

CO-DESIGN: ENHANCING HEPATITIS C MESSAGING TO REACH CALD COMMUNITIES

Authors:

Natali Smud¹, Denise Voros²

¹*Multicultural HIV and Hepatitis Service, Diversity Programs and Strategy Hub, Sydney LHD*

²*Cultural Support Program, Diversity Programs and Strategy Hub, Sydney LHD*

Natali.Smud@health.nsw.gov.au

Background:

Culturally and linguistically diverse (CALD) communities represent 27.6%-44% of the NSW population. Hepatitis C prevalence in these communities mirrors their country of birth, having an increased risk of exposure.

Current NSW policies and strategies are modelled on sharing-injecting-equipment as the primordial mode of transmission (MOT), with minor consideration on global prevalence data. Therefore, low testing rates and late presentations are common among CALD populations.

Argument:

By cross-referencing WHO global prevalence data with Australian migration trends, we identified three key priority groups: the Arabic-speaking, Chinese-speaking and Vietnamese communities living in NSW.

Systematic data review established invasive medical procedures and unsterile injection-based therapies are common MOT and account for undiagnosed HCV infections in older populations, as well as predominant sources of new infections overseas.

People from CALD communities who are at risk of, or are living with hepatitis C need culturally appropriate and carefully adapted messaging to assist them to engage in testing, treatment and care for hepatitis C.

Outcomes:

Through extensive community consultation we identified barriers in viral hepatitis communication campaigns. Messages tailored to the mainstream population did not inform specific CALD audiences why they could be at risk. The use of jargon diminished key messages leading to misinterpretation; therefore, messages were lost in translation and calls to action, unclear.

We developed a statewide campaign that enabled active participation and meaningful involvement of the affected communities. The process was central to community ownership and co-design of best practices. Utilising a bottom-up approach, each community redeveloped messages directly in their language, with particular focus on the differential MOT. A series of resources and multilingual short films were developed, featuring the personal lived experiences of community members who have been cured from hepatitis C.

Applications:

This paper reflects on a CALD focused statewide campaign reaching over 90.000 people, demonstrating the process undertaken and presenting its evaluation results.

Disclosure of Interest

The Diversity Programs and Strategy Hub is a publicly funded service, hosted by the Sydney Local Health District.