

Hepatitis C testing and treatment motivations for First Nations communities

Hepatitis NSW acknowledges and pays respect to the Traditional Custodians of all the lands on which we work and visited for the purposes of this project/poster.

Background

First Nations people have a higher prevalence of hepatitis C virus (HCV), are at higher risk of HCV and experience greater barriers to accessing services. Encouraging and supporting First Nations communities to undertake testing and treatment for HCV is critical to improving health outcomes.

Analysis

Hepatitis NSW partnered with the HIV/Hepatitis and Related Programs Aboriginal Health Workers Network (HAHN) in 2024 to design and run a community engagement and consultation project that identified drivers and motivators of First Nations peoples to undertake testing for, and treatment of, HCV. The project also measured the accessibility, relatability, and appropriateness of the messaging and imagery of the NSW hepatitis C health campaign **HEP CURED**.

Outcome

Face-to-face focus groups, one-on-one interviews, and an online survey were used to engage with 135 First Nations people across NSW. The feedback gained provided useful insight into the knowledge, beliefs, motivations and attitudes to HCV from community respondents.

General HCV knowledge was broadly strong, although there were some notable weak areas. Individual risk of exposure varied on the cohort consulted, which included people who inject drugs and those previously incarcerated. Approximately 50% of respondents had previously tested for HCV.

ENGAGEMENTS [n=135]

GROUP CONSULTATIONS

- Koolyangarra Aboriginal Family Centre, Cranebrook: 6 community members
- The Seminar Hut, Coffs Harbour: 6 community members

SURVEY

paper based interviews

- Drug and Alcohol Clinic, Royal Prince Alfred Hospital, Camperdown: 15 responses
- Marrin Weejali Aboriginal Corporation, Blackett: 6 responses
- NAIDOC event, Coffs Harbour: 30 responses
- online survey (NSW only)
- 27 May to 10 June: 72 responses

GENERAL DEMOGRAPHICS

- All respondents identified as Aboriginal and/or Torres Strait Islander.
- Respondents resided in NSW – notable areas included Western NSW (Coonamble, Dubbo), Sydney metro (Waterloo, Camperdown), New England (Tamworth, Gunnedah), Western Sydney (Mount Druitt, St Marys) and Mid-North Coast (Coffs Harbour, Nambucca Heads).
- Ages ranged from 18 to 74. Average age was 40.

HEP C KNOWLEDGE

- 83% knew the liver was the organ affected by HCV.
- 57% knew HCV could not be passed on through casual contact (sharing food, kissing).

- 95% knew HCV was a risk for both people who injected drugs or who had home tattoos.
- Knowledge of HCV cure was varied – respondents who injected, or had previously injected drugs, had a higher awareness of DAAs, but dropped to 56% across the community. Similar gaps in knowledge were seen around whether it was possible to be cured more than once.

INDIVIDUAL RISK OF EXPOSURE

- 27% currently/had previously injected drugs.
 - 100% RPA/Camperdown
 - 8% on-line survey
- 77% had personal tattoos.
- 23% had spent some time in prison and/or a juvenile justice detention centre.
- Health information seeking
 - Aboriginal Medical Service = 105
 - GPs = 64
 - Regional area respondents were more likely to nominate an AMS.

TESTING/TREATMENT

- Testing for HCV...
 - 58% on average.
 - 50% no injecting drug use.
 - 90% among people who inject drugs.
- 52% with a history of injecting drug use and who reported being tested for HCV, also reported having been on treatment.
- Treatment was split 3:5 between pre-2015 interferon/ and post-2015 DAA treatment regimens.

HEP CURED Campaign Feedback

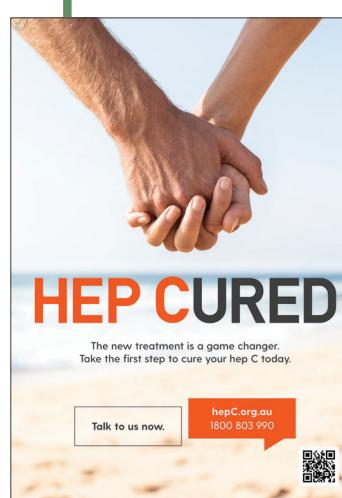
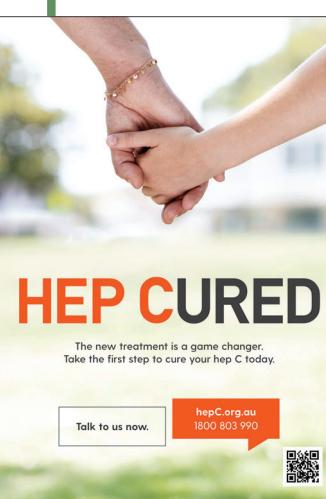
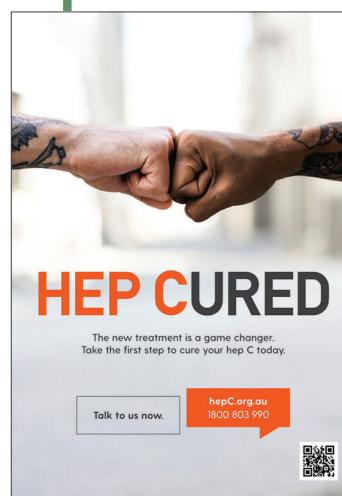
The engagements and surveys were also designed to collect feedback on existing imagery and messaging for the **HEP CURED** campaign – originally developed in consultation with stakeholders for, and communities of, people who inject drugs. Acknowledging the lack of First Nations imagery, the intent was to see if the campaign's themes were still applicable to Aboriginal communities in NSW.

ARE THE IMAGES ON THE POSTERS APPROPRIATE?

Eight in ten respondents (82%) saw the poster imagery as either appropriate or very appropriate: "seem very inclusive and informative" – also – the two-hand motif showed: "not being alone... no reason to feel shame".

DO THE POSTERS MAKE YOU BELIEVE THAT HEP C CAN BE CURED?

Four in five (84%) of respondents either agreed or strongly agreed that the posters conveyed the message that HCV was curable: "HEP CURED" reassures me that there has been a cure discovered and available"



ARE THE POSTERS EASY TO UNDERSTAND?

87% of respondents saw the posters as either easy or very easy to understand.

- "If I had HCV, it would pull me in enough to contact the 1800 number because it makes it look simple and easy."
- "The different coloured hands show it can be sorted for anyone, any race."

The FIST BUMP poster/image was singled out for special acknowledgement... "the black and white hands show unity" ... and the "variation in hand colour" was appreciated.

DO THE POSTERS MAKE YOU FEEL THAT HEP C CURE IS NOW EASY?

Two thirds (69%) of respondents agreed or strongly agreed that the poster made them feel that cure was easy. 22% were neutral; 9% disagreed or strongly disagreed.

WHY MIGHT SEEKING OR ACCESSING TREATMENT BE DIFFICULT?

While two thirds agreed that they thought treatment was easy. When asked why seeking or accessing treatment might be difficult, shame about going for treatment and not wanting anyone to know one's HCV status were the top responses.

- "I think the stigma for us as Aboriginal people make it hard to talk about any issues we are facing, it's hard to break down those barriers for our mob."
- "There's shame in getting treatment."
- "They don't like to talk about situations so personal to feel judged."
- "I'd go to another town."
- "Confidentiality at medical services make it difficult."
- "Living in small communities makes it difficult as confidentiality is sometimes breached".

Conclusions

In understanding barriers to HCV testing and treatment, "shame" and "confidentiality" were identified as primary roadblocks. While a majority of regional respondents visited and trusted their local Aboriginal health service, there were still many who did not. While education, information, and discussion were all seen as means to remove or reduce shame as a hurdle, building trust is the primary issue.

Disclosure of Interest Statement

This project was funded by the NSW Government as part of the HEP CURED HCV Health Campaign Initiative.