

DEADLY LIVER MOB PROJECT

Yarning Hep C prevention and treatments
amongst Aboriginal peer networks

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Health
Western Sydney
Local Health District

ACKNOWLEDGEMENT



We would like to acknowledge the traditional owners of this land, and pay our respects to the Elders past and present, on whose land we are presenting on today.....

ISSUE

Sydney's west has the largest urban Aboriginal population in Australia.

Viral hepatitis rates are high amongst Indigenous people.

High rates of incarceration combined with risk-behaviours like injecting drug use add to the problem.

Conventional methods of hepatitis health promotion, other than provision of sterile injecting equipment, have not been effective with Aboriginal people who inject drugs.

GOALS

To raise awareness of hepatitis C prevention, transmission, screening, and treatment options amongst Aboriginal networks in Western Sydney.

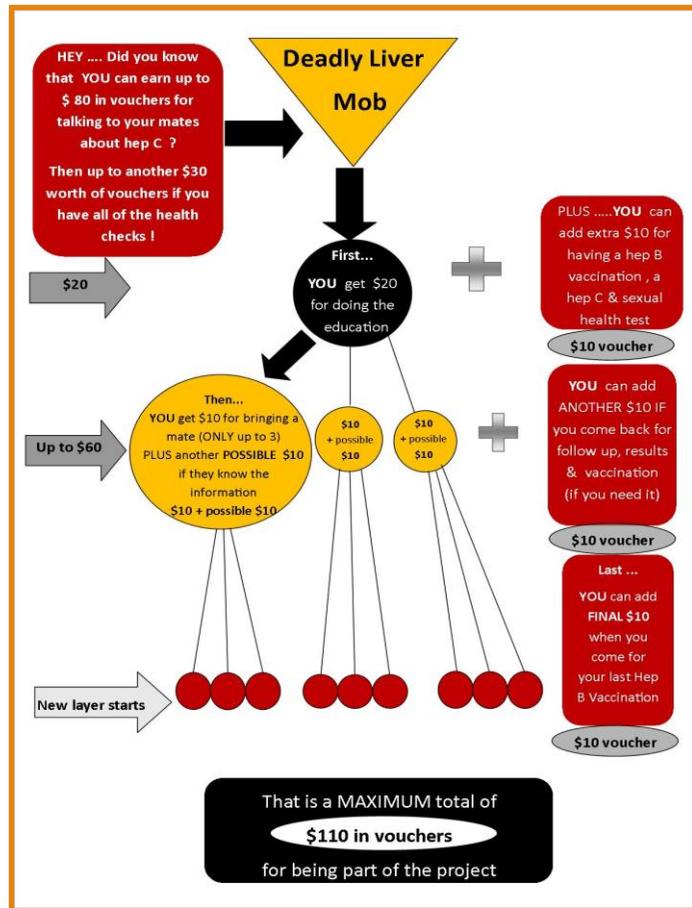
To increase access to screening and assessment for hepatitis C treatment by Aboriginal people.

To increase uptake of hepatitis C treatment by Aboriginal people.

To decrease the stigma associated with hepatitis C



MODEL / METHOD



DLMP:

- Uses a story telling ('yarn up') approach.
- When participants return with their recruits, the key messages are checked and any myths are corrected.
- Further incentive is offered to encourage participants to go into Sexual Health Clinic for hepatitis testing, hep B vaccinations and /or sexual health screening.
- Total project 'earnings' are limited to \$110 per participant (with some exceptions.)

THE TOOLS FOR THE EDUCATION



Mock vein with sequins inside to represent the virus cells. A rubber liver and a sewing pin to explain that the virus can live in a microscopic drop of blood.



Routes of transmission. Injecting equipment, toothbrush, razor, tattoo. I added the Art safe card to this tray.



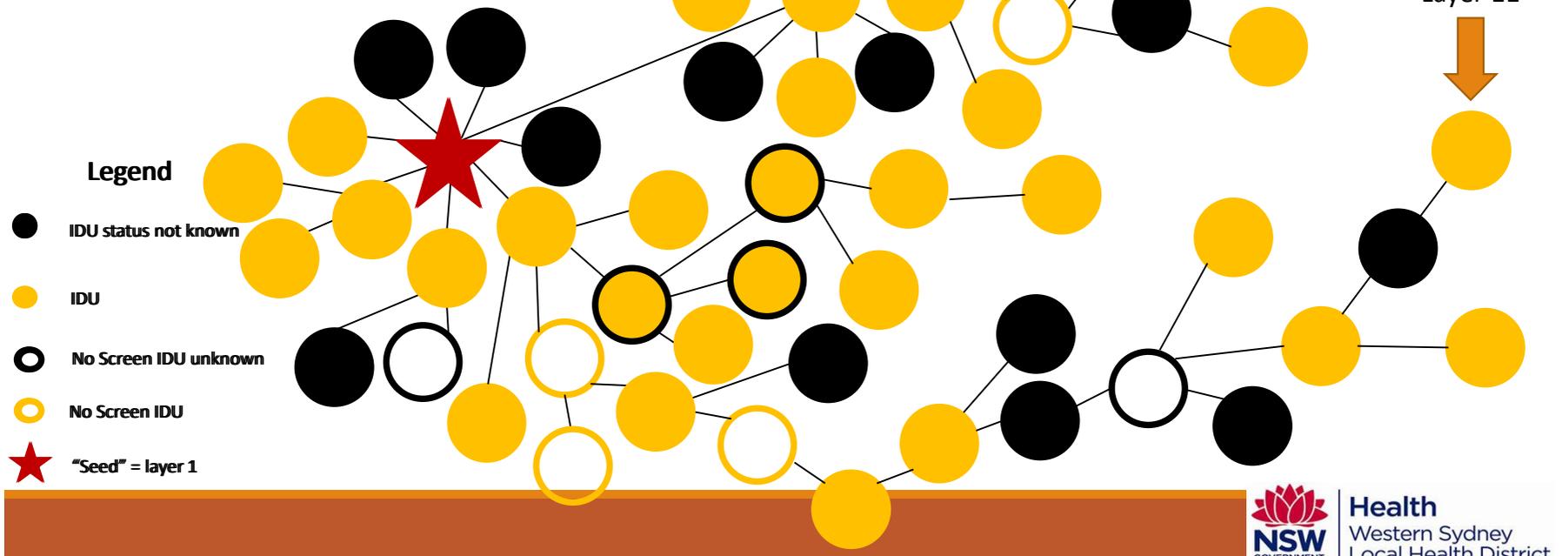
How to keep yourself safe. Vein care. Keep toothbrushes, razors, nail clippers out of the bathroom so others don't use them.



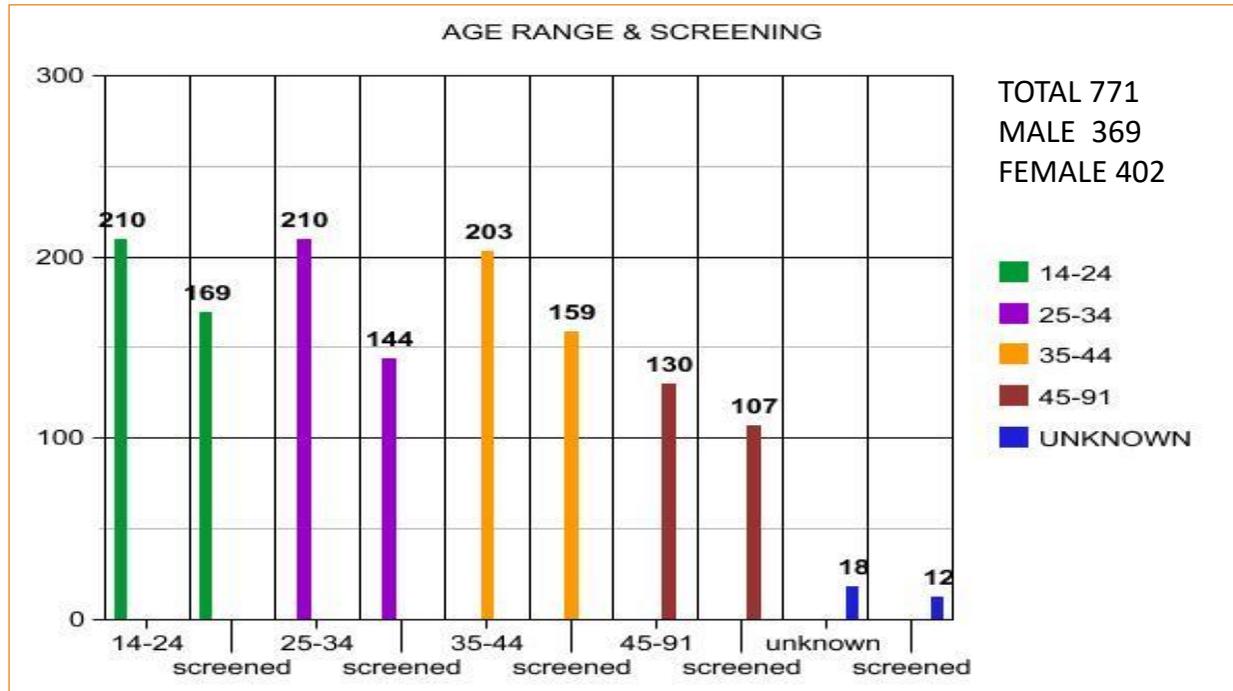
Healthy living, eg; cut down alcohol, avoid fatty & sugary foods & drinks. Eat fresh fruit & vegetables, lean meats. Discuss PCR tests, fibroscanning, no biopsies and the new treatments.

PROJECT REACH

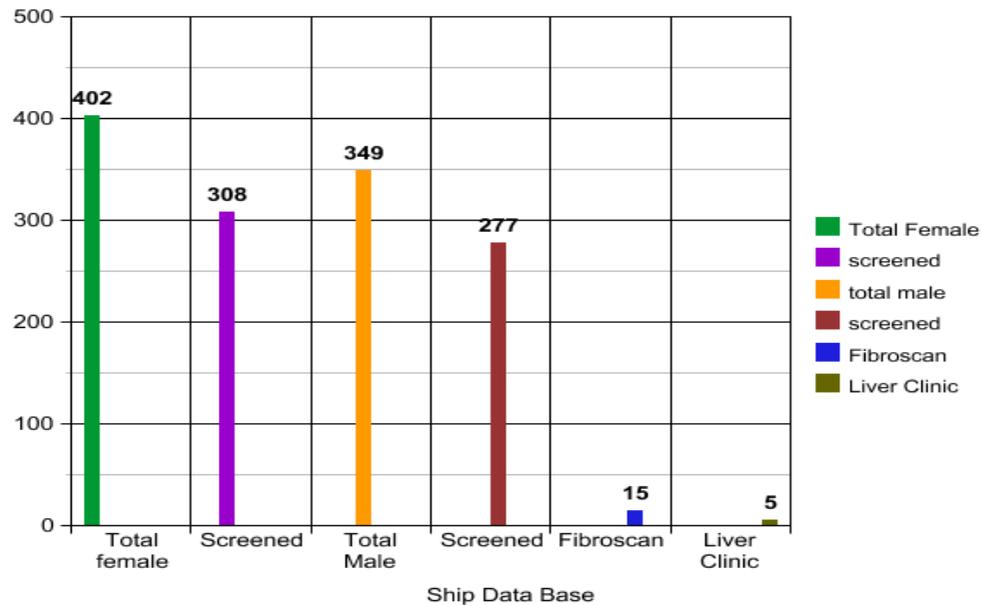
Sample DLM Network
29.4.13 til 24.4.15 reaching 11 layers



AGE RANGE AND SCREENING



CASCADE OF CARE



Mount Druitt NSP Liver Clinic commenced in April 2016

REFERENCES

Broadhead, R.S.; Heckathorn, D.D.; Grund, J-P. C.; Stern, L.S.; & Anthony, D.L. (1995). Drug users versus outreach workers in combating AIDS: Preliminary results of a peer-driven intervention. *The Journal of Drug Issues*, 25 (3), 1995.

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Preston, P; Sheaves, F, O'Neil, E, Klein, G, Hort, K . That's SIC: mobilising youth for hepatitis C prevention: *Australian Journal of Health Promotion*, 2000

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CREDU, Burnett Institute 2012.



Evaluation of the Deadly Liver Mob

Never Stand Still

Arts & Social Sciences

Centre for Social Research in Health



brise
BBV & STI RESEARCH, INTERVENTION
AND STRATEGIC EVALUATION

Carla Treloar, Elena Cama,
Veronica Saunders, Melinda Walker,
Clair Jackson, Max Hopwood, James Ward

Evaluation

- Supported by BRISE, 2 LHDs (and MoH via previous investment)
- Involving CSRH cultural mentor and 2 Aboriginal staff members
- Collaboration with James Ward, SAMHRI
- AHMRC and LHD ethics approvals

Evaluation

- Health promotion data
 - Sexual health clinic data
 - Liver clinic data
 - Interviews – clients and staff*
-
- Framework – scale up and roll-out (Milat et al., 2014)

Interviews - Clients

- WSLHD n=10
- NBMLHD n=9

- Very positive
- Endorsed for implementation in other sites

Interviews - Clients

Non-judgemental,

you already know and yeah, but it was totally the lady was beautiful, she was on our level and she's a star. It wasn't you know, they didn't keep you in – that's one thing that a lot of Koori, especially the young males that hate sitting around and talking and talking and you know, but she give us the main run down of the main things, asks us first what we knew and then she went from there and you know what I mean and basically helped us with what we didn't know

main thing I learnt is just you know how, it opened my eyes to a lot of things that I was doing and let happen in my house every day without realising it and just how easily it can be passed on, especially with Koori families because we all live together and things like that.”

NBM 6

Interviews - Clients

New information, cues to action for PWID, PLHCV

I've already been diagnosed with hep C and cleared it ... I've gathered a lot of information, but yeah it was, I learnt some stuff that I was wrong about. WS 9

make me a bit more mindful you know when doing something. You know, sometimes I do get a bit careless and just looking at the risks I'm taking just made me yeah, a bit more – less careless I suppose. NBM 8

Yeah, it stopped me from using old ones and sharing. WS 8

Yes it has. I've actually found out I can get rid of it and I'm going to try and start treatment yes. WS 11

Interviews - Clients

Peer referral and education

I was kind of frightened about coming down here, but sister was like, “it’s okay, you can come down and do a survey and you’ll get better educated on it all” and I was at first very weird on going, but then my sister convinced me that it would be good for me to learn some new things about Hepatitis and stuff like that. WS 5

Yeah, I actually liked it, because I didn’t really know much about it and they make the person who referred you into the service teach you about it. So when I went and taught by my partner, I didn’t actually believe anything he was saying, but it turned out that it’s all true. Like the way that the taught me. WS 4

Interviews - Clients

Incentives

I think that a lot of people don't even have \$10 on them and I thought that was fabulous because it makes you want to go more. NBM 5

I appreciated it, I needed it at the time so badly eh. NBM 9

It's not about the money it's about helping the Aboriginal community in my opinion. I mean, I wanted to come in here and just get better educated on it all and it's been a great experience in my opinion. WS 5

Well I thought it was to drag them in. I mean a lot of them didn't give a shit really ...I was curious at what they had to say to me about hep C and I've still got the booklet, I mean the \$10 – look, there were ones there that went out and bought drink with it, so me I just took it home and bought stuff for the house. NBM 1

Interviews - Staff

- N=13
- Within scale-up, roll-out framework:
 - Strategic imperative acknowledged
 - Workforce development
 - Could be challenging for junior staff
 - Concerns about incentives among some staff
 - Attending for “wrong reasons”
 - Need to know community and where/how to start

Recommendations

1. Underlying principles

- Expertise of Aboriginal workers
- Comprehensive, holistic services – as far as possible
- One-stop shop, flexible, friendly

2. Making priorities explicit and triaging participation

- Acknowledge differing priorities and goals (education, HCV screen, STI screen)

3. Reach, saturation, re-engagement and exit

- Map community and services, plan for exit
- Booster sessions?

4. Continuing innovation – reduce loss to follow-up

- Hep C treatment in NSP
- Point of care testing

Recommendations

5. Quality improvement possibilities
 - Compliance with STI guidelines?
6. Strategic focus on recruitment
 - For differing priorities; using networks
7. Project establishment, advertising and recruitment
 - Engage communities, involve Elders
 - Additional recruitment strategies? Advertising?
8. Roles, responsibilities and job descriptions
 - Clarify staff roles

Recommendations

9. Appropriate timelines and examination of “success”

- Engage funders in discussion of “success” re appropriate baseline

10. Incentives

- Rigorous and continuing briefing of staff

11. Capacity building for the Aboriginal and mainstream health workforces

12. Barriers to participation in DLM

- Mental health comorbidities; physical spaces

Next Steps

- New grant from NHMRC
- Roll out to additional sites
- Examine local adaptations and impact

Reference

- Centre for Epidemiology and Evidence, Milat, A., Newson, R., & King, L. (2014). *Increasing the scale of population health interventions: A guide*. Sydney: NSW Ministry of Health.