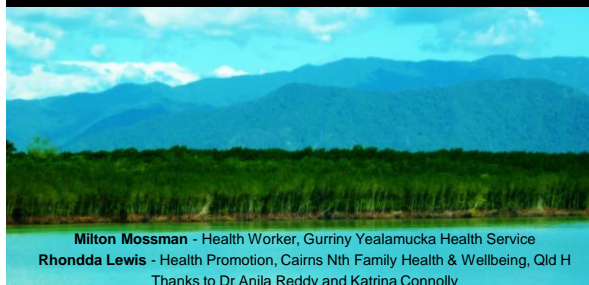


Strengths Based Collaboration

Managing Hepatitis B
at Yarrabah Aboriginal Community, Far North Queensland



Milton Mossman - Health Worker, Gurriny Yealamucka Health Service
Rhonda Lewis - Health Promotion, Cairns Nth Family Health & Wellbeing, Qld H
Thanks to Dr Anila Reddy and Katrina Connolly

An hour from Cairns, a world away



About 3000 residents live
at Yarrabah coastal
community

Lots of hep B in Yarrie?

- Database required cleansing and Hep B Protocol
- Unreliable past vaccine records
- Need for improved staff awareness
- Poorly informed patients, and community
- Some patients hadn't received a diagnosis
- Lack of formalised recalls, bloods or ultrasounds
- Inadequate accessible guidelines
- No contact tracing
- Poor availability of vaccines

How many of the 3000 residents have hep B?

MD3 files suggested 35 clients prior to review,
...the actual number on file was 89
...some of those turned out to be acute cases
...over 200 contacts to contact trace...

We don't know how many, or who may be getting sick before we have found them BUT... there is good news



Enablers

- Competent local Aboriginal Health Workers at Gurriny Yealamucka
- GPs with hep B management knowledge and experience
- Supportive knowledgeable nurses and management keen to address the issue, supportive community elders
- Support from Cairns from the Viral Hepatitis Health Practitioner, Public Health, Sexual Health Service Pharmacy, and the local Liver Clinic
- Yarrabah is only 45 minutes from Cairns
- Vibrant connected local community
- Established Liver Clinic outreach visits
- Supportive pharmacy staff and chronic disease staff with successful medication adherence improvement practices already in place
- Strong vaccination program
- Program already commenced, including data collection, GP Management Plans, and Adult Health Checks on a large number of identified patients
- "Appreciative inquiry" model used by Rhonda – seeking the strengths not the weaknesses in a community

What we did

- Home visits by the hep B team
- Realised our name was a confidentiality issue
- Home visits by the "adult health check team" GP, Rhonda, and a health worker
- People seemed to prefer home visits, especially mums
- Home visit: diagnosis given, and hep B education
- GP management plan, blood & urine tests, ultrasound discussed, full adult health check, names of contacts to improve contact tracing
- Hep B health literacy

The hep B monitoring database

Excel spreadsheet

- Name, ID #, DOB, Gender
- Date of GP Management Plan | Date of Health Worker consult
- Next Review date | ATSI health check date
- Last ultrasound & result | Last LFTS date | AFP
- Date of Viral Load | HBV DNA viral load | refer if eAg - >2000, if eAg+ >20,000
- Date of ab/ag status | sAg status | eAg status | cAb status
- HCV | HAV | HDV | HIV
- Immune Phase
- Education | names of contacts
- Date referred to specialist | Date seen by specialist
- Comments (inc other chronic illnesses)

What we noticed



- Not everyone knew they had hep B
- Women had quite a lot of knowledge if they had given birth in the last few years
- Women had talked to other women in the family about hep B
- Women asked questions
- Men may not have had a health check in 10 – 15 years
- Men had little hep B knowledge
- Men hadn't talked to anyone about it, and didn't plan to
- Shame... and stigma around hep B was very evident with men, and it seemed hard to get the message across that we weren't talking about an STI

Obstacles (opportunities!)



1. Key staff come and go
2. Contact tracing of household contacts and family over 200 people so far
3. Little targeted screening
4. No sonography outreach (although there is an ultrasound machine on site)
5. Little access to fibrosan. Liver biopsies still popular with Liver Clinic.
6. Emphasis on abstinence for treatment
7. Access and transport within the community to the health service is limited for some patients. Patients often need to be picked up to attend the clinic, or staff need to do house to house outreach in teams
8. One Liver Clinic Nurse for all of Cairns, Cape York & Torres with little capacity for outreach
9. No Aboriginal Health Workers are attached to the Liver Clinic

More obstacles (opportunities!)



1. Insufficient resources for alcohol reduction and mental health programs to assist with treatment and management readiness, some patients are in serious dependency crisis and informed consent is not possible for treatment.
2. Staff have varied levels of knowledge and understanding of chronic hep B
3. Vaccine supply and funding has been limited and is sporadic due to interpretations in the funding eligibility
4. Seemingly low immunity despite recorded vaccine history. Several cases of hep B in vaccinated young people – further investigation required
5. Competing health priorities (for example rheumatic heart disease)
6. Debate about triaging hep B priorities (children, antenatal women, vaccination, contact tracing, screening, monitoring, building better systems)
7. Yarrabah is too close to Cairns to be regarded as remote, and so misses out on some support opportunities

Overcoming obstacles - we got proactive!



Katrina, Milton and Rhondda on National Talk Black Radio – yarning about hep B for World Hepatitis Day

Raising Awareness



Combating stigma and shame - no wording on t-shirts, just imagery

Plan to step up the message on t-shirts and "yamin up hep B" coffee mugs next year



We called in our friends to help



Nicky Newley Guivarra – indigenous art educator from Hepatitis Queensland

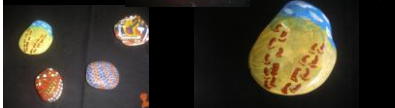
James Ward – all time hero in Indigenous sexual health and BBV research and leadership from The Baker Institute in Alice Springs

Hep B Health Day - 70 people



James talked to staff and community about hep B, gaining support for management to continue directing resources towards hep B

Nicky shared her story and called for action! She then led a rock art workshop



What next?

- Meet with the liver clinic and see what is needed in the community to support treatment (around 15 patients on 3 monthly monitoring)
- Support FNQ treatment protocol
- Fund a fibroscan machine
- Fund sonography visits, this is where our monitoring is failing
- Liaise with the Men's Group
- Write our own Yarrie resource
- Staff education

Far North Queensland

- Get more friends: gather a FNQ Indigenous Hep B Reference Group
- Get a consensus on priorities: plan for a FNQ Indigenous Hep B THINK TANK
- Attend the World Indigenous Hepatitis Conference at Alice Springs and learn learn learn!



Questions?

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