

Hepatitis C



Careful ongoing attention to:

- Responsive models of care: best align with needs and experiences of people with hepatitis C
- Stigma is a well documented barrier
- Continuing need to address prevention
- Future directions – keeping on top of emerging patterns of infection, risks, practices, beliefs

Hepatitis C – Responsive models of care

- Care that best aligns with needs and experiences of people with hepatitis C
- Relevance, ensure uptake is maintained
- *Patient-reported outcome measures; Patient reported experience measures*
- 2017 in-depth interviews and focus groups:
 - Hope for better physical and mental health
 - Fuller understanding of liver health after treatment
 - Plan for post-treatment care, including to avoid or manage new infection



Hepatitis C – Responsive models of care

- Culturally relevant models of care
- *Deadly Liver Mob*
- Unique peer-referral model of care for Aboriginal people:
 - engaging people in health education activities can result in much higher levels of testing and treatment.
 - 79% of those participating in education activities went on to attend screening, 50% returned to receive test results, and 20% received additional treatment.



Hepatitis C - Stigma



- Stigma is significant ongoing issue
- Acts directly on physical and mental health, as a result of chronic stress
- National survey of people with hepatitis C *Stigma Indicators Survey*:
 - more than half (56%) reported experiencing stigma related to their hepatitis C
 - mirrored in representative samples from the Australian population where 50% of respondents indicated they would behave negatively towards a person living with hepatitis C to some extent.



Hepatitis C – Prevention still required



- Radical shifts in treatment can detract attention from ongoing need for prevention:
- Peer distribution of sterile needles and syringes:
 - Implications and effects of laws prohibiting peer distribution
- Safer strategies for pharmaceutical opioid tablet preparation:
 - Peers greatest source of knowledge – capitalise on this
 - Filters limited availability and complex to use



Hepatitis C – Future directions



- Continued focus on maintaining responsive models of care:
 - PROMs / PREMs
 - Barriers and facilitators to treatment uptake – Observe study using quantitative cohort research design
 - 'Evidence making' practices – interrogate assumptions made about how interventions will work



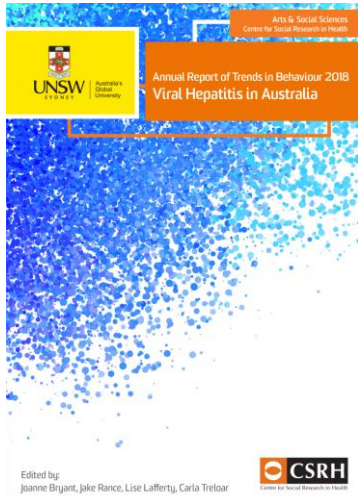
Hepatitis B – Future directions



- Hepatitis B among Chinese-Australians
- *Stigma Indicators Project*
 - How is hepatitis B understood and viewed by Chinese-Australians?
 - Is stigma a barrier to health care access for members of this community?
 - How is stigma experienced differently for younger and older members of the community?



Questions?



Full report available at:
bit.ly/csrh_artb

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