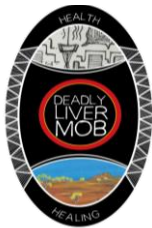


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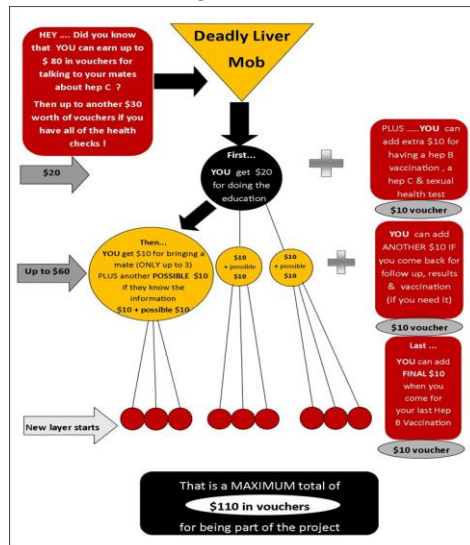


Deadly Liver Mob: An Aboriginal-led model for increasing access to hepatitis C, STI and HIV screening

Melinda Walker, Jade Christian, Elena Cama, Carla Treloar

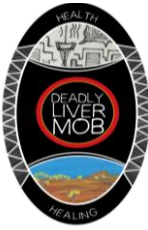


What is Deadly Liver Mob



ON BEHALF OF THE NATION
\$120 IN VOUCHERS
FOR EVERY PARTICIPANT





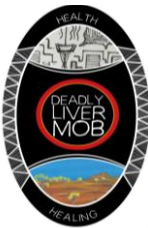
DLM: Western Sydney started in April 2013

Uses a story telling ('yarn up') approach.

When participants return with their recruits, the key messages are checked and any myths are corrected.

Further incentive is offered to encourage participants to go into Sexual Health Clinic for hepatitis testing, hep B vaccinations and /or sexual health screening.

Total project 'earnings' are limited to \$110 per participant (with some exceptions.)



Education



"Yarning up" the facts about Hep C is done with the aids in the trays.

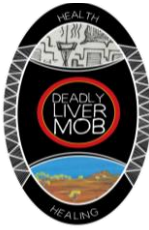


Tray 1 "What is it?"



Tray 2 "How you get it"





Tray 3 "How do you prevent it"



Tray 4 "How to live with it and the new treatment"



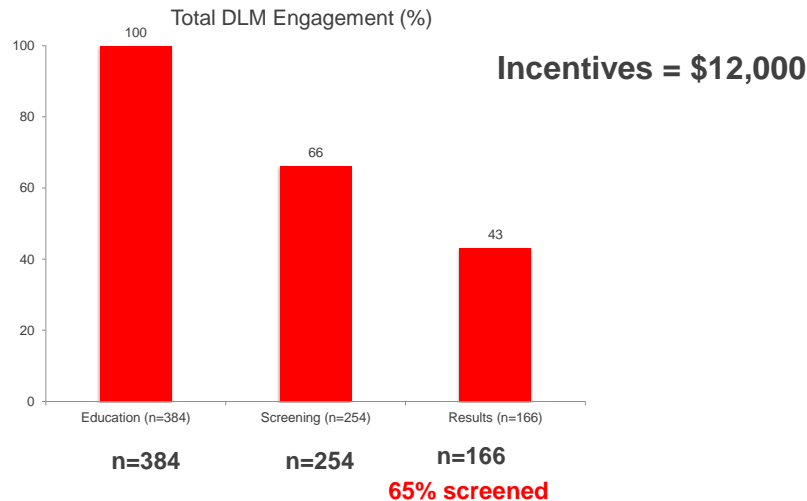
Deadly Liver Mob - evaluation



- Initial sites:
 - 2 in Western Sydney
- NHMRC Partnership Project:
 - Expanded to 7 additional sites in NSW
- This presentation:
 - DLM cascade of care and incentive cost
 - n=19 client experiences at 4 new sites
 - 13 women; age range 19-56 years;
 - All had DLM education; 16 had testing; 16 returned for results
 - Interviewed by Aboriginal researcher, face-to-face



All sites - 1 June 2016 to 31 March 2018



Why did people attend DLM?



'To find out about my liver, because I am a ... not alcoholic, but more like a binge drinker and I was worrying about my health, that's why I wanted to come to get in the program and find out a little bit more about my health.' (IBH6)

I've heard praise around and at the bus stop, waiting for a bus to get home. I've heard more satisfaction that they're giving us more help, that they're not letting us go down. (IKRC4)





What were people's experience of the DLM Program?

Making people more aware of their body, their liver and it's getting people to look after themselves a lot more. Having a healthier lifestyle, having the good life. You don't always have to have the shit life on drugs and alcohol and that, you can still have a good life and eat well, you live well ... you live longer. That's the way I look at it. (IKRC3)



What could be improved?

'Because you've got to go for a few and some people don't like needles, so if there could be an easier way to take the blood, that would be a lot better, but it's probably the only way you're going to get it at the moment but yeah, if there's any other simple way, that would probably be better for other people, especially people who are needle phobic who don't like the needle or won't come to do the Deadly Liver because they know they've got to have the blood test and they don't want the needle, because you know it could start them from using again.' (IKRC3)





What did people think about the incentives

'You know what, I think if you didn't have the vouchers, no one would pull up and have the time to check themselves, you know. Yeah, that's what I reckon, so it's a good thing, because that will push them to come along, yeah. When they're down and out then that'll help them with anything they need, so yeah, pretty much that's a good thing and since ... since the vouchers have been coming out, a few people have been coming in and getting checked ...'(IBH2)



What were the DLM staff like?

'And that's what keeps me coming back and I feel comfortable with this and even just getting the blood taken, when I got the blood taken, that's a big thing and just having that atmosphere in the room at the time, yeah, it's a lot smoothing and helpful.' (ICH1)



What's next for DLM?



More interviews with clients

Interviews with staff

Analysis of data from sexual health records

Development of an implementation tool kit for other sites to use



Acknowledgments



- Deadly Liver Mob is funded by:
 - NHMRC Partnership Grant
 - NSW Ministry of Health
- Study Investigators:
 - Carla Treloar, James Ward, Basil Donovan, John de Wit
- Associate Investigators:
 - Jo Mitchell, Victor Tawil, Felicity Sheaves, Louise Maher, Treeny Ooi, Jen Helsop, Elizabeth O'Neil, Ashley Ubrihien, Kerri-Anne Smith
- Supported by LHDs
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