

Mapping & scoping of hepatitis C education and prevention activities targeting Aboriginal & Torres Strait Islander Communities

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National Hepatitis C & Aboriginal & Torres Strait Islander Communities

Jaspers Hotel, Melbourne 7.6.2007

Acknowledgements

- > Traditional Owners
- > Event Organisers
- > Aboriginal services & communities
- > Participating organisation's

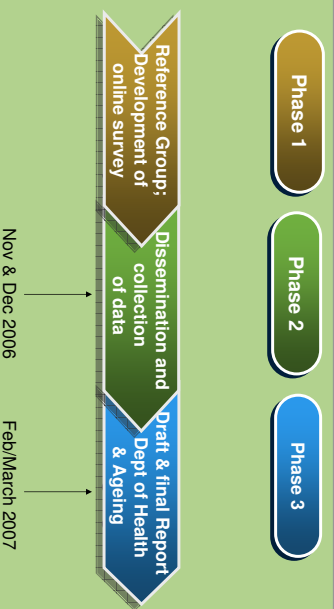
Terms of Reference

- > The aim of the project was to identify:
 - And map appropriate services to participate in the project;
 - Culturally appropriate Indigenous hepatitis C education & prevention activities;
 - Past, current and developing hepatitis C education & prevention initiatives;
 - Gaps and current challenges service providers confront
 - Key themes; to enable all organisation to increase culturally appropriate hepatitis C education & prevention;
 - Latest approaches and gaps in culturally appropriate hepatitis C workforce development to assist future planning;
 - Hepatitis C workforce issues and who in the organisation is responsible for providing hepatitis C activities;

Indigenous Project Reference Group (IPRG)

- > IPRG Member Organisations
 - Nominated NACCHO Representative
 - AH&MRC of NSW
 - OATSIH
 - Hepatitis C Section, CDOHA
 - NSW Aboriginal Prisons Project Officer
 - Queensland Hepatitis Council
 - Hepatitis C Council of NSW
 - Northern Territory AIDS & Hepatitis Council

Mapping & Scoping Project



State & Territory Consultations

- > Organisations visited:
 - Peak Aboriginal Community Controlled Health Organisations.
 - Local Aboriginal Medical Services.
 - Australian Injecting and Illicit Drug Users' League (AIVL) state and territory affiliates.
 - State & Territory Health Departments.
 - State and Territory Hepatitis Council



Key Findings:
Mapping and Scoping of hepatitis C education and prevention activities targeting Aboriginal & Torres Strait Islander Communities

Report 1: Aboriginal Community Controlled Health Sector
Report 2: Mainstream and Non-government Organisations



Key findings: ACCHS Component

- > Online survey tool, was faxed to respondents.
- > 28 Respondents – 5 metropolitan, 20 rural & 2 state peak bodies.
- > ACT & TAS did not respond.
- > Most common type of hepatitis C prevention & education activities:
 - One on one clinical and service setting.
 - Printed information and resources.
 - Target audience is general Aboriginal Community.
 - Testing for hepatitis C.
 - 40% provide NSPs (discretely 7 not promoted).



Key findings: ACCHS Component

- > Staff responsible for hepatitis C prevention & education activities:
 - Aboriginal Health Workers, health promotion staff & clinical Staff.
- > Staff training
 - Introductory HCV training required.
 - 75% claim hepatitis C training is required, yet
 - 60% of staff had not received hepatitis C specific training.
 - Preference for training to be provided locally.



Key findings: ACCHS Component

- > Priorities and Challenges for staff and organisations:
 - All respondents indicated some level of concern about hepatitis C.
 - 75% indicated they were highly concerned or concerned about HCV in their community.
 - Priority for Aboriginal communities:
 1. Prevention and education on transmission risks & risk practices.
 2. Education of and access to hep C treatment services.
 3. Promotion of hep C diagnosis and testing.
 4. Accessible NSPs.
 5. Increase community awareness an support at many levels.
 6. Need for culturally appropriate education (ATSI specific).

Key Findings

Report 2: Mainstream and Non-government Organisations

Mapping & scoping key findings: Mainstream & NGO's

- > 57 respondents:

<ul style="list-style-type: none"> – WA 26% – NSW 21% – Qld 19% – SA 16% – Vic 9% – ACT 5% – NT 2% – Tas 2% 	<ul style="list-style-type: none"> > Type of organisation: <ul style="list-style-type: none"> – Mainstream Health Care Provider – NGO or CBO – Hepatitis Council – Sexual Health Service – AOD Service – Youth Service – Prisons Health Service – Peer Users Organisation – other
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**Mapping & scoping key findings:
Mainstream & NGO's**

- > Education and prevention activities:
 - Organisation
 - A wide range of services providing hepatitis C programs.
 - Majority of programs delivered within metropolitan and urban settings.
 - Type of programs:
 - Programs most frequently targeting IDU.
 - Information and education in one on one clinical setting.
 - Printed resources.
 - 9 respondents had developed a booklet or pamphlet.
 - 47% of respondents providing secondary NSP services.
 - 18% of respondents providing primary NSP services.
 - Majority of respondents had not produced any resources.
 - 8 respondents had produced HP workshops.

**Mapping & scoping key findings:
Mainstream & NGO's**

- > Workforce:
 - Position description vary:
 - 10 had specific ATSI and HCV positions.
 - Six of which are ATSI identified positions.
 - Development of workforce:
 - 50% indicated staff received specific hep C training.
 - 1/3 indicated that hep C training was required.
 - Basic training and general updates.
 - Cultural awareness:
 - 50% received training in working with ATSI communities.
 - 44% indicated training of staff to work in ATSI communities required.
 - Support required for staff:
 - Basic hep C & cultural awareness training with a ATSI context (esp. sexuality and drug use).

**Mapping & scoping key findings:
Mainstream & NGO's**

- > Key challenges for services to work with ATSI communities:
 - Hep C competing with co morbidities and human services that need to be addressed.
 - Low numbers of ATSI accessing the service.
 - Lack of human and financial resources.
 - Hep C being a low priority for clients.

**Mapping & scoping key findings:
Mainstream & NGO's**

- > Priorities and Challenges:
 - Personal views:
 - Overall most respondents indicated they were highly concerned about hep C and the ATSI community they worked with.
 - Organisational view:
 - 54% indicated it was a priority for their service.
 - Approx 20% indicated it was a low priority.
 - Respondents wanted more targeted resources to support staff.

**Mapping & scoping key findings:
Mainstream & NGO's**

- > Priorities, services identified the need:
 - for resources and education specifically on transmissions, prevention, testing and treatment.
 - to improve knowledge and increase access to hep C services.
 - to provide culturally appropriate NSPs.
 - to develop culturally and linguistically appropriate resources.
 - to build empower and support communities.
 - to address hep C related stigma and discrimination; and
 - to cultural awareness and sensitivity among health care workers.

Highlights

- | | |
|--------------------------------|---------------------------------|
| > VIC | > WA |
| – MOU VACCHO & VHCC | – Resilience Project |
| – Making of great Relationship | – Hepatitis Project Officer |
| – Indigenous Officer VHCC | > Qld |
| > SA | – Creole Resource |
| – Shared Position | – Box Project |
| – CD-Tune into your blood | – Partnership HCQ & QAHC |
| > NSW | > NT |
| – MOU | – Hoops 4 Health |
| – Us mob resource | – Project Officer Alice Springs |
| – BBI Report | |
| – ED&T Manual | |
| – Harm Min Officer | |
| – HCV WD Officer | |

Recommendations

Overarching Recommendation

- Development of a program and processes which will build community leader support and assist in the building of supportive environments to for:
 - hepatitis C prevention (eg for visible NSPs),
 - testing, treatment,
 - self-management; and
 - ongoing support within individual Aboriginal and Torres Strait Islander communities.

1. Production of a targeted hepatitis C consumer resource.

- Hepatitis organisations and ACCHSs collaborate to produce or further develop a culturally appropriate consumer information resource targeting Aboriginal and Torres Strait Islander people to increase understanding of the basic facts of:
 - Context of hepatitis C in ATSI communities
 - Epidemiology
 - Natural history
 - Risk practices
 - Prevention strategies including access to NSPs
 - Symptoms and self management
 - Testing, treatment options and access to treatment
 - Importance of access to community support
 - How to access further information

2. Recommendation

- Hepatitis organisations and ACCHSs collaborate to establish hepatitis C workshops for the indigenous health workforce targeting:
 - ATSI health workers;
 - Health Promotion Staff;
 - Clinical Staff, Councillors;
 - Sexual Health Workers;
 - AOD staff;
 - and NSP staff and others.

3. Recommendation

- **Promotion of the benefits of NSPs is incorporated and highlighted in all hepatitis C & BBV education programs for ATSI community health workers, clinical staff and community leaders.**

4. Recommendation

- Workshops are developed to facilitate the sharing of information and experiences of successful NSP provision by ACCHSs.

Thankyou

> Hepatitis Australia Webpage

> Info on:

- Clinical Trials
- Removal of liver biopsy
- Awareness Week Information
- Research
- & many other very useful links & information

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