

Intervention IP-061: Community-Based Participatory and Multilevel Intervention to Enhance Hepatitis B Virus Screening and Vaccination in Underserved Korean Americans

Summary

Korean Americans have low rates of Hepatitis B (HBV) screening and vaccination. A cluster-randomized trial involving 32 Korean churches and 1834 adults found that a multi-level intervention including interactive group education, patient navigation, and engagement of health care providers was superior to general cancer education in HBV screening rates (92.5% intervention vs 5.5% control), 3-series HBV vaccination completion rates (84% intervention vs 17.6% control), and overall screening and vaccination completion rates (87% intervention vs 3.8% control).

Overview

Purpose of Intervention:

To evaluate the efficacy of a community-based participatory intervention program in improving hepatitis B virus (HBV) screening and vaccination among Korean Americans who were not previously screened

Intervention Type:

Research-Tested — *Interventions with strong methodological rigor that have demonstrated short-term or long-term positive effects on one or more targeted health outcomes to improve minority health and/or health disparities through quantitative measures; Studies have a control or comparison group and are published in a peer-review journal; No pilot, demonstration or feasibility studies.*

Intervention Details

Intervention was Primarily Driven, Led, or Managed by:

Both Community and Academic/Clinical Researchers

Citations:

- Ma GX, Lee MM, Tan Y, Hanlon AL, Feng Z, Shireman TI, Rhee J, Wei Z, Wong F, Koh HS, Kim C, York W. Efficacy of a community-based participatory and multilevel intervention to enhance hepatitis B virus screening and vaccination in underserved Korean Americans. *Cancer*. 2018 Mar 1;124(5):973-982. Epub

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Relevance: Main Intervention, Post-Intervention Outcomes

Adaptation of Another Research-based Intervention:

No

Contact Information

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Intervention URL:

<https://pubmed.ncbi.nlm.nih.gov/29131316/>

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Results

Intention

Improve minority health or the health of other populations with health disparities (e.g. rural populations, populations with low SES)

Intervention Primary Outcome:

HBV screening rates at 6-month follow-up, 3-series HBV vaccination completion rates, overall high screening and vaccination completion rates

Intervention Secondary Outcome:

None

Key Findings:

Key findings of the intervention include significant intervention effects, as participants showed increased screening and vaccination completion rates. There was also increased vaccination rates of those with no immunity with over 80% receiving all three vaccines. Multi-level intervention developed through community participatory processes was superior to general cancer education.

Statistical Method Used:

The statistical methods used to analyze the data included multivariate mixed-effect logistic regression analysis and Rao-Scott chi-square test.

Evaluations and Assessments

Were Any of the Following Assessments Conducted (Economic Evaluation, Needs Assessment, Process Evaluation)?:

Yes

- **Process Evaluation:** Survey and key informant interviews were conducted to assess community-based participatory research (CBPR) practice and evaluate alignment with CBPR principles.

Demographic and Implementation Description

Diseases, Disorders, or Conditions:

Hepatitis B

Race/Ethnicity:

Asian

Populations with Health Disparities:

Racial and Ethnic Minority Populations

Age:

Adults

Socio-demographics / Population Characteristics

Community Type:

Suburban, Urban / Inner City

Other Populations with Health Disparities:

Unspecified

Geographic Location:

New Jersey, Pennsylvania

Socio-Economic Status:

Unspecified

Minority Health and Health Disparities Research Framework

		Levels of Influence			
		Individual	Interpersonal	Community	Societal
Determinant Types	Biological				
	Behavioral	✓	✓	✓	
	Physical / Built Environment	✓	✓	✓	
	Sociocultural Environment	✓	✓	✓	
	Health Care System	✓	✓	✓	

Community Involvement

The community's role in different areas of the Intervention (Choices are "No Role", "Participation", and "Leadership"):

Design:

Participation

Dissemination:

Participation

Evaluation:

Participation

Implementation:

Participation

Outreach:

Leadership

Planning :

Participation

Recruitment:

Leadership

Sustainability:

Leadership

Characteristics and Implementation

Intervention Focus Area:

Behavior Change, Patient-Clinician Communication, Quality Improvement or Organizational Change

Disease Continuum:

Primary Prevention, Secondary Prevention, Treatment

Delivery Setting:

Clinic / Health Care Facility, Houses of Worship

Mode of Delivery:

In-person

Who delivered the Intervention?:

Community Health Worker/Promoters, Health Educator, Healthcare Professional (Physician, Nurse, Technician)

Conceptual Framework**Intervention Theory:**

Health Belief Model, Social Cognitive / Social Learning Theory

Intervention Framework:

Community Organization / Community Building

Implementation**Intervention Study Design:**

Cluster Randomized Controlled Trial

Targeted Intervention Sample Size:

1834

Actual Intervention Sample Size:

1834

Start Year:

2010

End Year:

2015

Intervention Exposures

Duration of Intervention/How Long it Lasted:

10-12 months

Frequency of Intervention Delivery:

Frequency of intervention was 3-5 times which included screening and three times vaccine, as needed.

Number of Sessions/Meetings/Visits/Interactions:

1-2 Sessions

Average Length of Each Session/Meeting/Visit/Interaction:

1-2 Hours

Format of Delivery:

Dyad/Group of two (e.g. participant & partner; mother & child), Group (e.g. Community leaders), Individual

Highest Reading Level of Intervention Materials Provided to Participants:

Grade 6-7

Impact, Lessons, Components

Produced an impact or change beyond the primary or secondary outcome:

Yes

Community capacity building through the CBPR approach for intervention effects sustained for future studies.

Essential Aspects for Success:

Partnership and trust

Intervention Impact:

Community capacity building through the CBPR approach for intervention effects sustained for future studies.

Lessons Learned

Key Lessons Learned and/or Things That Could be Changed or Done Differently:

The findings demonstrate that the multilevel CBPR intervention components were effective in overcoming multilevel barriers. Future studies would include more qualitative successful stories from the participants.

Insights Gained During Implementation

Insight Category	Insight Description
Training / Technical Assistance	Training and capacity building for collaborating churches are essential to quality control.
Staffing	Bilingual staff is essential to reduce barriers to effective intervention delivery.
Recruitment	Regular church attendance among Korean-American immigrants has been consistently high, and churches are strong candidates as ideal venues for implementing health programs among other community-based organizations in the Korean American community, including recruitment support.

Intervention Components

Intervention Has Multiple Components:

Yes

Assessed Each Unique Contribution:

No

Products, Materials, and Funding

Expertise, Partnerships, and Funding Sources

	Used for Implementation	Needed for Sustainability
Expertise		
Community mobilization, community organization/coalition building	Yes	Yes
Partnerships		
Community groups (e.g. faith-based organizations, barbershops, beauty-salons, laundromats, food markets, community centers, cultural associations, tribal groups)	Yes	Yes
Funding Sources		
Public funding (e.g., federal, state or local government)	Yes	No

Product/Material/Tools

	Tailored For Language	Language(s) if other than English	Material
Outreach/Recruitment Tools			
Publicity Materials (e.g. Posters, Flyers, Press Releases)	Yes	Korean	Attachment available for request at the bottom of the page.
Publicity Materials (e.g. Posters, Flyers, Press Releases)	No		Attachment available for request at the bottom of the page.
Participant Educational Tools			
Brochures/Factsheets/Pamphlets	No		Attachment available for request at the bottom of the page.
Brochures/Factsheets/Pamphlets	Yes	Korean	Attachment available for request at the bottom of the page.
Measurement Tools			
Non-Standardized Instruments/Surveys/Questionnaires	No		Attachment available for request at the bottom of the page.
Non-Standardized Instruments/Surveys/Questionnaires	Yes	Korean	Attachment available for request at the bottom of the page.

Implementation Materials and Products

Material
Implementation/Delivery Materials
No Implementation/Delivery Materials provided.
Implementation/Output Materials
No Implementation/Output Materials provided.

Articles Related to Submitted Intervention

Article
Reports/Monographs
No Reports/Monographs provided.
Additional Articles
No Additional Articles provided.

Materials Available for Request

- 1. Korean Welcome and Introduction and Overview-re.pdf
- 1 English Welcome and Introduction and Overview-re.pdf
- 3. English Overview of Hepatitis B, culture Beliefs and Barriers.pdf
- 3.Korean Overview of Hepatitis B, Beliefs and Barriers.pdf
- English_HBV Study Tool - PI Grace Ma.pdf
- HBV Study Tool Korean- PI Grace Ma[83].doc

Request Materials

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