Collaboration and partnerships in state-wide NSW HEPATITIS C COMMUNICATION STRATEGY

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Background

Just 31% of people with hepatitis C in NSW have been cured to-date and initiations are falling; new initiatives are required to meet elimination goals.

The 2019-2020 campaign focuses on people who inject drugs (PWID) and is informed by social research into treatment barriers – see right.

Initial work into new messaging was undertaken by HNSW/NUAA.

Ipsos market research (with PWID community engagement facilitated by HNSW/NUAA) confirmed community understandings of hepatitis C treatment and finessed new messaging.

Campaign success will rely on buy-in and preparation of health workforce across NSW LHDs.

Inputs

- Expertise of Advisory Committee and history of previous campaigns, brought forward.
- HNSW/NUAA exploration and focus testing of new messaging (we have moved away from the simplistic "cure is easy" messaging).
- Ipsos market research: in-depth interviews
 (n=23) and online bulletin board (n=17). Results
 informed issues, segmentation and messaging.
- Enigma creative development and media buy.
- Final focus testing of new messaging and campaign artwork with PWID carried out by lpsos assisted by HNSW/NUAA.
- Pre-campaign promotion of relevant learning tools: HETI stigma and discrimination training, NADA/NUAA Language Matters learning resource, HNSW/HepCheck123 online learning modules.
- Campaign toolkit that highlights what the 2019-2020 campaign aims to achieve (and how), listing of key inputs from LHD and HARP workers, collateral order forms, campaign branding and logos, etc.

"Residual barriers" research⁵

- Fears around doctors' attitudes and being treated awkwardly/rudely
- Reinfection and retreatment eligibility
- Current injecting and DAA treatment eligibility
- Poor vein-health and difficulty around phlebotomy
- Doctors not seeing hep C as their core business

"Observe study" participant beliefs⁶

- Now is not the current time for treatment for me
- Side effects are still too much of a problem
- Current injecting and/or previous failed treatment an exclusion to DAAs
- Heavy drinking an exclusion to DAAs
- Being asymptomatic an exclusion to DAAs
- Specialist consult required first
- Treatment costs too much

Collaboration = success

Campaign 2019-2020 will not be rolled out *into* communities – rather our aim is to actively *involve* communities, utilising peer promotion and word of mouth (in addition to traditional channels).

The campaign will facilitate a valuable synergy

– people who inject drugs, community

organisations, MoH and LHDs, and market
research and creative experts.

We hope to engage people who inject drugs on issues that resonate with them. We hope to provide calls to action that involve increased levels of personal agency and lead to improved access to hepatitis C DAA cures.

The timely briefing, preparation and involvement of health workers working with PWID is crucial.

We want people who inject drugs to talk with their peers and their trusted health worker. We want the health worker to provide local referral options for DAA prescribers who will actively support people through their DAA treatment journey.

Audience	Characterised by:	Drivers for treatment:	Quotes from Ipsos	Potential messaging:
segments:			market research:	
Future focused	A sense of responsibility and wanting to be there for their children and family.	To be there for their children and grandchildren. Keep their family safe and free of hepatitis C. Inclined to focus on minimising the risk of transmission to their own and other kids.	"Didn't [used to] care whether I live or die. But when I became a mum, the kids need me and that's all that matters."	Be healthy and here for your kids and grand kids – they need you. Take control of your future: you can get rid of hep C when you want, repeating treatment if necessary. Hep C treatment is so easy you don't have to wait till life gets easier – it can be part of how life gets easier.
Health orientated	Habitual injecting practices developed over time. Wary of the risks of hepatitis C for own health. May be experiencing symptoms from virus. Likely to be routinely tested for hepatitis C.	To reduce the day-to-day impact of the virus (for those suffering ill health). Concerns regarding the potential damage to their liver from cirrhosis and long-term consequences on overall health from the virus.	"I was always so anal. I was super beyond clean but I had friends who weren't." "I know how I felt, and after the treatment, I felt more alive and like myself."	Just because you can't see or feel it, doesn't mean it isn't damaging your health or limiting your life.
Altruistic	Fear of transmission/causing harm to others (this concern extended beyond immediate family). Concerns of stigma with status. Likely to actively employ strategies to prevent transmission, including disclosing their positive diagnosis in health settings.	Sense of responsibility to reduce the risks of transmission. Not having to worry about spreading hepatitis C to loved ones and others.	"Would hate it more for being the one who got someone else to contract it." "I remember once I lost the plot when I got blood on another kids tent frame. I was hysterical and ended up buying a new one. It made life a bit manic if I cut myself and needed a Band-Aid."	It's on your terms - don't stick with the hep C label because you don't have to. There's a better quality of health and of life that you deserve and have a right to – just like everyone else.

¹ Hepatitis NSW (HNSW) ² NSW Users & AIDS Association (NUAA) ³ NSW Ministry of Health (STIPU) ⁴ NSW Ministry of Health (Centre) ⁵ Abridged from Beyond interferon side effects: What residual barriers exist to DAA hepatitis C treatment for people who inject drugs? Madden A, Hopwood M, Neale J, Treloar C. ⁶ Abridged from Understanding barriers and facilitators to the take up of new direct-acting antiviral hepatitis C treatments: The Observe study. Bryant J, Mao L, Hull P, Treloar C.

Disclosure of Interest Statement

Ipsos market research was contracted directly by the NSW Ministry of Health. Enigma was contracted by Hepatitis NSW, who are funded by the NSW Ministry of Health.

