

Taking it to the People

Hepatitis B education & testing with Aboriginal people in Western NSW LHD

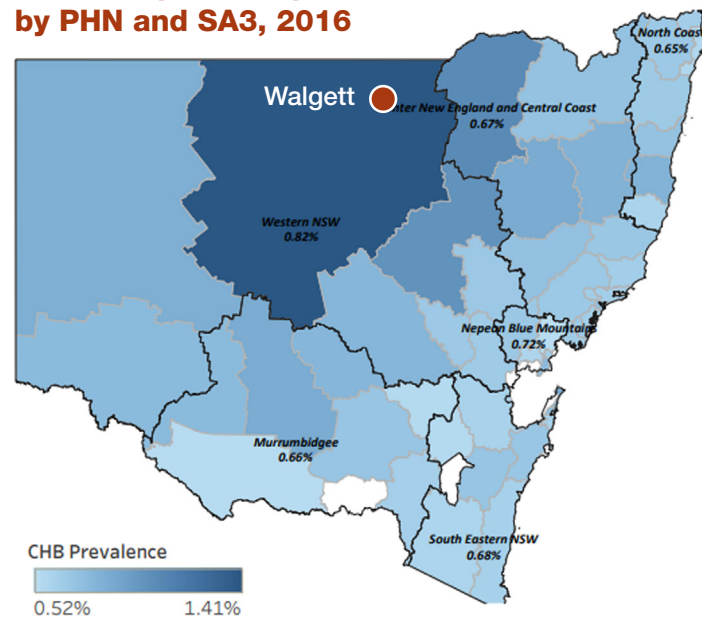
BACKGROUND

With an estimated 83,812 people living with hepatitis B (HBV) in NSW, the *Hepatitis B Mapping Project*¹ reports the highest prevalence outside Sydney is in the Bourke-Cobar-Coonamble area in Western NSW.

Elevated rates of HBV among Aboriginal people and an estimated 45% of people undiagnosed highlight a need to increase access to HBV testing, treatment and health promotion services for the prominent Aboriginal populations in this remote area.

The Bila Muuji Aboriginal Corporation Health Services (Bila Muuji) identified Walgett and surrounding regions as a high need in a grant application to Hepatitis NSW (HNSW). The grant funded travel, catering and vouchers to offer testing, referral pathways into treatment and access to health information.

Chart: Hepatitis B prevalence in NSW by PHN and SA3, 2016



METHOD

Three organisations (Walgett AMS, Dubbo SHC and HNSW) delivered a multidisciplinary outreach clinic for HBV screening and education sessions to Aboriginal communities in Walgett, Gingie Mission, and Pilliga.

¹ *Hepatitis B Mapping Project: Estimates of Geography Diversity in Chronic Hepatitis B Prevalence, Diagnosis, Monitoring and Treatment*. National Report 2016. Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine 2018. Available from: ashm.org.au/HBV/hepatitis-b-mapping-reports

The program was incentivised with a \$30 butchers voucher offered to participants for meeting with the Aboriginal Health Practitioner from Dubbo SHC who conducted confidential assessments and testing.

Each clinic day was catered with sandwiches or BBQ to create a welcoming space where HBV health promotion and community engagement were carried out during the clinic. The HNSW Aboriginal project worker delivered health education sessions while the Walgett AMS staff engaged community, administered vouchers and ensured everything ran smoothly.

RESULTS

Forty-four people were screened for HBV, hepatitis C, HIV and syphilis.

The team responded to a community member's suggestion to "take it to the people" and ran an additional clinic at Gingie Mission.

Support from the Dharriwaa Elders Group, Bila Muuji and community members encouraged participation and ensured the program's success.

CONCLUSION

Opportunities were found to better support remote communities through:

- Clinical and health promotion services delivered (and welcomed) in community settings;
- Providing culturally sensitive clinical options for Aboriginal people in remote locations;
- Ensured confidentiality of results; and
- Sharing local social capital across multiple services and communities.

Further funding could broaden HBV testing, treatment and health outcomes for Aboriginal communities.

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