



Using Qualitative Evaluation to Strengthen Hepatitis B and Hepatitis C Health Promotion By Patient Navigators for Hard-to-Reach Populations

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Absence of Resources For Hepatitis Patient Navigation

Qualitative Evaluation Of Barriers To Successful Patient Navigation

Resources For Patient Navigators Serving Hard-to-Reach Populations

Background

Over 250,000 New York City residents are infected with hepatitis (Hep) B or Hep C. Many are unaware of their status and not in medical care, even though treatment can reduce illness and premature death. Hep B and Hep C disproportionately impact people who use drugs, are homeless, or are foreign-born, groups which face unique barriers to care. Peer and patient navigation programs have been found to support patient engagement in health care. However, the field of hepatitis patient navigation is new and resources to support this professional role are in early stages of development.

Methods

In 2015, qualitative feedback was solicited from 14 Hep B or Hep C patient or peer navigators via focus groups or at monthly meetings. Focus group transcripts were analyzed using grounded theory and NVivo software. Feedback from patient and peer navigators informed the development of new print resources to support patient navigation activities, including health promotion, referrals to supportive services, and treatment adherence support.

Results

Qualitative evaluation themes included:

- Perception of Hep C infection as inevitable among drug users
- Perception of Hep B and Hep C disease as not urgent and therefore not a high priority
- Lack of awareness of new highly effective and tolerable all oral medications to cure Hep C
- Perception that Hep C medication coverage would likely be denied by health insurance
- Experience of provider stigma against drug users, including lack of respect for the role of peer navigators

Select Quotes:

"That was basically a big barrier to people, the fear... they thought it was the same old medications and thought about the horror stories." - Hep C peer navigator

"When we first reached out to the patient, she refused to be medically treated, saying that she would count on herbal medicine and nutrition therapy." - Hep B patient navigator

"The patient reported suffering from such psychological distress that his chronic Hep B infection became a low priority." - Hep B patient navigator

"I feel there was a lack of overall information available. If the program itself had written down...a 'what to expect' made in simple words to give to the participants [...] Because it seems a bit daunting to people, they think 'oh, I'm going to have to go every week, it's going to be a thousand visits.'" - Hep C peer navigator

Discussion

Evaluation findings identified gaps in patient education and support and led to the development of new patient navigation materials in English and Spanish addressing common barriers to Hep B and Hep C care and treatment:

Patient Navigation Resources

- Health promotion manuals to guide health education about Hep B and Hep C testing, care and current treatments and assessment of need for supportive services (e.g. mental health)
- Business cards to legitimize role of peer navigators for patients, health care professionals, and law enforcement



Patient Education Resources

- A "roadmap" illustrating steps from Hep C screening to cure to help set realistic expectations and dispel treatment myths
- A pocket card listing patient rights in receiving health care



Conclusion

Evaluation findings highlight the importance of understanding unique barriers to care experienced by patients living with Hep B and Hep C in order to better support patient navigators with resources to address those needs.

