One size does not fit all
Two hepatitis B outreach testing models

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Disclosure of interest

• I have no personal conflict of interest to declare
Background

- NSW 77,000 people with CHB
- 60% are overseas born
- ~44% are undiagnosed
- 6,000 – 7,000 Dx per year (Australia wide)
- NSW Strategy: innovative service delivery models
Indonesian project

- Approximately 1500 Indonesian born with CHB in NSW
- Small community with enough community structures
- Increase access and equity
- Commitment and support from community leaders
- Community development project
Aim: To test the feasibility of a community outreach hepatitis B testing clinic

• To increase access to hepatitis B testing among a small priority CALD community
• To increase access to regular monitoring and treatment for CHB among a small priority CALD community
• To increase awareness and understanding of CHB among people from a priority CALD community
The clinic

• Cross sector partnership between health and community

• Funding from within existing budgets

• Held at time and place where community met on regular basis – social aspect retained

• Education session and information provided in language

• Pre-registration – capped at 30
The clinic day
Test results

Tested:

• 30 people registered

• 25 were tested (70 + attended the event)

Results delivered at the liver clinic:

• 1 person had CHB infection

• 7 participants had resolved infections

• 5 had been previously vaccinated

• 12 participants were susceptible to infection
Chinese project

- SESLHD is home to more than 10,000 people living with CHB

- Over 70% were born overseas, China one of the most common COB

- Navitas English College, Hurstville runs Adult Migrant English Program (AMEP)

- Significant number of Chinese adult students

- Ideal setting for hepatitis B community information sessions and outreach testing clinics

- Supportive Academic Manager
Objectives

• To increase awareness and understanding of CHB among Chinese community

• To increase access to hepatitis B testing and liver FibroScan® among Chinese community

• To link those diagnosed with CHB with appropriate monitoring and care
The clinic

• Cross sector partnership between health and education organisation

• Funding from within existing budgets

• Held in familiar environment where people attend English classes

• Education session and information provided in language

• Pre-registration was required
Navitas English Hurstville
Test results

• 89 people were tested in November 2015 and May 2016 (44 + 45)

• No new diagnosis of Hepatitis B. A few had already been diagnosed

• 12 were susceptible to infection

• 21 participants had previously been exposed to hepatitis B

• A referral letter to relevant service was given out to each participant according the individual’s test result

• A copy of the blood tests and FibroScan® result was also sent to the participant’s GP with an explanation of the service
Participant evaluation

- 74% - 80% learned something new about CHB

- 94% - 100% thought the outreach clinic was a good idea

- 85% to 95% said they would recommend the clinic to others
Q6 What helped you decide to have a test today?

Answered: 24  Skipped: 4

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Being able to have the test at Indo Care's regular meeting</td>
<td>30%</td>
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<tr>
<td>Knowing that hepatitis B is common in my community and that I could have it</td>
<td>20%</td>
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<tr>
<td>Being given the information I wanted/needed about chronic hepatitis B and the test</td>
<td>25%</td>
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<tr>
<td>Other (please specify)</td>
<td>15%</td>
</tr>
<tr>
<td>My friends were having a test today</td>
<td>10%</td>
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<tr>
<td>I know someone affected by hepatitis B</td>
<td>5%</td>
</tr>
<tr>
<td>I felt pressured because everyone else was having a test</td>
<td>5%</td>
</tr>
<tr>
<td>My husband/wife/friend suggested I have the test</td>
<td>5%</td>
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## Comparison

<table>
<thead>
<tr>
<th>Indonesian</th>
<th>Chinese</th>
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<tbody>
<tr>
<td>Partnership with community</td>
<td>Partnership with education</td>
</tr>
<tr>
<td>Within community development project</td>
<td>Stand alone strategy</td>
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<tr>
<td>Held over one day</td>
<td>Held over a few days – included Fibroscan</td>
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<tr>
<td>Participants from various LHDs</td>
<td>Participants mostly from SESLHD</td>
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<tr>
<td>Proactive (community engagement)</td>
<td>Passive (community receiving)</td>
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<tr>
<td>One off</td>
<td>Ongoing – twice yearly</td>
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<tr>
<td>Cross sector partnership</td>
<td></td>
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<tr>
<td>In-kind funding</td>
<td></td>
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<tr>
<td>In language</td>
<td></td>
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<tr>
<td>Most results delivered in person and letter sent to GP</td>
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<tr>
<td>Settings based</td>
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Conclusion

• Both projects were successful cross sector partnerships

• A settings based approach is an effective way for health services to reach affected communities and was welcomed by community members

• Providing information in community language was an important aspect contributing to the success of both projects

• Outreach testing models are an appropriate and effective model for increasing access to information and hepatitis B testing among priority CALD communities
Acknowledgments

A big thank you to all the individuals and partners involved in these projects:

- AW Morrow Gastroenterology and Liver Centre RPA
- Former Inner West Sydney Medicare Local
- IndoCare
- Department of Gastroenterology and Hepatology St George Hospital
- The HARP Unit - SESLHD
- Navitas English College, Hurstville
- Multicultural HIV and Hepatitis Service (MHAHS)
References


- Cowie, Benjamin C, The linguistic demography of Australians living with chronic hepatitis B. Aust NZ J Public Health, 2010
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