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

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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 twice 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 & Highteyman, 2010)

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 & Francis, 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.

The Intersection of HCV, Health Disparities & Psychology

Assessing Treatment Readiness: Methods of Survey Development

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-y 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

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)