

ESSENTIAL COMPONENTS OF A PUBLIC HEALTH RESPONSE TO HEPATITIS B: TASMANIA

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Methods

Dynamic contextual analysis identifying socio-economic, political, programmatic, community and interpersonal contexts. Data gathered from desk review and semi-structured interviews with 16 participants conducted in 2014 and identified after an environmental scan.

Findings

CONTEXTUAL INFLUENCES ON PEOPLE WITH HEPATITIS B IN TASMANIA

Socio-economic context	<ul style="list-style-type: none"> • Greater levels of disadvantage • Higher proportion of older people and poorer health • Greater proportion of Caucasian Australians infected with hepatitis B
Political context	<ul style="list-style-type: none"> • Strategic response = <i>Hepatitis and HIV: An agenda for Action, Tasmania 2011-2013</i> • Less visible priority than diabetes or obesity • Lack of leadership • Challenges of addressing competing health needs in an environment of financial constraints
Programmatic context	<ul style="list-style-type: none"> • Expansion of hepatitis B vaccination to people who inject and inmates • Lack of data on CALD access to health services • Poor follow up beyond diagnosis
Community context	<ul style="list-style-type: none"> • Concerns of stigma • Access to health care = cultural and language barriers
Interpersonal context	<ul style="list-style-type: none"> • Poor diagnostic processes • Priority of hepatitis B within context of peoples lives • Lack of professional and personal support

Key Components of an Effective Public Health Approach

1. Reducing exclusion and social disparities in health

- Multiple disadvantages affecting people with hepatitis B
- Reducing health inequality
- Better surveillance data
- Development of positive speakers

2. Organising health services around people

- Culturally responsive health services
- Coordination of health services for people with hepatitis B
- Workforce development

3. Integrating health into all sectors

- Effective collaboration between health and multicultural sectors

4. Collaborative policy dialogue

- Continued support of the Hepatitis and HIV Working Group
- Provide a forum for sharing the lessons learned

5. Increasing stakeholder participation

- Formal collaboration with communities most affected by hepatitis B
- Community education



References

Suggested citation: Naomi Ngo, Jack Wallace, Benjamin Cowie, Gary Dowsett, and Fay Johnston. Reducing the Impact of Hepatitis B in Smaller Jurisdictions: Tasmania. (ARCSHS Monograph Series No. 99), Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. ISBN: 9781921915567.

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