

Do you speak hepatitis?

In-language, cultural education interventions for Marshallese and Chuukese communities in Hawaii.

Thaddeus Pham, Kenson Alik, Rensely Alik, Heather Lusk MSW

BACKGROUND

Hawaii is a state in the United States of America (US) with over 1.3 million people living in 4 island counties. Viral hepatitis accounts for more than 75% of all liver cancer in Hawaii, which is the state with the highest rate of liver cancer death in the US.

More than 1 in 6 Hawaii residents were born outside the US, and more than 10% of those were born in Pacific Island regions. These regions have historical chronic hepatitis B virus (HBV) prevalence rates ranging from 4% in Guam to 12% in the Federated State of Micronesia (FSM) and the Republic of Marshall Islands (RMI).



Persons born in FSM and RMI (Micronesia) can freely migrate to Hawaii without visas. Because they originate in a region with high HBV endemicity, many Micronesians are at risk for HBV and subsequent liver disease and cancer. Recent analysis found an HBV rate of 6.3% among foreign-born Micronesian patients who were tested at a community health center on the island of Oahu.

Despite the burden of HBV on these communities in Hawaii, few culturally and linguistically appropriate resources are available for those from Chuuk (a large island within FSM) and RMI. Hep Free Hawaii (HFH), a local hepatitis coalition, sought to address this issue through collaboration with these communities.

CONCLUSIONS

Among participants who attended MELWP's "talk story" sessions, results demonstrate increased HBV knowledge and commitment for screening and vaccination.

Future efforts should include co-location of sessions with on-site HBV services, including testing, vaccinations, and care coordination.



Families and children at session at Ala Moana Beach Park.

METHODS

Through discussions with local Micronesian communities, Hep Free Hawaii identified engagement events—rather than educational materials—as more effective means to disseminate health information because:

1. most community members preferred to "talk story", a cultural practice of information sharing through conversational dialogue;
2. some community members were not necessarily literate in their own language.

In May 2015, HFH launched the Micronesian Education for Liver Wellness Program (MELWP), which was developed and staffed by Chuukese and Marshallese community members to provide informal in-language "talk story" sessions around HBV.

Educators provided semi-structured sessions with food and other incentives in community settings. Each participant would complete pre/post tests as well as evaluation forms.



Kenson Alik, Program Director, talking to Marshallese community members.



Marshallese community members at an in-home session with Rensely Alik.

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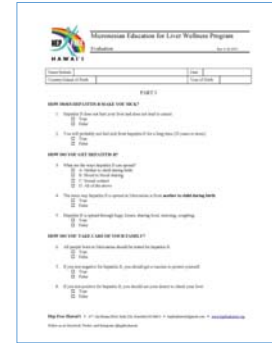
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CONFLICTS OF INTEREST

The authors have no potential conflicts of interest to report.

RESULTS

From June 2015 through December 2016, MELWP engaged with over 1400 people and provided sessions to 491 community members in familiar settings such as churches, homes, parks, health fairs, sporting and cultural events.



Pre/post test results indicate increased knowledge of HBV after the sessions, except for question 1 (Table 1). Average percent correct for each question increased from 73.8% pre-session to 90.3% post-session.

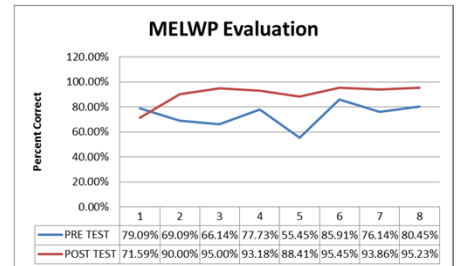


Table 1. Percent correct for questions on pre- and post-tests

Results from evaluation forms (not shown) indicate community buy-in with 91.8% and 92.0% finding the sessions organized and useful, respectively. Over 82% also indicated that they would seek testing and vaccination after attending the session.

Contact Information

NAME Thaddeus Pham

TEL NO 1-808-551-1917

EMAIL hepfreehawaii@gmail.com

