HCV Behavioral Health Preparation of the Racial/ Ethnic Minority: Measurement Development of a HCV Treatment Readiness Tool in Spanish and English

Michele Vella
Lehigh Valley Health Network, Michele.Vella@lhn.org

Joseph L. Yozviak DO, FACP
Lehigh Valley Health Network, joseph.yozviak@lvhn.org

Judith Lash RN
Lehigh Valley Health Network, Judith.Lash@lvhn.org

Published In/Presented At

Vella, M., Yozviak, J., & Lash, J. (2012, August 3). *HCV behavioral health preparation of the racial/ethnic minority: Measurement development of a HCV treatment readiness tool in spanish and english.* Poster presented at: The 120th Annual Convention of the American Psychological Association, Orlando, FL.

HCV Behavioral Health Preparation of the Racial/Ethnic Minority: Measurement Development of a HCV Treatment Readiness Tool in Spanish and English

Michele M. Vella, Joseph Yozviak, D.O., Judith Lash, R.N.
Lehigh Valley Hospital Hepatitis Care Center

Presented at the annual meeting of Association, Orlando, FL, August 3, 2012.

Hepatitis C: A Background of Disparities

Overview

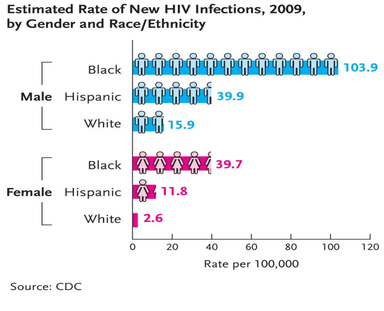
- Approximately 3.2 million persons are affected with Hepatitis C (HCV) in the United States (CDC, 2011)
- It is estimated that there are 17,000 new cases of HCV every year though fewer than 1,000 are reported (Daniels et al., 2009)
- HCV can persist for decades without symptoms (CDC, 2011)
- 65%-75% of infected Americans are unaware of their infection (CDC, 2011)

The Color of Disparity

- African Americans (A.A.) are twice as likely to be infected with HCV compared to the general U.S. population (El-Seraq et al., 2010)
- Though A.A. make up 12% of the U.S. population, they account for 22% of HCV cases (El-Seraq et al., 2010)
- Persons residing in the Commonwealth of Puerto Rico have more than 2 times the rate of HCV antibodies (6-10%) compared to persons residing in Mainland U.S. (0.9-4.3%) (Perez et al., 2007)
- American Indians and Alaskan Natives are 2.8 times as likely to develop HCV than Whites (CDC, 2011)

HIV + HCV + Racial/Ethnic Minority = Triple Jeopardy

- It is estimated that 30%-40% of persons infected with HIV are co-infected with HCV (CDC, 2011)
- HIV disproportionately affects racial/ethnic minority populations with complications from HCV co-infection as the leading cause of death amongst HIV positive individuals (Franciscus & Highleyman, 2010)



The Intersection of HCV, Health Disparities & Psychology

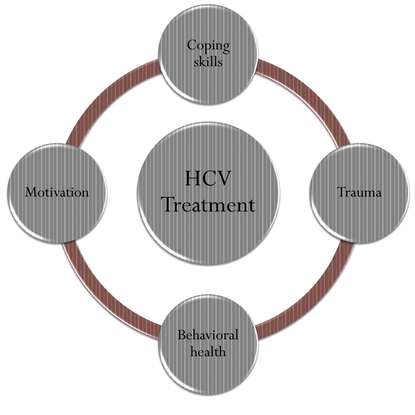
The Neuropsychiatric Burden of HCV

- Like HIV, HCV is a neurotrophic virus that causes alterations of sub-cortical brain structures (Hafliger, 2008)
- HIV & HCV co-infected individuals may suffer viral alterations on the sub-cortical brain areas, damage caused by hyperammonemia, and basilar manganese deposition due to persistent hepatic encephalopathy

Behavioral Health Considerations for HCV Treatment

- Chemotherapy agents are used to treat HCV. Persons electing treatment may or may not be cured of the virus. These medication therapies may cure up to 80% of HCV (Porter & Franciscus, 2009)
- These medications, however, carry considerable physical and psychological effects including: depression, anxiety, irritability, tearfulness, rage, decreased frustration tolerance, mania/hypomania, suicidal ideation, psychosis in the absence of delirium (co-infected patients), cognitive dysfunction, generalized slowing, decreased attention span, reduced executive skills, and fatigue (Hafliger, 2008; Hoffman et al., 2003; Onyike et al., 2004).
- Psychological distress may lead to discontinuation of treatment. Hence, pre-existing negative behavioral health symptoms (i.e., mental health and substance use) must be minimized before starting treatment.
- Racial/ethnic minorities infected with HCV and/or HIV are likely to have compounded barriers to quality infectious disease and behavioral healthcare that could impact treatment completion (OMH, 2012; SAMHSA, 2011)

Assessing Treatment Readiness: Methods of Survey Development



Four Hypothesized Domains

Hypothesized dimensions were based on a literature review of multicultural, behavioral health, and clinical variables of HCV populations, qualitative and quantitative HCV treatment experience, and data on treatment outcomes

A pool of 46 items were drafted were based on studies related to the 4 domains including:

a.)Coping : items generated from the intersection of health disparities with psychosocial coping styles with consideration to multicultural competency and HCV population characteristics

b.)Trauma: items generated from Adverse Childhood Experience Study to determine trauma history and trauma's relationship with coping, behavioral health, and HCV treatment motivation (CDC, 2012; Felitti et al., 1998)

c.)Behavioral health: items generated from SAMHSA considerations of behavioral health of minority communities and mental health and substance use/abuse impact on HCV (Fireman et al., 2005; SAMHSA, 2011)

d.)Motivation: items generated from stages of change and treatment adherence n chronic disease populations (Wiley et al., 2000)

Survey Participants, Survey Measures & Future Directions

- Convenience sample of HCV positive adults being treated at LVHN HCC, over 18 years of age, and being evaluated for HCV treatment from January 2012 until January 2013
  - Participants are clinically interviewed to record socio-demographic characteristics including gender, age, race/ethnicity, employment status, education, knowledge of HCV, and self-report route of infection
  - After socio-demographic data are gathered the 46 item assessment is administered by the LVHN HCC behavioral health specialist in compliance with chronic HCV standard of care
  - Scores are assigned to each subscale domain (0=No, 1=Sometimes, 2=Yes) with a higher sum total equaling the need for increased LVHN HCC team support
  - From January 2012 until July 2012, a total of (x) HCC assessments have completed the assessment. (women/men) with a mean age of "x" (range x-x years) with the following racial/ethnic groups represented: African American (n=2), Latino (n=), Native American (n=1) , Asian American (n=), and White (n=)
  - Assessments will be administered until January 2013 whereby data analysis, construct validity and construct validity will be analyzed retrospectively to determine