

ASHM Hepatitis Conference Sydney 1 June 2021

DCEO Viral Hepatitis Notes

Introduction and Acknowledgement of country (Slide 1)

Traditional custodians, the Gadigal peoples of the Eora Nation

I would like to thank ASHM for inviting me to speak today about viral hepatitis in Aboriginal and Torres Strait Islander community and what we need to enhance the response and reach the target of virtual elimination of viral hepatitis by 2030.

NACCHO (slide 2)

The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national leadership body for the Aboriginal Community Controlled Health (ACCH) Sector.

We provide advice and guidance to the Australian Government on policy and budget matters, while advocating for community-developed health solutions that contribute to the quality of life and improved health outcomes for Aboriginal and Torres Strait Islander peoples.



Model of Aboriginal Community Controlled Health (slide 3)

We represent 143 members. Our members, Aboriginal Community Controlled Health Organisations (ACCHOs) operate over 550 service delivery sites to provide holistic and culturally safe comprehensive primary health care to Aboriginal and Torres Strait Islander peoples in urban, regional, and remote areas across Australia.

We work in partnership with Aboriginal and Torres Strait Islander State and Territory affiliates.

Our oldest Health Service celebrates its 50th anniversary and many others were established decades ago. They were established out of a need for Aboriginal and Torres Strait Islander peoples to not only have access to health care but also care that is holistic and culturally safe.

The cultural authority is guaranteed through the governance of each service by its Community elected Board.

For Aboriginal and Torres Strait Islander peoples we have always understood our health is broader than physical health. Our health and well-being is intrinsically connected to the land, language, culture and each other and in particular our Elders.

If we protect our Elders and children through prevention, we protect our culture and our peoples for generation to come. It is how we have survived.



Viral Hepatitis in Aboriginal and Torres Strait Islander communities (Slide 4)

Aboriginal and Torres Strait Islander peoples have a higher burden of disease in comparison to the wider Australian population and viral Hepatitis is no exception.

Aboriginal and Torres Strait Islander peoples represent approximately 3% of the total Australian population, yet we account for an estimated 10% of those living with chronic Hepatitis B and 20% of all Hepatitis C diagnoses.

In recent years, rates of diagnosis of Hepatitis C have continued to increase among Aboriginal and Torres Strait Islander peoples while stabilising or decreasing among non-Indigenous peoples.

The diagnosis rates among Aboriginal and Torres Strait Islander peoples aged less than 25 years are around 8 times higher than non-Indigenous peoples of the same age.

Although Hepatitis B remains higher among Aboriginal and Torres Strait Islander peoples, the introduction of childhood vaccination in 1988 has been hugely successful.

Vaccination coverage for Aboriginal and Torres Strait Islander peoples at 24 months of age is higher than the non-Indigenous population (97.5% compared to 96.4% respectively).

The prevalence of Hepatitis B among Aboriginal and Torres Strait Islander mothers has decreased by 80% since the introduction of vaccination.



These numbers highlight that more needs to be done to reach the national and international target of elimination of viral Hepatitis by 2030.



Enhancing viral hepatitis care for Aboriginal and Torres Strait Islander people (Slide 5)

Improving health care access through innovation, expansion, and increased appropriateness of existing healthcare services can reduce the multiple barriers to accessing health care among Aboriginal and Torres Strait Island peoples

Telehealth: Telehealth has played and continues to play a big role in the ability to maintain primary care services during COVID.

NACCHO has been part of the ongoing advocacy for telehealth to be available more broadly to provide equitable access to specialist health professionals, especially for people living in rural and remote Australia.

However, our sector is conscious about the ongoing need to have face-to-face contact for the management of chronic diseases.

In the Federal Budget 2021-2022 the Government announced that the requirement for patients to have a pre-existing relationship with a doctor for telehealth for particular types of consultations will be removed.

This is a step in the right direction and will have huge benefits to people living with Hepatitis and means that if there are no local doctors who can prescribe required medication, we will be able to engage an external clinician to prescribe.

It will allow ACCHOs to develop trusted relationships with culturally safe prescribers which will be really beneficial for people with these diseases.



Point of Care Testing (PoCT): We know the importance of having people present early to the health service for testing, keeping people's engagement and staying on treatment. Often this is the biggest challenge.

The key here is that PoCT testing generates rapid results and immediate treatment. It means that people can get their result quickly, sometimes within 15 minutes, and if needed treatment can start immediately instead of having to wait up to a week for results. In some cases, by the time the result has been returned that person has moved on.

PoCT allows for our health workers to take a test out to community, rather than waiting for people to come in. We have seen the success of this in the Enhanced Syphilis Response, with health workers doing outreach testing in shopping centres and sporting events.

PoCT testing technology exists for Hepatitis C and where appropriate access to this technology should be expanded, allowing timely diagnosis and immediate commencement of treatment.

We also know that hepatitis, in particular Hepatitis B, requires long term monitoring and management. We can make this easier for people in our communities by using other technology like portable fibro scans. This increases access to care by allowing clients to access care in an environment where they are comfortable and often this can be led by Aboriginal and Torres Strait Islander health workers and practitioners.



The same can be done for Hepatitis C. We have the technology, not only for timely diagnosis but with the use of fibro scans we can diagnose, treat, and monitor.

Contact tracing and acknowledging the role of Aboriginal and Torres Strait

Islander Health Workers and Practitioners: Through the Enhanced Syphilis Response (ESR) and again during the COVID-19 response, we have seen that local Aboriginal and Torres Strait Islander Health Workers and Practitioners play a key role in contact tracing in our communities.

ACCHO staff know their own community, know where people are and how to get in contact with them and have the skills to have these sensitive conversations in a culturally appropriate way without the feeling of shame and stigma.

NACCHO has been advocating for the harmonisation of scope of practice for Aboriginal and Torres Strait Islander health practitioners across jurisdictions.



Strength in Partnerships (slide 6)

Aboriginal Community Controlled Health is ideally placed to test, treat, and respond to viral Hepatitis in Aboriginal and Torres Strait Islander communities.

We are committed to developing an evidence-based, culturally appropriate best practice approach to prevention, testing and treatment. This cannot be achieved alone.

It requires greater recognition and commitment from all levels of government, and collaboration across portfolios to address this growing public health issue in Aboriginal and Torres Strait Islander communities.

We know that the disproportionate rates of viral hepatitis in our communities are caused by a range of complex issues.

Viral hepatitis is spread through blood and bodily fluids. People in our communities have an increased risk of infection from viral hepatitis due to sharing of personal items like razors and toothbrushes which comes with living in overcrowded housing, partaking in risky behaviours such as unsterile tattooing and injection drug use and being overrepresented in custodial settings.

Closing the gap on viral Hepatitis can only be achieved when actions address the social determinants of health that give rise to the conditions for increased prevalence, including overcrowding, education, access to health services, and racism.



In addition it is important to continue to address stigma and discrimination experienced by our people living with BBVs and STIs, including viral Hepatitis by designing education and health promotion activities and resources in consultation with our members and their communities.

Close collaboration between the Australian Government Department of Health and the ACCHS's sector, led by NACCHO, was fundamental for the design and coordination of the Enhanced Syphilis Response which became abundantly evident in the recent evaluation of NACCHO's role in the program.

Such collaboration is critical to also address viral hepatitis.



Future of STI & BBV Initiatives (slide 7)

There are a lot of great initiatives that will contribute towards responding to viral hepatitis in our communities. There are successful child and maternal health programs, evident by the childhood vaccination numbers, and we are about to hear about the Hep B PAST program which is an excellent example of partnership and collaboration. However, there is still more that needs to be done.

In order to respond to viral Hepatitis, and other STI and BBV, in Aboriginal and Torres Strait Islander communities we must draw on the Aboriginal Community Controlled Health model of integrated primary health care.

The principles incorporated in this model ensure the following factors are addressed:

- Sustained funding
- Continued co-design and collaboration with key stakeholders
- Improved data and surveillance
- Innovative recall systems
- Multiskilled workforce and increased workforce capacity
- Community engagement and education
- Continuous Quality Improvement
- Access and effective integration of PoCT program for rapid results, immediate treatment, and timely contact tracing



We need to develop strong partnerships and open relationships with state and territory governments, peak organisations and the Aboriginal and Torres Strait Islander community controlled health sector, working together to respond to the high rates for viral hepatitis in our communities.

