

HEP B 1, 2, 3: HEPATITIS B COMMUNITY MOBILISATION AND IMMUNISATION

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Background

Chronic hepatitis B (CHB) adversely impacts people from culturally and linguistically diverse (CALD) backgrounds in Australia. In Victoria, two thirds of the population living with chronic hepatitis B (CHB) were born overseas. Identifying undiagnosed and non-immune people within these communities poses an incredible challenge due to barriers present in accessing healthcare. Approximately 30% of the population are unaware of their CHB status and it is challenging to determine what percentage of the adult CALD population in Victoria are fully vaccinated, immune due to vaccination, or immune due to previous exposure.

Analysis/Argument

A novel approach to engaging CALD communities into care for hepatitis B and immunisation can be through community based education and clinical outreach. The project Hep B 1, 2, 3, has been designed as a community based intervention to alleviate barriers to access to health care and empower individuals and greater populations through appropriate education. A community centre situated within North West Melbourne (highest prevalence of CHB in Victoria) served as the hub for community education and outreach. The community centre offered the Adult Migrant English Program (AMEP), which served as a catalyst to integrate health literacy (focusing on hepatitis B) into the curriculum. The local community health organisation - cohealth, assisted in providing the clinic outreach, and also provided local linkage into care.

Outcomes/Challenges

- Establishing key stakeholder relationships within a tight time frame
- Mobilising the targeted communities & stakeholders
- Identifying clinical issues present in design and delivery of outreach clinic
- Negotiating scheduling of pathology services within a community context
- Effectively delivering an immunisation program during a global shortage
- Managing competing objectives of involved stakeholders
- Coordinating delivery of the outreach service across multiple agencies
- Delivering the clinic and scheduled vaccine around cultural, religious and educational events

Conclusions/Applications

The project highlights challenges present in delivering outreach services within CALD communities to assist overcoming health system barriers to hepatitis B awareness and care. Demand is present in CHB affected communities; this model offers an alternative avenue to reach priority populations.

Disclosure of Interest Statement:

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