

The Co-design Process of a Hepatitis B Chinese Campaign

Authors:

Chen B¹, Smith S¹, Prihaswan P¹, Purchas J¹, Ng W², Wang R³, Shenton-kaleido M³, Dai Y⁴, Napier M⁵, Chai C⁵, Yung E⁶, Zhang L⁷, Chomley P⁸

¹ Sexual health and Blood Borne Virus Services (SHBBV), South Eastern Sydney Local Health District (SESLHD)

² Hepatitis NSW

³ Advance Diversity Services (ADS)

⁴ Multicultural Health, Equity and Prevention Service, SESLHD

⁵ NSW Multicultural HIV and Hepatitis Service

⁶ Chinese Australian Services Society (CASS)

⁷ St George Hospital Liver Clinic

⁸ Central and Eastern Sydney PHN

Background/Approach:

The NSW Hepatitis B Strategy 2023-2026 prioritises partnering with Culturally and Linguistically Diverse (CALD) communities most impacted by hepatitis B.

In SESLHD, almost 45% of people living with Chronic Hepatitis B were from Chinese backgrounds. This higher prevalence may be attributed to the high prevalence of hepatitis B in China, as well as limited awareness, vaccination, testing, stigma, and barriers to accessing healthcare services.

To address the specific needs of Chinese communities, the SESLHD SHBBV Projects Team led the development and implementation of a culturally tailored, co-designed health campaign.

Analysis/Argument:

This campaign was developed in partnership with the Chinese community, community organisations and government health services and was carried out in four phases.

Phase 1: Established a workforce working group for the co-design project.

Phase 2: Invited diverse Chinese consumers for community consultations through an online survey.

Phase 3: Co-designed the resources with consumers through online and face-to-face consultation meetings and workshops and produced the campaign resources.

Phase 4: Identified campaign distribution channels to launch and disseminate campaign materials.

Outcome/Results:

A total of 200 completed surveys were received from the Chinese community. Thirty-four Chinese consumers participated in consultations to assess their knowledge and needs regarding hepatitis B.

Ten participants were actively engaged in three workshops aimed at identifying key messages about transmission, testing, vaccination, treatment, and stigma reduction.

The community recommended several distribution channels for the campaign, including Chinese GP clinics, community organizations, government agencies, and social media platforms such as WeChat, YouTube, RED, WhatsApp, and Facebook.

Four simplified Chinese posters and four short videos in Mandarin have been developed. The working group is set to launch the campaign in March 2025.

Conclusions/Applications:

The engagement of the Chinese community and workforce collaborations in this project show the impact of co-design in developing culturally relevant health campaigns. It also demonstrates the effectiveness of collaborative, tailored health promotion strategies.

Disclosure of Interest Statement:

Nil