Fighting a Silent Epidemic: Viral Hepatitis in the African American Community

During the observance of Minority Health Month, we are pleased to share a guest post from Dr. Nadine Gracia highlighting activities to address one of the racial/ethnic health disparities in viral hepatitis.

April 28, 2014 By J. Nadine Gracia

Viral hepatitis is sometimes referred to as a silent epidemic, one that leads to more than 17,000 deaths in the U.S. each year. But this epidemic, which disproportionately affects African Americans—who are 1.5 times more likely to die from the disease than non-Hispanic whites—too often goes unnoticed by the public and undetected by health care providers and patients.

The U.S. Department of Health and Human Services (HHS) is working to raise awareness about viral hepatitis and reduce its impact on the African American community. Since 2011, the Action Plan for the Prevention, Care and Treatment of Viral Hepatitis has guided the efforts of HHS, other federal agencies and non-governmental partners. Building on the achievements of that plan and recent advances in this field, HHS and its federal partners renewed their commitment to improving the national response to viral hepatitis with the release of the updated Viral Hepatitis Action Plan on April 3, 2014. The updated plan includes actions designed to improve awareness of viral hepatitis among and access to prevention, screening, care, and treatment for priority populations, including African Americans.

Among the ways that the HHS Office of Minority Health is contributing to this important national health priority is by helping to identify and support promising practices for prevention and treatment of viral hepatitis through two of our demonstration projects – the HIV/AIDS Health Improvement for Re-entering Ex-Offenders Initiative (HIRE) and Linkage to Life: Rebuilding Broken Bridges for Minority Families Impacted by HIV/AIDS (L2L). Individuals at risk for HIV/AIDS are also at high risk for hepatitis C. Given the intersection between these two epidemics and the opportunity to better serve individuals who are at risk for or co-infected with HIV and HCV, hepatitis C diagnosis and linkage to care has become an important component of OMH's HIV-related demonstration projects.

The HIRE and L2L demonstration projects reach populations that are at increased risk for both HIV

and HCV. These populations include individuals returning to their communities from federal and state correctional facilities and families coping with HIV/AIDS. For example, St. Luke's Roosevelt Institute for Health Sciences in New York City, a HIRE grantee, leveraged resources to build the capacity of primary care providers to treat patients co-infected with HIV and HCV. Through a treatment expansion demonstration project, St. Luke's placed viral hepatitis educators at each of its clinical sites. This effort has provided support to ongoing strategic expansion for St. Luke's to serve as a patient-centered medical home for HIV-negative individuals with other chronic conditions, including hepatitis C.

The CORE Foundation, a L2L grantee based in Chicago, IL, aims to improve HIV-related health outcomes for individuals transitioning from correctional or in-patient substance abuse facilities. The CORE Foundation's weekly hepatitis clinics provide screenings and diagnostic services on site. Approximately 50 percent of the patients in this clinic are co-infected with HIV and hepatitis C and 50 percent are mono-infected with only hepatitis C. To date, 65 percent of the patients receiving care and treatment at the hepatitis clinic are Black/African American. Additionally, the CORE Foundation is able to enroll clients in therapeutic and observational trials on site to improve treatment of hepatitis C disease.

These efforts by the HIRE and L2L grantees highlight the important and impactful work happening at the community level to help reduce hepatitis C disparities in the African American community. As the Action Plan for the Prevention, Care and Treatment of Viral Hepatitis enters its next phase, the Office of Minority Health is committed to continued collaboration with our partners in raising awareness, providing education and outreach, and promoting promising approaches to fight this silent epidemic in minority communities.

J. Nadine Gracia, MD, MSCE is the Deputy Assistant Secretary for Minority Health at the U.S. Department of Health and Human Services' Office of Minority Health. This article was originally published on AIDS.gov.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.hepmag.com/article/hep-silent-killer-african-american-25527