



A statewide service hosted by
Sydney Local Health District

MHAHS NEWS

Issue No 30 | Spring 2017 | Co-worker newsletter

MANAGER'S MESSAGE

Dear colleague

The past few months have been a busy time for the MHAHS.

A major achievement has been the successful implementation of the *Hep B. Could It Be Me?* campaign to raise awareness of hepatitis B among Arabic-speaking, Chinese-speaking, Korean, sub-Saharan African and Vietnamese communities. I'd like to thank the many of you who assisted with resource development and distribution, the media campaign as well as the community forums and information stalls. The campaign was a major undertaking that you can read about in the project updates.

As I mentioned at our recent staff meeting, to more accurately reflect our work, we've changed some program and position titles - the *Clinical Support Program* is now the *Client Support Program*; the *Clinical Supervisors* are now called *Senior Social Workers* and your title has changed to *Cultural Support Officer* (CSO).

You may be aware that our manager, Barbara, is on extended leave and I've been acting in her position. However, we'll be welcoming her back early October.

I trust you'll enjoy this issue of MHAHS News.

Gai



Ahmad, Andi, Faten and Riza stall-minding at Lakemba Mosque on July 28, part of the Hep B. Could It Be Me? campaign

NEWS - Goings

Best wishes and farewell to **Eric Chang**, Indonesian speaking co-worker, who resigned from MHAHS.

We wish him all the best.

Co-worker editorial committee

Tsehay Adegeh - Interviewee

Surinee Record - Interviewer /

Co-worker's Viewpoint



A great deal of interest in the Working with Muslim Communities seminar on May 17

Multicultural HIV and Hepatitis Service

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Barriers to hepatitis B care among Afghan, Rohingya, and South Sudanese people in Australia

A study has recommended that Afghan, South Sudanese and Rohingya people in Australia be directly involved in raising awareness of hepatitis B healthcare among their own communities. Healthcare promotions must be culturally sensitive and use ethnic media and peer education to increase testing and treatment for hepatitis B.

Afghan, South Sudanese and Rohingya people living in Australia face significant barriers to healthcare, particularly in relation to testing and treatment for hepatitis B, a study has found.

Barriers to healthcare include language and cultural barriers, lack of hepatitis B knowledge, housing and family reunification priorities, factors associated with new settlement, as well as previous experiences of healthcare.

The study, by researchers in Melbourne, found that each community must be allowed to form its own response to hepatitis B, and that healthcare workers must work with communities in culturally sensitive ways. Radio-based health promotion and peer education were also recommended, in order to build knowledge of chronic hepatitis B.

Previous studies have identified similar barriers to hepatitis B care predominantly in Chinese, Vietnamese, and Cambodian populations in Australia. These barriers include lack of disease specific knowledge, language barriers, cultural differences in the

perception of health and healthcare, and misconceptions about the severity of the disease due to the lack of symptoms. But the demographics of migration have changed worldwide due to recent global events, leading to increased immigration to Australia from countries such as Myanmar, South Sudan, and Afghanistan. There is little information regarding barriers to accessing healthcare in these newly arrived populations, but it is highly likely that people who have arrived as asylum seekers and refugees will face many additional challenges.

In particular, the Rohingya minority from Myanmar, does not have a written language, and thus cannot use traditional methods of health promotion in written form.

As Burmese, Sudanese, and Afghanis comprise 18-25% of the total number of people living with hepatitis B in Australia, there is a strong need to identify health literacy barriers among these communities.

MAJOR THEMES

The people interviewed for the study were being treated for chronic hepatitis B. Yet, some

were unsure about the difference between hepatitis B and other liver problems, such as jaundice. Some participants felt worried about their hepatitis B status, while others did not perceive it as a health priority.

For all Afghan and South Sudanese participants, hepatitis B was the primary health concern due to the risk of developing cirrhosis or liver cancer. However, for Rohingya participants, the risk of their hepatitis B status affecting their visa to remain in Australia or their capacity to sponsor their families to Australia, was of primary concern.

Several participants reported mental health as an important community issue, and placed that as a higher priority than chronic hepatitis B. Many participants were unaware that hepatitis B had a high prevalence in their community, which may show underlying stigma, lack of awareness, or lack of priority as a health issue.

LANGUAGE AND CULTURAL BARRIERS TO HEALTH ACCESS

A number of barriers to accessing the wider healthcare system for chronic hepatitis B were also



Photos: Community health clinics for Rohingya and South Sudanese communities

identified. Language barriers were commonly reported, even when interpreters were present. Particularly for Rohingya participants, limited options are available for interpreter selection (there are only two in Victoria), and as a result many did not trust the quality of interpreting.

Several participants said cultural differences affected their capacity to fully disclose information to their doctors and deterred them from asking for more information about their condition.

RECENT SETTLEMENT AS A BARRIER IN HEALTHCARE ENGAGEMENT

Most participants came from war or a disrupted existence in their home countries, and had arrived in Australia as asylum seekers. There was a range of citizenship and bridging visas. Some were accepted as refugees and a proportion were on bridging visas. The chaotic nature of seeking asylum and refugee status was a barrier in itself, adding to language and cultural barriers. Some said that their mental health, separation from family and an uncertain future affected their ability to access

healthcare. Several felt uncertain about the future of health care in Australia once their bridging visa expired, and were worried about the cost of their chronic hepatitis B medication once they were no longer supported by a bridging Medicare card. Many had limited access to healthcare in their home country, and were accessing healthcare for the first time in Australia. As a result, the majority found out about their hepatitis B status upon entry to Australia.

CONCLUSIONS

Priorities such as establishing a life in Australia, reuniting their families, and addressing mental health issues were primary concerns and considered a higher priority than screening and management of chronic hepatitis B. The majority of participants were unclear on transmission routes, treatment options, and complications such as cirrhosis, decompensated liver disease and liver cancer. **This would suggest that the wider undiagnosed community could also be largely unaware of their higher risk for chronic hepatitis B.**

These findings indicate a need to

find culturally significant education tools. Engaging with these communities in a manner that is sensitive towards their wider concerns regarding other health and general life issues would mean improvement in testing outcomes. Education tools could include peer-education, radio-based promotion in relevant languages, or culturally appropriate written material using terminology that is sensitive and pertinent.

Healthcare providers and health promotion activity should allow each community to form its own concepts of chronic hepatitis B and work within a culturally relevant framework.

Culturally meaningful education tools, delivered at a community level, are recommended in order to convey the impacts of chronic hepatitis B infection on health. This approach would improve rates of testing, immunisation, surveillance and treatment among Rohingya, South Sudanese and Afghan people in Australia.

*Journal of Immigrant Minority Health,
24 January 2017
Authors: Sievert, O'Neill, Koh,
Hui Lee, Dev, Le*

AROUND THE WORLD

USA | August | betablog.org

Budget cuts hit disadvantaged

Due to budget cuts, Mississippi State Department of Health no longer offers free HIV and STI testing. Many people seeking testing are now required to pay \$25. Some people are able to pay on a sliding fee scale, and testing has continued to be free for people under age 18. Mississippi is disproportionately impacted by HIV, with the sixth-highest rate of new HIV diagnoses in the US.

EUROPE, THE AMERICAS, MOROCCO & THAILAND | June | Aidsmap.com

PrEP rollout accelerates

Portugal and Brazil will soon provide PrEP through their health services. Belgium will roll out PrEP with €1 million, using differential pricing: Truvada will be free to HIV-positive people for treatment, while PrEP users will pay a subsidised price of €11.90 for a 30-day supply. Morocco announced a PrEP trial for 300 people, the first country in the Middle East and North Africa region to authorise PrEP. In Scotland and Norway PrEP will be free. In France, fees associated with PrEP are usually reimbursable. In the US PrEP depends on public or private insurers. In Thailand PrEP is about \$1 a day, with free monitoring and testing.

ITALY | May | Aidsmap.com

Migrants have poor virological outcomes after starting ART

Undocumented migrants living with HIV have poor rates of retention in care and virological suppression after starting antiretroviral therapy (ART) compared to Italian citizens, researchers have found. Undocumented migrants were more likely to be lost to follow-up and both documented and undocumented migrants were less likely to attain virological suppression compared to Italian citizens. A significant proportion of the migrants receiving care at the clinic where the study was based were from Latin America, and many were trans women. A high proportion faced stigma, poverty, social marginalisation, and psychological distress, putting them at higher risk, the authors suggested.

IRAN | July | thelancet.com

Three-fold increase in HIV

Sexual transmission of HIV in Iran has risen from 13% to 40% during the past decade. Sexual transmission is the main route of infection among Iranian women, suggesting an alarming shift from infection through syringes shared among injecting drug users. This trend is rising, amid little action from officials because of societal norms.

GHANA | August | AllAfrica.com | DW News

Hepatitis B spreading in Ghana due to lack of awareness

A majority of people in Ghana may still believe that hepatitis B is a form of witchcraft, doctors have said. Misconceptions have fuelled the spread of hepatitis B in the West African country. Those who test positive and tell their families are often stigmatised, receiving little support. Doctors say the virus is mainly spread when a group of people share a drink using a calabash, a form of cup that is used in local bars where local beverage Pito is enjoyed. If those who drink have bleeding gums, others may be infected. Most Ghanaians with chronic hepatitis B were infected at birth. Doctors say awareness is needed, as well as a national screening program for all pregnant women in antenatal clinics. They also recommend vaccinations for all pregnant women.

SUB-SAHARAN AFRICA | July | aidsmap.com**High uptake of HIV self testing by female sex workers**

Researchers from Zimbabwe, Zambia, Uganda and Kenya believe that self-testing has great potential to improve the uptake of testing among sex workers in Africa. In questionnaires, 100% said the test was easy to use, 100% trusted the result they had been given and 98% were comfortable learning the result without someone else present. Self-testing might have the advantages for sex workers of privacy and flexibility, allowing women to test themselves at a time of their choosing.

CHINA | May | sixthtone.com**Chinese Hep B carriers seek body doubles for health checks**

Illegal discrimination by employers against job-seekers who carry the hepatitis B virus has fed an underground industry of providing surrogates to pass health tests. Companies were banned from testing job candidates for hepatitis B years ago, but the practice persists, forcing many people to look for a surrogate — a person with similar looks— to pass a health check on their behalf. Many falsely believe the virus can be transmitted through everyday human contact.

INDONESIA | May | Aidsmap.com**Buyers club helps people obtain hepatitis C treatment**

A community-led buyers club in Indonesia has helped more than 100 people get cheaper generic direct-acting antiviral (DAA) drugs to treat hepatitis C and is seeing a high cure rate. An estimated 3 million people in Indonesia are living with hepatitis C. The number of people who inject drugs is estimated at 106,000, with 77% thought to have hepatitis C. Co-infection with HIV and hepatitis C is common in this population. So the IAC, a community organisation of people living with HIV, started the Indonesian Buyers Club in 2015 to meet the need for wider access to effective new hepatitis C treatments, especially for people with co-infection. They have a strong social media presence, with a hepatitis C treatment Facebook group (Pengobatan Hepatitis C) of more than 800 members who share information and their experiences with treatment. The buyers club has helped 139 people with hepatitis C get DAAs.

KENYA | May | Aidsmap.com**Combining drug addiction treatment and perinatal HIV prevention leads to good outcomes in Kenya**

Offering medication-assisted drug addiction treatment alongside services aimed at preventing mother-to-child HIV transmission, has led to improved outcomes for opioid-dependent HIV-positive mothers and their babies. Efforts to help pregnant women with HIV access prenatal care and prophylactic antiretroviral therapy can bring perinatal HIV transmission rates below 5%. Integrating these services has offered convenience for women and promotes holistic care. Kenya was among the first countries in sub-Saharan Africa to introduce opioid substitution therapy using methadone. The overall prevalence of HIV among people who inject drugs in Kenya is 18% – about three times that of the general population – rising to 45% among women who inject drugs.

PAKISTAN | August | pakobserver.net**Hepatitis reaches alarming proportions**

Hepatitis has assumed alarming proportions in Pakistan despite media campaigns and the use of new technology to raise awareness. Every 10th person in Pakistan is at risk of getting hepatitis C or hepatitis B and Pakistan can be termed as number two in the world, with a 5.8% prevalence of hepatitis B. Around 15% of the people who visited a hospital in Islamabad during World Hepatitis Day tested positive for Hepatitis B and C at a free screening camp. Advocates recommend more free screening camps held in rural areas.

Media - Sonam

We have carried out two multicultural media campaigns these past few months.

In June, we developed and implemented an ethnic media campaign to support the 2017 HIV Testing Week. Aimed at increasing awareness of HIV testing, the MHAHS campaign promoted Dried Blood Spot (DBS) HIV Home Testing across African, Arabic, Chinese, Indonesian, Khmer, Portuguese, Spanish and Vietnamese community media.

The campaign registered 11 media pick-ups including 5 radio interviews. The campaign page received 2,402 hits in addition to 1,399 hits to its DBS promotion Public Service Announcement (PSA) page.

In July, we carried out the Hep B: Could It Be Me? ASK. TEST. TREAT. campaign across our African, Arabic, Chinese, Korean and Vietnamese communities. Aimed at increasing

hepatitis B testing in these priority communities, the campaign included a series of media stories which ran throughout July and represented the first NSW-wide multilingual campaign on hepatitis B.

The campaign used a combination of multilingual resources, editorials, public service announcements, advertisements and community forums to increase community engagement with issues surrounding hepatitis B.

As well as highlighting the need for/and success of partnerships between various stakeholders, the campaign also demonstrated how priority communities may be involved in their response to chronic hepatitis B.

The campaign produced 26 media pick-ups including 7 interviews.

Community Engagement - Wa'el

In June this year, the Arabic and the Vietnamese projects were finalised and had achieved much more than what we had planned for. Both communities were involved at every level of the projects' activities. Faten, the Arabic Project Officer and Kim, the Vietnamese Project Officer had brilliantly managed to mobilise their respective communities around hepatitis C (in the case of the Arabic project) and hepatitis B (in case of the Vietnamese project).

One of the many highlights of the projects was the production of a media package which involved conducting a series of radio interviews with relevant people such as a person living with

hepatitis (B or C), a prominent local GP and a community leader. The interviews were aired weekly on a major community radio station over a period of four weeks.

I would like to take this opportunity to acknowledge and thank Faten and Kim for their work, commitment and dedication.

In the next 12 months we will be working with the African communities in the area of hepatitis B and with international students in the area of HIV. At this stage we are in the process of recruiting for both projects.

Client Support - Effie, Dash and Donatella

Referrals into the MHAHS Client Support Program broadly match the latest notification data with persons from South East Asia (eg. Thailand, Vietnam, Cambodia, Philippines, China) making up a large proportion of our referrals in the first half of 2017.

Referrals for people from Central/South America are the next highest region for referrals, reflecting recent migration patterns and HIV data.

We are currently supporting a number of young gay male and transgender people who have arrived in Australia to study and who have recently acquired HIV in Australia.

Other referrals include older women where heterosexual transmission and late presentation are characteristic. NSW Health provides regular statistical and other updates on the ending HIV website :

<http://www.health.nsw.gov.au/endinghiv/Pages/tools-and-data.aspx>

We continue to provide culturally-appropriate, social, emotional and practical support to our clients, assisting them to live with HIV and ensuring they are linked to and engaged with treatment, care and appropriate support.



Randa Kattan, Arab Council of Australia, **Rosemary Kariuki-Fyfe**, African Women's Group, and **Dr Vinh Binh Lieu** supporting MHAHS media campaigns.



Project Officers **Faten** (right) and **Kim** (next left).

Community media stations raise hepatitis B awareness.



Health Promotion - Natali and Faten

Dried Blood Spot HIV Testing Pilot

The Dried Blood Spot (DBS) HIV testing pilot is now in full swing. As part of the DBS promotional activities, MHAHS recently partnered with Pozhet to implement a social media campaign in English and 8 community languages: Chinese, Indonesian, Portuguese, Spanish, Thai, Vietnamese, Arabic and Khmer. The campaign ran in June, broadcasting a range of Facebook advertisements and videos resulting in increased traffic to the DBS website as well as registrations for the testing kit. A social media toolkit was also distributed to key community, multicultural and health sector services. Three more campaigns, targeting priority communities, are planned before the end of the year.



Hepatitis B Campaign

The “Hep B. Could It Be Me?” campaign reached a peak in July. MHAHS produced a range of hepatitis B awareness raising materials in Arabic, Chinese, English, Korean and Vietnamese. The materials included bags, calendars, magnets, stick notes, wallet cards, posters, banners, counter-top boxes and fortune cookies. In preparation for World Hepatitis Day and Hepatitis Awareness Week we distributed more than 53,000 resources across the state, reaching state-wide and community based organisations, metropolitan local health districts (LHDs) and regional areas such as the Murrumbidgee and North Coast LHDs. MHAHS organised several community forums and events for the Arabic, African, Chinese and Vietnamese communities, delivering information sessions about hepatitis B and distributing thousands of in-language resources. The forums were coordinated by Faten and Wa’el and the reception from community members was remarkably positive!

Special thanks to all the co-workers who collaborated in the development, translation, packaging and distribution of the resources, and for the representation of MHAHS at the community forums and stalls.



Community forums have engaged hundreds of people around Sydney.

LEFT: RPAH info stall

TOP LEFT: Chinese community forum in Surry Hills

TOP RIGHT and MIDDLE LEFT: Vietnamese community forum at Cabra-Vale Diggers

ABOVE: Info stall at Lakemba Mosque

Tsehay's experience

What's your family story?

I'm from Ethiopia. I live with my wife and 8 children - 4 boys and 4 girls. I left Ethiopia in 1992 for Egypt and then migrated to Australia in 1995. I was born in a Christian family, the fourth child with 12 siblings.

What you do outside the MHAHS?

I do community service for the Ethiopian community in Burwood. I am also a religious leader, a clergyman and a theologian. I finished my Master of Social Work at Sydney University. With my job I visit families in time of need, such as reconciling with the family when there's a conflict. I assist new arrivals with settlement, finding housing, employment, and providing information.

What made you join the MHAHS?

In 2010, I saw the MHAHS ad for the co-worker position. I immediately applied because it is the right organisation to tackle the issue of HIV. I have two stories that made me want to join the MHAHS.

Once upon a time in Ethiopia, there was a medical officer trying to raise awareness about HIV by reaching out to sex workers, including the owners of motels and hotels. He invited guest speakers to explain HIV and to educate this vulnerable group of people. I was one of the guest speakers, as a religious leader, to educate those people. One of the women asked "Where can I find a husband to live with? How can I raise my children?" It was tough to answer these questions. Since then, I felt bad for the people who lacked financial and emotional support from society and who are involved in a job they don't want to do. I'm still struggling to answer the questions practically. That's why I joined MHAHS. Furthermore, I also lost one of my family members to HIV.

What are your impressions of the service?

I admire all activities such as training, group supervision and one-on-one supervision.

What do you think of the training provided by MHAHS?

For me as a co-worker, I think it is useful to develop knowledge and skills on how to empower HIV clients, providing social and emotional support and learning about new initiatives by the organization, changes and progress.

What activities have you carried out for the MHAHS ?

I've carried out some activities such as distributing calendars and condoms to the community, client surveys and editing Amharic information about HIV.



Tell me more about your client work

I worked with two clients previously, both of them are from Africa. I communicated with both of them in English. One is discharged from the service. However, he's doing well. The other one just stopped using the service himself. I tried to contact him but didn't hear back from him. The job I have done with my clients has motivated me to study social work and I did!

What do you get from supervision?

I can say supervision is the backbone of co-workers' roles as we reflect on the clients' medical, financial and social conditions and share experiences among each other. Supervisors are always available to support us when we have any concerns about the client and guide us on how to deal with sensitive issues according to the MHAHS guidelines and procedures.

What do you see are the challenges/rewards as a co-worker?

As a co-worker, seeing a newly diagnosed HIV client for the first time is challenging as they may not accept the reality. However, the reward is when they accept that their medical condition is real and look forward to seeing positive outcomes.

Do you have any other reflections?

I would like us to have general meetings with our clients once or twice a year, for them to share their life experiences and socialize among one other.