

**AUSTRALIAN INSTITUTE FOR PRIMARY CARE &  
AGEING**

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# Hepatitis Victoria

*Responding to Stigma Project*

Evaluation report

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# 1. Executive Summary

## 1.1. KEY FINDINGS

- The *Responding to Stigma* project aims to reduce stigma about viral hepatitis amongst health workers and the general community to improve the experiences of people living with viral hepatitis.
- The project funded in 2018-2019 and reported here builds on and complements activities that Hepatitis Victoria has conducted or supported prior to and since 2018, including:
  - Conducting an online community survey in the first half of 2017 about people’s experiences and consequences of stigma and discrimination
  - Supporting a Hepatitis Victoria Lived Experience speaker to participate in *Blood*, an exhibition at Melbourne University’s Science Gallery Melbourne held in September 2017
  - Conducting a “Stigma Forum” at Melbourne Town Hall in December 2017
  - Supporting script development and production of Ilbijerri Theatre’s 2018 production of *Viral*
  - Supporting (through Hepatitis Australia) the University of New South Wales’ Stigma Indicators Monitoring project, which conducted a survey of injecting drug users in 2016 and 2018
  - Developing a suite of web pages about Stigma and Discrimination
  - Developing resilience resources for people who have experienced stigma and discrimination
- A multi-faceted set of activities was implemented in 2018-2019 as part of the *Responding to Stigma* project, including:
  - *Stigma Stories* Social Media Campaign
  - *REAL Change* Indigenous hip hop project
  - Coffee Cup Campaign
  - *Australian Visa Applicants and Hepatitis* leaflet
  - *Know Your Rights* booklet
  - *Let’s Talk about Hepatitis C* video
  - *Hepatitis B and C: Busting the Myths* posters
  - Infoline Review
- *Stigma Stories* was a 12-part series of short videos and podcasts of interviews with people about hepatitis-related stigma and discrimination, the consequent impact, and perceptions on how the community can address the issue. At the conclusion of the project, the Coordinator reported that promotion of *Stigma Stories* generated an increase in user engagement across Hepatitis Victoria’s social media platforms (i.e. Twitter, Facebook, Instagram, and YouTube).
- The *REAL Change* music video was a health promotion initiative produced by Indigenous Hip Hop Projects in collaboration with Hepatitis Victoria, featuring participants from Koorin Gamadji Institute’s REAL Determined program. The video included key anti-stigma messages and encouraged people to speak openly about viral hepatitis with their family, friends, and health professionals.
- The *Let’s Talk about Hepatitis C* video aimed to shift attitudes and reduce stigma about hepatitis C among a broad range of frontline health professionals, and to encourage viewers to understand the importance of talking to clients about hepatitis C. It was distributed through a range of direct and indirect channels, including social media, Hepatitis Victoria’s *Good Liver* magazine, *HEPReady* workshops and the Hepatitis Victoria website.
- Other resources prepared and disseminated included:
  - 500 Coffee Cups distributed at a Melbourne café and at Hepatitis Victoria run events

- *Australian Visa Applicants and Hepatitis* leaflet – available in electronic format and translated into five community languages. The page was viewed 3,453 times from October 2018 to September 2019.
- *Know Your Rights* booklet – available online. The page was viewed 663 times between October 2018 and September 2019.
- *Hepatitis B and C: Busting the Myths* posters – available in print and online.

## 1.2. OVERVIEW

The *Responding to Stigma* project aims to reduce stigma about viral hepatitis amongst health workers and the general community to improve the experiences of people living with viral hepatitis. The objectives of the project, as reported in the project work plan, are:

1. To decrease stigma in the community around viral hepatitis
2. To conduct investigations into and, where appropriate, act in response to instances of systematic stigma and discrimination in Victoria
3. To support people living with hepatitis to identify, empower and respond to discrimination
4. To engage with relevant workforces to decrease attitudes of stigma and discrimination in the areas of health, employment and public life.

The activities of the *Responding to Stigma* project described and evaluated in this report are:

- *Let's Talk about Hepatitis C* video
- *Stigma Stories* Social Media Campaign
- *REAL Change* Indigenous hip hop project
- Coffee Cup Campaign
- Infoline Review
- *Australian Visa Applicants and Hepatitis* leaflet
- *Know Your Rights* booklet
- *Hepatitis B and C: Busting the Myths* posters

## 1.3. ACTIVITIES

*Stigma Stories* was a 12-part series of short videos and podcasts of interviews with people about hepatitis-related stigma and discrimination, the consequent impact, and perceptions on how the community can address the issue. At the conclusion of the project, the Coordinator reported that promotion of *Stigma Stories* generated an increase in user engagement across Hepatitis Victoria's social media platforms (i.e. Twitter, Facebook, Instagram, and YouTube). Promotion also encouraged sharing and cross promotion from other stakeholders. *Stigma Stories* also allowed Hepatitis Victoria supporters and volunteers to utilise their experiences of feeling marginalised to make a positive impact.

The *REAL Change* music video was a health promotion initiative produced by Indigenous Hip Hop Projects (IHHP) in collaboration with Hepatitis Victoria, featuring participants from Koorin Gamadji Institute's (KGI) REAL Determined program. The video included key anti-stigma messages and encouraged people to speak openly about viral hepatitis with their family, friends, and health professionals.

Reusable coffee cups were designed and produced by Hepatitis Victoria to raise awareness of hepatitis-related stigma and the health benefits of coffee on the liver. The aim of the activity was to raise awareness towards hepatitis and stigma relating to viral hepatitis with general community members who would not otherwise be

reached. Five hundred cups were distributed through an activation event at one Melbourne café on 18 January 2019 as well as being distributed at various Hepatitis Victoria run events.

The *Australian Visa Applicants and Hepatitis leaflet* is an easy to understand introductory resource to support visa applicants living with viral hepatitis in understanding how viral hepatitis affects their visa application, health requirements and testing, health waivers and reviews of decisions, and useful contacts for further information and support. Electronic formats of this resource have been translated into five community languages. Web metrics supplied by Hepatitis Victoria for the period 1 October 2018 to 3 September 2019 indicated that the *Australian Visa Applicants and Hepatitis* page was viewed 3453 times, of which 3093 visits were unique views.

The *Know Your Rights* booklet is a guide to people's rights and living with viral hepatitis in Victoria. The booklet outlines why it is important know your rights and how the rights of people living with viral hepatitis are protected in Australia. The right to privacy and disclosure is discussed, whether disclosure of hepatitis status is required, to whom an individual can choose to disclose (i.e. at work, health professionals, friends and family, sexual partners, insurance, sports and education) and some suggestions that help disclosure. The booklet also discusses the right to be free from discrimination, the right to complain and how to make a complaint, as well as useful contacts and services. The booklet was launched on Hepatitis Victoria's website on 26 October 2018. From October 2018 to the start of September 2019 the *Know Your Rights* page was viewed 663 times, of which 421 visits were unique views.

The aim of the *Let's Talk about Hepatitis C* video was to contribute to shifting attitudes and reducing stigma about hepatitis C among a broad range of frontline health professionals, such as pharmacists, nurses and AOD workers, and to encourage viewers to understand the importance of talking to clients about hepatitis C. The video was produced in-house and involved a range of frontline healthcare workers and Hepatitis Victoria staff talking about their experiences. At the time of reporting, the video was being promoted through social media, Hepatitis Victoria's *Good Liver* magazine, *HEPReady* workshops and the Hepatitis Victoria website. The video is also available for downloading from the Hepatitis Victoria website. Web metrics supplied by Hepatitis Victoria indicate that the video was viewed 206 times from 10 September 2019 to month end (Figure 10). Average view duration was 1.22 minutes (the video runs for 2 minutes).

The *Hepatitis B and C: Busting the Myths* posters (Figure 11) provide information to challenge misinformation about hepatitis B and C that contributes to stigma and discrimination and can stop people getting the help and treatment they need. It was intended that the provision of accurate information about viral hepatitis will help stop stigma. The posters also refer readers to sources of further information on Hepatitis Victoria's website, the Hepatitis Infoline and the LiverWELL app.

A review of the Hepatitis Infoline was undertaken to identify the kinds of stigma being experienced by callers. Between 1 January 2018 and 1 January 2019, there was a total of 599 recorded calls to Hepatitis Victoria's Infoline service. Of these calls, 34 calls (5.7%) were categorised as 'stigma-related' or had case notes that reflected stigma/discrimination. This proportion was a slight increase on the 2017 figure of 5%. The most frequently received stigma-related calls concerned disclosure and privacy concerns. There was also a relatively high number of calls from individuals seeking information regarding visa applications and immigration.

At the time of preparing this report some information about the reach of the project's resources and materials is available. Web metrics were provided; however, there are no clear comparators against which to assess the project's reach. There is a lack of information available about testing of materials and resources during the development phase; this kind of information supports assumptions about the impact of resources when they are viewed.

#### **1.4. CONCLUSION**

The *Responding to Stigma* project included a range of activities designed to promote awareness of stigma and contribute to reducing the experience of stigma for people with or at risk of viral hepatitis. This included producing and distributing the *Let's Talk about Hepatitis C* video.



## 2. Responding to Stigma project

### 2.1. OVERVIEW

The *Responding to Stigma* project aims to reduce stigma about viral hepatitis amongst health workers and the general community to improve the experiences of people living with viral hepatitis.

The objectives of the project are:

1. To decrease stigma in the community around viral hepatitis
2. To conduct investigations into and, where appropriate, act in response to instances of systematic stigma and discrimination in Victoria
3. To support people living with hepatitis to identify, empower and respond to discrimination
4. To engage with relevant workforces to decrease attitudes of stigma and discrimination in the areas of health, employment and public life.

The project funded in 2018-2019 and reported here builds on and complements activities that Hepatitis Victoria conducted or has supported prior to and since 2018, including:

- Conducting an online community survey about people’s experiences and consequences of stigma and discrimination in the first half of 2017 (126 people responded to questions about experiences of discrimination and whether beliefs about stigma affected decisions to access healthcare).
- Supporting a Hepatitis Victoria Lived Experience speaker to participate in *Blood*, an exhibition at Melbourne University’s Science Gallery Melbourne held in September 2017.
- Conducting a “Stigma Forum” at Melbourne Town Hall in December 2017 with lived experience speakers and various prominent speakers (see <https://www.hepvic.org.au/events/72/exploring-the-complexities-of-hepatitis-related-stigma-and-discrimination> and <http://www.hepvic.org.au/news/2177/forum-probes-heart-of-the-issue>)
- Supporting script development/review and production of Indigenous performance group Ilbjerri Theatre’s *Viral* in 2018, a hepatitis C themed play which addressed stigma. Other partners supporting the production were the Victorian Government, Aboriginal Health Council of South Australia, Hepatitis SA and the Lord Mayor’s Charitable Foundation. The play is a work of educational theatre designed specifically to speak to Indigenous communities around the new treatment for hepatitis C. “Commissioned by the Victorian Government as a health intervention, *Viral* follows on from Ilbjerri’s widely-acclaimed works *Chopped Liver* and *Body Armour* as the latest instalment in Ilbjerri’s trilogy of hepatitis C health works, aimed at breaking down shame, promoting healing and getting Indigenous communities hep C free.” (See <https://ilbjerri.com.au/event/hope-goes-viral/>)
- Supporting (through Hepatitis Australia) the University of New South Wales’ Stigma Indicators Monitoring project, which conducted a survey of injecting drug users in 2016 and 2018. (See <https://www.arts.unsw.edu.au/centre-social-research-health/our-projects/stigma-indicators-monitoring-project>) Funded by the Australian Government Department of Health, other partner/collaborators are National Association of People Living with HIV Australia, Australian Federation of AIDS Organisations, Australasian Society for HIV Medicine, Australian Injecting and Illicit Drug Users’ League, and The Kirby Institute.
- Developing a suite of web pages about Stigma and Discrimination. This included a webpage on Stigma and Discrimination which explained how a chronic condition can be categorised as a disability and which channels are available to people seeking to make a stigma and/or discrimination complaint.

- Developing resilience resources for people who have experienced stigma and discrimination, and incorporation of these key themes into the Feeling Well component of the LiverWELL mobile application (<http://www.liverwell.org.au/feelingwell/>). This is being further enhanced with the new *Feeling Well* video.

## **2.2. RESPONDING TO STIGMA PROJECT ACTIVITIES**

The *Responding to Stigma* project comprised the following activities in 2018-2019:

- *Stigma Stories* Social Media Campaign
- *REAL Change* Indigenous hip hop project
- Coffee Cup Campaign
- *Australian Visa Applicants and Hepatitis* leaflet
- *Know Your Rights* booklet
- *Let's Talk about Hepatitis C* video
- *Hepatitis B and C: Busting the Myths* posters
- Infoline Review

## **2.3. EVALUATION OF THE RESPONDING TO STIGMA PROJECT**

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, including:

- *Responding to Stigma* Implementation Plan and Evaluation Plan
- Stigma Response Coordinators' Decision Logs
- Interviews with Stigma Response Coordinators
  - The initial Coordinator was interviewed twice; at the commencement of the project and prior to exiting the organisation, the second Coordinator discussed the project and its progress after commencement and at the end of the project in September 2019.
- Distribution and Evaluation Plan
- Web metrics
- Other project specific data and information provided by the Stigma Response Coordinators

Limited distribution and evaluation data related to the *Let's Talk about Hepatitis C* video were available for inclusion in this report because of the timing of the completion of the video in relation to the deliverable date for the report.

## **3. Responding to Stigma – Activities**

### **3.1. STIGMA STORIES SOCIAL MEDIA CAMPAIGN**

#### **3.1.1 Background**

Launched on Zero Discrimination Day, 1 March 2018, *Stigma Stories* was a 12-part series of short videos (Figure 1) and podcasts of interviews with people about hepatitis-related stigma and discrimination, the consequent impact, and perceptions on how the community can address the issue. The target audience of the campaign was individuals living with hepatitis, family and friends of people living with hepatitis, health professionals, and the wider community. The objective of the campaign was to raise awareness around the issue and challenge stigmatising community, professional, and institutional attitudes towards viral hepatitis.

The key messages of the videos and podcasts were:

- Stigma impedes social interaction and access to hepatitis treatment and support services, and is also a key barrier to elimination
- Stigma and discrimination can be expressed and experienced in a variety of forms (e.g. self, socially, structurally).
- Everyone can play a role in stopping stigma.

#### **3.1.2 Activities**

The key activities of the project were to interview and record community members talking about instances of stigma and discrimination and to collaborate with the Hepatitis Victoria Communications Team to produce a series of 12 videos and podcasts (Figure 1). Community members are also encouraged to participate in the campaign by using the hashtag #StigmaStops and sharing their views.

#### **3.1.3 Intended Outcomes**

The intended outcomes of the project were to raise general community awareness towards the impact of stigma and discrimination on individuals. Project documentation indicated that within one year, the measurable goals of the campaign were to:

- increase usage of the #StigmaStops hashtag by Victorian or Australian individuals/organisations
- increase community engagement in Hepatitis Victoria's social media presence by 25%
- increase views of the 'Stigma' section of the Hepatitis Victoria website by 25%
- contribute to the collection of media content published by Hepatitis Victoria



Figure 1: *Stigma Stories*

### 3.1.4 Reach and Impact

The Stigma Response Coordinator planned to evaluate the videos and podcasts using online engagement/viewing statistics and comments. Specific web metrics were not described.

One of the stories used in the campaign, a podcast with HEP Hero Alan Dumbleton, gained traction in print media after being utilised by Hepatitis Australia as part of their 2018 World Hepatitis Day celebrations. This led to multiple articles in print and online media including in the Age, the Sydney Morning Herald and News.com with a consequentially large audience.

At the conclusion of the project, the Coordinator reported that promotion of *Stigma Stories* generated an increase in user engagement across Hepatitis Victoria’s social media platforms (i.e. Twitter, Facebook, Instagram, and YouTube). Promotion also encouraged sharing and cross promotion from other stakeholders. *Stigma Stories* also allowed Hepatitis Victoria supporters and volunteers to utilise their experiences of feeling marginalised to can make a positive impact.

## 3.2. REAL CHANGE INDIGENOUS HIP HOP PROJECT

### 3.2.1 Background

The *REAL Change* music video (Figure 2) was a health promotion initiative produced by Indigenous Hip Hop Projects (IHHP) in collaboration with Hepatitis Victoria, featuring participants from Koorin Gamadji Institute’s (KGI) REAL Determined program. The video included key anti-stigma messages and encouraged people to

speak openly about viral hepatitis with their family, friends, and health professionals. The aim of the project was to raise awareness of and increase consumer knowledge of hepatitis-related considerations; including stigma and discrimination, prevention and transmission, liver health, and accessing treatment and support services.

### 3.2.2 Intended Outcomes

The stated objectives of the project were to:

- engage with Indigenous youth to produce an entertaining and educational music video about viral hepatitis
- increase testing, treatment, and vaccinations (hepatitis B only) for viral hepatitis among Indigenous people
- decrease instances of stigma, shame, and discrimination relating to viral hepatitis
- distribute the product through stakeholder followings and relevant community organisations



Figure 2: *Real Change*

### 3.2.3 Activities

The *REAL Change* music video project was completed in multiple phases. Phase 1 involved preparation and planning, specifically conducting a working group meeting between stakeholders to finalise aims, key messages, and agree upon the schedule for implementation. Phase 2 involved holding a viral hepatitis education session for IHHP staff prior to project implementation to cover key facts and intended messaging to inform brainstorming of the focus of the song and backing beats/music. Phase 3 was the implementation phase and involved conducting a viral hepatitis education session for KGI participants, writing lyrics, recording the song, filming the music video, finalising production of the video by IHHP and ended with a soft-launch of video to KGI participants. Phase 4 involved the promotion, launch and distribution of the video. Specific activities included production of promotional segments of music video for use on social media for *StreetShot*, launch of the music video at Hepatitis Victoria's *StreetShot* exhibition event, and uploading the music video to Hepatitis Victoria's and IHHP's social media platforms.



There were plans for the video to be used as an ongoing tool in Hepatitis Victoria’s education sessions for young people – in particular Indigenous youth and at-risk youth within schools and juvenile detention programs – and for the video to be distributed by other Aboriginal health and community health organisations (i.e., Victorian Aboriginal Community Controlled Health Organisation, Victorian Alcohol and Drug Association, cohealth).

### 3.2.4 Reach and Impact

The *REAL change* music video was distributed to all participants in the small grants program undertaken as part of the 2018 LIVERability festival. Copies were also distributed on USB sticks as part of a suite of resources.

## 3.3. COFFEE CUP CAMPAIGN

### 3.3.1 Background

Reusable coffee cups (Figure 3) were designed and produced by Hepatitis Victoria to raise awareness of hepatitis-related stigma and the health benefits of coffee on the liver.



Figure 3: Coffee Cups

### 3.3.2 Activities

Hepatitis Victoria designed and produced 500 branded reusable coffee cups, with both #StopStigma and a liver character design on the cups. The cups were distributed at a street activation event in collaboration with the social enterprise café *Good to go* in Melbourne’s CBD. The Stigma Response Coordinator observed that most people who talked with staff at the stall knew very little about viral hepatitis.

### 3.3.3 Intended Outcomes

The aim of the activity was to raise awareness towards hepatitis and stigma relating to viral hepatitis with general community members who would not otherwise be reached. It was also intended that the campaign would promote the health benefits of coffee on the liver.

The original plan was to distribute the coffee cups at social enterprise cafes and community centres. Revised plans resulted in the cups being distributed through an activation event at one Melbourne café on 18 January 2019 as well as being distributed at various Hepatitis Victoria run events.

### 3.3.4 Reach and Impact

The Stigma Response Coordinator reported approximately 100 people were reached through the campaign as indicated by the number of cups distributed at the activation event. It was estimated that approximately 50

people declined a coffee cup or to speak with Hepatitis Victoria representatives. The Coordinator reported that reasons people gave for not engaging with the campaign included disinterest, already having a coffee, or not having the time to talk.

The event was documented through video, photo, and ‘voice pops’, and promoted through Hepatitis Victoria’s online channel. A communications strategy was developed to ensure the content is promoted throughout the year to maximise its impact.

### 3.4. AUSTRALIAN VISA APPLICANTS AND HEPATITIS LEAFLET

#### 3.4.1 Background

The *Australian Visa Applicants and Hepatitis leaflet* (Figure 4 and Figure 5) is an easy to understand introductory resource developed in response to the multiple requests for information made to the InfoLine service, designed to inform and empower migrants living with hepatitis when applying for a visa in Australia.

Electronic formats of this resource have been translated into five community languages.



Figure 4: Australian Visa Applicant and Hepatitis leaflet – Page 1

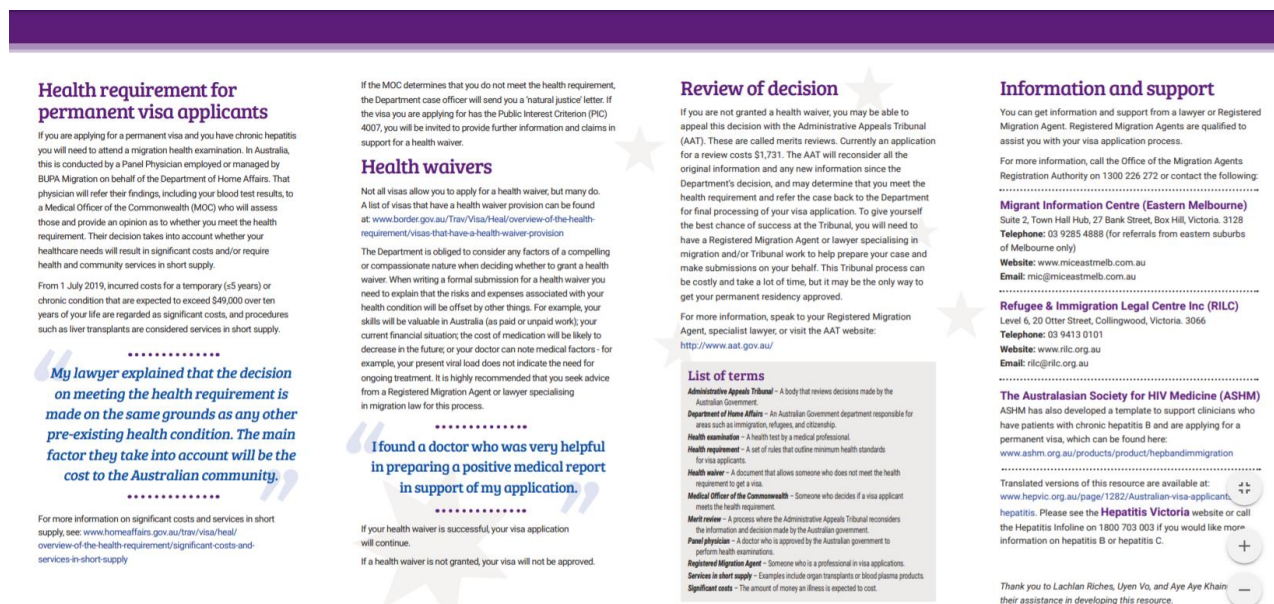


Figure 5: Australian Visa Applicant and Hepatitis leaflet – Page 2

### 3.4.2 Activities

The key activities of this project were to consult with community advocates about the issue of hepatitis and migration, produce and translate a resource for visa applicants who were living with viral hepatitis, and recruit volunteers to distribute the resource in Melbourne.

### 3.4.3 Intended Outcomes

The resource was designed to help people understand:

- how viral hepatitis affects their visa application;
- health requirements and testing;
- health waivers and reviews of decisions;
- and provide useful contacts for further information and support

### 3.4.4 Reach and Impact

Web metrics supplied by Hepatitis Victoria for the period 1 October 2018 to 3 September 2019 indicated that the *Australian Visa Applicants and Hepatitis* page was viewed 3453 times, of which 3093 visits were unique views and 3037 were entrances (that is, the viewer entered the website at this page). As shown in Figure 6, monthly page views ranged from 0 in October 2018 to 679 in August 2019. There was a trend over time for page views to increase, although the number of views in April, May and July 2019 was very low, with no explanation provided. (Note that page views for September 2019 included three days of data). Average time spent on page was reported to be 534.67 seconds. Bounce rate was 54.22% (which indicates that more than half of those who came to the page did not go to other parts of the site – it was a single page visit) and percentage exiting was 85.23%. Together, this data suggests that people who came to the *Australian Visa Applicants and Hepatitis* page did not look at other information on the website; they were seeking information specifically about this topic.



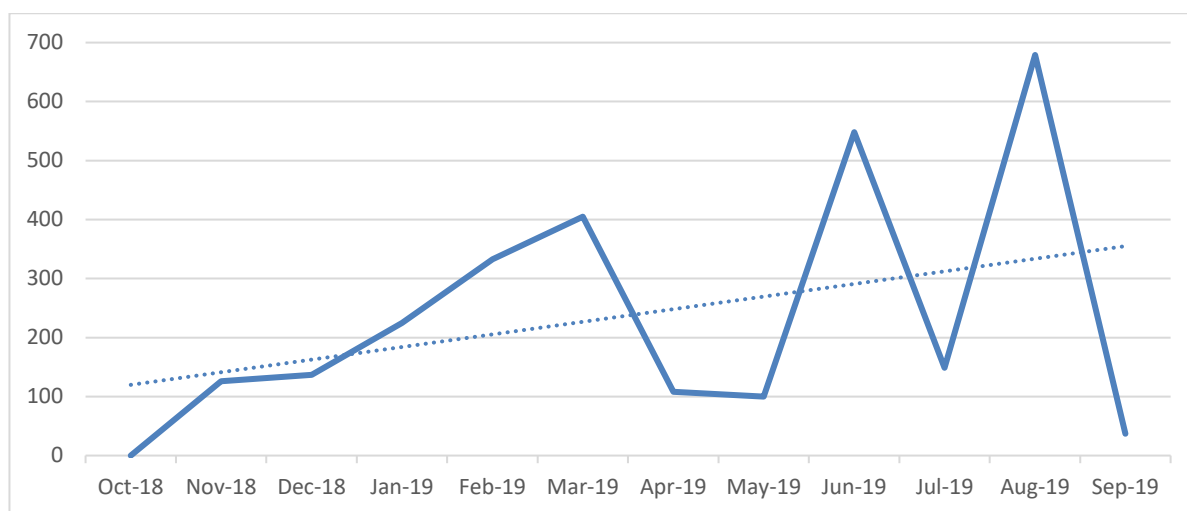


Figure 6: Number of Australian Visa and Hepatitis page views per month - 1 October 2018 to 3 September 2019

### 3.5. KNOW YOUR RIGHTS BOOKLET

#### 3.5.1 Background

The *Know Your Rights* booklet (Figure 7) is a guide to people’s rights and living with viral hepatitis in Victoria. The booklet outlines why it is important know your rights and how the rights of people living with viral hepatitis are protected in Australia. The right to privacy and disclosure is discussed, whether disclosure of hepatitis status is required, to whom an individual can choose to disclose (i.e. at work, health professionals, friends and family, sexual partners, insurance, sports and education) and some suggestions that help disclosure. The booklet also discusses the right to be free from discrimination, the right to complain and how to make a complaint, as well as useful contacts and services. The booklet was launched on Hepatitis Victoria’s website on 26 October 2018.



Figure 7: *Know Your Rights* booklet

### 3.5.2 Activities

The key activities for this project included synthesizing stigma and discrimination website content to produce a digital booklet. The website content was published across multiple websites from Governments, legal advisors and Hepatitis Victoria. The *Know Your Rights* booklet collates all this information in one convenient document that is easy to read.

### 3.5.3 Intended Outcomes

The *Know Your Rights* booklet was intended to inform and empower people living with hepatitis B and C about their rights, disclosing their hepatitis status and making complaints about discrimination. The booklet provides a resource to link people into following community education sessions or calls to the Hepatitis Infoline.

### 3.5.4 Reach and Impact

The Stigma Response Coordinator planned to evaluate the *Know Your Rights* booklet through website engagement statistics. No information was provided about the process followed to develop the booklet and website, including any testing of comprehension of the messages.

Web metrics supplied by Hepatitis Victoria for a 48-week period from 1 October 2018 to 3 September 2019 indicated that the *Know Your Rights* page was viewed 663 times, of which 421 visits were unique views and 174 were entrances. As shown in Figure 8, weekly page views ranged from 1 in Weeks 12-14 to 87 in Week 44. There was a trend over time for page views to increase. In addition to the highest number of page views in Week 44, Weeks 30 and 40 also saw peaks; 52- and 40-page views respectively. It is unknown whether the peaks coincided with specific promotional strategies or awareness raising activities. Average time spent on page was 115.29 seconds. Bounce rate was 44.00% and percentage exiting was 35.90%.

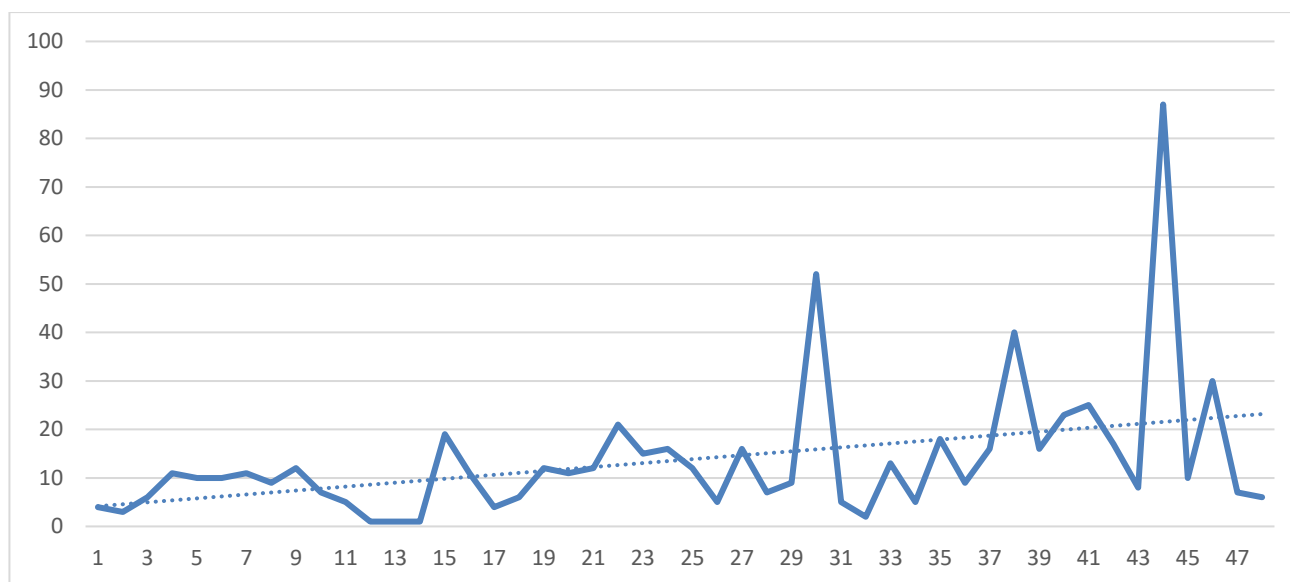


Figure 8: Number of *Know Your Rights* page views per week (1 to 48) from 1 October 2018 to 3 September 2019

## 3.6. LET'S TALK ABOUT HEPATITIS C VIDEO

### 3.6.1 Phase 1 – *Starting Difficult Conversations* Video

One planned activity for the *Responding to Stigma* project was to develop a short informative, educational and emotive video about the impact of stigma and discrimination as a barrier to discussing hepatitis C with clients

accessing alcohol and other drug (AOD) services. The video responded to the priority focus areas in the Victorian Hepatitis C Strategy 2016-2020:

- Victorians and affected communities are free from hepatitis-C-related stigma and discrimination

Hepatitis Victoria had also identified a need to reduce stigma amongst health workers who had contact with people living with hepatitis C. This video was to be a pilot in a series about hepatitis that would educate its target audiences (including GPs, pharmacists, and secondary Needle Syringe Program and AOD workers) about how to initiate conversations about hepatitis testing and treatment with people at risk of or living with hepatitis. To achieve this end, the video was to feature lived experience speakers and health professionals.

At the time of Phase 1, *HEPReady* workforce development activities were being planned by Hepatitis Victoria, and the video was going to be incorporated into relevant activities (e.g., inclusion of video in *HEPReady* Essentials and *HEPReady* AOD workshops). Given unforeseen delays in the production of the video, it was not possible to include the video in *HEPReady* AOD workshops; the delivery of AOD workshops had ceased prior to the completion of the video.

### 3.6.2 Phase 2 - *Let's Talk About Hepatitis C* Video

In March 2019, Hepatitis Victoria reviewed the focus and target audience of the video and the approach to filming and production. Because of this review, Hepatitis Victoria changed the title of the video to *Let's Talk about Hepatitis C* (Figure 9). The focus of the video was changed from educational to awareness raising and as such was developed in a social media style.



Figure 9: *Let's Talk about Hepatitis C* video

### 3.6.3 Activities

Planning for the video began in August-September 2018. Table 1 outlines the key events and decision points in the video development timeline.

A range of distribution channels were proposed for the *Let's Talk about Hepatitis C* video, including:

- direct email including a USBs to primary health centres, practice nurses, medical staff responsible for education and training in large hospitals, larger NSPs and the Pharmacy Guild.
- advertising in relevant newsletters and circulations and
- promotion to relevant organisations (i.e. Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine, Blood Borne Virus, Victoria Alcohol and Drug Association, Pharmacy Guild of Australia, Victorian Primary Health Networks, Self-Help Addiction Resource Centre, etc.).
- distribution of a video trailer/full video to Monash and La Trobe Pharmacy schools and to metro and regional health service education departments
- embedding the video in the *HEPReady* Essentials course
- promoting the video through Hepatitis Victoria social media including Hep Chat and articles in the *Good Liver* magazine.

At the time of reporting, the video was being promoted through social media, Hepatitis Victoria’s *Good Liver* magazine, *HEPReady* workshops (including regionally), and the Hepatitis Victoria website. The video is also available for downloading from the Hepatitis Victoria website.

Factors that supported the implementation of this activity included:

- Autonomy and flexibility in the approach to developing and completing the video, supported by in-house skills and expertise.
- Existing good relationships between Hepatitis Victoria and relevant services and staff to access volunteers willing to participate in the video productions.
- Filming in-house rather than having an external production company that would require all participants to attend for one session shoot; participants could film when it suited them.
- Support from members of the Hepatitis Victoria Health Promotion team

**Table 1: Video Development Timeline**

Video Development Timeline – Phases 1 and 2	
Aug/Sep 2018	<ul style="list-style-type: none"> <li>• Video script developed</li> </ul>
October 2018	<ul style="list-style-type: none"> <li>• Feedback sought about script from Hepatitis Victoria staff. Small edits made to the script.</li> </ul>
November 2018	<ul style="list-style-type: none"> <li>• Ongoing discussions about appropriate casting for video. Difficulties experienced getting participants for the video and no final decisions made.</li> <li>• Decision to postpone video shooting as it was proving to be difficult to secure an NSP worker to be in video.</li> </ul>
February 2019	<ul style="list-style-type: none"> <li>• The Stigma Response Coordinator left Hepatitis Victoria and was unable to complete the video. Handover of video project to Communications Officer.</li> </ul>
March 2019	<ul style="list-style-type: none"> <li>• An existing Hepatitis Victoria staff member was appointed to Stigma Response Coordinator role</li> <li>• Hepatitis Victoria decided:                             <ul style="list-style-type: none"> <li>- As the AOD position finished at Hepatitis Victoria at the end of February, no further AOD workshops would be run. Therefore, the video could not be shown at AOD workshops and the decision was made to broaden the video target group to include all frontline healthcare workers</li> <li>- The focus of the video content and its intent was changed from in-depth educational to be about awareness raising and activation</li> <li>- The video production would be done in-house</li> </ul> </li> </ul>

Video Development Timeline – Phases 1 and 2	
	- Video title changed from <i>Starting Difficult Conversations</i> to <i>Let’s Talk about Hepatitis C</i>
April 2019	Hepatitis Victoria CEO approved in-house production of video. Internal discussions about involvement of other Hepatitis Victoria staff, in particular the communications team.
May 2019	Video cast was chosen. Filming commenced.
July 2019	Distribution and evaluation plan revised and updated.
July/August 2019	Video reviewed by Hepatitis Victoria health promotion team. Their feedback was included in the editing of the video.
September 2019	Final video approved for public dissemination. Video uploaded 10 September

Source: Information from Stigma Response Coordinators’ Decision logs

### 3.6.4 Intended Outcomes

The *Let’s Talk about Hepatitis C* video aimed to contribute to shifting attitudes and reducing stigma about hepatitis C among a broad range of frontline health professionals such as pharmacists, nurses and AOD workers, and to encourage viewers to understand the importance of talking to clients about hepatitis C.

### 3.6.5 Reach and Impact

The key to assessing the impact of resources to be distributed widely is to focus on the development stage. Given it is not easy to follow-up people who access the resources, organisations like Hepatitis Victoria need to ensure they gather evidence that someone who sees the video will watch it, understand it, and form an intention to act as intended. If this is established, the next step in arguing that the project activity has had the intended impact is to demonstrate reach.

In addition to the planned distribution of the *Let’s Talk about Hepatitis C* video, the video has also been shared by other organisations, including Hepatitis Queensland and Self-Help Addiction Resource Centre. Four health organisations have asked Hepatitis Victoria to include information about the video in their newsletters and an article was written for the Hepatitis Victoria’s Good Liver magazine.

Web metrics supplied by Hepatitis Victoria indicate that the video was viewed 206 times from 10 September when it was uploaded to month end (Figure 10). Average view duration was 1.22 minutes (the video runs for 2 minutes). Most of the views were around the time the video went live.

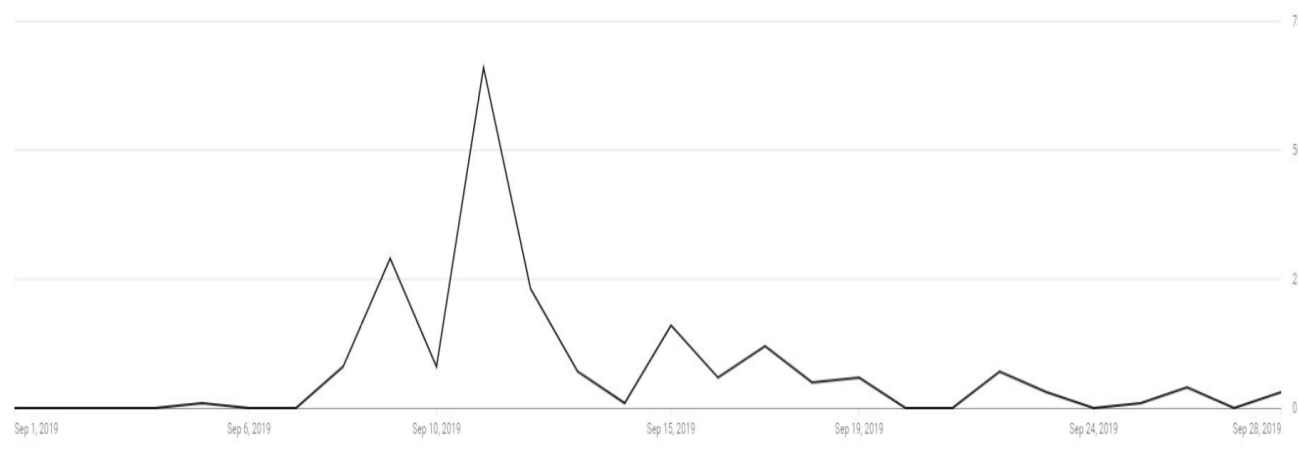


Figure 10: Video views 10 September (launch) to end of September 2019



### 3.7. HEPATITIS B AND C: BUSTING THE MYTHS POSTERS

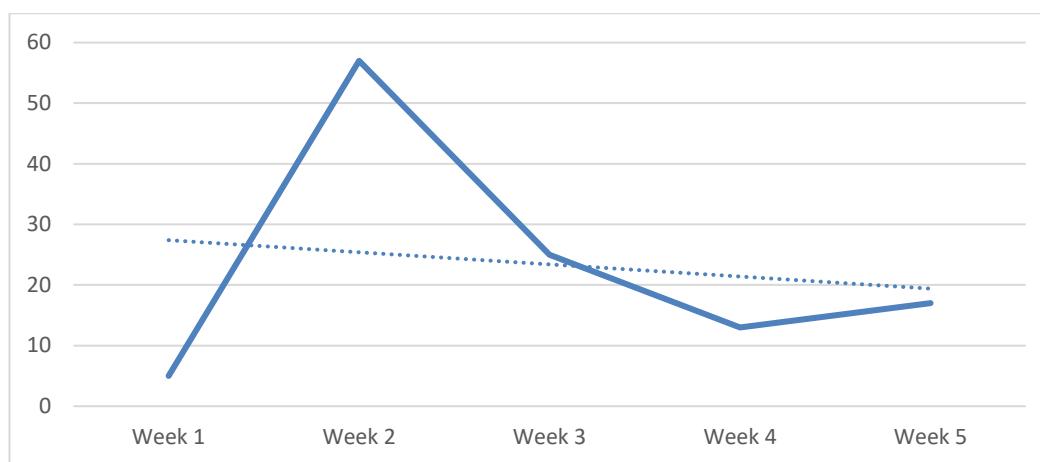
#### 3.7.1 Background

The *Hepatitis B and C: Busting the Myths* posters (Figure 11) provide information to challenge misinformation about Hepatitis B and C that contributes to stigma and discrimination and can stop people getting the help and treatment they need. It was intended that the provision of accurate information about viral hepatitis will help stop stigma. The poster also refers readers to sources of further information: [www.hepvic.org.au](http://www.hepvic.org.au), Hepatitis Victoria’s Hepatitis Infoline and the LiverWELL app.

Web metrics supplied by Hepatitis Victoria for a five-week period from 30 July 2019 to 3 September 2019 indicated that the *Hepatitis B and C: Busting the Myths* page was viewed 118 times, of which 97 visits were unique views and 83 were entrances. As shown in Figure 12, weekly page views ranged from 5 in Week 1 to 57 in Week 2. There was a trend over time for page views to decrease. Bounce rate was 52.38% and percentage exiting was 68.64%. (Average time spent on the page is not reported because of the high exit rate, and because there is lack of clarity about whether Hepatitis Victoria’s own IP addresses are excluded from the web metric statistics.) Data collected over a longer period may reveal a different pattern of page views.



Figure 11: *Hepatitis B and C: Busting the Myths* Posters



**Figure 12: Number of *Hepatitis B and C: Busting the Myths* page views per week from 30 July 2019 to 3 September 2019**

### 3.8. INFOLINE REVIEW

#### 3.8.1 Background

The Hepatitis Infoline is a phone service providing information, support and referrals for people living with viral hepatitis, workers, friends, family, and the general community. Infoline data is recorded using an online form and includes details the nature of the call and the information that was discussed. Hepatitis Victoria also receives and documents face-to-face enquiries and requests for information by email or through social media.

#### 3.8.2 Activities

The Stigma Response Coordinator reported that the key activities included extracting case notes from the Infoline portal and identifying case notes that referenced instances of “Stigma” and categorizing the type of stigma: *Disclosure and Privacy; Discrimination; Stigma generally (family, friends, self); Immigration; and Healthcare employment/study.*

#### 3.8.3 Intended Outcomes

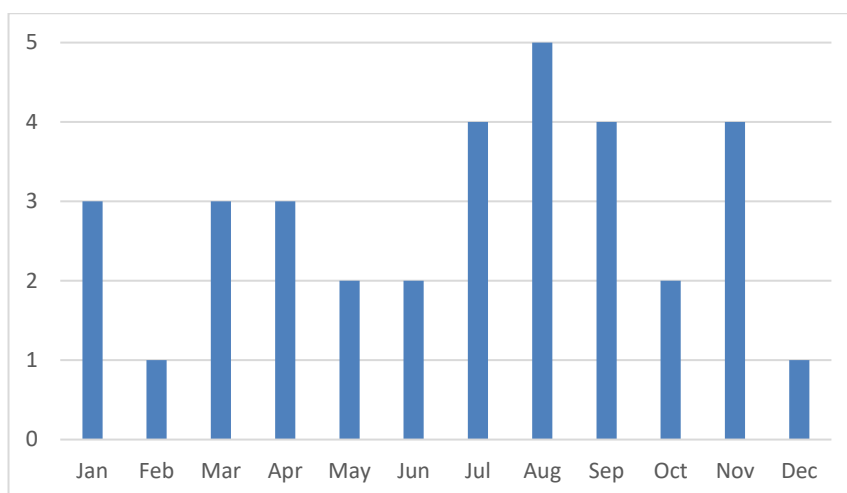
The intended outcome of the Infoline review was to increase staff knowledge as well as identify potential improvements to the Infoline service’s ability to respond to calls pertaining to stigma and discrimination. The aims of the review were to:

- Quantify the number of stigma-related calls received in 2018
- Determine the usefulness of the Infoline service in responding to these calls

#### 3.8.4 Findings

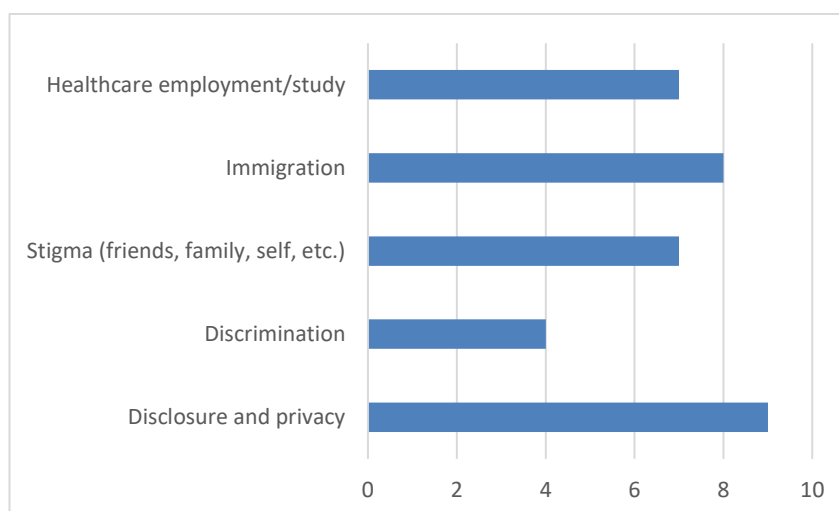
The findings of the review of Infoline calls as reported by the Stigma Response Coordinator are summarised below. Figures were also prepared by the Coordinator.

Between 1 January 2018 and 1 January 2019 there was a total of 599 recorded calls to Hepatitis Victoria’s Infoline service. Of these calls, 34 calls (5.7%) were categorized as ‘stigma-related’ or had case notes that reflected stigma/discrimination (Figure 13). This proportion is a slight increase from stigma calls taken in 2017 (5%).



**Figure 13: Stigma calls per month in 2018**

The most frequently received stigma-related calls concerned disclosure and privacy concerns. There was also a relatively high number of calls from individuals seeking information regarding visa applications and immigration. Self-stigma and stigmatisation from family, friends, and the community were also an issue for several callers (Figure 14).



**Figure 14: Types of Stigma-related Calls to Infoline**

### 3.9. CONCLUSION

Hepatitis Victoria has been leading and working collaboratively with other key organisations to improve the experiences of people living with or at risk of viral hepatitis for more than twenty years. The *Responding to Stigma* project funded in 2018-2019 built on and complemented past activities, targeting community members and health professionals through a range of media campaigns and resources. Personal stories were featured in the *Stigma Stories* Social Media Campaign and *REAL Change* Indigenous hip hop project, and continue to be promoted on the Hepatitis Victoria website. The leaflet with targeted information for Australian visa applicants and the *Know Your Rights* booklet help people to advocate for themselves and their communities. The *Let’s Talk about Hepatitis C* video encourages health professionals to talk to patients about viral hepatitis in a positive way, and *Hepatitis B and C: Busting the Myths* posters can be used to create more supportive



environments for health service delivery and promote accurate knowledge wherever they are displayed. The timeframe for evaluation of reach and impact of the project was short, and data about reach of project activities was limited; however, the *Responding to Stigma* project resources continue to be available through the Hepatitis Victoria website and will be incorporated into other activities that Hepatitis Victoria undertakes in future. In this way, their contribution to reducing stigma about viral hepatitis amongst health workers and the general community and improving the experiences of people living with viral hepatitis can continue.