

“It really is in a pretty competitive space to get a profile”:
Facilitators and barriers to providing hepatitis B clinical care to Aboriginal people in South Australia

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Interviews

- 4 GPs
- 4 Nurses
- 1 Hepatitis community advocate
- 1 Policy maker
- 2 Aboriginal health care workers
- 2 Aboriginal males living with chronic hepatitis B
- 2 Ancillary health service staff

Questions focused on their views and experiences of treatment and care for Aboriginal people living with chronic hepatitis B in SA

Knowledge - community



... most people know more about kidney disease and diabetes and heart problems. Some of their family suffer with it. Whereas hepatitis ... it's a new disease for people. You're providing pretty new information, whereas those other chronic diseases, people have been talking about that for a while so there's some understanding already. (GP)

Challenges of remote health care provision

It [HBV] really is in a pretty competitive space to get a profile, and for people to feel like when they're already under resourced and run off their feet, to then have to think about something else. It can be quite time consuming ... just keeping up with the diabetes and the renal and the cardiovascular disease and all that other stuff. (GP)

Travelling for specialist care

... a lot of people from here will talk quite openly about having stayed in the parkland when they went to support family members in Adelaide, because it was easier to do that than to travel backwards and forwards from accommodation. And people don't stay long, and frequently abscond from hospital because it's such an unfamiliar environment. (GP)

Health as a low priority

... health is the lowest priority for people. People ... rather have their food, and a bit of comfort, and have their addiction ... Health is not the focus ... They will attend a health service to get some advantage to their social need ... you have to look at the history of the damage done to this population. (GP)



Competing priorities

If people are living hand-to-mouth and have other priorities, then something that they can't see, don't attribute to feeling unwell, to having a certain condition, then they're not going to - there's only so much capacity someone has to be worrying ... (Nurse)



Health settings as scary

Yeah, there's some people drinks too much, you know. And they don't come many check ups. Some people die from that, you know. From no check ups ... scared to come in ... The earlier they come in, it's better. But it's too late. It's too late. (Aboriginal health care worker)



Worry

Hepatitis - I feel like change, old and worry. (Male living with CHB)



Health as a family/community phenomenon

- Anna: Have you talked to Dr J about hepatitis B?
- Man: Nup
- Anna: If you saw Dr J would you have any questions for her about hepatitis B?
- Man: Nup
- Anna: How about if Dr J gave you some medicine?
- Man: Nah, I'm right. I feel healthy and young
- Anna: What do you think is the big thing for health in [your community]?
- Man: Looking after old people and respect



Conceptualising health as a family/community phenomenon

I think that there'd be people for whom the motivation to be treated would not be about themselves, although living longer to be here for their kids or grandkids is a big thing ... There's a genuine interest in maintaining health and so that's what I have to focus on. "We need to keep you healthy and I think you need to do this to stay healthy." (GP)



Championing care

The champions make a huge difference ... most of the work for hepatitis B is opportunistic work, and it's because people have a passion about hepatitis. So you've got people who are funded to work with hepatitis C, but they know that hepatitis B is an issue with their high-risk populations ... (Hepatitis advocate)



Better care through technology

... when I'm talking about chronic disease management, Communicare can enable that sort of management to occur even if your staff is constantly changing and the levels of knowledge are very variable ... so if it's already there and it's just sort of a follow-the-template ... then it's got a chance of getting done. (Nurse)



Bringing specialist care to the country

It's 700 kilometres to get an ultrasound ... I don't think any of our community with hepatitis B have had an ultrasound to look at their liver. We're looking for what the potential options are for mobile ultrasound ... If we could get someone to come out with an ultrasound machine once a year and do everyone, then that would be much more convenient. (GP)



Future directions

... one big question mark for me was that it all seems well and good in the city to be up there and say we need to move in to shared care models and we need to move in to, you know, primary healthcare ... it all sounds good in practice, but how do you add yet another thing to that already overburdened system. (GP)



Thank you to the participants for sharing their thoughts and experiences

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