



# Hepatitis B and Health Disparities: A medical-student led lecture within a mandatory medical school course

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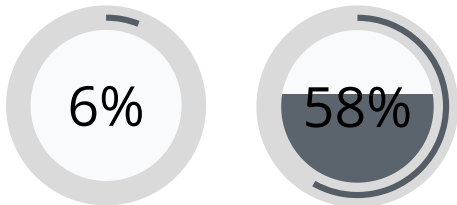
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## Introduction

- The Asian American Pacific Islander (AAPI) community only makes up approximately 6% of the United States population but 58% of the total population of chronic hepatitis B virus (HBV) carriers (CDC, 2020).



- Screening for HBV infection depends largely on medical provider recommendation (Coronado, 2007), but the rates at which it has been conducted remain suboptimal (Khalili, 2010; Chu, 2013; Lai, 2007).  
- One contributing factor is inadequate training within the medical school curriculum; up to 80% of physicians report feeling underprepared by their medical training to care for chronic HBV carriers (Chao, 2015).

- Formal instruction incorporated into a required medical school course would address this knowledge gap in a manner that highlights how understanding of disparate burdens of HBV infection in the AAPI community and culturally-competent practice affects patient care as significantly as adequate fund-of-knowledge.

## What's Been Done

health professional students from UCSF designed a curriculum consisting of a didactic elective, clinical skills elective, and clinical practicum addressing HBV impact on the AAPI population through seminars and participation in screening and vaccination clinics. (Sheu, 2010)

## Methods

- 10/2020 Contact course directors
- 11/2020 Complete course objectives
- 1/2021 First draft of cases  
Construct post-lecture survey
- 2/2021 Finalize cases, powerpoint  
Record lecture

## Results



The lecture was prepared by second-year medical students in the APAMSA student group, with feedback from fourth-year medical students in APAMSA and the course directors.  
Due to COVID-19 restrictions, the lecture was pre-recorded through Zoom and offered to students as a non-mandatory lecture during the allotted course time in February 2021.

### Vignette 1

A 26-year-old Asian-American woman comes to the clinic after several weeks of experiencing low grade fever, nausea and vomiting, and joint pains...

6Qs

### Vignette 2

A 5-month-old infant is brought to your clinic following a possible perinatal HBV exposure. Her mother is a Filipino immigrant who was not diagnosed with HBV until her immigration process a month ago...

9Qs

### Vignette 3

A 61-year-old Vietnamese immigrant, who refused medical attention for years, has recently passed away; he experienced progressive fatigue and unintentional weight loss several months leading up to his death...

4Qs

- The three vignettes addressed acute and chronic HBV infection and mother-infant HBV transmission

- An average of 6.33 review questions was provided per vignette.

- Lecture included discussion points regarding HBV epidemiology, screening and vaccination protocols/recommendations, consequences of untreated HBV infection, and barriers to screening and vaccination in the AAPI community.

- Qualtrics survey included 13 questions assessing awareness of HBV infection prevalence in the AAPI community, the benefit of lectures on healthcare disparities, and the effect of the lecture on cultural-competency and future health-care practices.

1 Before this lecture, I knew that hepatitis B was more prominent among the Asian population.

2 Lectures focused on minority health are important to incorporate into our curriculum.

3 This type of lecture will help me better treat my patients in the future.

4 This type of lecture will help me develop cultural competence.

5 I wish we had more lectures focused on diseases that significantly affect certain racial groups.

6 Information from this lecture is applicable/useful for studying for the NBME exam.

7 This lecture was worth my time watching.

8 I would recommend this lecture to my peers.

9 This lecture helped me better understand factors contributing to health disparities amongst minority groups.

10 I enjoyed this type of lecture focused on minority health.

How did you view this presentation?

How could we make this lecture better next year?

Additional comments/suggestions:

- A total of 9 respondents were recorded in a class size of 136, yielding a response rate of 6.62%.  
- The lecture was officially included in the course curriculum for subsequent years

## Conclusions

- There is a need to address the health-disparities within the medical school curriculum  
- This student-constructed lecture can serve as a model for lecture-initiatives that are feasible and initiate discussions of health-care disparities in medical school curricula.

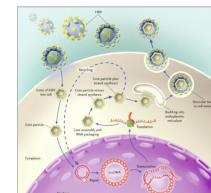
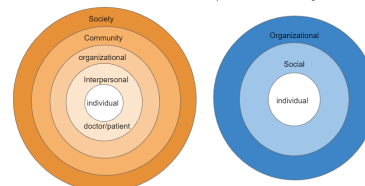
## Acknowledgements

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## References

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Patient Related Barriers to Hepatitis B Screening & Care



Chronic HBV Mortality Rates in the United States

Demographic (Race/ethnicity)	2013	2014	2015	2016	2017	2018	2019	2020
White, not Hispanic	888	851	831	805	787	767	751	736
Black, not Hispanic	284	280	284	278	275	271	268	265
Hispanic	139	137	136	136	132	129	128	126
Asian/Pacific Islander	446	435	425	419	413	404	398	392
American Indian/Alaska Native	13	12	11	10	9	8	7	6