



# 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



# Pilot clinic

**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

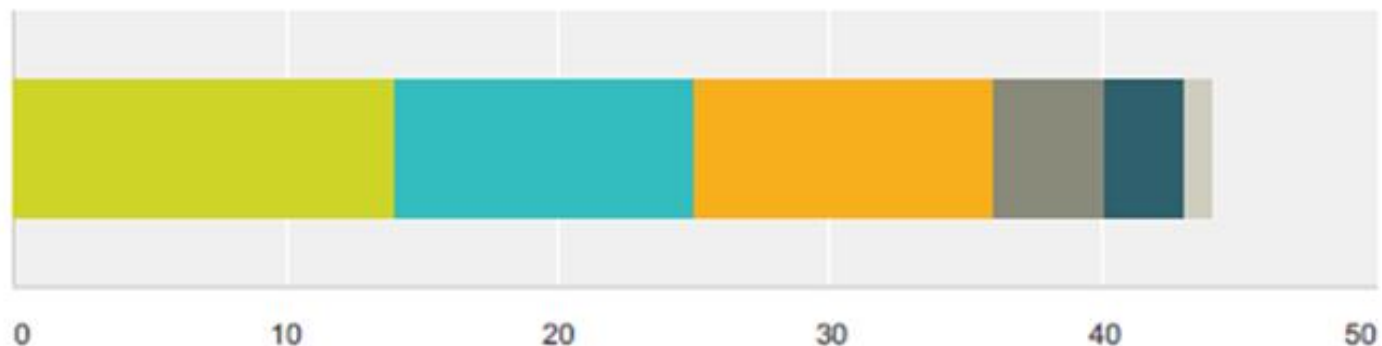
- 74% - 80% learned something new about CHB
- 94% - 100% thought the outreach clinic was a good idea
- 85% to 95% said they would recommend the clinic to others



# Participant evaluation

## Q6 What helped you decide to have a test today?

Answered: 24 Skipped: 4



- Being able to have the test at Indo Care's regular meeting
- Knowing that hepatitis B is common in my community and that I could have it
- Being given the information I wanted/needed about chronic hepatitis B and the test
- Other (please specify)
- My friends were having a test today
- I know someone affected by hepatitis B
- I felt pressured because everyone else was having a test
- My husband/wife/friend suggested I have the test





# Comparison

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



# 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



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- IndoCare
- Department of Gastroenterology and Hepatology St George Hospital
- The HARP Unit - SESLHD
- Navitas English College, Hurstville
- Multicultural HIV and Hepatitis Service (MHAHS)



# References

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