

**SYMPOSIUM SESSION COMMUNITY AND SOCIAL RESEARCH –
WORKING WITH CALD COMMUNITIES IN VIRAL HEPATITIS**

9:00AM – 10:30AM FRIDAY 19 SEPTEMBER 2014

**CHRONIC HEPATITIS B EDUCATION IN THE NORTH
QUEENSLAND Hmong COMMUNITY POSITIVE CHANGE
THROUGH PROCESS AND PERSEVERANCE**

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BACKGROUND Chronic hepatitis B (CHB) is endemic in Hmong populations (estimated prevalence ~15%). This project aimed to raise awareness and facilitate CHB-related health seeking in the Cairns Hmong community. While behavioural theory (e.g. threat and efficacy constructs) is useful in health promotion, social determinants of health require equal attention. The support of a community leader and a bilingual/bicultural peer educator and motivational interviewer was instrumental in overcoming linguistic and cultural barriers throughout the processes of participant recruitment, data collection and education. This presentation outlines the methods used and offers pre- and post-intervention insights including a discussion of stigma.

METHODS 78 participants were recruited and surveyed (interviewed if necessary) via phone calls, home visits, and locations of work and recreation. Based on survey results and in consultation with members of the Hmong community and the Queensland Health Hepatitis Health Promoter, an educational event was planned as part of the Hmong New Year celebrations. To counteract stigma, CHB was consistently presented as a family and community issue. 50 attendees completed a brief post-intervention survey.

RESULTS Pre-education results show high levels of perceived threat and low levels of perceived efficacy. Together with other barriers, this combination inhibits health seeking. Therefore, the education emphasized the ease and affordability of managing CHB while still highlighting the potential consequences of inaction. The post-intervention survey shows increased perceived efficacy and improved intentions towards getting tested. Fear of stigma varies considerably.

CONCLUSION Behavioural theory can guide health promotion activities in CALD communities. However, finding suitable helpers and establishing trusting relationships must be accomplished first. This takes time and a willingness to listen, learn and adjust one's thinking. The result was a truly community-guided approach leading to positive changes. Members of the audience, particularly those working with CALD communities, may benefit from the take home messages of this presentation.

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