

**AUSTRALIAN INSTITUTE FOR PRIMARY CARE &  
AGEING**

December 2019

# Hepatitis Victoria

*Hepatitis B Community Mobilisation Program*

**Evaluation Report**

Suggested citation: Australian Institute for Primary Care & Ageing. (2019). *Hepatitis Victoria: Hepatitis B Community Mobilisation Program: Evaluation Report*. Melbourne: La Trobe University

# Contents

CONTENTS .....	2
1. EXECUTIVE SUMMARY .....	4
1.1 Key Findings .....	4
1.2 Overview .....	5
1.3 Hepatitis B Community Education Outreach via the Adult Migrant English Program (AMEP) Project .....	5
1.4 Community Mobilisation through collaboration and engagement .....	5
1.5 Conclusion.....	6
2. HEPATITIS B COMMUNITY MOBILISATION PROGRAM OVERVIEW .....	8
2.1 Background .....	8
2.2 Target Groups .....	8
2.3 Aims.....	8
2.4 Activities.....	8
2.5 Hepatitis B Community Mobilisation Program Projects .....	9
2.6 Evaluation of the Hepatitis B Community Mobilisation Program.....	9
3. HEPATITIS B COMMUNITY EDUCATION OUTREACH VIA THE ADULT MIGRANT ENGLISH PROGRAM (AMEP) PROJECT .....	10
3.1 Overview .....	10
3.2 Stakeholder Liaison .....	10
3.3 Educational Resources .....	10
3.3.1 <i>Living Well reader and workbook</i> .....	10
3.3.2 <i>Hep B 1,2,3 Referral Card and Poster</i> .....	11
3.4 Education Sessions.....	12
3.4.1 <i>Student demographics</i> .....	12
3.5 Student Survey .....	15
3.5.1 <i>Procedure</i> .....	15
3.5.2 <i>Pilot Student Survey Results (n=443)</i> .....	15
3.5.3 <i>Final Student Survey Results (N=1,201)</i> .....	16
3.6 Teacher Survey.....	18
3.6.1 <i>Procedure</i> .....	18
3.6.2 <i>Feedback on sessions</i> .....	18
3.7 Conclusion.....	21
4. PEARL: PEER EDUCATOR AMBASSADOR FOR RAISING LIVER HEALTH.....	22
4.1 Overview .....	22
4.2 Activity .....	22
5. HEPATITIS B CHINESE COMMUNITY EDUCATION PROJECT .....	25
5.1 Overview .....	25
5.2 GP education.....	25
5.2.1 <i>Hepatitis B &amp; C Management in Primary Care</i> .....	25
5.2.2 <i>Hepatitis B S100 Prescriber Course</i> .....	28
5.3 Love Your Liver Workshops.....	29
5.3.1 <i>Background</i> .....	29
5.3.2 <i>Participants</i> .....	30
5.4 Chinese Media Campaign.....	33
5.5 Supplementary Chinese Community activities .....	34
6. HEPATITIS B CAMBODIAN COMMUNITY EDUCATION PROJECT .....	35
6.1 Overview .....	35

6.2	Key Activities .....	35
7.	HEPATITIS B VIETNAMESE COMMUNITY EDUCATION PROJECT .....	37
7.1	Overview .....	37
7.2	Key Activities .....	37
8.	SUPPLEMENTARY COMMUNITY MOBILISATION ACTIVITIES.....	43
8.1	Springvale Lunar New Year Festival .....	43
8.1.1	Overview.....	43
8.1.2	Staff and volunteer mobilisation .....	43
8.2	2019 Springvale Snow Fest .....	45

## FIGURES

Figure 1:	Living Well with Hepatitis B reader and student workbook.....	11
Figure 2:	Hep B 1,2,3 postcard (front and rear) .....	12
Figure 3:	Participants' class level.....	14
Figure 4:	Total number of knowledge questions answered correctly.....	15
Figure 5:	Percentage of respondents answering "Yes" to feedback questions.....	16
Figure 6:	Participants' prior knowledge/actions .....	17
Figure 7:	Participants' responses to knowledge questions .....	17
Figure 8:	Intentions to act .....	18
Figure 9:	Teacher ratings of session features.....	19
Figure 10:	Teacher rating of overall quality of session.....	19
Figure 11:	PEARL Peer Educator Manual.....	23
Figure 12:	Hepatitis B Community Mobilisation staff and volunteers participating in the PEARL program...	23
Figure 13:	PEARL peer educators in action.....	24
Figure 14:	Hepatitis B & C Management in Primary Care Chinese GPs evening session .....	26
Figure 15:	Knowledge acquired as a result of the session .....	27
Figure 16:	Likelihood of registering for GP Hepatitis B Section 100 Prescriber Course .....	27
Figure 17:	General Practitioner information session survey questions .....	28
Figure 18:	Participants at Chinese Community Educational Event .....	30
Figure 19:	Year of arrival in Australia .....	30
Figure 20:	Respondents knowledge of their hepatitis status.....	31
Figure 21:	Respondent answers to knowledge questions.....	31
Figure 22:	Intentions to act .....	32
Figure 23:	Facilitating an education session and Hepatitis Victoria volunteers who supported the training sessions.....	32
Figure 24:	Transcribed text of 50-second radio advertisement.....	33
Figure 25:	Guest Speakers and radio program host.....	34
Figure 26:	Project Officer on Cambodian community radio.....	36
Figure 27:	Repost by Dandenong pharmacist of video of Project Officer interviewing pharmacist with Cambodian translation .....	36
Figure 28:	Social media coverage of Project Officer interviewing Mayor of City of Greater Dandenong .....	36
Figure 29:	Vietnamese Community Awareness and Educational Events (April to December 2019) .....	39
Figure 30:	Peer educator recruitment flyers .....	40
Figure 31:	Bilingual flyer advertising free education sessions .....	40

Figure 32: Advertisement published in Australian Vietnamese Women’s Association Magazine.....	41
Figure 33: Editorial on Hepatitis B and the project published on VietTimes website and in VietNews newspaper .....	41
Figure 34: Staff and volunteers at Vietnamese Full Moon Festival, Braybrook (September 2019).....	42
Figure 35: Information about free vaccination program disseminated to raise awareness in Vietnamese community.....	42
Figure 36: Hepatitis Victoria staff and volunteers with HEP Hero Cr Heang Tak at Springvale Lunar New Year Festival.....	44
Figure 37: Hepatitis Victoria staff and volunteers.....	44
Figure 38: Most common enquiries received by staff and volunteers at the information stall (n=8 reporting 2 most common enquiries).....	45
Figure 39: Staff and volunteers at Snow Fest 2019 .....	45

## **TABLES**

Table 1: Session locations.....	12
Table 2: Countries of Birth with highest frequencies.....	13
Table 3: Frequencies of high hepatitis B endemic countries eligible for hepatitis B vaccine .....	14
Table 4: Year of arrival in Australia.....	14
Table 5: List of Chinese Community Awareness and Educational Events – June to October 2019.....	29
Table 6: Production and broadcasting of radio interviews .....	33

# 1. Executive Summary

## 1.1 KEY FINDINGS

- Hepatitis Victoria implemented the Hepatitis B Community Mobilisation Program with funding from the Victorian Department of Health and Human Services to increase awareness of hepatitis B and drive vaccine uptake, particularly amongst people from countries where chronic hepatitis B is endemic.
- Hepatitis Victoria identified areas in Victoria with the highest numbers of people from the identified countries and targeted these for delivery of the Program.
- The Program involved extensive engagement with local communities and relevant organisations as a mechanism to extend reach and amplify impact. This was achieved through several different strategies, including:
  - A workforce within Hepatitis Victoria that included experienced and mostly bi-lingual or multi-lingual staff who were able to establish relationships, mobilise target populations, support resource development, and participate in a variety of supplementary activities.
  - The Peer Educator Ambassador for Raising Liver health (PEARL) initiative where volunteers were trained and then supported to conduct education sessions within their communities.
  - Formalisation of the Chinese Health Promotion Coalition, a group founded by Hepatitis Victoria and the Australian Chinese Medical Association of Victoria (ACMAV), comprising clinicians, media, community health and business people.
  - Building on previous relationships including with Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) and relevant Primary Health Networks (PHNs).
- A key component of the Program was education for people newly arrived in Victoria who were receiving English language tuition through the Adult Migrant English Program (AMEP). Hepatitis Victoria had established links with AMEP providers and was able to use these to deliver highly successful education sessions during Victorian school terms between November 2018 and November 2019
  - 71 education sessions were conducted across 31 metropolitan Melbourne and regional Victoria.
  - More than 2,000 students took part in the education sessions.
  - More than 150 AMEP teachers were present while the sessions were being delivered by Hepatitis Victoria staff and volunteers.
- Through PEARL, the Cambodian community education project, the Vietnamese community education project and other supplementary community mobilisation activities, Hepatitis Victoria reached large numbers of people from countries where chronic hepatitis B is endemic to promote awareness of hepatitis and the availability and importance of testing and vaccination, and how to access it.
- Data from the Victorian Infectious Diseases Reference Laboratory for 2017 and 2018 demonstrate an increase in the number of doses of vaccine ordered by health providers. Hepatitis Victoria is likely to have contributed to this increase through the diverse projects delivered by the Hepatitis B Community Mobilisation Program.

## 1.2 OVERVIEW

The Hepatitis B Community Mobilisation Program was an initiative of Hepatitis Victoria aimed at increasing awareness of hepatitis B and driving vaccine uptake, particularly amongst people from countries where chronic hepatitis B is endemic. Funding was provided by the Victorian Department of Health and Human Services for two years from early 2018.

## 1.3 HEPATITIS B COMMUNITY EDUCATION OUTREACH VIA THE ADULT MIGRANT ENGLISH PROGRAM (AMEP) PROJECT

The major component of the program involved conducting education sessions for people newly arrived in Victoria who were receiving English language tuition through the Adult Migrant English Program (AMEP). AMEP is an ideal setting to engage people who are eligible for free testing and vaccination by virtue of having arrived in the last ten years from a country where chronic hepatitis B is endemic. Hepatitis Victoria had established links with AMEP providers from past projects and was able to use these to facilitate effective delivery of more than 71 education sessions conducted across metropolitan Melbourne and regional Victoria, engaging more than 2,000 students and 150 teachers. Surveys completed by students and staff provided overwhelmingly positive feedback about the education sessions. Most importantly, data indicated that the majority of students gained new knowledge and, consistent with the aims of the Program, intended to act on what they had learnt. This included intending to talk with their families about hepatitis B, asking to be tested and, if appropriate, to be vaccinated.

*“In my 15 years of teaching experience, I have not come across a health training session that is so well catered for the students that attend the AMEP session, the use of simple language, visuals and reinforcement of the key messages is phenomenal. I hope this project continues as its beneficial for the students attending AMEP/SEE classes.”*

## 1.4 COMMUNITY MOBILISATION THROUGH COLLABORATION AND ENGAGEMENT

The central underpinning of the Hepatitis B Community Mobilisation Program is collaboration with community organisations providing services (health, education and social) to migrants and refugees from hepatitis B endemic regions. Hepatitis Victoria used a multi-faceted approach to engage actively with Chinese, Vietnamese and Cambodian communities and organisations in targeted geographic regions.

Through formal and informal relationships and collaborations, Hepatitis Victoria works to amplify the reach and impacts of its projects and activities. Formalisation of the Chinese Health Promotion Coalition, a group comprising clinicians, media, community health and business people, was an approach to creating a self-sustaining coalition of people to respond to the distinctively high prevalence of Victorians of Chinese background living with or at risk of hepatitis B. Through an ongoing collaboration with Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) and relevant Primary Health Networks (PHNs), Hepatitis Victoria supports localised engagement, education and support for General Practitioners (GPs) operating in project locations.

Hepatitis Victoria prepares community members through the Peer Educator Ambassador for Raising Liver Health (PEARL) initiative. Taking a train-the-trainer approach, community volunteers are trained, mentored and supported to become peer educators who then deliver information about hepatitis and liver health for people living around them. The intent is that a network of well-informed and trained community members will enhance the range of education activities developed and conducted by Hepatitis Victoria, encourage community participation, and contribute directly to improving knowledge about virus hepatitis and liver

health in the community. There were 23 Vietnamese volunteers and ten Chinese volunteers who participated in the PEARL training between December 2017 and July 2019. Community members and peer educators helped Hepatitis Victoria to tailor resources to Chinese, Vietnamese and Cambodian communities, and then distributed these at a range of events as well as utilising digital and other social media to raise awareness. Peer workers also organised or participated in supplementary activities as opportunities arose.

The Chinese Hepatitis B Community Education project has been based in Melbourne's East where there is a significant Chinese population and immigration rates from China were high between 2011 and 2016. Activities targeting Chinese communities included: supporting Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) to plan, promote and co-host a dinner for GPs participating in the Hepatitis B & C Management in Primary Care training course; delivering community *Love Your Liver* education sessions to more than 480 people; information stalls that distributed more than 5,000 resources; awareness raising via radio interviews; development and promotion of multi-lingual resources promoting the hepatitis B vaccine; conducting a training program for Chinese volunteers; and facilitating social support groups.

The Vietnamese Hepatitis B Community Education project has been based in Melbourne's West where there is a significant Vietnamese population and immigration rates from Vietnam were high between 2011 and 2016. The Vietnamese project officer actively engaged with a large number of Vietnamese community key stakeholders, during the development and implementation of the project. Activities targeting Vietnamese communities included: developing, promoting and monitoring a Vietnamese community Facebook page; providing information to more than 1,500 attendees at 39 education sessions; distributing flyers and other resources; recording and distributing an interview with a local Vietnamese GP to raise awareness of chronic hepatitis B training available for GPs.

The Cambodian Hepatitis B Community Education project has been based in Melbourne's South East where there is a significant Khmer population and immigration rates from Cambodia were high between 2011 and 2016. Activities targeting Cambodian communities included: translation of Hepatitis Victoria resources including leaflets, flyers and online information for the Khmer community; developing and producing education and awareness raising resources including table coversheets (which were used at cultural festivals), postcards, leaflets, mugs and water bottles for distribution to the Khmer community and Khmer speaking health professionals; attending a range of cultural and other events to distribute resources and answer questions; participating in and posting material on social media and through a local community broadcasting network.

In addition to project staff employed to work on the Community Education projects, Hepatitis Victoria's workforce includes experienced and mostly bi-lingual or multi-lingual staff who were able to establish relationships, mobilise target populations, support resource development, support peer workers and community members and participate in a variety of supplementary activities. These included being prominent at a variety of festivals and events, supervising volunteers from a wide variety of backgrounds who then expanded the impact of the work undertaken and sharing learnings (and so capacity) not only internally at Hepatitis Victoria but also externally at conferences and workshops in Victoria and interstate.

## **1.5 CONCLUSION**

The Hepatitis B Community Mobilisation Program delivered a range of inter-connected projects and strategies to increase awareness of hepatitis B and drive vaccine uptake, particularly amongst people from countries where chronic hepatitis B is endemic. The hepatitis B Community Education Outreach Project was



a particular strength of the Program, with good reach to the targeted population and excellent feedback from students and teachers. Data from the Victorian Infectious Diseases Reference Laboratory for 2017 and 2018 demonstrate an increase in the number of doses of vaccine ordered by health providers. While it is not possible to link vaccine dose numbers directly to any single intervention, Hepatitis Victoria is likely to have contributed to this increase through the diverse projects delivered by the Hepatitis B Community Mobilisation Program. Further analysis will be undertaken when 2019 data is available.

Working with local communities and community-based organisations is a good strategy for reaching targeted communities, and to increase the relevance and appropriateness of resources and likely uptake of calls for action. It is also a strategy that maximises the potential sustainability of awareness raising and accurate knowledge about chronic hepatitis B in the community.

## 2. Hepatitis B Community Mobilisation Program Overview

### 2.1 BACKGROUND

The Hepatitis B Community Mobilisation program aligns with the Victorian Hepatitis B Strategy 2016-2020 and addresses the priority objectives:

- To reduce the risk of Victorians contracting hepatitis B
- To improve the proportion of Victorians who know their hepatitis B status
- To reduce stigma and discrimination

### 2.2 TARGET GROUPS

The intended target groups for the Hepatitis B Community Mobilisation program are people of refugee background and those migrating to Australia from regions with high prevalence of chronic hepatitis B.

### 2.3 AIMS

The aims of the Hepatitis B Community Mobilisation Program are to:

- Reduce barriers in health-seeking behaviours through education and to improve testing and vaccination rates
- Increase hepatitis B prevention through community education about the availability of and access to testing and vaccination
- Increase testing for hepatitis B through community education about the availability, importance of and access to testing
- Reduce hepatitis B related stigma and discrimination through community awareness raising and education

### 2.4 ACTIVITIES

In order to implement the Hepatitis B Community Mobilisation Program, Hepatitis Victoria staff and volunteers undertook the following activities:

- Established collaboration with community organisations providing services (health, education and social) to migrants and refugees from hepatitis B endemic regions. Priority community organisations include adult migrant education organisations, maternal and child health organisations and migrant support groups.
- Prepared and developed education materials
- Delivered education sessions to promote awareness, testing and vaccination amongst the target population.
- Attended relevant events to engage with refugee and migrants and promote hepatitis B screening, vaccination and management.
- Developed communication tools to promote awareness of widened hepatitis B vaccine eligibility and availability.
- Mobilised target populations using public media (social media, Hepatitis Victoria website, local community media, etc.).

- Collaborated with Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) and relevant Primary Health Networks (PHNs) to provide localised engagement, education and support for General Practitioners (GPs) operating in project locations.

The education activities implemented as part of the Hepatitis B Community Mobilisation program have been:

- Promoting awareness and providing education in relation to the hepatitis B vaccine; emphasising eligibility and availability of the expanded free vaccine
- Highlighting the importance of testing and vaccination and ongoing management
- Reducing hepatitis B related stigma and discrimination through improving knowledge within migrant and refugee communities
- Promoting health literacy tools and resources to complement health-seeking behaviour and access to primary health care services.

## **2.5 HEPATITIS B COMMUNITY MOBILISATION PROGRAM PROJECTS**

Hepatitis B Community Mobilisation Program projects that are the focus of this report are:

- Hepatitis B Community Education Outreach via the Adult Migrant English Project
- Peer Ambassador for Raising Liver Health (PEARL) initiative
- Hepatitis B Community Education & Clinical Outreach to the Chinese, Cambodian and Vietnamese Communities
- Supplementary activities undertaken by the Community Mobilisation Team

## **2.6 EVALUATION OF THE HEPATITIS B COMMUNITY MOBILISATION PROGRAM**

This evaluation report is based on information provided by Hepatitis Victoria, interviews with project staff, and analysis of data collected by Hepatitis Victoria staff and provided to the evaluation team at La Trobe University. This report covers the period February 2018 to November 2019 inclusive.

## 3. Hepatitis B Community Education Outreach via the Adult Migrant English Program (AMEP) Project

### 3.1 OVERVIEW

The Australian Government provides up to 510 hours of English language tuition to eligible migrants and humanitarian entrants through the Adult Migrant English Program (AMEP) to help them learn foundation English language and settlement skills.

The Hepatitis B Community Education Outreach AMEP Project provides hepatitis B education to English language students via the AMEP courses in Melbourne's West, South East and East. This project is designed for maximum reach to refugees and migrants from high chronic hepatitis B (CHB) endemic countries who are undertaking the AMEP certificate courses. It aims to:

- Reduce barriers to health-seeking behaviours through education that will improve testing and vaccination
- Increase hepatitis B prevention through community education about the availability of and access to testing and vaccination
- Reduce hepatitis B related stigma and discrimination through community awareness raising and education
- Assist targeted priority populations to request testing and vaccination (if appropriate) from primary health care services

### 3.2 STAKEHOLDER LIAISON

The Hepatitis B Community Education Outreach AMEP Project staff undertook key stakeholder liaison throughout the development and implementation phases of the AMEP project. Stakeholder involvement was an important component of the project as it facilitated the high number of education sessions conducted across metropolitan Melbourne and regional Victoria and the active participation of AMEP teachers and students. These stakeholders included, but were not limited to Melbourne Polytechnic, Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL), North West Melbourne PHN, AMES, educators, DHHS and Hepatitis Victoria staff.

### 3.3 EDUCATIONAL RESOURCES

#### 3.3.1 Living Well reader and workbook

The *Living Well with Hepatitis B Reader* resources (the student reader and the teacher workbook) were developed by Hepatitis Queensland for people undertaking AMEP. The workbook has been designed to assist the teacher to educate students learning the English language.

The reader uses simple English and plenty of visual illustrations. It contains four stories with each one touching upon topics commonly associated with hepatitis B including transmission, prevention, pregnancy, new intimate relationships and liver cancer. It is a useful resource to improve health literacy about liver health and cancer and to provide information to those who may have recently been diagnosed with hepatitis B.

Hepatitis Victoria has translated the reader and made it available online as audio files in 9 languages: Arabic, Burmese, Cantonese, Dari, English, Khmer, Mandarin, Urdu and Vietnamese.

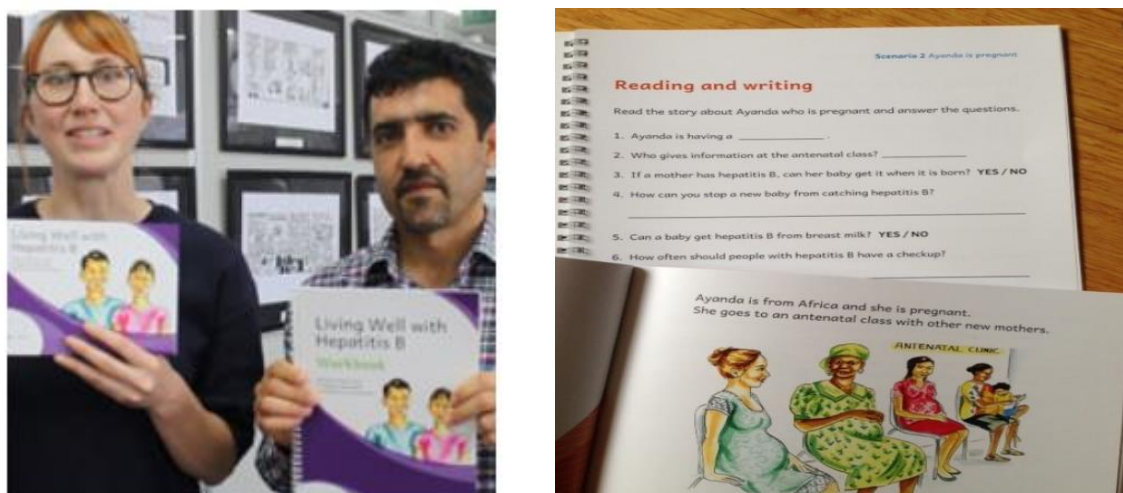


Figure 1: Living Well with Hepatitis B reader and student workbook

Other resources used within this project and translated into Mandarin, Vietnamese, Dari, Khmer and Arabic include:

- Hep B 1, 2, 3 GP referral card
- Living Well with Hepatitis B reader and workbook
- Hep B 1, 2, 3 posters (translated into simplified Chinese, Khmer, Vietnamese, Dari and Arabic)

### 3.3.2 Hep B 1,2,3 Referral Card and Poster

The existing Hep B 1,2,3 referral card and poster were tailored to meet the needs of this project's target audience with efforts made to ensure the educational content is appropriate to the health literacy and English literacy levels of the group.

The GP Intervention postcard was developed as a patient-held reminder card for participants to take to their GP to assist in starting the conversation about being tested for hepatitis B. The card and poster were elements of a coordinated and systematic process aimed at increasing hepatitis B testing through greater GP performance and patient education. Participants in the Hepatitis B Community Education Outreach AMEP Project were invited to make a request for hepatitis B testing to their GP or other health provider through the patient-held reminder postcard.

Hepatitis Victoria reported:

*Anecdotal reports have proved promising for this as a tool for testing, in terms of students keeping the cards, dispersing to family members and expressing an intention to take the card to their next appointment. The card was seen as attractive and informative for communicating challenging terms (medical jargon) in health care discussions.*



Figure 2: Hep B 1,2,3 postcard (front and rear)

### 3.4 EDUCATION SESSIONS

Education Sessions were run during Victorian school terms between November 2018 and November 2019, however given the time required to enter and analyse data, only evaluation surveys for sessions completed 23 October 2019 are included in this report.

Seventy-one education sessions were conducted during this period across 31 metropolitan Melbourne and regional Victorian suburbs and towns. (Table 1).

Table 1: Session locations

Metropolitan Melbourne		Regional Victoria
Berwick	Heidelberg	Ballarat
Boronia	Meadow Heights	Bendigo
Box Hill	Melton	Morwell
Broadmeadows	Merinda Park	Wonthaggi
Cheltenham	Noble Park	
Craigieburn	Pakenham	
Cranbourne	Richmond	
Croydon	Springvale	
Dandenong	St Albans	
Ferntree Gully	Sunshine	
Frankston	Taylors Lakes	
Glenroy	Wantirna	
Hampton Park	Wyndham	
Hawthorn		

#### 3.4.1 Student demographics

Analysis of the demographics of students who responded to a survey (n=1,644, representing 81% of those who participated in the education sessions) indicated clearly that the strategy of providing education sessions through AMEP ensured good reach to the target population.

##### Country of birth

Students reported their country of birth from over 82 countries. Countries of birth with the greatest frequencies are presented in Table 2 **Error! Reference source not found.**

**Table 2: Countries of Birth with highest frequencies**

Country of Birth	%
China	16.7
Vietnam	14.5
Burma / Myanmar	12.2
Iraq	9.4
Afghanistan	8.8
Syria	8.5
Thailand	3.7
Iran	2.4
India	1.9
Sudan	1.8
Pakistan	1.7
Cambodia	1.6
Sri Lanka	1.5
Ethiopia	1.5
Turkey	0.9
Eritrea	0.7
Russia	0.7
South Korea	0.7
South Sudan	0.7
Lebanon	0.6

Note: All other countries of birth had frequency of less than 10 participants

### Eligibility for free vaccine

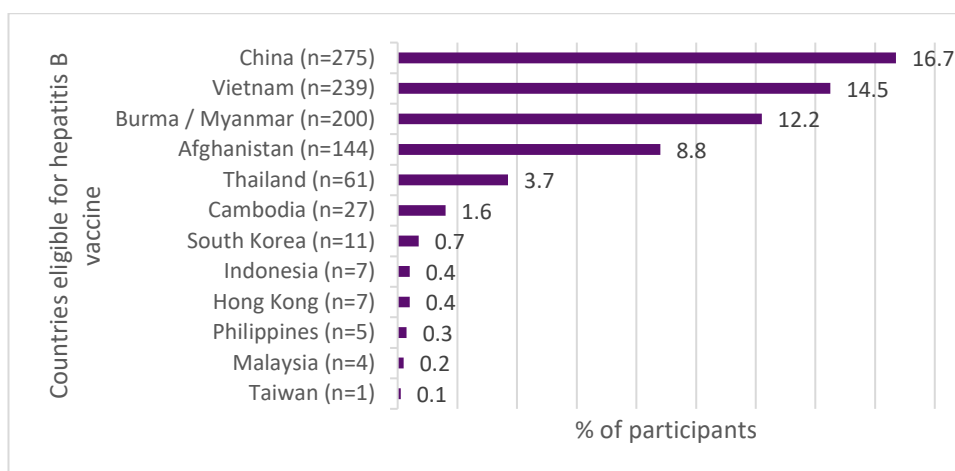
The hepatitis B vaccination campaign funded by Department of Health and Human Services provides free vaccines where clinically indicated and includes:

- All refugees and humanitarian entrants including asylum seekers.
- People born in priority hepatitis B endemic countries and who arrived in Australia in the last 10 years including but not limited to: China, Philippines, Malaysia, Vietnam, Afghanistan, Thailand, South Korea, Myanmar (Burma) Indonesia, Singapore, Hong Kong, Taiwan and Cambodia.<sup>1</sup>

Participants born in priority hepatitis B endemic countries accounted for 59.6% of the sample (**Table 2Error! Reference source not found.**). A total of 44.7% of student participants met both the country of birth and year of arrival criteria.

As participants were not asked to report their status as a refugee or humanitarian entrant (including asylum seeker) it is possible that the number of participants eligible for the free hepatitis B vaccine is greater than 44.7% of the sample.

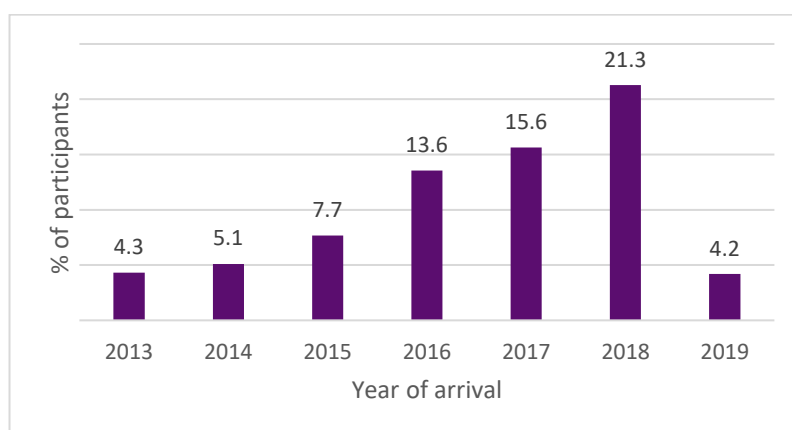
<sup>1</sup> Source: <https://www2.health.vic.gov.au/public-health/immunisation/adults/nip-and-state-funded-vaccines/nip-state-funded-vaccines-for-eligible-vic-adults>



**Table 3: Frequencies of high hepatitis B endemic countries eligible for hepatitis B vaccine**

### Year of Arrival

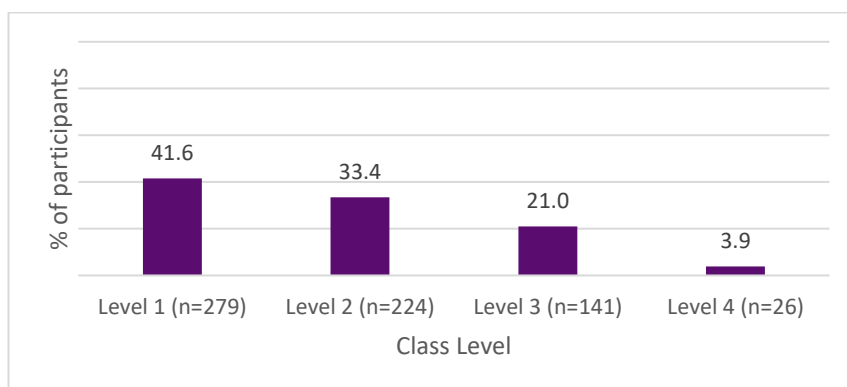
Survey respondents reported that their year of arrival in Australia ranged from 1963 to 2019 with the largest proportion of participants having arrived in Australia between 2013 and 2019 accounting for 71.8% of participants (Table 4 **Error! Reference source not found.**). Participants who arrived in the previous 10 years (2008 to 2019) accounted for 80.2% of participants.



**Table 4: Year of arrival in Australia**

### English language class level

The revised survey (n=1,201) included a question about which English class level students were in. Of the 670 participants who recorded the English class level they were studying, the greatest proportion were completing Level 1 (41.6%). Level 4 students were least represented in the sample (3.9%).



**Figure 3: Participants' class level**



## 3.5 STUDENT SURVEY

### 3.5.1 Procedure

AMEP education sessions were evaluated using a short post-session questionnaire written in simple English to allow for the low English literacy level of these students. A ‘pilot’ survey was distributed in AMEP education sessions in late 2018 (443 completed surveys received). A review of the responses and feedback from Hepatitis Victoria educators who conducted these sessions informed a revision of the survey. The revised survey sought to improve clarity and student understanding of the questions and was distributed to students participating in education session in 2019 (n=1,201 completed surveys were received). Thus, a total of 1,644 evaluation surveys were received for analysis from a total of 2,038 individuals who attended the education sessions. This is an excellent response rate (81%), even for a survey distributed in the context of a classroom, where participation tends to be higher.

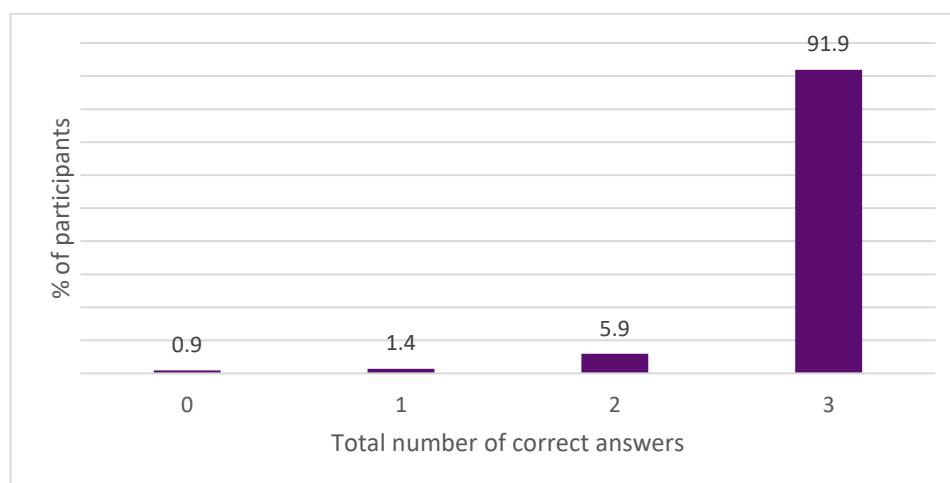
### 3.5.2 Pilot Student Survey Results (n=443)

Of the 408 participants that responded to the question “Do you know your hepatitis B status?”, 48.3% indicated they were aware of their status. Participants were not asked what their hepatitis B status was.

#### Post-session knowledge and intention to act

Participants were asked three questions designed to assess their knowledge of hepatitis B. The knowledge questions were only asked after the education session, so there is no way to know whether the students already knew the correct answers or new knowledge was acquired from the education session.

Over 95% of respondents answered “True” to each of the questions (the correct response in each case). The very high proportion of participants who correctly answered individual questions shows that overall knowledge accuracy is high. Almost 92% of participants answered all three questions correctly (Figure 4).



**Figure 4: Total number of knowledge questions answered correctly**

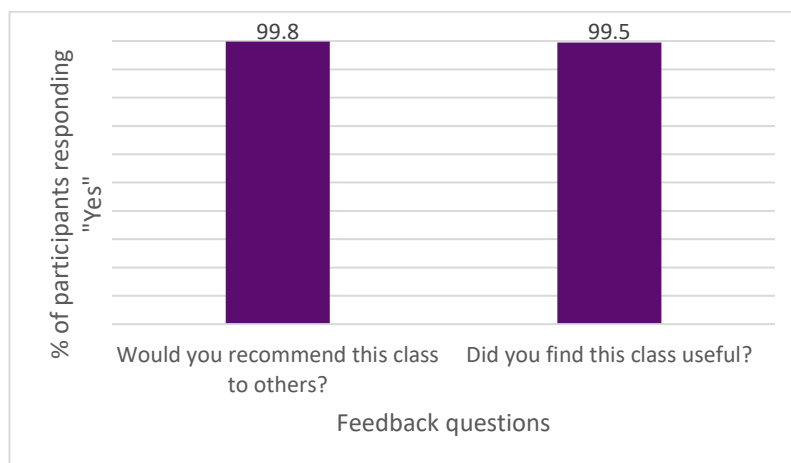
There is clear evidence that knowledge is not enough to create behaviour change. Thus, participants were asked three questions designed to assess their intentions to undertake actions following the education session to raise their own awareness, or that of others, about hepatitis B. **Error! Reference source not found.** Nearly all of the students said they did intend to act following the education session:

- 98% of students intended to ask their doctor for more information about hepatitis B
- 98% said they would ask their doctor if they had been vaccinated against hepatitis B

- 99% of students said they would talk to family and friends about hepatitis B

### Feedback on sessions

In order to gather overall feedback about the AMEP education sessions, participants were asked whether they found the class useful and would recommend the session to others. Participants provided overwhelmingly positive feedback about the sessions; 99.8% would recommend the class and 99.5% found the class useful (Figure 5).



**Figure 5: Percentage of respondents answering "Yes" to feedback questions**

### 3.5.3 Final Student Survey Results (N=1,201)

#### Survey Revisions

Following the pilot, the evaluation survey was revised. The consistent elements were two demographic questions and one knowledge question. Broadly speaking, both surveys asked about demographics and knowledge and intention to act.

Improvements to the survey included:

- removal of a question about the appropriateness of AMEP sessions as a forum for delivery of hepatitis B educational content
- modification to questions about teacher expectations of the sessions.

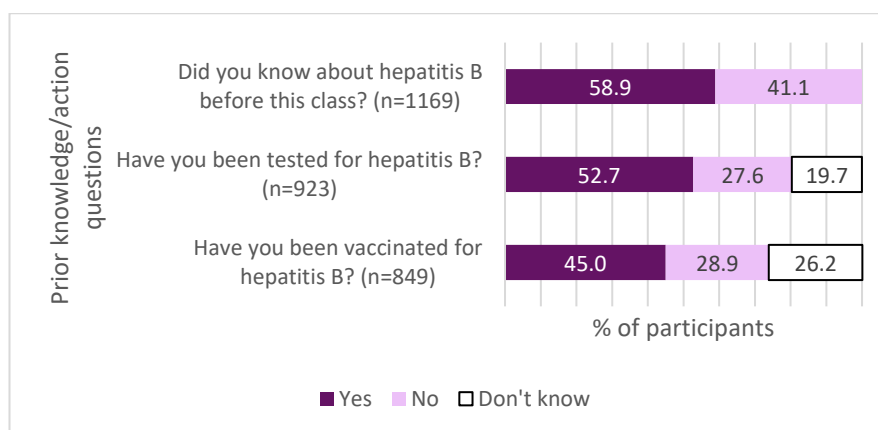
#### Prior knowledge and actions

In order to ascertain whether participants knew about hepatitis B prior to the AMEP education session and whether they had been tested and vaccinated for hepatitis B, the revised survey asked questions about pre and post knowledge and actions while being mindful of the need to use simple language to meet to the literacy limitations of these students.

The largest proportion of participants indicated prior knowledge and actions for the following:

- Knew about hepatitis B prior to attending the class (58.9%)
- Had been tested for hepatitis B (52.7%)
- Had been vaccinated for hepatitis B (45%)

However, a substantial proportion of participants did not know about hepatitis B (41.1%) and knew they had not been tested (27.6%) or vaccinated (28.9%). Approximately 20% of participants did not know whether they had been tested or vaccinated for hepatitis B (Figure 6).



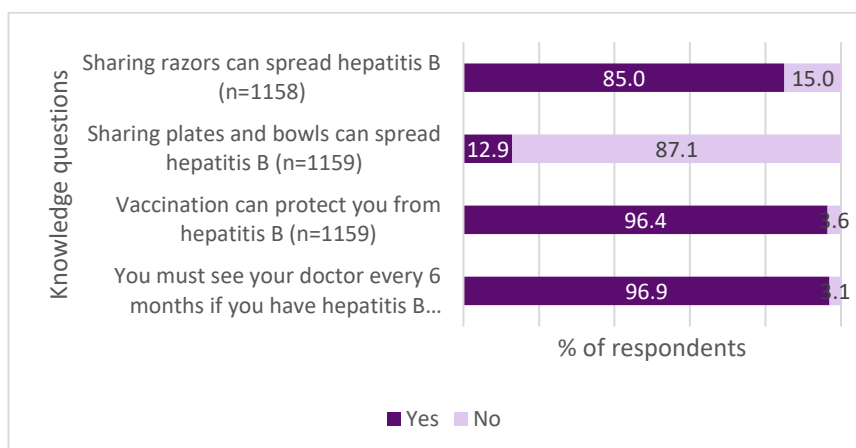
**Figure 6: Participants' prior knowledge/actions**

### Post-session knowledge and intention to act

At least 85% of participants answered individual knowledge questions correctly (Figure 7<sup>Error! Reference source not found.</sup>); so that by the end of the education session:

- 85% knew that sharing razors can spread hepatitis
- 87.1% knew that sharing plates and bowls does not spread hepatitis
- 96.4% knew vaccination can protect against hepatitis B
- 96.9% knew that individuals with hepatitis B must visit their doctor every 6 months for a check-up<sup>2</sup>

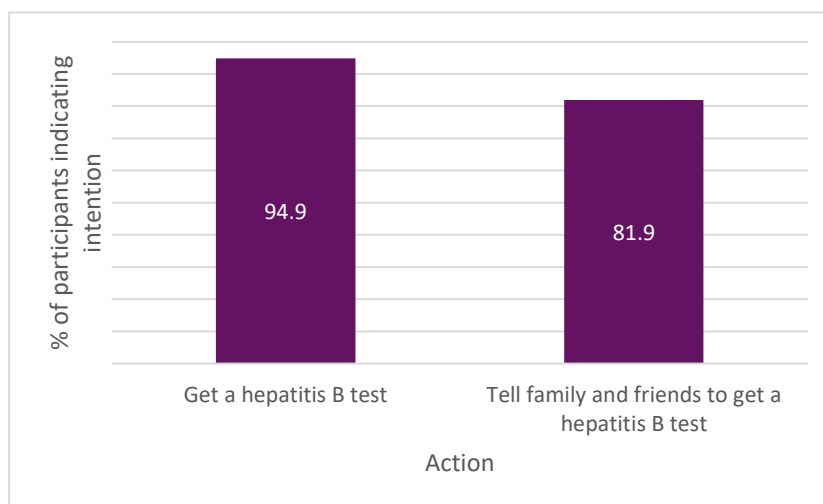
Most participants (69.0%) answered all four knowledge questions correctly.



**Figure 7: Participants' responses to knowledge questions**

<sup>2</sup> Correct answers to knowledge questions are “Yes”, with the exception of “Sharing plates and bowls can spread hepatitis B”.

As noted above, knowledge acquisition cannot be assumed to translate to behaviour. Understanding an individual's intention to act is not a direct measure of behaviour change; however, intentions are considered a precursor to behaviour and can be measured within the context of the AMEP education sessions. Figure 8 indicates that 94.9% of respondents intended to get a hepatitis B test and 81.9% indicated an intention to talk to family and friends about hepatitis B.



**Figure 8: Intentions to act**

## 3.6 TEACHER SURVEY

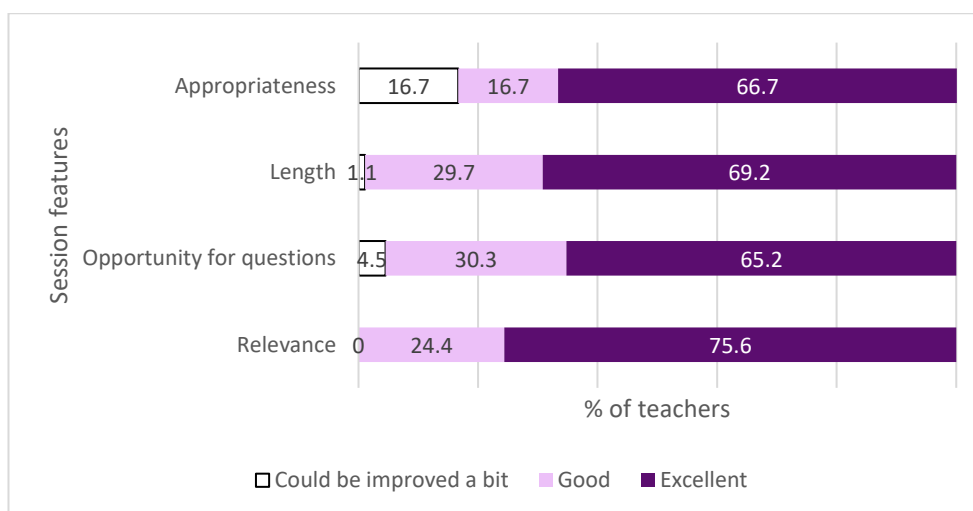
### 3.6.1 Procedure

Following each session delivered by the Hepatitis Victoria staff, the AMEP teacher/s who delivered English language courses to participating students (but did not deliver the hepatitis education sessions) were invited to complete an evaluation survey. There were 151 different AMEP teachers who attended the education sessions, with 93 completed surveys (62% response rate).

### 3.6.2 Feedback on sessions

Teachers were asked to rate the education sessions in relation to appropriateness, length, opportunity to ask questions and relevance of content. At least 60% of teachers indicated that the session was excellent for each of these features. Relevance of the information to students' needs or interests was not viewed as requiring any improvement (Figure 9) and most teachers rated the sessions as "good" or "excellent".

No teachers indicated that the sessions "could be improved a lot" for any aspects of the session, consequently this response option has been removed from Figure 9.



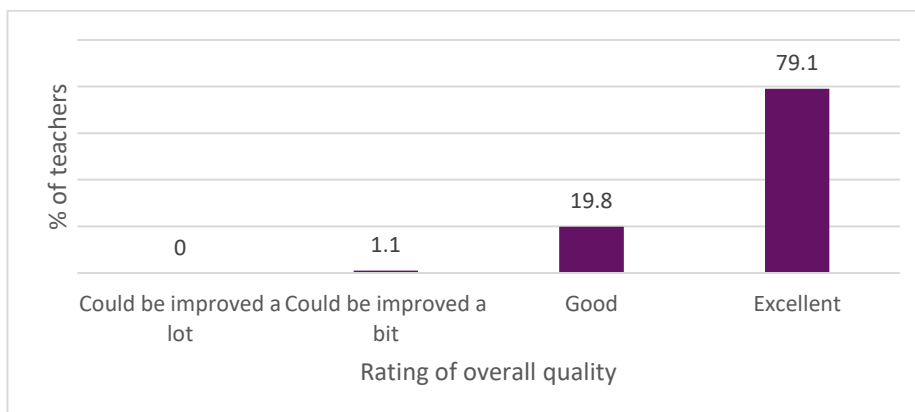
**Figure 9: Teacher ratings of session features**

Teachers were invited to record their expectations of the education session with themes including:

- Provision of a basic overview of hepatitis B, its consequences, prevention and management
- A clearly presented, well-paced session that would be understood by students
- Content would be supported by lots of visuals
- Provision of health information

Almost all teachers (97%) reported that their expectations were met (teachers’ expectations were “entirely” 80% of times and “mostly met” 17.3% of times).

Overall, teachers indicated that the quality of the education sessions was “excellent” (79.1%) (Figure 10).



**Figure 10: Teacher rating of overall quality of session**

**Ideas for improvement**

Teachers were invited to provide suggestions for how the sessions could be improved. Wherever possible, this feedback was incorporated into the design of subsequent AMEP education sessions as they were rolled out over the 12 months. Changes made in response to feedback included increased use of interpreters and providing resources in a wider range of languages; ensuring consistency between visual images and content; including more information about symptoms; providing teachers with key vocabulary prior to the session to familiarise students with the words; and tailoring sessions to the language level of students.

### Future education sessions

Of the 90 teachers who responded to the questions, all indicated they would consider holding the education session again. The following reasons were given for considering future sessions:

- Individuals living with, or at risk of, hepatitis need to be educated about this
- All individuals, irrespective of cultural background should be aware of hepatitis
- CALD individuals in any community setting or workplace would benefit from the sessions
- Important settlement information is provided
- Valuable resources
- Relevance to AMEP students

### Program commendation

Teachers were invited to provide any final comments about the education sessions. Teachers took the opportunity to commend the education sessions, with themes including:

- An excellent workshop and very well delivered
- Messages were conveyed in a variety of ways (PowerPoint, story, brochures and posters) which consolidated their meaning
- Translated brochures and posters were very helpful
- Provision of information to teachers prior to the session gave the teachers an opportunity to prepare students adequately
- Clear, slow presentation that repeated the main points
- Consider conducting a follow-up session to assess whether students understand the information presented
- Knowledgeable, approachable and engaging presenters

*“In my 15 years of teaching experience, I have not come across a health training session that is so well catered for the students that attend the AMEP session, the use of simple language, visuals and reinforcement of the key messages is phenomenal. I hope this project continues as its beneficial for the students attending AMEP/SEE classes.”*

- Teacher at Djerriwarrh Community & Education services

*“Thank you so much for a great presentation. The students were very grateful to have been given this opportunity to learn about Hepatitis B.”*

- Teacher at Glenroy Neighbourhood Learning Centre

*“Every teacher at Chisholm Institute who has been fortunate to have had the session delivered in their classroom, commented on how well the all presentations were delivered and the depth of knowledge of each presenter, which is an absolute credit to your staff.”*

- Teacher at Foundation College, Chisholm Institute

*“The information session with Jawid was really informative and interesting. Teachers had so many questions and were completely engrossed in the session.”*

- Teacher at Swinburne TAFE

### **3.7 CONCLUSION**

The AMEP education sessions were a successful component of the Hepatitis B Community Mobilisation Program with over 70 sessions being delivered to more than 2,000 students. A significant number of students did not know their hepatitis B status prior to the education sessions and nearly all indicated they intended to be tested for hepatitis B and to talk to family and friends about hepatitis B based on what they had learnt. Feedback from students and AMEP teachers was overwhelmingly positive with all of the teachers advising they would like to run the session again.

Data from the Victorian Infectious Diseases Reference Laboratory for 2017 and 2018 demonstrate an increase in the number of doses of vaccine ordered by health providers. Across Victoria, there were 380 vaccine doses ordered per month on average from July to December 2017 compared with 671 doses per month on average from January to November 2018. This represents an increase of 76% in the monthly average. In other words, there were 1.76 times more vaccine doses distributed per month on average in 2018 than 2017. While it is not possible to link vaccine dose numbers directly to any single intervention, Hepatitis Victoria is likely to have contributed to this increase through the diverse projects delivered by the Hepatitis B Community Mobilisation Program. Subject to funding arrangements, further analysis will be undertaken when 2019 data is available.

## 4. PEARL: Peer Educator Ambassador for Raising Liver Health

### 4.1 OVERVIEW

The PEARL (Peer Educator Ambassador for Raising Liver Health) initiative was established as a train the trainer model to enhance the existing education system at Hepatitis Victoria and encourage participation and contributions to improve knowledge about virus hepatitis and liver health in the community. Through the program, people from community are trained, mentored and supported to become peer educators who then deliver information about hepatitis and liver health for people living around them. This model has been used repeatedly with people from the communities engaged by the Hepatitis B Community Mobilisation program.

### 4.2 ACTIVITY

The Program encourages applications from all people above 18 years old interested in peer education and with the motivation and time to improve the health and well-being of their community. Those enrolled as potential PEARL candidates receive ongoing support and training, including:

- Introduction to Hepatitis Victoria and the PEARL program including an introduction to staff and projects
- Addressing of any sensitive issues
- Basic information about liver health and hepatitis (HEPReady training)
- Highlighting the role of a PEARL (Peer Educator Ambassador) and expectations from Hepatitis Victoria
- Understanding of lived experience of hepatitis via HEPspeakers
- Developing essential technical, teaching, communication and teamwork skills
- Nurturing positive values and attitudes
- Provision of up-to-date range of educational resources, including medical developments, statistics and social issues

The PEARL can request further training sessions at any time. A mentor or Hepatitis Victoria staff member may additionally suggest the PEARL for extra observation sessions or supervised sessions if they believe the PEARL is not ready for an independent engagement. To acknowledge completion of their training, a PEARL will receive certification for their HEPReady® and for PEARL training modules. Hepatitis Victoria acknowledges and appreciates the commitment of each PEARL by providing a set payment for each session delivered along with reimbursement for travel.

There were 23 Vietnamese and 10 Chinese volunteers who attended PEARL training between December 2017 and July 2019.



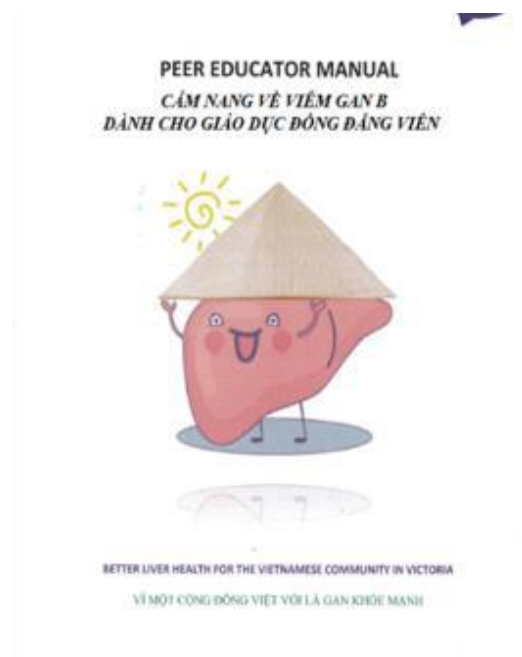


Figure 11: PEARL Peer Educator Manual



Figure 12: Hepatitis B Community Mobilisation staff and volunteers participating in the PEARL program



Figure 13: PEARL peer educators in action

## 5. Hepatitis B Chinese Community Education Project

### 5.1 OVERVIEW

The Chinese Hepatitis B Community Education project has been based in Melbourne's East where there is a significant Chinese population and immigration rates from China were high between 2011 and 2016. Settlement occurred in clusters for this vicinity, suggesting that there would be successful location-based targeting and adequate community representative organisations and communication networks for successful reach, recruitment and engagement for the project.

The objectives of the project are to:

- Increase hepatitis B prevention through community education
- Reduce barriers in health-seeking behaviours through education, to improve testing and vaccination rates
- Increase access to regular monitoring and treatment for CHB
- Reduce hepatitis B related stigma and discrimination through community awareness raising and education
- Screen targeted priority population and link to primary health care services for vaccination if appropriate (or care and treatment management)
- Improve hepatitis B knowledge sharing practises
- Upskill culturally specific community organisations/services to engage with and support community members to improve CHB prevention and outcomes

The Hepatitis B Chinese Community Education Project focused on health professional, community education and stakeholder engagement within this community. Activities were specifically targeted to a cultural group whose members were born in a priority hepatitis B endemic country. Ten Chinese volunteers were trained as peer workers (5 in 2018 and 5 in 2019). The project intended to raise awareness of hepatitis B amongst community members while also building capacity amongst health professionals serving the target group. A wide variety of activities were delivered, including professional and community education sessions, information stalls, awareness raising via radio interviews, development and promotion of multi-lingual resources promoting the hepatitis B vaccine, conducting a training program for Chinese volunteers and facilitating social support groups.

### 5.2 GP EDUCATION

#### 5.2.1 Hepatitis B & C Management in Primary Care

In March 2019, Hepatitis Victoria and the Australian Chinese Medical Association of Victoria (ACMAV) as the founding partners of the Chinese Health Promotion Coalition supported Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) to plan, promote and co-host a dinner of GPs as an element of the Hepatitis B & C Management in Primary Care training course. This was specifically targeted to GPs of Chinese heritage or those who consulted with many patients of Chinese ancestry (attendance was however open to all GPs and other health providers located in Melbourne's East). The course covered: at risk populations, modes of transmission and management, including risk assessment, screening, testing, diagnosis, and suitability and preparation for treatment. The session promoted participation in the HBV s100 Prescriber Course to be held later that year.

This session was facilitated by Dr Christopher Leung, Clinical Gastroenterologist, Austin and Royal Melbourne Hospital and Clinical Tutor and Researcher, The University of Melbourne Department of Medicine; and Dr Lilia Iliina, GP at Coolaroo Clinic and Practitioners Examiner, Royal Australian College of General Practitioners (RACGP).



**Figure 14: Hepatitis B & C Management in Primary Care Chinese GPs evening session**

Learning objectives of the course were:

- Improve patient outcomes through early diagnosis, follow up, and appropriate management of hepatitis B & C, including vaccination for hepatitis B
- Ensure regular screening of at-risk patients and confidently interpret hepatitis B and hepatitis C test results
- Assess for advanced liver disease, monitor for hepatocellular carcinoma and refer appropriately
- Describe new hepatitis C treatment guidelines and mechanisms for prescribing in consultation with, or without, a specialist
- Discuss the hepatitis B treatment options and importance of regular monitoring with patients

### **Participant Evaluation Survey**

Hepatitis Victoria negotiated the inclusion of four questions in the session evaluation survey administered by VHHITAL:

To determine whether the session increased GP's knowledge:

1. As a result of this evening's session, I am aware of the latest update to the priority population eligibility to access the free hepatitis B vaccine
2. As a result of this evening's session, I can identify patients at risk of hepatitis B.

To determine whether the education session led to GPs linking into further education:

3. How likely are you to register for the Hepatitis B Section 100 Prescriber Course?

To determine whether there had been an increase in the distribution of consumer information resources via GP's service to target population in Melbourne's East:

4. I would like Hepatitis Victoria to send consumer information resources to my practice.

There were 66 participants registered for the session and 59 people attended; 29 GPs, 17 nurses, 2 medical specialists and 11 "others" (profession/organisation unknown). The evaluation survey was completed by 17

attendees (29% response rate). A summary of responses provided to Hepatitis Victoria by VHHITAL indicates that respondents were in the following roles: GP (9), specialist (1), nurse practitioner (3), or “other” (4). It was not determined how many of these respondents were of Chinese heritage or saw Chinese patients.

All respondents indicated that as a result of the session they were aware of the update to priority population eligibility for free vaccination, and 75.5% indicated that they could now identify patients at risk of hepatitis B (Figure 15).

The majority of the respondents (62.5%) asked to receive free Hepatitis Victoria consumer information resources for their practice. Almost half of respondents indicated that they were “likely” (11.8%) or “very likely” (32.3%) to register for the GP Hepatitis B Section 100 Prescriber Course scheduled for May 2019 (Figure 16).

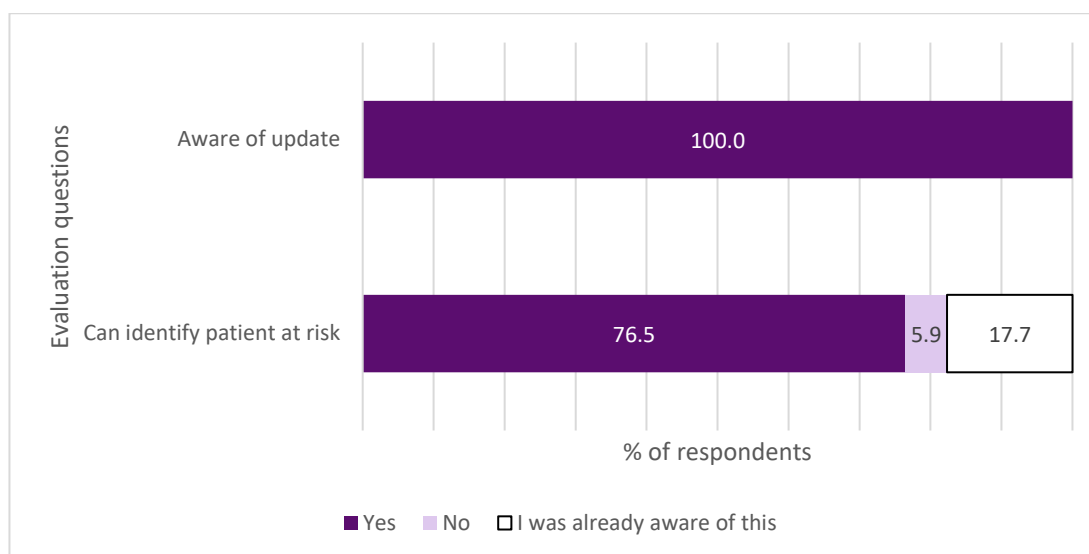


Figure 15: Knowledge acquired as a result of the session

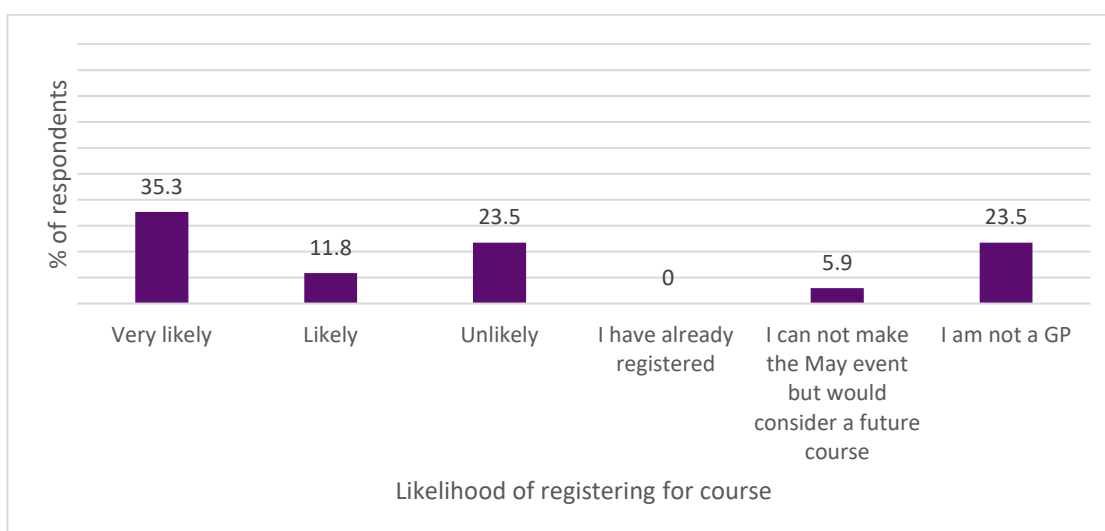


Figure 16: Likelihood of registering for GP Hepatitis B Section 100 Prescriber Course

### 5.2.2 Hepatitis B S100 Prescriber Course

In May 19, a one-day advanced level training course was held to enable GPs to effectively diagnose, manage and treat chronic hepatitis B in the primary care setting. The course targeted general practitioners of Chinese heritage or those seeing a large number of patients of Chinese ancestry.

The learning objectives were:

- Screen at risk patients appropriately
- Plan antiviral treatment for HBV infection
- Utilise treatment protocols for monitoring patients’ responses to HBV antiviral therapy
- Implement shared care between primary and tertiary settings including appropriate referrals
- Develop management plans for patients requiring ongoing monitoring

Successful completion of the training and assessment accredited community-based medical practitioners to prescribe s100 highly specialised drugs. Fifteen GPs attended the course with 4 of those subsequently becoming accredited prescribers.

#### Participant Evaluation Survey

Hepatitis Victoria designed three questions for GPs to complete at the end of the training:

1. I would like Hepatitis Victoria to send free hepatitis B related consumer information resources to my practice
2. If my name is listed for public access on the ASHM Hepatitis B Prescribers list, I would like the Hepatitis Infoline service to refer callers living with chronic hepatitis B and from the clinic’s neighbourhood to me
3. I would like to receive updates about hepatitis B community mobilisation programs from Hepatitis Victoria to better inform and support my clients living with chronic hepatitis B

Fifteen GPs completed the survey questions (100% response rate) and responded positively to the questions asked; 86.7% asked for hepatitis B consumer information to be sent to their practice, 73.3% asked that Hepatitis Victoria’s Infoline refer callers to their practice and 100% asked to receive hepatitis B community mobilisation program updates (Figure 17).

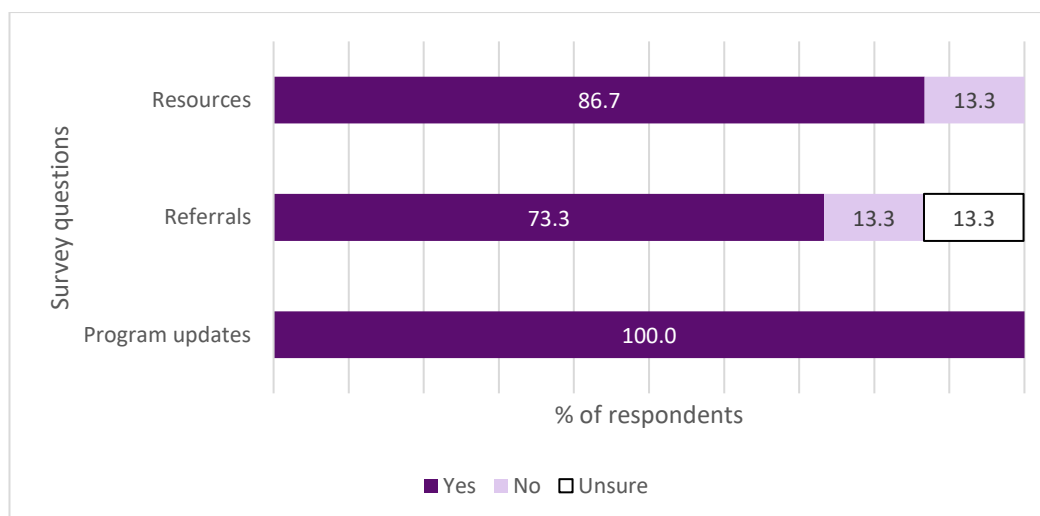


Figure 17: General Practitioner information session survey questions

## 5.3 LOVE YOUR LIVER WORKSHOPS

### 5.3.1 Background

Community Love Your Liver activities specifically targeting the Chinese community were conducted across metropolitan Melbourne between June and October 2019 and included Chinese community hepatitis B information stalls and education sessions/workshops held. More than 480 people attended the range of activities conducted and over 5,000 Hepatitis Victoria resources were distributed (Table 5 **Error! Reference source not found.**).

The workshops were delivered in Mandarin and included an educator’s presentation, a picture card activity, case studies and a Q&A session. Topics covered included:

- hepatitis B prevalence within Victorian Chinese and hepatitis B testing and vaccination in Victoria (including adult vaccination and infant vaccination programs)
- hepatitis B disease progression and chronic hepatitis B care and management
- common misconceptions and stigma/discrimination within the Chinese community
- hepatitis B related privacy and disclosure issues

These sessions were also an opportunity to promote the Chinese Health Promotion Coalition and the Victorian Chinese Jade Ribbon Movement and to encourage Chinese community members to engage with the Chinese Health Promotion Coalition (CHPCC) project.

**List of Chinese Community Awareness and Educational Events**  
(June - October 2019)

Date	Location	Number of participants (Approximately counted onsite)	Formats	Target Participants	No. of distributed resource items	No. of community participants surveys collected after the event
SAT/15.06	Clayton	50	Educational Session + Information Stall	Chinese in City of Monash	550	N.A
MON/01.07	Mt Waverley	50	Educational Session	Members of Chinese Association of Monash (CAM)	550	35
FRI/05.07	Ringwood	23	Educational Session	Chinese senior group	340	21
TUE/16.07	Mt Waverley	15	Educational Session	Chinese playgroup	135	15
THUR/18.07	Ringwood	9	Educational Session	Chinese playgroup	110	8
FRI/19.07	Melbourne	55	Educational Session + Information Stall	Chinese seniors, members of CCHAA and Chinese local & international students	605	19
FRI/26.07	Heidelberg	70	Information Stall	general community, clients and visitors of Chinese heritage, and interns & workers at Austin Health	610	N.A
SUN/28.07	Springvale	70	Information Stall	event-goers of Chinese heritage at the annual Snow Fest (with 350 people totally engaged)	245	N.A
TUE/13.08	Box Hill	10	Educational Session	Chinese senior group	165	10
FRI/16.08	Wantirna South	10	Educational Session	Knox Chinese playgroup	165	6
THUR/05.09	Box Hill	12	Educational Session	Chinese aged care clients of CHFA	165	5
SAT/19.10	Hawthorn	100	Information Stall	Chinese Cancer and Chronic Illness Awareness Day event-goers (*The annual event is organised by CCCIS.)	1240	N.A
MON/28.10	Hoppers Crossing	15	Education Session	CCCIS members in Melbourne's West	165	N.A
Total =		489			5045	

**Table 5: List of Chinese Community Awareness and Educational Events – June to October 2019**

### 5.3.2 Participants

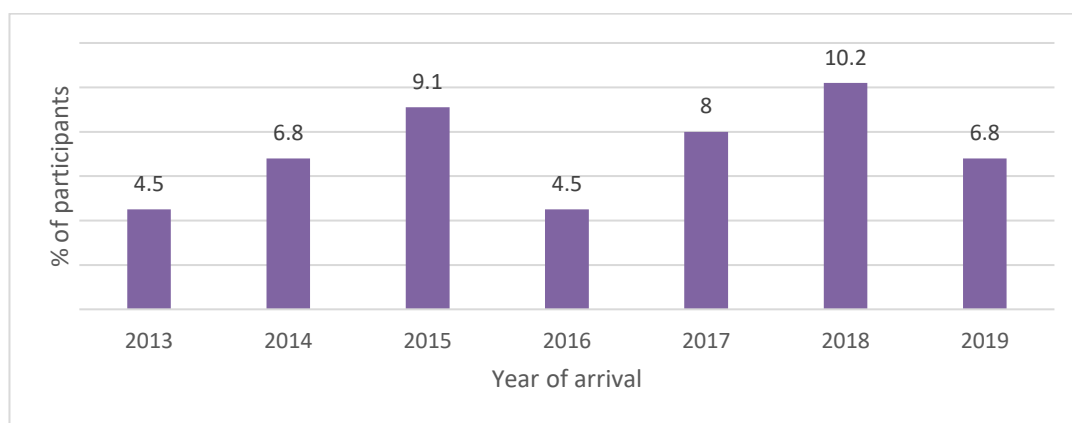
Participants were Chinese community members living in Melbourne’s eastern suburbs and members of local senior groups or parents/grandparents attending Chinese play groups organised by Migrant Information Centre staff.



**Figure 18: Participants at Chinese Community Educational Event**

Evaluation data was not collected from visitors to the information stalls (for practical reasons) so information about participants and feedback is based on surveys completed by 119 respondents from eight of the nine education sessions.

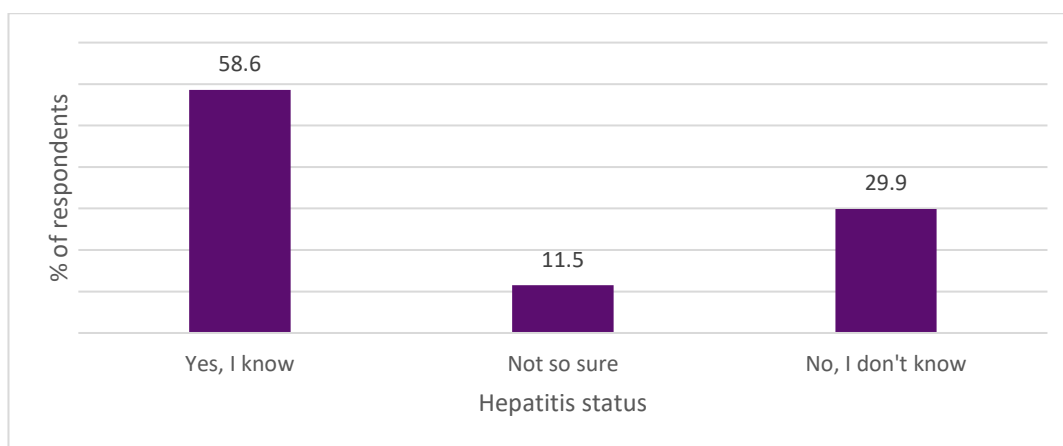
Survey respondents reported their year of arrival in Australia between 1975 to 2019. The largest proportion of participants arrived between 2013 and 2019 (45.5% of participants) (Figure 19: Year of arrival in Australia). The majority of participants arrived in the previous 10 years (2008 to 2019) and are therefore eligible for free hepatitis B vaccines (60.2%).



**Figure 19: Year of arrival in Australia**

More than half of the survey respondents reported that they knew their hepatitis B status (58.6%); 11.5% were “not so sure” of their status and 29.9% did not know their status (Figure 20).



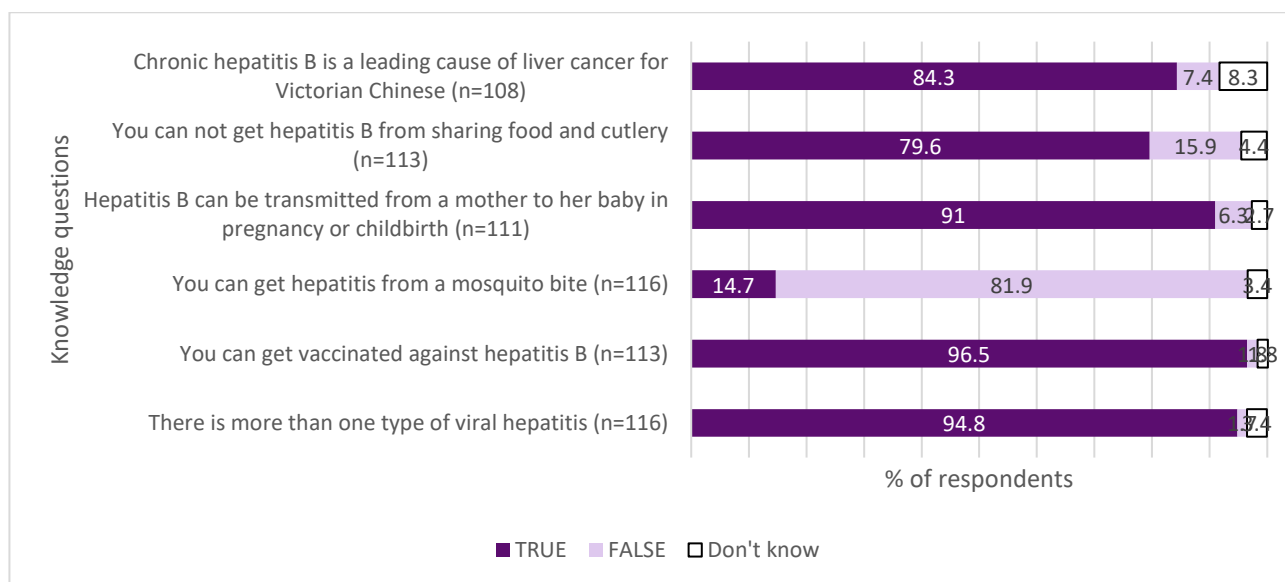


**Figure 20: Respondents knowledge of their hepatitis status**

### Post-session knowledge and intention to act

Education session participants who completed a survey after the education session were asked six questions designed to assess their knowledge of hepatitis B. It was assumed that this knowledge acquisition was a result of the education sessions however, the assumption cannot be tested because there is no information about their knowledge prior to the education session.

“True” responses were correct, with the exception of the question “You can get hepatitis B from a mosquito bite”. Figure 21 shows that more than 80% of respondents answered each of the individual questions correctly. More than 50% of participants answered all questions correctly and 89.1% of respondents answered at least four questions correctly.



**Figure 21: Respondent answers to knowledge questions**

Participants were asked a number of questions to explore their intentions to act on the information they’d been given about hepatitis B. Figure 22 shows that between 50% and 80% said they were very likely to undertake any of these actions. The greatest proportion of respondents indicated that they were very likely to share what they had learnt about hepatitis B with their friends and family (77%).

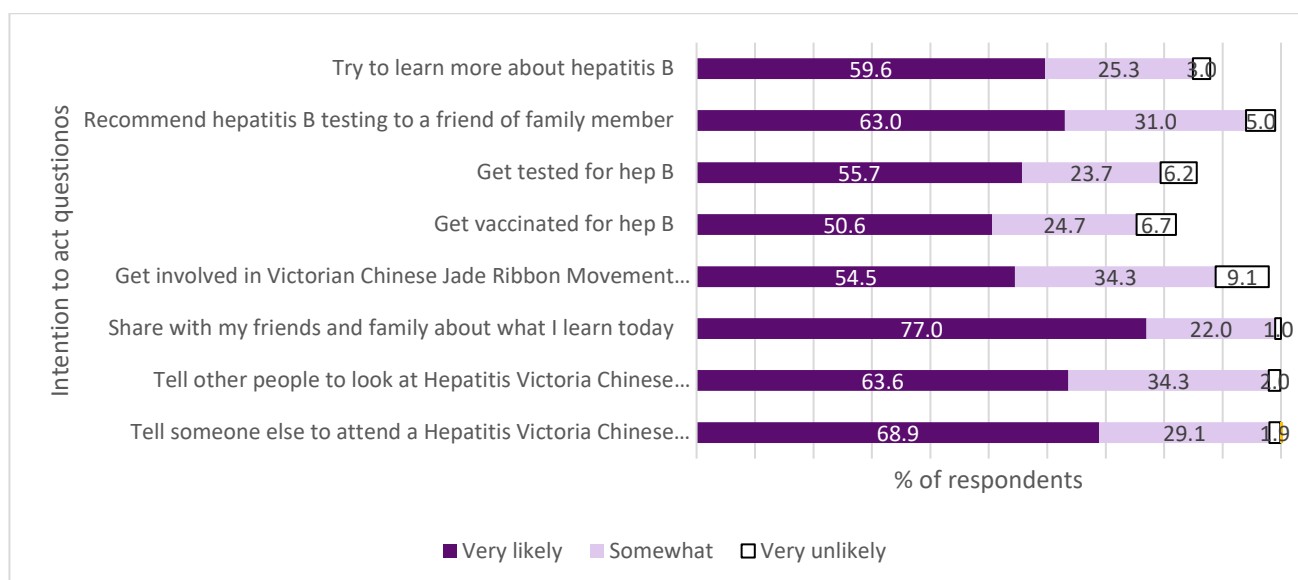


Figure 22: Intentions to act

A proportion of respondents indicated that they had already taken one of the described actions:

- Get vaccinated for hepatitis B (18%)
- Get tested for hepatitis B (14.4%)
- Try to learn more about hepatitis B (12.1%)
- Get involved in the Chinese Health Promotion Coalition and the Victorian Chinese Jade Ribbon Movement tackling hepatitis B and related liver cancer issues (2%)
- Recommend hepatitis B testing to a friend or family member (1%)



Figure 23: Facilitating an education session and Hepatitis Victoria volunteers who supported the training sessions

## 5.4 CHINESE MEDIA CAMPAIGN

The media campaign included the following activities:

- Information about hepatitis and liver health being published on the Chinese WeChat platform.
- Between March and May 2019, a radio ad was broadcast in Mandarin 4 times a day. The ad was developed in consultation with OSTAR Media and Hepatitis Victoria staff and aimed to raise awareness amongst the Chinese speaking community about hepatitis B, liver health and hepatitis B vaccination. The text of the message is presented in Figure 24 **Error! Reference source not found.**
- Production and broadcasting of 12 in-depth interviews focusing on information for the Chinese community about hepatitis B and liver health on the radio program, Chinese Health Times between 1 April and 28 June 2019 (Table 6 and Figure 1).

### English:

(Female A): I heard from the Chinese Health Promotion Coalition that hepatitis B related liver cancer in Chinese-born migrants are at least 6 times higher than in the Aussie-born population, though it is a vaccine-preventable infection!

(Female B): That's why Victorian DHHS now provides FREE hepatitis B vaccination for people born in priority hepatitis B endemic regions.

Regardless of your citizenship and visa status (or **Regardless of whether you hold Medicare card or not**), if you arrived in Australia from mainland China, Hong Kong, Taiwan, Malaysia and Singapore in last 10 years, you are eligible to access the FREE hepatitis B vaccination in Victoria. Taking action today to protect your liver health!

For detailed information, call Hepatitis Infoline 1800 703 003 in English or in Chinese 9385 9103.

**Figure 24: Transcribed text of 50-second radio advertisement**

**Table 6: Production and broadcasting of radio interviews**

Guest speakers / Program Host	Date of production	Episodes (30 minutes each)
Amanda Li (CCHAA), Aurora Tang (HV) / TIAN Hua (Sandra)	March 2019	1 + 2 + 3
Allison Burgess (VHHITAL), Aurora Tang (HV) / TIAN Hua (Sandra)	April 2019	4 + 5
Marion Lau (CHPC), Aurora Tang (HV) / TIAN Hua (Sandra)	April 2019	6 + 7
Dr Lilia Iliina (ACMAV & CPBA), Aurora Tang (HV) / TIAN Hua (Sandra)	May 2019	8 + 9 + 10
HEPSpeakers/people living with CHB (HV), Yu Fu (JRHPT), Aurora Tang (HV) / TIAN Hua (Sandra)	May 2019	11 + 12



Figure 25: Guest Speakers and radio program host

## 5.5 SUPPLEMENTARY CHINESE COMMUNITY ACTIVITIES

The Chinese Community project team organised or participated in supplementary activities, including:

- Running an information stall and organising guest speakers for presentations on viral hepatitis, liver cancer, hepatitis B vaccination, and bowel cancer screening at the Chinese Health Expo organised by Monash City Council.
- Supporting the Chinese Cancer and Chronic Illness Society of Victoria pilot of a social support group for people living with Hep B by providing Hepatitis Victoria educational resources and information.
- Providing an engagement and education event for Victorian Chinese and Chinese international students.

## 6. Hepatitis B Cambodian Community Education Project

### 6.1 OVERVIEW

The Cambodian Hepatitis B Community Education project has been based in Melbourne's South East where there is a significant Khmer population and immigration rates from Cambodia were high between 2011 and 2016. Settlement occurred in clusters in these areas suggesting there would be successful location-based targeting and adequate community representative organisations and communication networks for successful reach, recruitment and engagement of the project.

The objectives of the project are to:

- Increase hepatitis B prevention through community education
- Reduce barriers in health-seeking behaviours through education, to improve testing and vaccination rates
- Increase access to regular monitoring and treatment for CHB
- Reduce hepatitis B related stigma and discrimination through community awareness raising and education
- Screen targeted priority population and link to primary health care services for vaccination if appropriate (or care and treatment management)
- Improve hepatitis B knowledge sharing practises
- Upskill culturally specific community organisations/services to engage with and support community members to improve CHB prevention and outcomes

### 6.2 KEY ACTIVITIES

The project's key activities included:

- Translation of Hepatitis Victoria resources including leaflets, flyers and online information for the Khmer community.
- Development and production of education and awareness raising resources including table coversheets (which were used at cultural festivals), postcards, leaflets, mugs and water bottles for distribution to the Khmer community and Khmer speaking health professionals.
- Project staff attended the Khmer New Year's celebrations at two Buddhist temples to raise awareness about Hepatitis amongst the Khmer community. New Year's celebrations are major events for the Khmer community and many people attend. The Cambodian project officer distributed resources, answered questions and provided information about the testing and treatment of Hepatitis, including where people could get vaccinated.
  - Information about Hepatitis B was distributed to attendees, including 500 shopping bags, 500 Khmer postcards and 470 Khmer leaflets. 280 Hepatitis B leaflets and 280 Hepatitis B postcards were distributed at a separate New Year's function.
  - The project officer gave a presentation about Hepatitis B at a Buddhist temple and this was filmed by CBN Khmer, a community social media and broadcasting network. It was shown online by CBN and viewed 1,188 times. Due to the positive response CBN Khmer interviewed the Cambodian project officer about the Hepatitis B Mobilisation project and this was viewed 2,100 times.
- A Video interview with a Khmer speaking GP was published on social media channels to raise awareness of hepatitis B and the importance of immunisation.

- The project officer was interviewed on the Khmer SBS radio program about the importance for the Khmer community to seek hepatitis testing and vaccination and information on how hepatitis is spread
- Training, leaflets and information about hepatitis and the availability of hepatitis vaccines was offered to a health clinic managed by Khmer-speaking GPs.
- The Cambodian project officer attended the City of Greater Dandenong Mayoral Charity Dinner as an opportunity to talk with attendees about the Cambodian Hepatitis Project.



Figure 26: Project Officer on Cambodian community radio



Figure 27: Repost by Dandenong pharmacist of video of Project Officer interviewing pharmacist with Cambodian translation



Figure 28: Social media coverage of Project Officer interviewing Mayor of City of Greater Dandenong

## 7. Hepatitis B Vietnamese Community Education Project

### 7.1 OVERVIEW

The Vietnamese Hepatitis B Community Education project has been based in Melbourne's West where there is a significant Vietnamese population and immigration rates from Vietnam were high between 2011 and 2016. Settlement occurred in clusters in this area suggesting that there would be successful location-based targeting and adequate community representative organisations and communication networks for successful reach, recruitment and engagement of this project.

The objectives of the project are to:

- Increase hepatitis B prevention through community education
- Reduce barriers in health-seeking behaviours through education, to improve testing and vaccination rates
- Increase access to regular monitoring and treatment for CHB
- Reduce hepatitis B related stigma and discrimination through community awareness raising and education
- Screen targeted priority population and link to primary health care services for vaccination if appropriate (or care and treatment management)
- Improve hep b knowledge sharing practises
- Upskill culturally specific community organisations/services to engage with and support community members to improve CHB prevention and outcomes

The Project officer actively engaged with a large number of Vietnamese community key stakeholders, during the development and implementation of the project. They included:

- Vietnamese Women's Association
- Vietnamese Community in Australia
- Indochinese Elderly Refugees Association
- Vietnamese Families with special needs
- Brimbank Vietnamese Aged Care Association
- Vietnamese mutual social support network
- Vietnamese Language School
- VietTimes
- VietNews

Local schools, health and community services were also involved in the project.

### 7.2 KEY ACTIVITIES

The project's key activities included:

- Development, promotion and monitoring of a Vietnamese community Facebook page
- Community Hepatitis B (CHB) training being provided to 45 Australian Vietnamese Women's Association staff and 11 Hepatitis Victoria Vietnamese Peer Educators
- 39 public education sessions were conducted for the Vietnamese community with 1511 attendees (Figure 29)
- Flyers were developed and disseminated to recruit peer educators (Figure 30)

- Free information sessions about Hep B Sessions were promoted using a bilingual flyer (in Vietnamese & English) (**Error! Reference source not found.**)
- An advertisement was run in VietNews magazine (Figure 32)

**An editorial about Hepatitis B and the project was distributed on Vietnamese radio and in newspapers including VietTimes and VietNews (**

- Figure 33)
- An interview was video recorded with a local Vietnamese GP to raise awareness of CHB training and was published on the project Facebook page, in community newspapers and on the Hepatitis Victoria website on World Hepatitis Day (1000 views).
- Information about the free vaccination policy was disseminated to the Vietnamese community as many members of this audience had not been aware of the policy. (Figure 35)



No	Date	Group/Organisation's Name	Size	ADDRESS
1	16/2/19	St Albans Leisure Center	18	Keilor Downs VIC 3038
2	22/3/19	Sunshine Group	4	Sunshine Vic 3021
3	28/3/19	Jesuit social services	28	St Albans VIC 3021
4	31/3/19	St. Albans East Primary School	100	St Albans VIC 3021
5	31/3/19	A Vietnamese family	6	Deer Park 3020
6	2/4/19	St. Albans Primary School	4	St. Albans VIC 3021
7	28/4/19	Holy Eucharist Church at St. Albans	250	St Albans VIC 3021
8	4/5/19	Le Van Teaching Vietnamese School	50	St Albans VIC 3021
9	16/5/19	St. Albans Heights Primary School	8	St Albans VIC 3021
10	4/6/19	Stevensville Primary School	15	St Albans VIC 3021
11	13/06/2019	Good Shepherd Community House (AWWA)	15	St. Albans Vic 3021
12	15/06/2019	Delahey Community Centre (AWWA)	13	Delahey Vic 3037
13	17/06/2019	St. Albans Heights Primary School (AWWA)	15	St Albans VIC 3021
14	20/06/2019	Australian Vietnamese Women Association	15	Richmond VIC 3121
15	21/6/2019	Duke Street Community House (AWWA)	15	Sunshine VIC 3020
16	28/6/2019	Brimbank Vietnamese Aged Care Association	60	Cairnlea Vic 3023
17	7/07/2019	Quang Minh Buddhist Temple	200	Braybrook VIC 3019
18	9/07/2019	Carer Group	12	Braybook Vic 3019
19	10/07/2019	Vietnamese Arthritis Association	80	Maidstone Vic 3012
20	11/07/2019	Seniors Group	25	Richmond 3121
21	16/07/2019	Elderly group	30	Footscray VIC 3011
22	20/07/2019	Lac Hong Vietnamese Language School	100	St Albans 3021
23	1/08/2019	Jesuit Social Services	30	St Albans VIC 3021
24	1/08/2019	Brimbank Senior Citizens Group	25	St.Albans
25	21/08/2019	Vietnamese mutual social support network	25	Sunshine VIC 3020
26	29/08/2019	Indochinese Elderly Refugees Association VIC	25	Footscay Vic 3011
27	4/09/2019	Elderly group	13	Sunshine Vic 3020
28	6/09/2019	Indochinese Elderly Refugees Association VIC	50	Preston Vic 3072
29	16/09/2019	Indochinese Elderly Refugees Association VIC	30	Keilor Downs
30	19/09/2019	Vietnamese Families with special needs	30	Sunshine Vic 3020
31	2/10/2019	Australian Vietnamese Women Association	35	St.Albans Vic 3021
32	2/10/2019	Australian Vietnamese Women Association	15	Sunshine West 3020
33	11/10/2019	Australian Vietnamese Women Association	30	Springvale VIC 3171
34	14/10/2019	Australian Vietnamese Women Association	40	Sunshine North
35	15/10/2019	Australian Vietnamese Women Association	20	Footcray Vic 3011
36	28/10/2019	Duke Street Community House	11	Sunshine VIC 3020
37	13/11/2019	Vietnamese Arthritis Association	50	Maidstone Vic 3012
38	27/11/2019	Australian Vietnamese Women Association	15	Springvale VIC 3171
39	2/12/2019	St. Albans Heights Primary School	4	St Albans VIC 3021

1511

**Figure 29: Vietnamese Community Awareness and Educational Events (April to December 2019)**



Figure 30: Peer educator recruitment flyers

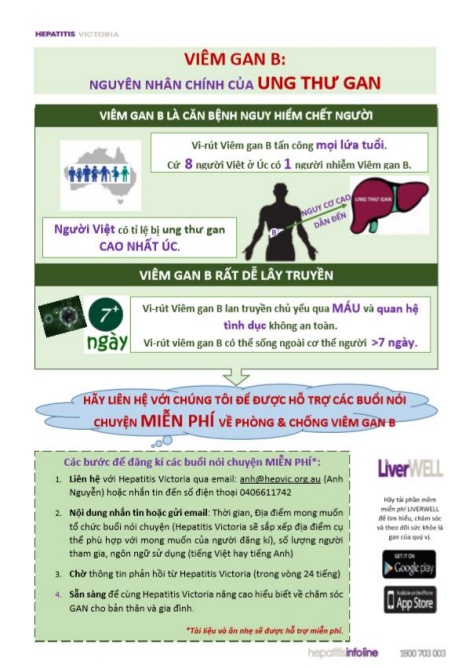


Figure 31: Bilingual flyer advertising free education sessions

## KẼ CẤP THẦM LẶNG: Đừng để viêm gan B, viêm gan C và các bệnh về gan đánh cắp sức khỏe của quý vị trong yên lặng

**Quý vị có biết, người gốc Việt có tỷ lệ mắc ung thư gan cao nhất ở Úc?**

Thống kê cho thấy tỷ lệ người Việt tại Úc mắc phải căn bệnh chết người này cao hơn nhiều so với người sống tại Úc nói chung – gấp 7 lần ở nam giới và gấp 15 lần ở nữ giới.

Đây là một vấn đề sức khỏe đáng ngại và KHÔNG THỂ XEM THƯỜNG.

Viêm gan mạn tính có thể gây ra các bệnh lý gan nguy hiểm và ung thư gan, tuy nhiên, viêm gan B có thể dự phòng bằng cách chích ngừa, và người mắc viêm gan B có thể kiểm soát tình trạng bệnh và viêm gan C đã có thuốc mới có thể chữa khỏi dễ dàng.

Hãy tìm hiểu xem quý vị có cần xét nghiệm hay điều trị không?  
Tổ chức Viêm Gan Victoria cung cấp thông tin hỗ trợ bằng Việt ngữ.  
Hãy quét mã QR dưới đây để tải về tài liệu quý vị quan tâm dưới mục Vietnamese.

For more information, visit [www.hepvc.org.au](http://www.hepvc.org.au)  
Để biết thêm thông tin, xin mời truy cập trang mạng:  
[www.hepvc.org.au](http://www.hepvc.org.au) (bằng Anh ngữ)

**HEPATITIS**

[www.liverwell.org.au](http://www.liverwell.org.au)

**Liverwell**

hepatitis info line  
1800 703 003

12 - Phụ Nữ Việt TĐ K3 M1 - 2019

Figure 32: Advertisement published in Australian Vietnamese Women’s Association Magazine

**Tin Mới Cập Nhật**

### Viêm gan B khiến lá gan người Việt “khô”

14.37 20-07-2019

Năm 2018, theo Tổ chức nghiên cứu ung thư thế giới (World Cancer Research Fund), Việt Nam là quốc gia đứng thứ 4 trong bảng xếp hạng các nước có tỷ lệ người bị ung thư gan cao nhất trên thế giới.

**Địa ốc: Nhu cầu của người mua địa ốc chuyển sang**

**Dendromeg: Mọi người dân ông bị buộc tội do các liên quan đến một vụ nổ súng chết người**

**Aussies born before 1962 with private health cover need to know this**

**Tỷ lệ ung thư gan: Cả hai giới**

Việt Nam có tỷ lệ ung thư gan cao thứ tư trên thế giới vào năm 2018.

Quốc gia	Tỷ lệ trên 100,000 người (chẩn đoán theo tuổi)
1. Hồng Kông	51.7
2. Ai Cập	32.3
3. Gambia	23.9
4. Việt Nam	23.2
5. Lào	22.4
6. Campuchia	21.8

Malaysia bắt giữ thủ lĩnh lưu vong của CNRP

**Tin yêu thích**

Vi mỗi vị khách đến với Bệnh viện Đại Nam đều là một điều đặc biệt

### Viêm gan B khiến lá gan người Việt “khô”

**Tỷ lệ ung thư gan: Cả hai giới**

Quốc gia	Tỷ lệ trên 100,000 người (chẩn đoán theo tuổi)
1. Hồng Kông	51.7
2. Ai Cập	32.3
3. Gambia	23.9
4. Việt Nam	23.2
5. Lào	22.4
6. Campuchia	21.8

**Đang Mở**  
Cầu lông / Squash / Bóng Bàn / Outdoor Bubble Soccer / Futsal / Tennis / Gym

**VIÊM GAN B**  
Những điều cần biết

VIÊM GAN B là gì?  
VIÊM GAN B có những triệu chứng gì?  
VIÊM GAN B điều trị như thế nào?

Figure 33: Editorial on Hepatitis B and the project published on VietTimes website and in VietNews newspaper



Figure 34: Staff and volunteers at Vietnamese Full Moon Festival, Braybrook (September 2019)

**THỬ MÁU**  
chính là cách duy nhất giúp bạn!

Làm sao biết mình có bị VIÊM GAN hay không?

HEPATITIS VICTORIA

**HEPATITIS VICTORIA**

CHƯƠNG TRÌNH TÌNH NGUYỆN VIÊN 2019

Bạn nói Tiếng Việt?  
Bạn muốn giúp cải thiện sức khỏe cho Cộng Đồng Việt?

**Quyền lợi:**

- Được trang bị kiến thức cơ bản về VIÊM GAN
- Nhận những tài liệu hoàn toàn miễn phí
- Nhận chứng chỉ HEPReady: tích lũy điểm CPD cho được sỹ và y tá - được APC và APNA công nhận
- Nhận \$30 cho 01 lần nói chuyện với cộng đồng

Hãy tham gia BUỔI TẬP HUẤN 01 NGÀY với chúng tôi!

Vui lòng đăng ký với Kiều Trinh: 0478 816 092 or helen@hepvic.org.au

**health.vic**  
Victoria's hub for health services & business

Hãy chích vắc-xin để **BẢO VỆ LÁ GAN** của bạn trước khi quá muộn!

Người **Việt ở Úc** dưới **10 năm** sẽ được chích Vaccine **FREE** (kể cả không có Medicare Card)

HEPATITIS VICTORIA

Figure 35: Information about free vaccination program disseminated to raise awareness in Vietnamese community

## 8. Supplementary Community Mobilisation activities

### 8.1 SPRINGVALE LUNAR NEW YEAR FESTIVAL

#### 8.1.1 Overview

Hepatitis Victoria has hosted a Viral Hepatitis Awareness and Liver Health Information Stall at the Springvale Lunar New Year festival since 2017. In 2019, the Hepatitis B Community Mobilisation team with support from Hepatitis Victoria core staff and volunteers who had assisted with previous hepatitis B community mobilisation activities ran the event. The World Hepatitis Day website (World Hepatitis Alliance) listed this event on their website.

#### 8.1.2 Staff and volunteer mobilisation

Staff and volunteers provided information and a range of resources about liver health and viral hepatitis in English and other languages; including resources developed by the South East Melbourne Primary Health Network (SEMPHN) on refugee health and after-hours services. More than 450 community members attended the stall. Hepatitis Victoria staff and volunteers handed out 200 *Love Your Liver* tote bags prepacked with Chinese and Vietnamese educational materials and provided accurate health information and resources to people of Chinese, Vietnamese and Cambodian backgrounds and to other community members.

The activities that Hepatitis Victoria staff and volunteers undertook to prepare and support the information stall included:

- Pre-event preparation, including preparing information packs about hepatitis and liver health
- Engaging with community members and distributing resources including the Little Hep B Hero books
- Providing information and advice about hepatitis, liver health, how to test for and treat hepatitis and the free hepatitis vaccine program
- Helping visitors to share their selfie pictures on Facebook using the #loveyourliver hashtag

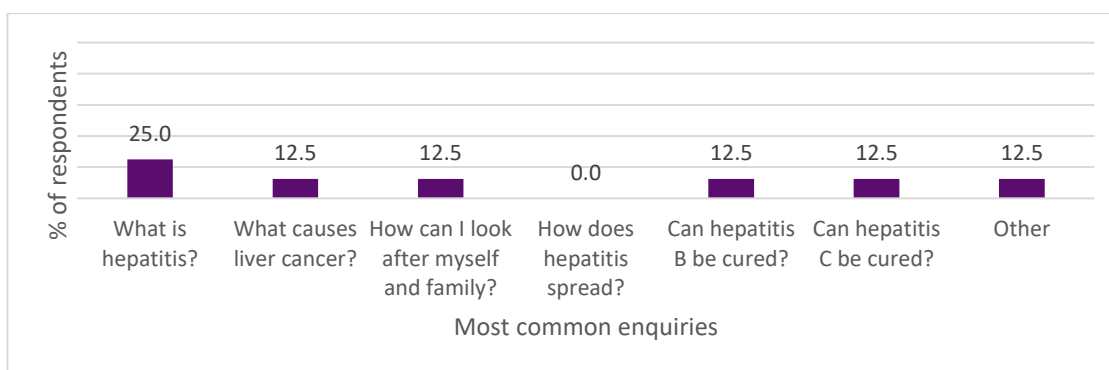


Figure 36: Hepatitis Victoria staff and volunteers with HEP Hero Cr Heang Tak at Springvale Lunar New Year Festival



Figure 37: Hepatitis Victoria staff and volunteers

Hepatitis Victoria representatives received a wide variety of enquiries from those attending the information stall. Eight of the staff and volunteers reported the two most common questions they were asked from a list provided to them. The most common question was “what is hepatitis?” (Figure 38) Interestingly, “How does hepatitis spread?” was not a common enquiry.



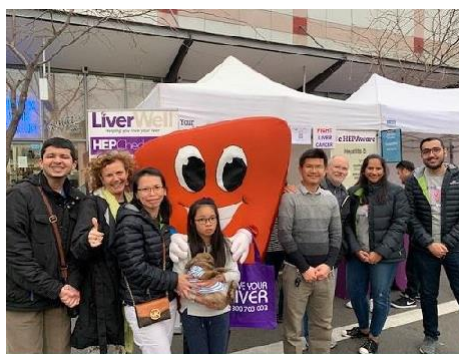
**Figure 38: Most common enquiries received by staff and volunteers at the information stall (n=8 reporting 2 most common enquiries)**

Hepatitis Victoria staff and volunteers reported that a large number of visitors from a wide range of cultural backgrounds attended the stall and were well engaged providing an opportunity for in-depth interactions. The availability of volunteers contributed to the success of the event, as did good preparation, the design of the stall, and the timely provision of materials and resources even during peak times.

Hepatitis Victoria staff and volunteers also reported that having a Chinese speaking volunteer available enabled culturally appropriate communication with members of this community. However, they thought the event would have been enhanced if more information packs and resources were available in Chinese and Khmer. To make visitors aware that Hepatitis Victoria representatives were bi-lingual it would have been beneficial to have a sign indicating the languages that staff and volunteers could speak. Likewise, availability of specific graphics/pictures related to hepatitis might have helped create an immediate visual impact that conveyed Hepatitis Victoria’s messages.

## 8.2 2019 SPRINGVALE SNOW FEST

Hepatitis B Community Education Mobilisation Team staff and volunteers joined with others from Hepatitis Victoria to manage an information stall at the annual Springvale Snow Fest and supported activities on World Hepatitis Days in 2018 and 2019 to promote liver health, raise awareness of viral hepatitis B and C and raise awareness of stigma and discrimination against people living with these chronic conditions.



**Figure 39: Staff and volunteers at Snow Fest 2019**