

FROM PARTNERSHIP TO LEADERSHIP: VICTORIAN CHINESE COMMUNITY MOBILISE TO ELIMINATE HEPATITIS B

Aurora Tang¹

¹*Hepatitis Victoria*

Background: Chinese-Australian community are 8 times more likely to have chronic hepatitis B (CHB) and 6 times more likely to develop preventable liver cancer compared with Australian-born population. Barriers to CHB diagnosis, care and treatment were built by intergenerational misconceptions, stigma and lack of awareness and support within this community. Meanwhile deficient-fund prevents existing workforce applying a sustainable health promotion approach for this community.

Analysis: Culturally and linguistically diverse (CALD) community coalitions are key to addressing health disparities, pooling resources and providing the means to develop, sustain and deliver effective grassroots approaches. Basing on the community coalition action theory and lessons learned from overseas jade ribbon campaign, we started a three years project (2018 – 2020) to establish, develop and sustain a Chinese community coalition to lead and enhance Victorian Chinese community mobilisation in tackling CHB.

Outcome: Through cultivating and harnessing community partnerships, in September 2018 Hepatitis Victoria in collaboration with the Chinese community leading associations, a forceful combination of key social service, health, media and business partners, successfully launched the Chinese Health Promotion Coalition (CHPC). At the launch, the Victorian Chinese Jade Ribbon Action Statement was announced with goal and objectives in line with Victorian Hepatitis B Strategy. During 2018 and 2019, numerous collaborative activities were carried out by CHPC partners, including media campaign, community educational workshops and linking Chinese GPs in HBV S100 prescriber course, in order to lead an effective and efficient response within this community in Victoria.

Conclusions: The lessons could be used to further develop and strengthen the function and output of CHPC's work. Meantime the results could be used to inform the consideration and planning for similar coalition networks in CALD communities also experiencing significant CHB health disparity.

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