

DEADLY LIVER MOB: IMPLEMENTATION OF AN ABORIGINAL-LED MODEL FOR INCREASING ACCESS TO HEPATITIS C EDUCATION AND SCREENING ACROSS NSW, AUSTRALIA

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Background

Aboriginal people experience a disproportionate burden of hepatitis C (HCV) infection compared with the non-Aboriginal population. Deadly Liver Mob (DLM) is an innovative, incentive-based program aiming to promote testing and treatment for HCV and STIs among Aboriginal people in New South Wales. The program is run in needle & syringe program (NSP) sites and/or sexual health services in nine sites. Clients receive education from an Aboriginal health worker about the liver, HCV and safer injecting and are offered screening for HCV, other blood borne viruses and STIs. Clients are offered incentives (supermarket vouchers) to participate in education, screening, returning for results, and any treatment required. Clients are also offered incentives for educating and referring their peers to the program. The aim of this study was to document the impact of the program on attendance of Aboriginal people for education and screening and to develop a model for scale up and roll-out of the program.

Methods

Data collected by NSPs to monitor incentive payments was used to track participants attendance for education, screening (HCV, HIV and STI) and returning for results. An Issues Register and data from qualitative interviews with clients (n=39) and staff (n=14) were used to develop an Implementation Toolkit to guide new sites.

Results

Over the nine sites, a total of 1,752 Aboriginal people have entered the DLM program and received HCV education. Of the total, 1,293 clients (74%) have been screened for hepatitis C, and 743 people have returned for their results (57% of those screened). Implementation issues focused on managing increased pathology costs for non-clinical services, and reconfiguring service provision to provide “one-stop”, co-located services to address where Aboriginal clients may be lost to follow up. Innovations such as dried blood spot testing were used to enhance services, particularly on outreach visits.

Conclusion

DLM has successfully launched in 9 sites across NSW and engaged a significant number of Aboriginal people in screening with high rates of return for results with a modest investment in incentive payments. The implementation of this project focused on using the resources available in the health service for delivery (including Aboriginal and non-Aboriginal workers) and evaluation (routinely collected data), to model real life conditions for further implementation.

Disclosure of interest:

CT has received speaker fees from Abbvie and Gilead and funding from Merck for research unrelated to this project.

Funding; National Health and Medical Research Council Partnership Grant supported by funding from NSW Ministry of Health.