



## Know Your Hepatitis B Status Campaign

Enaam Oudih – Manager PEACE Multicultural Services  
Sharna Ciotti – Team Leader

*Relationships Australia*  
SOUTH AUSTRALIA

## Acknowledgement

I acknowledge this Land as the Traditional Lands of the Arnernte People, and I respect and support their Spiritual, Physical, Economical, Mental and Emotional relationship with their Country.

## Background

- Increase of chronic hepatitis B amongst African communities in SA
- PEACE have witnessed a number of hepatitis B related deaths amongst African people, particularly under the age of 35
- Chronic hepatitis B has a significant impact on family relationships
- African individuals living with HBV are more likely to access services at a crisis stage
- Local nurses reported lack of adherence to monitoring and treatment
- Low health literacy

## Know your hepatitis B Campaign

- Became an alternative to the multicultural liver clinic idea
- The campaign concept was borrowed from the US
- Had no partners to support us, other than the leaders of the African Communities
- Developed it as part of our core business without any specific funding
- Wanted to empower individuals to use the current health care structures
- Were open minded as to what could we learn and as to how we could use this as an evidence-base

## The Campaign Goals:

- To assist and support African community members living in the Northern suburbs of SA to know their hepatitis B status
- To increase the health literacy of community members – pathways into testing, monitoring and treatment.

## Description of campaign:

- 7 stages:
- Environmental scan
  - Development of resources, including standard letters to communicate with GPs and clinic practice managers
  - Networking and relationship building
  - Initial appointments (informal education sessions)
  - Testing
  - Case management
  - Evaluation

## The participants so far:

Between September 2013 - June 2014:

- A total of 41 individuals, between the ages 1 – 65 years old participated in this campaign
- Participants had arrived in Australia between 2001 – 2013
- Cultural backgrounds included: Liberian; DRC Congolese; South Sudanese; Sierra Leonean; Ghanaian and Togolese.

## Results

Prior to the campaign:

- 100% of participants had limited or no hepatitis B awareness/knowledge
- 36.5% of participants indicated that they had had blood tests upon arriving to Australia, but were unaware of what they were being tested for
- 75.5% of participants reported that they had received vaccinations, but were unaware if they had been vaccinated for HBV

## Results (cont)

- 40 out of the 41 of participants are now aware of their HBV status (97.5%)
- 4 participants tested positive for chronic hepatitis B (9.7%)
- 1 of the 4 individuals who tested positive for chronic hepatitis B was known to the system, but was lost to follow up
- 3 out of the 4 were connected to a viral hepatitis nurse and a new GP. The fourth (18 years old) who did not want to engage as her GP told her “you have nothing to worry about, you are a healthy carrier”
- 4 participants required vaccinations (9.7%)

## Verbal feedback

- *I had no idea what hepatitis B was before you gave me the information*
- *Hearing about what happens if you leave hepatitis B untreated has made me want to get tested*
- *I didn't know that such a virus could lead to liver cancer*
- *I just assumed that we got checked for all important viruses and diseases when we arrived in Australia*
- *I am very glad that I have found out about this campaign and can get all my family tested*
- *It's been helpful having you here to explain everything to me and to help me go for a test*
- *It's challenging trying to explain to the GP what tests I want done, so it was good to have your help when I went for a test*

## Outcomes

- Stronger relationships have been built with hepatitis nurses in the north and Clinic 275. All of which allowed clients to feel empowered and well informed
- A local sexual health agency recognised the need for further workforce development in the area of hepatitis B and cultural competency, which led to a specific training
- In some cases, other BBV and STI tests were also undertaken

## The learnt lessons

- Community engagement and education followed by case work and case management, was a very successful model
- Cultural brokerage was necessary at every level of the campaign due to a mainstream health system
- Collaboration that is not built on trust and a willingness to change practices does not work

### The challenges faced

- Hepatitis B was not recognised as a priority for Northern Medicare Local
- GP clinics and practice managers did not want to engage
- Lack of hepatitis B knowledge amongst health professionals including GPs and nurses

### The challenges faced (cont)

Lack of skills on how to engage with clients and workers from non dominant cultures, led to:

- ✓ Cultural conflicts, which resulted in clients and PEACE workers feeling alienated and less empowered
- ✓ Contributing to further stigma associated with hepatitis B
- ✓ Strained relationships between the client and the referring PEACE worker

### Recommendations

- A model of care must be developed to specifically address hepatitis B across key populations. The model must include these three components:
  1. Know the barriers at all levels, personal, environmental and systematic
  2. Involve the community and the affected clients
  3. Use the collective impact framework to create a shared vision and resources, to influence each other's practices and to develop referrals pathways.