HBI-DC - a community-based 501 (c)3 non-profit organization. We provide culturally and linguistically competent services to the hard-to-reach communities.

Our Mission - to mobilize communities to prevent liver diseases caused by viral hepatitis.

What we do:
• Collaborative Partnership
• Outreach
• Health Screenings
• Vaccinations
• Linkage to Care
Collaborative Partnership

- CBOs & FBOs
- Medical Associations
- Health Clinics for Low Income
- Hospitals & Universities
- Local Government & Health Departments
- Federal and State Office of Minority Health
Communities We Outreach To

- Afghanistan
- Bangladesh
- Burma
- Cambodia
- Cameroon
- China
- Egypt
- Ethiopia
- Philippines
- Ghana
- Hmong
- India
- Indonesia
- Korea
- Laos
- Mongolia
- Morocco
- Nepal
- Nigeria
- Pakistan
- Saudi Arabia
- Sierra Leone
- Somalia
- Sudan
- Syria
- Taiwan
- Thailand
- Vietnam
Outreach

HBI-DC in-house Languages:

- Akan
- Amharic
- Burmese
- Chinese
- Korean
- Mongolian
- Russian
- Vietnamese

保護你自己！今天免費測試！

احمي نفسك!
احصل على اختبار طبي اليوم مجانًا

防止自己！
免费测试今日！
Outreach

Social Media:

- Twitter
- Facebook
- Instagram
- Local TV
- Ethnic Radio stations
- Ads in Ethnic Newspaper

Follow us @hbidityc
Health Screening: Services at the Community

Across DC, MD, and VA:
• Churches
• Temples
• Mosques
• Health Fairs
• Festivals
• Community Centers
• Mobile Units
• Businesses
Health Screenings: Services at the Community

We Provide Testing for:
• Hepatitis B Surface Antigen
• Hepatitis B Surface Antibody
• Rapid Hepatitis C Antibody
• 100% Hepatitis C Confirmatory RNA PCR
• Glucose and Lipid Panel
Health Screenings

- Testing done at LabCorp
- Data kept on HIPAA compliant Zcontech
### HBV & HCV Data - 2018 to June 2019

<table>
<thead>
<tr>
<th>Year</th>
<th>Educated</th>
<th>Screened for HBV</th>
<th>HBV+</th>
<th>Screened for HCV</th>
<th>HCV+</th>
<th>HBV+ &amp; HCV+</th>
<th>Screened for HIV</th>
<th>HIV+</th>
<th>HIV+ &amp; HBV+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2018</strong></td>
<td>4607</td>
<td>1958</td>
<td>95</td>
<td>2218</td>
<td>49</td>
<td>2</td>
<td>621</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Up to June 2019</strong></td>
<td>1405</td>
<td>1023</td>
<td>39</td>
<td>1029</td>
<td>30</td>
<td>0</td>
<td>478</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6012</td>
<td>2981</td>
<td>134</td>
<td>3247</td>
<td>79</td>
<td>2</td>
<td>1099</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td><strong>%</strong></td>
<td></td>
<td></td>
<td>4.5%</td>
<td></td>
<td>2.4%</td>
<td></td>
<td></td>
<td>0.5%</td>
<td></td>
</tr>
</tbody>
</table>
## HBV & HCV Data - 2018 to June 2019

<table>
<thead>
<tr>
<th></th>
<th>Asians</th>
<th>Africans</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screened</strong></td>
<td>1822</td>
<td>641</td>
<td>903</td>
<td>3366</td>
</tr>
<tr>
<td><strong>HBV+</strong></td>
<td>102</td>
<td>29</td>
<td>3</td>
<td>134</td>
</tr>
<tr>
<td></td>
<td>5.6%</td>
<td>4.5%</td>
<td>0.3%</td>
<td>4.5%</td>
</tr>
<tr>
<td><strong>HCV+</strong></td>
<td>64</td>
<td>10</td>
<td>5</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>3.5%</td>
<td>1.6%</td>
<td>0.5%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>
HBV Prevalence by Country

- Vietnam: 575 screened, 8% HBV+ (46)
- Mongolia: 468 screened, 6% HBV+ (28)
- China: 453 screened, 5% HBV+ (23)
- Ghana: 283 screened, 5% HBV+ (14)
- Nigeria: 149 screened, 14% HBV+ (21)
- Cameroon: 129 screened, 5% HBV+ (6)
HBV - Linkage to Care – 2018 to June 2019

LINKED TO CARE - 113
- 69% NIH
- 26% UMD
- 5% Community Doctors

NOT LINKED TO CARE - 21
- 55% No Answer
- 32% Not Concerned
- 9% Left Country
- 4% Thinking About It

NIH  UMD  Community Doctors  No Answer  Not Concerned  Left Country  Thinking About It
HCV - Linkage to Care – 2018 to June 2019

HCV Positives - 79

- 39% With Viral Load
- 61% No Viral Load

Linkage to Care - 31

- 87% Linked to Care
- 6.5% Left Country
- 6.5% Lost Contact
### Challenges

- Building trust takes time.
  - Not comfortable if the caller does not speak their language.
- Doubtful
  - Fear of receiving free benefits and services.
  - Eligible, but did not go. No show.
  - Scared.
- Not aware of the virus.
  - “I’m fine and don’t need help.”
  - “I don’t want to be a guinea pig.”
- Stigma.
- Busy, no time.
- Not answering the phone, change phone numbers.

### Overcome

- Health literacy education, i.e. postcards, flyers and posts on social media.
- Screenings on site, bring services to the Community among their trusted leader/doctors and volunteers who speak their language.
- Add Glucose and Cholesterol.
- Navigate other resources; insurance, translation, accompany to first appointment.
## Success Stories

### Hepatitis C

- Screened 1456 Mongolians.
- 10% - Hepatitis C Antibody detected.
- 56% - Hepatitis C RNA Confirmed.
- 48% Linked to Care.
- 38 people got free medications.
- 24 estimated cured from Hep C
- 14 confirmed cured from Hep C.

### Hepatitis C

- During one of the mobile outreach at a car repair shop
- One-person age 45 tested positive for HCV and did not know
- Linked to doctor, linked to free medication took for three months.
- Now he’s cured.
- Grateful allowed us to use the waiting room to screen his customers and as incentive 20% discount.
### Success Stories

#### Hepatitis B & Delta

**Participant #1**
- Tested in August 2016
- Linked to NIH.
- Did not know had Delta.
- Recently had a treatment for 6 months.
- Now the viral load is low.

#### Hepatitis B, C & Delta

**Participant #2**
- C-section in 2011.
- Acute Hepatitis B and Hepatitis C.
- April 2017 Screening.
- Dr. Octain, Internal Medicine.
- Refer to NIH, Delta specialist.