

DEVELOPMENT, DELIVERY AND EVALUATION OF A CULTURALLY SAFE HEPATITIS B MANAGEMENT EDUCATION COURSE FOR THE ABORIGINAL WORKFORCE TO INCREASE ACCESS AND REDUCE HEALTH INEQUITY

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Background: Chronic hepatitis B (CHB) is endemic in the Aboriginal population of the Northern Territory (NT) with prevalence estimates of 3-13%, with 61% aware of their infection, 15% engaged in care and 3.1% on treatment. It is proposed that by providing on country, culturally responsive hepatitis B specific education the Aboriginal and Torres Strait Island Health Workforce can improve the cascade of care for these patients.

Methods: Using a participatory action research approach, including extensive consultation with communities and expert stakeholders, course content and materials were developed, then reviewed and endorsed by the Aboriginal Health Practitioner Executive Leadership Committee. Pilots were undertaken using culturally appropriate evaluation tools. These results and subsequent evaluations iteratively informed course modifications. Course success was quantitatively measured through CHB knowledge questionnaires taken immediately before, after and three months after attending the course. Course acceptability was measured through qualitative evaluation with semi-structured interviews.

Results: Six courses were delivered between 2018 and 2020. A total of 96 participants attended. Pre course questionnaire data was received from 67 participants. Prior to attending 63% of participants demonstrated accurate hepatitis B knowledge. This increased to 93% after the course, and 95% 3 months after course attendance. Qualitative analysis demonstrated high levels of course acceptability, cultural appropriateness and course learning objectives being met, with participant feedback stating the course was 'the most culturally appropriate and safe training I've ever been to'. There are demonstrated improvements in the CHB cascade of care in communities with a trained Aboriginal health worker including newly diagnosed cases, improved engagement in care and an increase in treatment uptake, indicating translation of knowledge into practice.

Conclusion: Delivery of co-designed tailored hepatitis B education results in increased CHB knowledge amongst the Aboriginal health workforce. Cultural safety, extensive community involvement, ongoing evaluation and adaptation contribute to course acceptability and success.

Disclosure of Interest Statement: None to disclose.