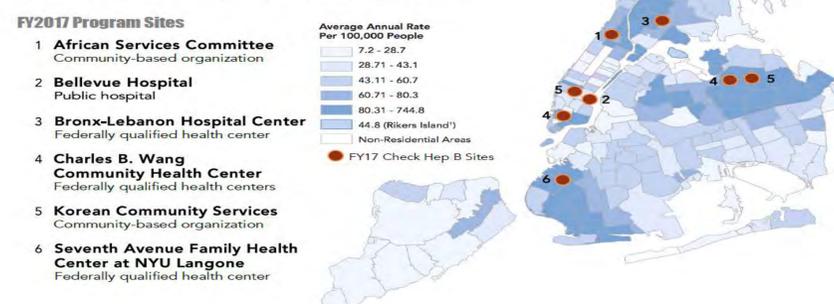


Chart 1. Check Hep B program sites and rate of newly reported Hep B in 2015 by zip code

Methods

- Culturally competent bi-lingual staff at hospitals, federally qualified health centers and community organizations received training and technical assistance in the Check Hep B Patient Navigation model.
- Patient Navigators meet monthly to share experiences, and submit monthly data reports on services delivered, patient characteristics and patient clinical care status.

Stages of Hep B care

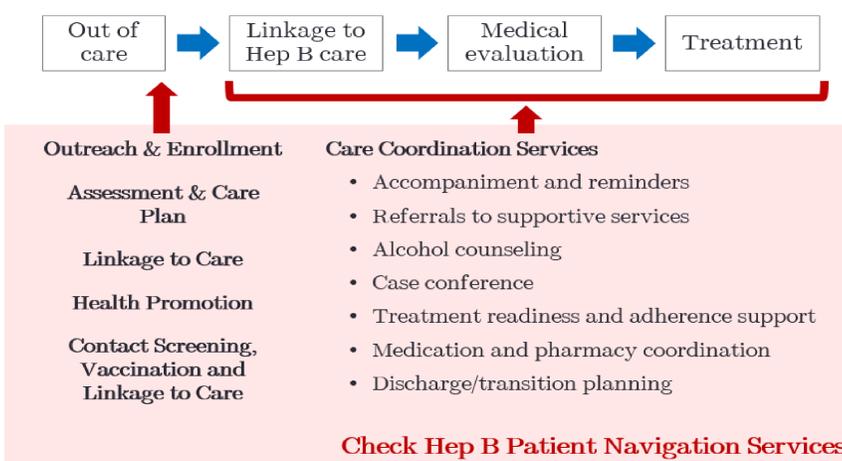


Chart 2. Check Hep B Program workflow

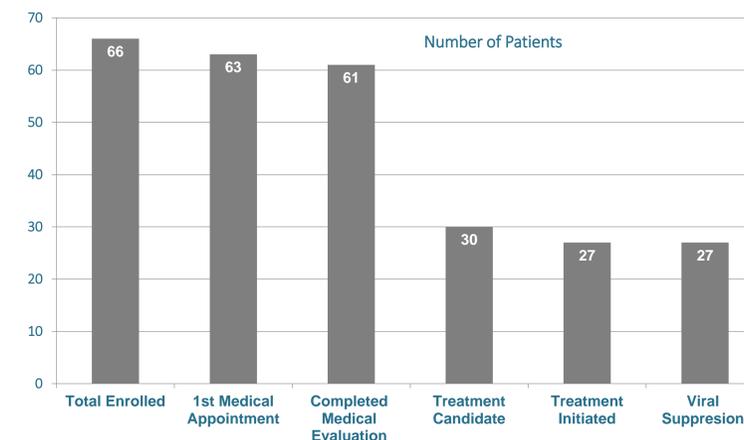


Chart 3. Check Hep B Active Korean patients care cascade FY 2017

Results

- Between December 2014 and June 2017, 150 African-born and 518 non-African born patients were enrolled in the program. African-born patients were from 18 countries and spoke 13 different languages.
- Compared to the non-African born patients, African-born patients had low awareness of HBV; were more likely to be uninsured (56% versus 21%); and were more likely to have monthly income of \$800 or less (39% versus 14%).
- African-born Patient Navigators were most successful enrolling culturally congruent patients. As a result, people from countries of known high HBV endemicity are not being reached adequately due to lack of appropriate outreach staff.
- Patient Navigators reported that African-born patients had significant trouble paying out of pocket for even the lowest cost medical care and also had trouble understanding what the payment requirements were at new health centers. Also, their African-born patients needed accompaniment with medical interpretation services to attend medical visits.

Conclusions and Discussion

- With a lack of FQHC programs to meet their specific cultural and linguistic needs, African-born patients had more difficulty getting into HBV care.
- An FQHC-based HBV health program for the African-born community in NYC is needed to provide affordable and culturally appropriate care to this population.

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