Engaging diverse communities in the response to hepatitis B
The Hepatitis B Community Alliance NSW

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Disclosure of interest

• I have no personal conflict of interest to declare
Who are we?

• State-wide service funded by NSW Ministry of Health

• Work with CALD communities to address HIV & viral hepatitis

• Health promotion & client support

• Core staff & 90 casual bilingual/bicultural workers

• 25 languages
Background

CHB is the major cause of liver cancer and the fastest increasing cause of cancer death in Australia.

Without proper care, 15-25% of people living with CHB will die due to consequences of their infection.

Diagnosis allows access to proper care and the prevention of transmission.

Proper care involves either regular monitoring or, if required, antiviral treatment.

- Diagnosed: 57%
- Undiagnosed: 43%
- Accessing Care: 18.5%
- Not Accessing Care: 71.5%
Affected communities

- 8% Aboriginal and Torres Strait Islander
- 61% Born Overseas
- 31% Australian-born non-indigenous

Predominant countries of birth:
- China
- Vietnam
- Philippines
- Italy
- Fiji

Predominant languages other than English:
- Mandarin
- Cantonese
- Vietnamese
- Greek
- Korean

Most people living with CHB in NSW were born overseas and got hepatitis B through vertical transmission.
The Alliance

• Formed: 2013

• Inspired by: San Francisco Hep B Free

• Membership: over 15 communities represented

• Aim:

  To strengthen CALD communities’ capacity
to address hepatitis B issues
Why an Alliance?

• Meaningful engagement of affected communities

• Strength in numbers

• Representation of smaller communities (equity)

• Common issues across communities

• Work undertaken by funded bodies but guided by community

• Community leaders support

• Access to community groups
Strategies

- Media campaigns (print, radio, pay TV)
- Community education in language
- Workforce development
- Community grants for WHD activities
- Community events
- Annual meeting
Hepatitis Awareness Week 2014
Indonesian Community Clinic
Pilot project
2015: Intensive media work

- **July**: *Time for action* – Specialist
- **September**: *Know your hepatitis B status* - Community leader
- **October**: *Value your mind* - People living with hep B

- **Communities targeted:**
  - African
  - Arabic
  - Chinese
  - Greek
  - Indo
  - Italian
  - Vietnamese

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2016: Connecting for action

Objectives

• Introduce the Alliance to key health and hepatitis sector services.
• Provide an opportunity for Alliance members to link with key services.
• Facilitate new partnerships.
• Identify local initiatives for future action

Approximately 40 participants including:

• Alliance members
• Hepatitis sector health workers from Sydney metro
• Harm Reduction and Viral Hepatitis Branch, NSW Ministry of Health
• Hepatitis NSW
• MHAHS
Risks, challenges, limitations

- Open ended
- Harder to build capacity
- Maintaining engagement long term
- Funding
- Working group from MHAHS – limited capacity
- However...
Achievements

• Strong partnerships formed

• Community leaders remain committed & membership continues to grow

• Wide media reach: 70 pick ups, including 30 interviews, 2 TV programs

• Community education reached 800+

• Indonesian outreach testing clinic pilot

• Prepared communities for intensive work

• New partnerships formed to expand work at local level
From little things...
Conclusion

• The engagement of communities affected must be at the forefront of the hepatitis B response

• The Alliance has proven to be a successful way to engage and mobilise CALD communities affected by chronic hepatitis B

• The work of the Alliance has helped brought the issue into the communities agenda

• Ongoing investment and commitment from community leaders has been central to the Alliance’s success
Our team

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