

Addressing chronic hepatitis B in a high risk population: An integrated approach

(Project in progress)

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Introduction

Prevalence and new notifications of chronic hepatitis B (CHB) are closely related to patterns of immigration from endemic areas (1) such as South and North-East Asia from where about half of the ~170,000 people living with CHB in Australia originate (2). The prevalence of CHB in Chinese people is about 10%, and the Hmong seem to be even worse affected with many studies reporting a prevalence of above 15% (3) and later presentation with liver cancer (4). "People from culturally and linguistically diverse [CALD] backgrounds" are a priority population listed in the National Hepatitis B Strategy (5) and, considering that at least one third of infected people are unaware of their infection, the objective to "Reduce the proportion of people with chronic hepatitis B who have not been diagnosed" is of high importance. While culturally appropriate and translated information is gradually emerging, awareness remains low and smaller migrant populations such as the Hmong often miss out on education and vital health care.



Hmong girls in Cairns wearing traditional costumes

Aims

The project aims to

- inform the Hmong community of about 700 people in North Queensland, AUS, about the risks of CHB
- enable health-protective action (testing, monitoring, immunization, treatment) → outcome variables
- explore the role of general practitioners (GPs) and build connections
- apply an approach based on behavioural theory

Process (ongoing)

Major steps so far include:

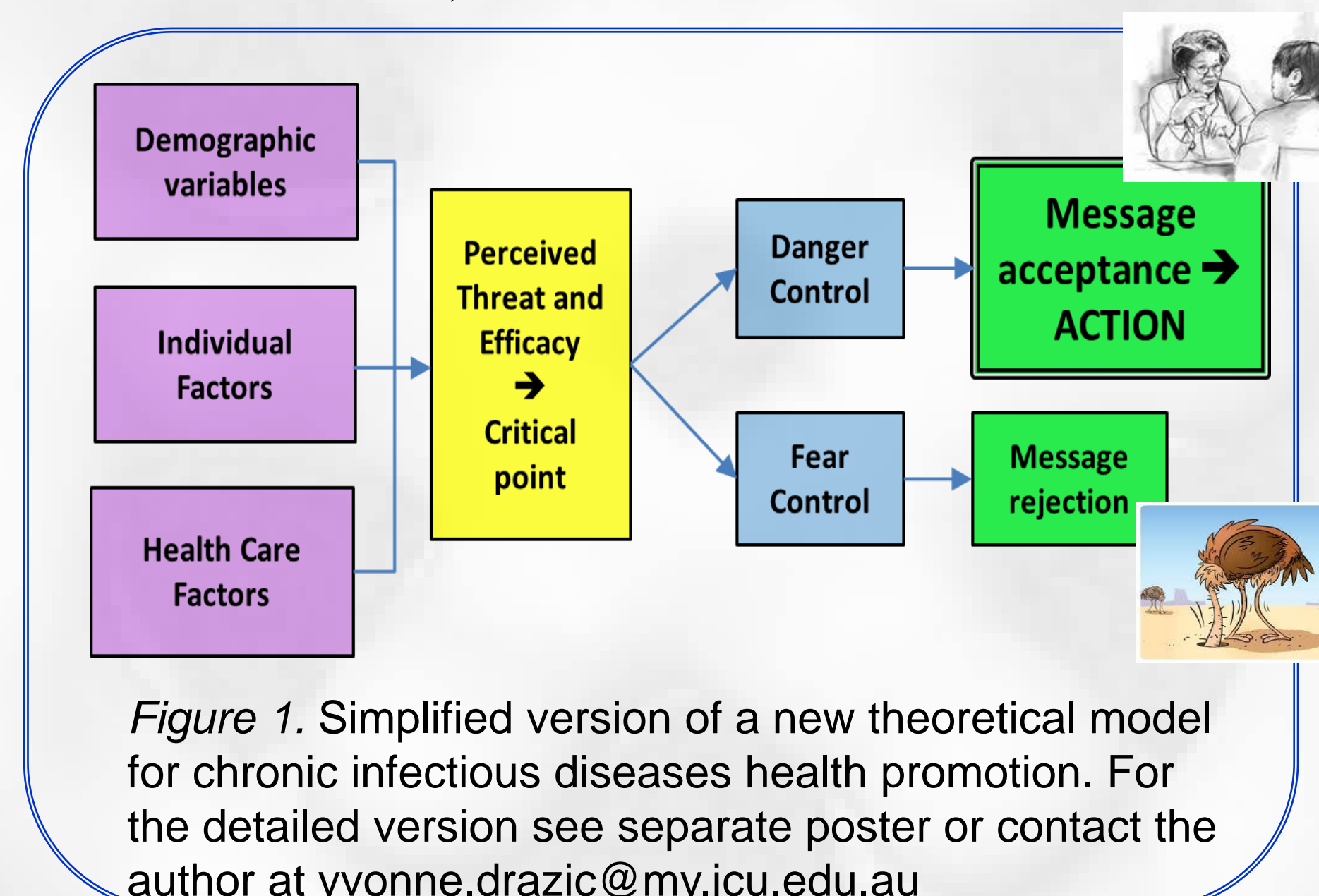
- A literature review of hepatitis B health promotion in Asian migrant populations and of behavioural theory in health promotion
- Building and maintaining a connection to the NQ Hmong community, particularly one community leader (Mr Vang Yee Chang, see photo top middle with myself, and top right with Mrs Chang)
- A new theoretical model for chronic infectious disease health promotion including health and antenatal care (see Figure 1 for simplified model)



Mr Chang and author (Y. Drazic)

Major steps continued:

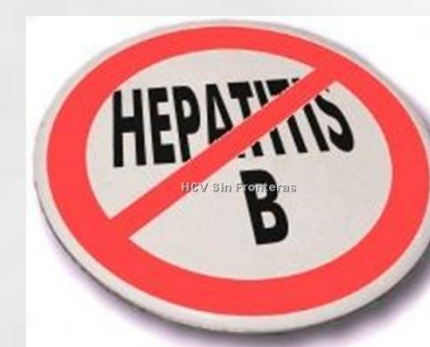
- Construction of a questionnaire based on constructs of the theoretical model (examples of items can be obtained from the author, email yvonne.drazic@my.jcu.edu.au)
- Translation of the questionnaire (under way)
- Assessment of knowledge, current practice, educational preferences, and awareness of resources in local general practitioners (data collection under way, for questionnaire items contact author)



Major steps ahead:

- Testing of assessment tools
- Recruitment of participants (phone list provided)
- Data collection from Hmong community for pre-intervention assessment
- Educational intervention and community screening program
- Post-intervention assessment (outcome variables: no. of people engaging in testing, monitoring etc.)
- Analysis, interpretation of data, find relationships between psycho-sociocultural variables and outcome variables
- Make recommendations for future CHB health promotion

Kab mob siab B
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Hepatitis B



Mr & Mrs Chang at Rusty's markets, Cairns, where many Hmong families maintain vegetable stalls

Challenges

- It is not always easy to tell if one's conduct is appropriate (too little, too much?) as the Hmong are very friendly and humble people who may not like to openly disagree or disapprove (6)
- Limited English language skills in older community members
- Translation of material is time-consuming
- Ensuring that meaning is not lost in translation (some medical and other terms related to health and human anatomy differ or may not exist in Hmong culture and language)
- Many Hmong people distrust doctors due to past experiences as refugees
- Lack of project funding

Desired outcomes

It is hoped that the project will:

- raise awareness of CHB, improve connections to primary health care, and get as many people as possible to engage in protective action
- get more people into treatment → prevent and reduce liver disease caused by existing CHB
- inspire other researchers to use theoretically based methods for assessment, intervention and evaluation in hepatitis B health promotion
- reduce the amount of undetected and unmanaged CHB in other migrant communities in Australia

Acknowledgements

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