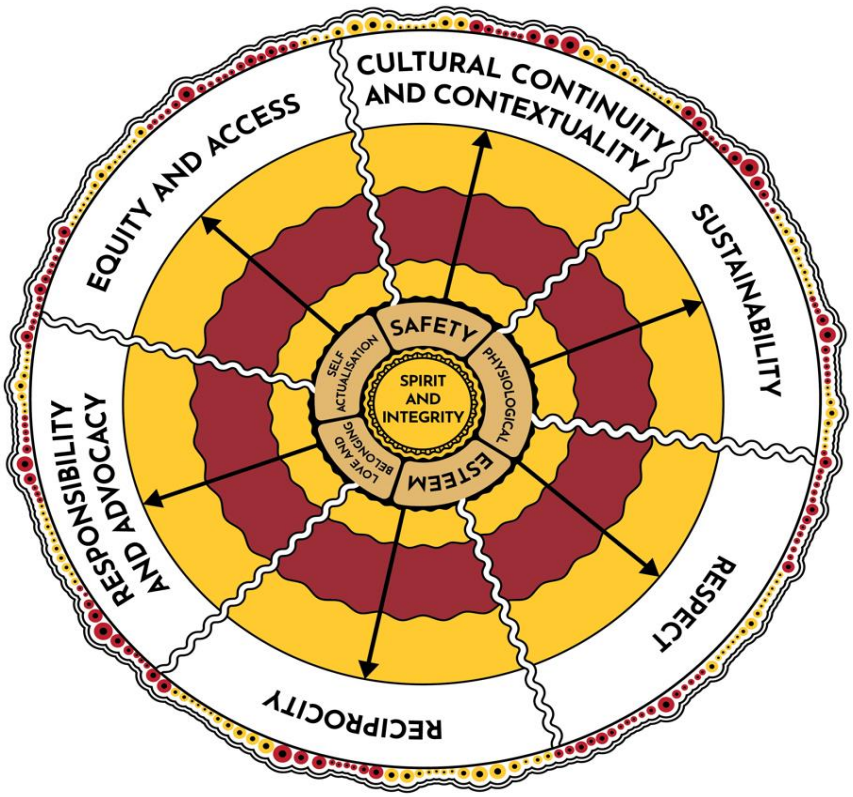
# Additional file 4: Guidelines on How to Use Materials for Managing Hepatitis B course.

## "Managing hepatitis B".
## Training for Aboriginal and Torres Strait Islander Health Workforce

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https://www.menzies.edu.au/page/Research/Projects/Hepatitis_B/Hep_B_PAST/

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We would like to acknowledge the traditional owners and custodians of the land on which we conduct our services and research, across Australia. We recognise and value their continuing cultural heritage, beliefs and deep connection with the land and waters.

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# Getting started

## What is Managing Hepatitis B, Training for Aboriginal Health Workforce?

*Managing Hepatitis B, Training for Aboriginal Health Workforce* is a National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) accredited educational course for Aboriginal and Torres Strait Islander Health Workers and Practitioners. It was developed with the aim to increase the understanding of chronic hepatitis B in community and among health workers, in recognition of the crucial role the Aboriginal Health Workforce will play in eliminating chronic hepatitis B from Aboriginal and Torres Strait Islander Australians. This course was developed through the Hep B PAST Partnership project, a five-year National Health and Medical Research Council (NHMRC) funded grant led by A/Prof Jane Davies, based at Menzies School of Health Research (Menzies) in the Northern Territory (NT). You can read more about the project and its aims here.

The course has been developed as a result of extensive and ongoing consultation and evaluation between Menzies, the Aboriginal health workforce and community leaders in the NT. This course and its materials are the product of this input and are iteratively adapted to ensure appropriateness and acceptability and importantly, cultural safety across diverse community settings and groups.

## Why is this course important?

The NT has the highest rates of CHB nationally, and around 70% of the burden of disease is attributed to Aboriginal and Torres Strait Islander Australians in the NT. This disproportionate burden can be seen across all states and territories in Australia[1]. Without a diagnosis and regular monitoring CHB can lead to cirrhosis and eventually hepatocellular carcinoma (HCC), or liver cancer. Of those living with CHB, 25% will die from decompensated cirrhosis or HCC[2]. With universal vaccination and effective treatment available, the path to elimination of chronic hepatitis B is possible.

Work done in various jurisdictions in Australia has identified that when it comes to hepatitis B there is a lack of shared understanding between community, those living with hepatitis B and health providers.[3][4][5] The Aboriginal health workforce play a crucial role in chronic disease management, being a steady workforce that is able to provide on country, culturally safe health care, education and support to clients in their first language. Education in hepatitis B management for the Aboriginal health workforce is an important step in increasing community health literacy about hepatitis B and enabling those living with hepatitis B, their families, and communities to make empowered decisions about their health and wellbeing.

[1] Viral Hepatitis Mapping Project: National Report 2017
[2] Peng C, Chien R, Liaw Y (2012) "Hepatitis B Virus-Related Decompensated Liver Cirrhosis: Benefits of Antiviral Therapy
[3] Davies, J (2014) "Only your blood can tell the story"–a qualitative research study using semi-structured interviews to explore the hepatitis B related knowledge, perceptions and experiences of remote dwelling Indigenous Australians and their health care providers in northern Australia"
[4] Preston-Thomas A (2013) "Chronic hepatitis B: care delivery and patient knowledge in the Torres Strait region of Australia"
[5] Allard N, "Knowing and telling: how African-Australians living with chronic hepatitis B understand hepatocellular carcinoma risk and surveillance"

## About the course

This course is designed to be run over 1.5 days to allow adequate time for discussion, questions, and recap of learnings. It is advised that it is facilitated by a culturally safe and accepted educator familiar with the concepts of hepatitis B epidemiology, transmission, and management. Recognising the diversity within and between communities it is expected that this education is driven and led by those living and working in the community which this course is being delivered. Every opportunity to have this training be run by, involve, upskill and evolve to the recommendations of Aboriginal and Torres Strait Islander people in the community should be facilitated.

The Aboriginal health workforce is diverse. This course has been developed to ensure the inclusion of this diversity, and as such is not limited to Aboriginal & Torres Strait health practitioners and community workers but welcomes all Aboriginal and Torres Strait Islander individuals working in health to attend. For health workers who do not identify as Aboriginal and Torres Strait Islander, ASHM is the peak body offering health workforce education in the Blood Borne Virus and Sexually Transmitted Infections sector, and we would recommend attending the training they offer here.

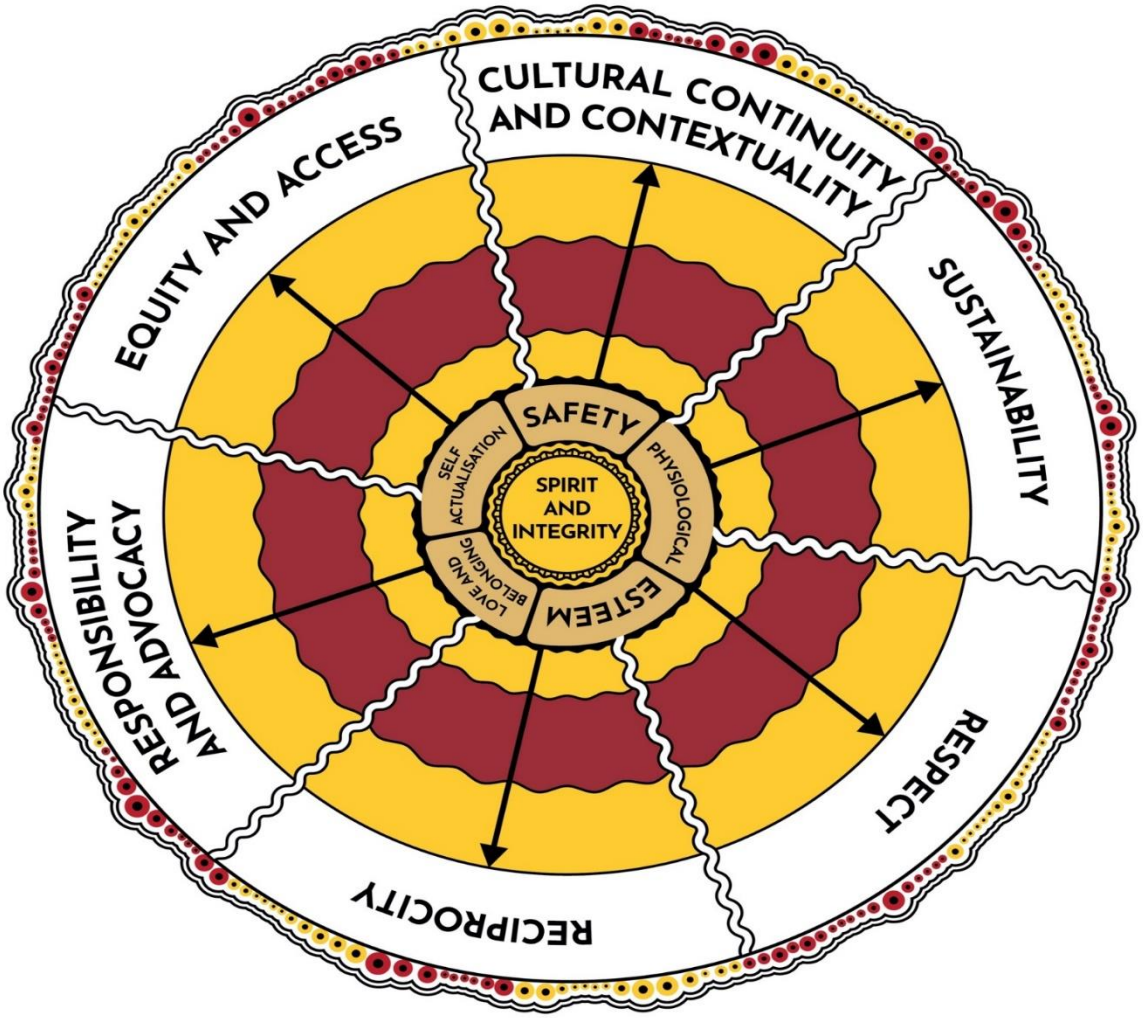
This course has been accredited by NAATSIHWP and has been led by the following principles of cultural safety:

- Aboriginal self-determination
- Social and restorative justice
- Equity
- Negotiated partnership
- Transparency
- Reciprocity
- Accountability
- Sustainability
- Political bipartisanship
- Cultural contextuality

These principles extend beyond the delivery of the course and should guide every aspect of engagement, evaluation, and ongoing partnership with participants and those in community. It is expected that those delivering Managing Hepatitis B, Training for Aboriginal Health Workforce adhere to guidance provided by NAATSIHWP's Cultural Safety Framework (https://www.natsihwa.org.au/cultural-safety-framework) and Menzies' Guidelines for Engagement and Implementation for Community Research (Appendix 1).

# Using these materials

The following is a guide on materials used throughout the course and how they should be used. This should be viewed alongside and adapted according to advice and guidance from Aboriginal and Torres Strait Islander people working and living in the community where education is being delivered. As a result of the co-design process of this training, we have developed a conceptual process model for culturally safe training. Please ensure you work with local Aboriginal and Torres Strait Islander colleagues and actively consider the steps your team will take to achieve each principle. You can use the tool, below. Filling out the ochre and brown part with your steps.




## Key

**Inner circle:** Spirit and integrity, feeling whole as a person in both worlds.

**5 Bricks:** Our needs to be able to work with people from other communities and our facilitators so that we can learn, is built in us. Then we can carry learnings to our community when we deliver education and improve our clinical skills.

**Blank bricks:** Steps it takes to achieve each principle and two-way teaching philosophy. This may be different for each training, so need time and continuous reflection and action, as needed.

**Double squiggly lines:** Making ways, travelling to and from our home communities for training.

**Spear & spear head:** When we return to our home, spears represent being strong, empowered and having knowledge to educate our people.

**Bigger outer circle:** Represents our holistic being, whole country, and people. The circle is known to be a person's body parts and be whole.

A checklist of all materials and resources used in the course is below, along with instructions on how these should be used. The materials and resources will be sent to course facilitators. Please note that these materials cannot be used or shared without a signed agreement and permission from the Menzies Hep B PAST team.

## Managing Hepatitis B Training for Aboriginal Health Workforce Resources Checklist

| Resource Name | Purpose | When used |
|---|---|---|
| Managing Hepatitis B, Training for Aboriginal Health Workforce Flyer | Event promotion | Prior to training |
| Managing Hepatitis B, Training for Aboriginal Health Workforce Sign in Sheet | Event administration | During training |
| Pre and post course questionnaire | Evaluation | During training |
| Managing Hepatitis B, Training for Aboriginal Health Workforce Program | Event administration | Prior to training |
| Managing Hepatitis B, Training for Aboriginal Health Workforce Course Slides | Education | During training |
| Hepatitis B for Aboriginal Health Workforce Key Messages | Education | During and after training |
| Icebreaker Bingo | Game | During training |
| Transmission activity | Game | During training |
| Favourites | Game | During training |
| High Risk, No Risk, Low Risk Activity | Game | During training |
| Hepatitis B Matching Card Game | Game | During training |
| Hepatitis B Role Plays | Activity | During training |
| Hepatitis B Case Studies | Activity | During training |
| Knowledge Assessment Tool: Observation of Case Studies | Evaluation | During training |
| Hepatitis B Client Q&A | Activity | During training |

## Managing Hepatitis B, Training for Aboriginal Health Workforce Flyer

Once an appropriate date and venue has been determined by community and endorsed by appropriate stakeholders this flyer can be used to promote the training session. The course must be delivered free of charge, and fully catered for the 1.5 days. Physical space, the day chosen, and the quality of food make an impact on how training is received, ensure that these are discussed appropriately to facilitate an optimal learning environment for attendees.

## Managing Hepatitis B, Training for Aboriginal Health Workforce

The Aboriginal Health Workforce can play a critical role in providing safe on country care for those living with hepatitis B. This 1.5 day training will help you understand hepatitis B in the NT and support you to understand your role in hepatitis B management. This course is open to all Aboriginal and/or Torres Strait Islander people working in the health workforce.

**Date:**

**Time:**

**Venue:**

**Free to attend**

**Learning Objectives**

***After attending this session you will be able to*:**

- Demonstrate an understanding of hepatitis B
- Know how common Hep B is, how it's passed on and how to prevent getting hep B
- Understand your role in managing hepatitis B, including how to provide health promotion about healthy living
- Understand that people living with chronic hepatitis B need regular checks up and visits to the clinic and may need treatment to prevent liver disease

Register by sending the form below to:

**For further details or assistance, please contact**

This course is endorsed by the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) for 22 CPD hours

# Registration form

*Managing Hepatitis B, Training for Aboriginal Health Workforce*
Date:
Location:

Name

Email

Contact number

Position

Organisation

Dietary requirements

## Please send form to:

For any queries please get in contact with:

## Managing Hepatitis B, Training for Aboriginal Health Workforce Sign-in Sheet

To properly evaluate, learn and maintain ongoing support with your participants it is important to know who attended on the day. Capture details such as role, organisation and email contact details in your registration process and check this against the sign-in sheet on the day. Please ensure that where appropriate consent is gained from participants.

| First name | Surname | Signature |
|---|---|---|
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## Pre-course questionnaire and Post-course questionnaire

To gauge baseline knowledge levels and to assess the effectiveness of the course in meeting learning objectives, pre-course and post-course questionnaires are completed by participants. Please advise participants that these are not compulsory to complete but are helpful in assessing learning and improving the course for future participants. Please be mindful of literacy and ensure that appropriate support is provided to explain questions to participants if they are not understood.

If collecting and reporting on these results, permission must be sought from participants. All responses must be deidentified, participants must be sent the report and have the opportunity to remove their response at any time.

If time and staffing allow, we would advise reviewing responses prior to course delivery and tailoring course content to suit learner needs.

*Pre-training questionnaire Date XX*

# Managing Hepatitis B for Aboriginal Health Workforce

## Pre-training questionnaire for attendees

**What is this questionnaire?**

- Before we begin the course, we would like to ask you to participate in this pre-learning questionnaire. The purpose of these questions is to collect information from learners about their knowledge, attitudes and skills prior to participating in the course. We will ask you the same questions at the end of the course.
- This will help us assess if we are teaching well or need to change the course.
- The questionnaire will be analysed as a whole group, not individually. The findings may be used as a report or presentation about the course evaluation, but individual answers will be confidential.
- If you need any of the questions explained or clarified please ask the presenter or facilitator.
- If you would like a copy of the final report of the evaluation, please contact XX

Do you give consent for your questionnaire being used for research purposes?

Yes ☐ No ☐

**General Information**

1. Your name or initials:

2. Please circle:

   a. Female  b. Male  c. Other

3. What is your job?
   a. Aboriginal Health Practitioner
   b. Aboriginal Community Worker
   c. Alcohol and other drugs
   d. Families as first teachers (FaFT)
   e. Other (please specify)_____

4. What is your age group?
   a. 19 years or younger
   b. 20-24 years old
   c. 25-29 years old
   d. 30-34 years old
   e. 35-39 years old
   f. 40-44 years old
   g. 45-49 years old
   h. 50-54 years old
   i. 55 or older

**Knowledge**

Please put a cross ( X ) in which answer you think is correct for each question 1-11, if you don't know that's ok, please put a cross ( X ) in "I don't know"

| | Yes | No | I don't know |
|---|---|---|---|
| 1. Is hepatitis B common in Aboriginal people in the NT? | | | |
| 2. Is hepatitis B a problem for the liver? | | | |
| 3. Can you get hepatitis B virus from drinking grog? | | | |
| 4. The main way people get hepatitis B is in early childhood? | | | |
| 5. Can hepatitis B lead to liver cancer? | | | |

**Attitude**

| | Yes | No | I don't know |
|---|---|---|---|
| 6. Is it a person's own fault if they have hepatitis B? | | | |
| 7. Is it safe for a person with hepatitis B to share meals with their family? | | | |

**Perception about skills (professional role)**

| | Yes | No | I don't know |
|---|---|---|---|
| 8. Do you feel confident talking to clients, family, or community about hepatitis B? | | | |
| 9. Do you know how to use the Hep B Story app? | | | |
| 10. Do you know what you'd tell someone about keeping their liver healthy? | | | |
| 11. Do you how to explain the main ways you can get hepatitis B? | | | |

# Managing Hepatitis B for Aboriginal Health Workforce

## Post-training questionnaire for attendees

**What is this questionnaire?**

- Now you have finished the course we would like to ask you to participate in this post-learning questionnaire. The purpose of these questions is to collect information from learners about their knowledge, attitudes, and skills after participating in the course.
- This will help us assess if we are teaching well or need to change the course.
- The questionnaire will be analysed as a whole group, not individually. The findings may be used as a report or presentation about the course evaluation, but individual answers will be confidential.
- If you need any of the questions explained or clarified, please ask the presenter or facilitator
- If you would like a copy of the final report of the evaluation, please contact XX

Do you give consent for your questionnaire being used for research purposes?

Yes ☐ No ☐

**General Information**

5. Your name or initials:

6. Please circle:

   a. Female  b. Male  c. Other

7. What is your job?
   a. Aboriginal Health Practitioner
   b. Aboriginal Community Worker
   c. Alcohol and other drugs
   d. Families as first teachers (FaFT)
   e. Other (please specify) _____

8. What is your age group?
   a. 19 years or younger
   b. 20-24 years old
   c. 25-29 years old
   d. 30-34 years old
   e. 35-39 years old
   f. 40-44 years old
   g. 45-49 years old
   h. 50-54 years old
   i. 55 or older

**Knowledge**

Please put a cross ( X ) in which answer you think is correct for each question 1-11, if you don't know that's ok, please put a cross ( X ) in "I don't know"

| | Yes | No | I don't know |
|---|---|---|---|
| 12. Is hepatitis B common in Aboriginal people in the NT? | | | |
| 13. Is hepatitis B a problem for the liver? | | | |
| 14. Can you get hepatitis B virus from drinking grog? | | | |
| 15. The main way people get hepatitis B is in early childhood? | | | |
| 16. Can hepatitis B lead to liver cancer? | | | |

**Attitude**

| | Yes | No | I don't know |
|---|---|---|---|
| 17. Is it a person's own fault if they have hepatitis B? | | | |
| 18. Is it safe for a person with hepatitis B to share meals with their family? | | | |

**Perception about skills (professional role)**

| | Yes | No | I don't know |
|---|---|---|---|
| 19. Do you feel confident talking to clients, family, or community about hepatitis B? | | | |
| 20. Do you know how to use the Hep B Story app? | | | |
| 21. Do you know what you'd tell someone about keeping their liver healthy? | | | |
| 22. Do you know how to explain the main ways you can get hepatitis B? | | | |

# Participant feedback to the Hepatitis B Course

Please put a cross ( X ) in the most appropriate answer. If you don't know please put a cross ( X ) in "I don't know."

| | Yes | No | I don't know |
|---|---|---|---|
| 1. The course was interesting | | | |
| 2. The case studies were helpful for my learning | | | |
| 3. The learning resources (games, handouts) were useful | | | |
| 4. The presenters had a good understanding of hepatitis B | | | |
| 5. The facilitators were helpful to my learning | | | |

What did you like about the course?

What did you NOT like about the course?

What was something you learnt about hepatitis B?

Do you have any other suggestions / feedback?

## Managing Hepatitis B, Training for Aboriginal Health Workforce Program

The program has been designed to make learning interactive, to prioritise experiential learning, and to be relevant to the everyday practice of learners. The program is flexible in timing and content so that it can be adapted to the learners in the room and their knowledge levels. Content is simple, clear, and concise and avoids didactic methods of information delivery. Knowledge is shared through a variety of mediums, slides with visuals, games, storytelling, role plays and case studies. We encourage innovation and local expertise to ensure that the course is as engaging, relevant and interesting as possible.

# Program Day 1

| | | | |
|---|---|---|---|
| **Meeting:** | Managing Hepatitis B, Training for Aboriginal Health Workforce Program | | |
| **Date of Meeting:** | | **Time:** | |
| **Location:** | | | |

| Item | Session | Activity | Learning Objective | Trainer |
|---|---|---|---|---|
| | **08:15**<br>**Registration and tea and coffee** | | | |
| **08:30am** | **Acknowledgement of country** | | | |
| | **Introductions**<br>• Meeting everyone who has joined training today<br>**Pre-test questionnaire**<br>• Complete<br>**Game**<br>• Icebreaker Bingo | Bingo | • Introduction<br>• Assess pre workshop knowledge on Hepatitis B | |
| | **Overview of Hepatitis B**<br>• AHP & ACW roles in Hep B care<br>• Epidemiology of Hepatitis B<br>• Overview of the liver<br>• Overview of Hepatitis B<br>• Transmission of Hepatitis B | PowerPoint Presentation<br>Participatory learning activity – red dot blue dot transmission | • Describe the Aboriginal Health Practitioner's role in Hepatitis B<br>• Be confident to talk about Hepatitis B with the community (reduce shame and stigma)<br>• Describe how Hepatitis B affects the liver<br>• Understand the epidemiology of hepatitis B in Australia<br>• Understand how Hepatitis B is transmitted (passed on), and identify the ke 'at-risk' clients | |
| | **10:00 – 10:15**<br>**Morning tea break** | | | |
| | **Overview of Hepatitis B continued** | Case studies 1 & 2 | • Identify transmission modes and key 'at-risk' clients for hepatitis B<br>• Understand the NT Hep B PAST project | |

| | | | | |
|---|---|---|---|---|
| | • Preventing Hepatitis B<br>• NT Hep B: PAST project<br>• Testing for Hepatitis B<br>• Management and Treatment of Hepatitis B<br>• Hepatitis B and pregnancy | | • List key messages about preventing Hepatitis B for clients<br>• Address issues about Hepatitis B at a health promotion level<br>• Increase confidence to counsel clients about testing<br>• List key messages for clients about hepatitis B self-management | |
| | **Hep B Card Matching Game** | | • Understand testing and assessment | |
| | **Hepatitis B in the Community - ACW & AHP Previous Participants Experience**<br>• Sharing stories about hep B in the community | | • Understand the role of the AHP/ACW in the core clinical care group and your role in hep B management care and support | |
| | | **12:30 – 1:00**<br>**Lunch** | | |
| **1:00pm** | **Icebreaker** | Favourites Game | | |
| | **Recap**<br>• Recap key messages from this morning<br>**Hepatitis B Education**<br>• Health promotion and key client messages<br>• Role plays<br>**Breakout sessions**<br>• Learn more about serology, the Hep B Story App, or hep B and health promotion | PowerPoint Presentation<br>"Hep B Story" app<br>Role plays 1 & 2 | • Understand the phases of hepatitis B and the role of the AHP / ACW in each phase<br>• Increase confidence to counsel clients about testing<br>• List key points to teach clients about their liver health<br>• Describe education, counselling and support needed for people living with hepatitis B<br>• Direct people with hepatitis B to the appropriate health professionals for treatment and care<br>• Provide ongoing community education about hepatitis B | |

| | | | | |
|---|---|---|---|---|
| | | **2:15 – 2:30**<br>**Afternoon Tea** | | |
| **2:30pm** | **Hep B and Shame** | | • Discussing the role shame plays in hepatitis B | |
| | **Overview and wrap up**<br>**Evaluation** | Hepatitis B for AHW Key Messages<br>Role plays 3&4 | • Key take-home messages<br>• Role plays<br>• Q&A<br>• Evaluations and close | |

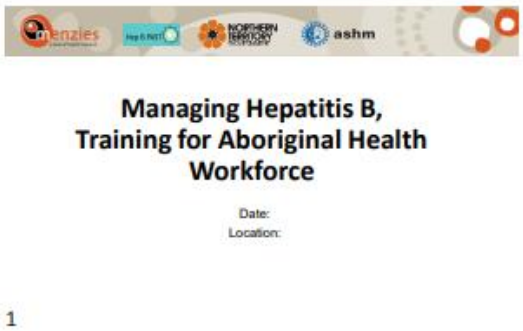
# Program Day 2

| | | | |
|---|---|---|---|
| **Meeting:** | Managing Hepatitis B, Training for Aboriginal Health Workforce | | |
| **Date of Meeting:** | | **Time:** | 8:30am-12:00pm |
| **Location:** | | | |

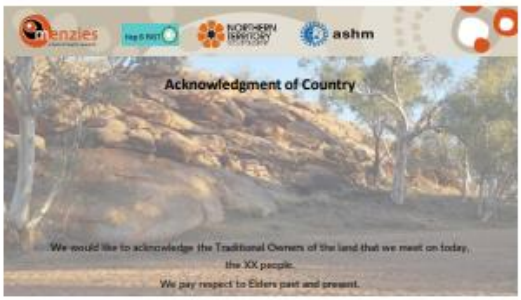
| Item | Session | Activity | Learning Objective | Trainer |
|---|---|---|---|---|
| | **08:15**<br>Registration and tea and coffee | | | |
| **08:30** | **Welcome to participants and acknowledgement of country** | | | |
| | **Icebreaker** | Icebreaker | • Stigma high risk, low risk, no risk game | |
| | **Overview of Hepatitis B Key Message**<br>• AHP & ACW roles in Hep B care<br>• Epidemiology of Hepatitis B<br>• Overview of the liver<br>• Overview of Hepatitis B<br>• Transmission of Hepatitis B<br><br>**Role plays** | PowerPoint Presentation<br><br>Case studies<br><br>Mock question & answers | • Describe the Aboriginal Health Practitioner's role in Hepatitis B<br>• Be confident to talk about Hepatitis B with the community (reduce shame and stigma)<br>• Describe how Hepatitis B affects the liver<br>• Understand the epidemiology of hepatitis B in Australia<br>• Understand how Hepatitis B is transmitted (passed on), and identify the key 'at-risk' clients<br>• Increase confidence to counsel clients about testing | |
| | **10:30 – 10:50**<br>Morning tea break | | | |
| | **Evaluation**<br>• Semi-structure interview<br>• Course evaluation<br>• Post-test questionnaire | | • Assess course and teaching | |

## Managing Hepatitis B, Training for Aboriginal Health Workforce Course slides

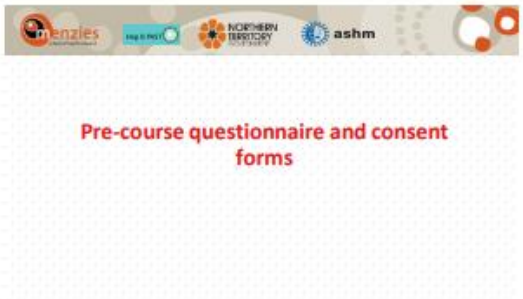
It is recommended that the course slides are printed in booklet format for participants to refer to and make notes on the day. Please refer to the course slides for speaker notes and further guidance. The slides and their images can be adapted to ensure relevance to community. Ensure population and epidemiology data is updated. For the Northern Territory this data can be accessed by emailing hepbpast@menzies.edu.au, for other states and territories, this can be accessed via ASHM & Doherty's mapping project > https://www.ashm.org.au/programs/Viral-Hepatitis-Mapping-Project/


Managing Hepatitis B, Training for Aboriginal Health Workforce
Date:
Location:

1


Acknowledgment of Country
We would like to acknowledge the Traditional Owners of the land that we meet on today, the XX people.
We pay respect to Elders past and present.

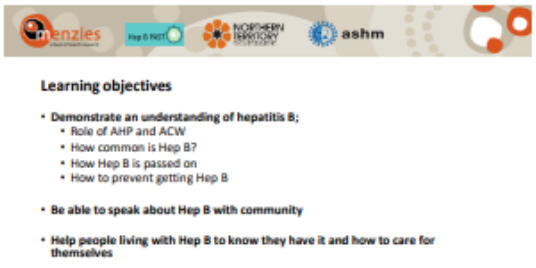
2

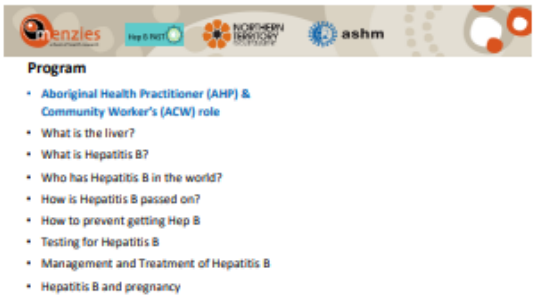

Pre-course questionnaire and consent forms

3

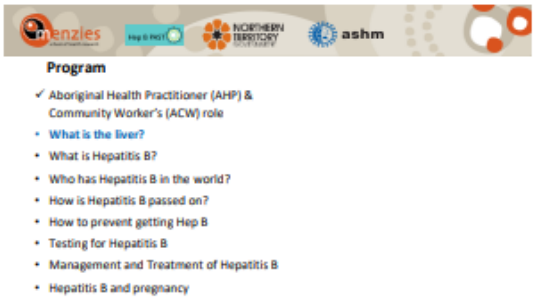

Icebreaker
BINGO

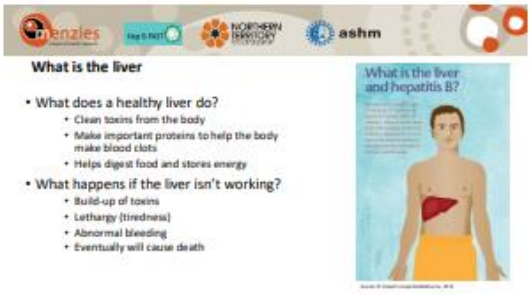
4


Learning objectives
• Demonstrate an understanding of hepatitis B;
• Role of AHP and ACW
• How common is Hep B?
• How Hep B is passed on
• How to prevent getting Hep B
• Be able to speak about Hep B with community
• Help people living with Hep B to know they have it and how to care for themselves
5


Program
• Aboriginal Health Practitioner (AHP) & Community Worker's (ACW) role
• What is the liver?
• What is Hepatitis B?
• Who has Hepatitis B in the world?
• How is Hepatitis B passed on?
• How to prevent getting Hep B
• Testing for Hepatitis B
• Management and Treatment of Hepatitis B
• Hepatitis B and pregnancy
6


The Aboriginal Workforce roles in hepatitis B
Aboriginal workers are a vital connection between community members and health services and have a role in:
• Screening helping people know about Hep B and to come to clinic for routine screening
• Diagnosis if a new chronic hepatitis B, explaining to people in their own language so they really understand
• Management letting people know it is very important to know the story of CHB so they come to clinic. Help patients knows when their next blood test and HCC screen
• Health promotion helping people make healthy living choices, bush tucker, hunting, stay away from grog, less or stop cigarettes
• Reducing shame people still feel shame and keep it to themselves. We help them share the story that they have CHB with the family to help stop the shame
7


Program
✓ Aboriginal Health Practitioner (AHP) & Community Worker's (ACW) role
• What is the liver?
• What is Hepatitis B?
• Who has Hepatitis B in the world?
• How is Hepatitis B passed on?
• How to prevent getting Hep B
• Testing for Hepatitis B
• Management and Treatment of Hepatitis B
• Hepatitis B and pregnancy
8


What is the liver
• What does a healthy liver do?
• Clean toxins from the body
• Make important proteins to help the body make blood clots
• Helps digest food and stores energy
• What happens if the liver isn't working?
• Build-up of toxins
• Lethargy (tiredness)
• Abnormal bleeding
• Eventually will cause death
What is the liver and hepatitis B?

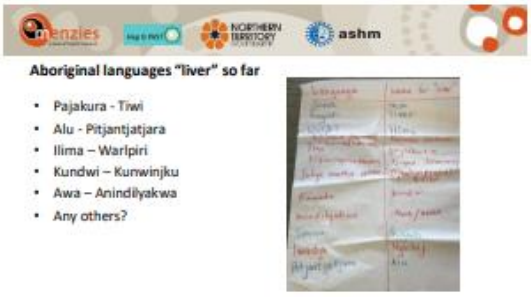
9


What does the liver do?
CLEANS THE BLOOD
HELPS DIGEST FOOD
PROTECTS YOU FROM INFECTION
HELPS TO STOP BLEEDING

10


What is the word for "liver" in your language?

11


Aboriginal languages "liver" so far
• Pajakura - Tiwi
• Alu - Pitjantjatjara
• Ilima – Warlpiri
• Kundwi – Kunwinjku
• Awa – Anindilyakwa
• Any others?

12

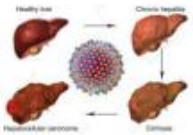
**Program**

- ✓ Aboriginal Health Practitioner (AHP) & Community Worker's (ACW) role
- ✓ What is the liver?
- What is Hepatitis B?
- Who has Hepatitis B in the world?
- How is Hepatitis B passed on?
- How to prevent getting Hep B
- Testing for Hepatitis B
- Management and Treatment of Hepatitis B
- Hepatitis B and pregnancy

13

**What is hepatitis?**

- Hepatitis = Inflammation of the liver
- Inflammation is a natural reaction of the body to injury and often causes swelling and tenderness
  - Like a sprained ankle or skin infection
- Common causes of hepatitis
  - Viruses
    - hepatitis A, hepatitis B, hepatitis C viruses
    - Some other viruses can cause liver inflammation
  - Alcohol (Grog)
  - Other toxins
  - Build-up of fat (fatty liver disease)



14

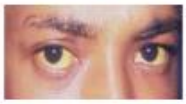
**What is chronic hepatitis B?**

**Chronic hepatitis B (CHB)**

- Long term infection
- Can be life-long
- More likely to not have signs and symptoms of hepatitis
- May have signs and symptoms of liver failure
  - Abnormal bleeding
  - Jaundice (yellow skin and eyes)
  - Ascites (swollen belly)
  - Weight loss

15

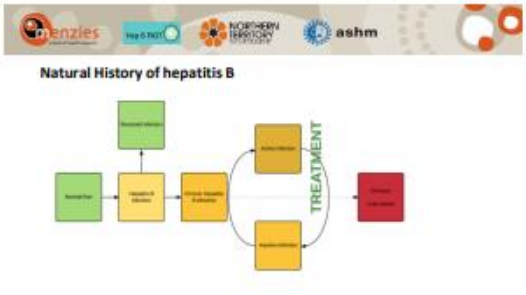
**Signs and symptoms of hep B**



Jaundice – yellowing of skin and eyes

Ascites – excess fluid build up in abdomen

16


Natural History of hepatitis B
TREATMENT

17


Hepatitis B and the liver
The virus can sleep and cause no problems for a long time, so most people will not feel sick for a long time

18


FOUR PEOPLE
LIVING WITH CHRONIC HEPATITIS B

19


Program
✓ Aboriginal Health Practitioner (AHP) & Community Worker's (ACW) role
✓ What is the liver?
✓ What is Hepatitis B?
• Who has Hepatitis B in the world?
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• Testing for Hepatitis B
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• Hepatitis B and pregnancy

20


Who has CHB in the world?
Who has chronic hepatitis B?

21


Australia - Aboriginal and Torres Strait Islander people and hep B
About 28,000 living with CHB
• Prevalence of 2.5%, compared to 0.2% in non-Indigenous Australian born people
• About 2 – 4 times as many

22


Who has Chronic hepatitis B in the NT?
The Story Common in NT

23


Who has CHB in the NT?
In the Northern Territory 3 - 12% of Aboriginal and Torres Strait Islander people have CHB
This is compared with 2% of Aboriginal and Torres Strait Islander people across the country

24


Molecular epidemiology

25


C4 Story
• Ancient disease
• Been in Australia for over 50,000 years
• More likely to cause big sickness – liver cancer or liver failure

26


✓ Aboriginal Health Practitioner (AHP) & Community Worker's (ACW) role
✓ What is the liver?
✓ What is Hepatitis B?
✓ Who has Hepatitis B in the world?
• How is Hepatitis B passed on?
• How to prevent getting Hep B
• Testing for Hepatitis B
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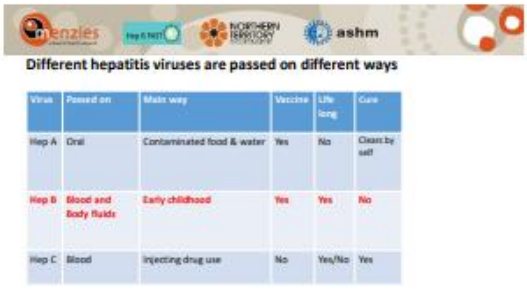
• Hepatitis B and pregnancy

27


How is Hepatitis B passed on?
• Stick a RED dot on the poster next to the ways you think the Hep B virus is transmitted
• Stick a BLUE dot on the what you think the most common cause of hep B in the NT is

28


Different hepatitis viruses are passed on different ways
Virus
Passed on
Main way
Vaccine
Life long
Cure
Hep A
Oral
Contaminated food & water
Yes
No
Clears by self
Hep B
Blood and Body fluids
Early childhood
Yes
Yes
No
Hep C
Blood
Injecting drug use
No
Yes/No
Yes

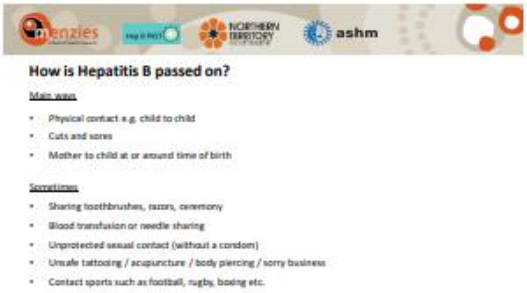
29


How is Hepatitis B passed on? MOST COMMON
Mother to baby
Early childhood

30


How is Hepatitis B passed on? OTHER WAYS

31


How is Hepatitis B passed on?
Main ways
Physical contact e.g. child to child
Cuts and sores
Mother to child at or around time of birth
Sometimes
Sharing toothbrushes, razors, ceremony
Blood transfusion or needle sharing
Unprotected sexual contact (without a condom)
Unsafe tattooing / acupuncture / body piercing / sorry business
Contact sports such as football, rugby, boxing etc.

32


MYTHS
Breast feeding is NOT associated with an increased risk of transmission of HBV if vaccination and HBIG is administered at birth.
Therefore, breastfeeding should NOT be discouraged
BREASTFEEDING is SAFE
Kissing, sharing food & drink is NOT a risk
Sharing food, kissing and hugging is SAFE

33


Risk of contracting hepatitis B from exposure to various body fluids
Moderate to high risk
Blood
Serum
Wound exudates
Sexual fluids
Low or NO risk
Urine (rare)
Faeces (poor)
Sweat
Tears
Breast milk

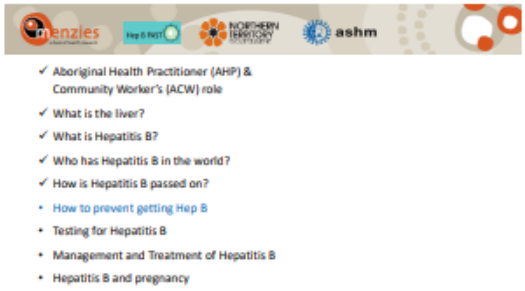
34


Age of infection and CHB
The younger a person is when they contract the virus the more likely they are to develop chronic infection.

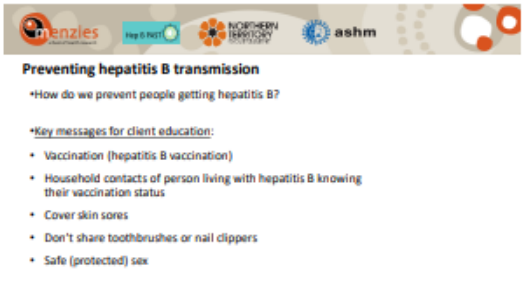
35


Break for
Morning Tea

36




37




38


39


40

## Sources:

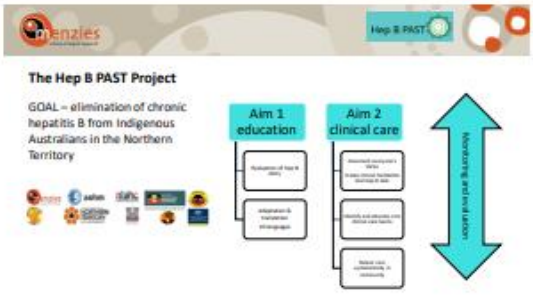
St Vincent's Hospital Melbourne. An education tool in plain English. The Hepatitis B story. Melbourne, Australia. St Vincent's Hospital Melbounre; 2015. Available from: [The Hepatitis B Story (English) | Hep B Facts & Information | Hepatitis NSW

Davies J, Bukulatjpi S, Sharma S, Caldwell L, Johnston V, Davis JS. Development of a Culturally Appropriate Bilingual Electronic App About Hepatitis B for Indigenous Australians: Towards Shared Understandings. JMIR Research Protocols. 2015;4(2):
Hep B Story App - Menzies

[1]Viral Hepatitis Mapping Project: National Report


Hepatitis B in the NT &
the Hep B PAST project

41


The Hep B PAST Project
GOAL – elimination of chronic hepatitis B from Indigenous Australians in the Northern Territory
Aim 1 education
Aim 2 clinical care

42


Hep B PAST Project – Aim 1 Aims
• To develop a product for use as an educational tool in first language
• To improve HBV specific health literacy among Indigenous community residents.
• To contribute to decreasing stigma surrounding HBV through education.

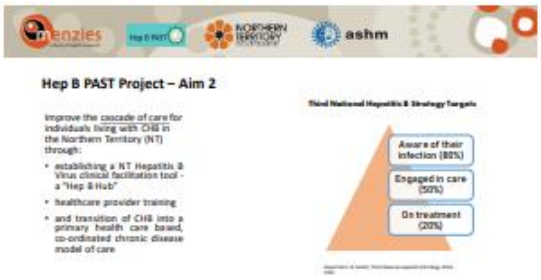
43


Hep B PAST Project – Aim 1: Hep B Story App

44


VH Conference 2021 - Sydney

45


Hep B PAST Project – Aim 2
Improve the cascade of care for individuals living with CHB in the Northern Territory (NT) through:
establishing a NT Hepatitis B Virus clinical facilitation tool - a "Hep B Hub"
healthcare provider training
and transition of CHB into a primary health care based, co-ordinated chronic disease model of care
Aware of their infection (80%)
Engaged in care (50%)
On treatment (20%)

46


Improvements in the cascade of care since Hep B PAST commenced

47


Aim 2- Growing the capacity of Aboriginal workforce
Aboriginal workforce pivotal
Vital connection between community & health services
Community members
Patients voice
Experts in their history, culture, identity
Equitable health outcomes through
Building a strong and supported workforce
Appropriate clinical and non-clinical skills
Provide culturally safe and responsive health care

48


Aim 2 - Growing the capacity of Aboriginal workforce
• Courses carried out in Maningrida, Batchelor, Nhulunbuy, Katherine, Darwin and Alice Springs
• 150+ participants trained
• Strong course learnings and acceptability

49


Course acceptability
"This was the most culturally safe training that I have ever been to" AHP Student, Batchelor Institute pilot
"I enjoyed how it was presented everything was awesome. I really learned a lot and enjoyed it. You's are AWESOME mob" AHP Katherine course
"The best thing about the course was the fun games" AHP trainee, Batchelor Institute pilot
"A lot of visuals and role plays and I think that's really good for our mob" AHP, Nhulunbuy course

50


Aim 2 -
Example Core Clinical Care Group

51


✓ Aboriginal Health Practitioner (AHP) & Community Worker's (ACW) role
✓ What is the liver?
✓ What is Hepatitis B?
✓ Who has Hepatitis B?
✓ How is Hepatitis B passed on?
✓ How to prevent getting Hep B
• Testing for Hepatitis B
• Management and Treatment of Hepatitis B
• Hepatitis B and pregnancy

52


Blood test

53


Blood test
Key messages:
Explain the importance of hepatitis B testing, and the possible outcomes of the test:
Chronic hepatitis B infection
Immune to hepatitis B
Non-immune – potentially at risk and need vaccination
Explain the importance of coming back for results
Talk to people about liver health – health promotion

54


✓ Aboriginal Health Practitioner (AHP) & Community Worker's (ACW) role
✓ What is the liver?
✓ What is Hepatitis B?
✓ Who has Hepatitis B?
✓ How is Hepatitis B passed on?
✓ How to prevent getting Hep B
✓ Testing for Hepatitis B
• Management and Treatment of Hepatitis B
• Hepatitis B and pregnancy

55


Goals of hepatitis B management and treatment
To improve health and care for people living with Hepatitis B
To help people understand how important it is for them to choose to come to the clinic regularly (every 6 months) for a check up
To provide spiritual, physical, social, emotional and cultural well being of the person and the community
To decrease the risk of passing on Hep B and reduce getting problems
To stop shame

56

**Goals of hepatitis B management and treatment**

How do we achieve these goals?

- Early diagnosis – get blood test to know
  - Adult & adolescent Health checks
  - Antenatal testing & monitoring
- Prevent (stop) transmission:
  - Pregnant mums with Hep B have treatment if needed
  - Vaccinate infants (and all people)
  - Blood tests for babies born to hepatitis B positive mothers at 12 months old

57

**Hepatitis B and pregnancy**

All pregnant women should be screened for Hepatitis B

- To reduce the risk of passing on to the baby
- To enable good care for mums with hepatitis B

58

**Hepatitis B and pregnancy: If mum has LOW level of virus in blood**

Baby has 2 needles when born

59

**Hepatitis B and pregnancy: If mum has HIGH level of virus in blood**

Mum takes daily tablets from 28 weeks pregnant
Baby has 2 needles when born

60


Hepatitis B and pregnancy
AHP/ACW helps by reminding mum to test when baby is 1 year old
• It is important for your baby to have a blood test at age of
1 year to make sure they don't have hepatitis B

61


Hep B Card Matching Game

62


Small group discussions with AHPs and ACWs

63


Stories of success - Kalkarindji
• AHP has worked so hard to follow up ALL of community
• 99% of people aware of their infection – AMAZING!!!!!

64


Stories of success - Gunbulanya

65


Stories of Success - Nauiyu

66


Clinical care in community - Galiwinku

67


Stories of success - Gapuwiyak

68

Break for lunch

69

Favourites Game

70

**Key messages from this morning**

- Liver
- Hepatitis B
- Epidemiology (who has it and where)
- Transmission (how you get it)
- Prevention

71

**Learning objectives**

- Hepatitis B Story
- Phases of hepatitis B (4 phases) and the AHP and ACW's role
- Key messages about the AHP and ACW's role in hepatitis B
- Know that Hep B has different phases, changes over time
- Help patients to know about testing
- Know how to teach important messages about the liver health

72

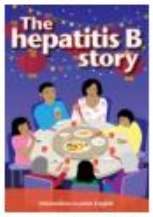
**Learning objectives**

- ✓ Hepatitis B Story
- Phases of hepatitis B (4 phases) and the AHP and ACW's role
- Key messages about the AHP and ACW's role in hepatitis B

73

**The Hepatitis B Story**

- https://vimeo.com/115236900
- 10 mins total
- What are the key messages in this video?
- Any questions?




74

**Teach-back method –**

**Step 1:** Explain 1 concept of diagnosis or treatment (in small pieces)
**Step 2:** Assess patient's understanding by asking them to explain in their own words what you said
Explain that you want to make sure the you've done a good job at explaining
**Step 3:** If patient understands the concept, move on to next piece of information
** if patient doesn't understand go back to step 1 and 2 and try to give clearer information
**Step 4:** If patient understood move on to next concept

75

**Hepatitis B Story App**

https://hepbstory.menzies.edu.au/

**Download app please – Hep B Story**

Chapters include:
- Liver function
- Testing, regular check-ups and symptoms
- Vaccination (NT specific)
- Progression of CHB
- Treatment options
- HBV and pregnancy

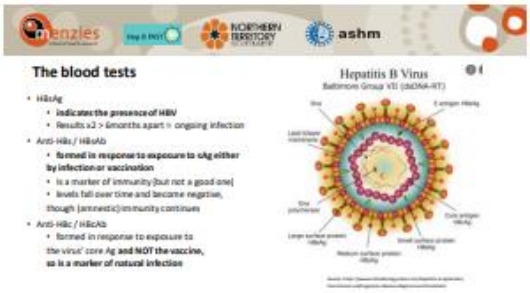
76


Role plays Scenario 1 & 2
• Groups of 3
• 10 minutes per role play
• 2 minutes of observer to provide feedback to each participant
• 3 minutes of self reflection

77


Break into groups
1. Serology
2. Explore app
3. Health promotion

78


The blood tests
Hepatitis B Virus

79


Quiz
• Grace is a 15 year old girl who has experienced
• unstable housing for the last 6 months and left school 3 years ago.
• The nurse conducts a full blood borne virus screen.
1. HBsAg = negative
2. Anti-HBc = negative
3. Anti-HBs = >10 mIU/ml (positive)
Not infected, immune from vaccination

80

**Quiz**

- Perry has been injecting heroin, on a daily basis, for the last 2 years. He's just turned "yellow" and feels nauseated and tired.

1. HBsAg = positive
2. Anti-HBc = positive
3. IgM and anti-HBc = positive
4. Anti-HBs = <10 mIU/ml (negative)

**Acute hepatitis B**

81

**Quiz**

- John's wife Grace has just been diagnosed with chronic
- hepatitis B during an antenatal screening visit. John decides
- to be tested too.

1. HBsAg = negative
2. Anti-HBc = positive
3. Anti-HBs = >10 mIU/ml (positive)

**Not infected, immune from previous exposure to hepatitis B virus**

82

**Quiz**

- Julie is 38 year old teacher who just assisted at the scene of a car
- accident. There was a lot of blood and the ambulance officers
- recommended she have a blood borne virus screen.
-

1. HBsAg = negative
2. Anti-HBc = negative
3. Anti-HBs = negative

**Not infected, non-immune**

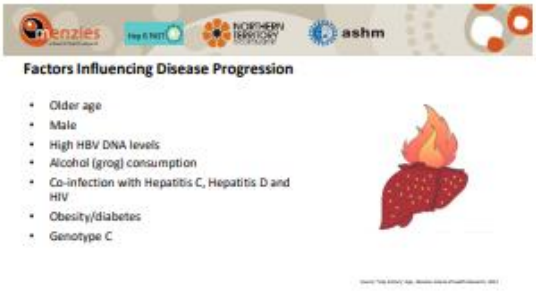
**Vaccinate!**

83

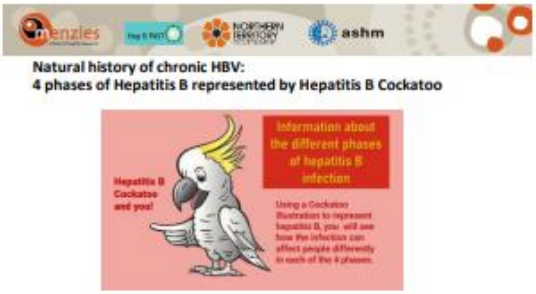
**4 phases of CHB infection**

- Only a blood test will tell you which phase
- Some phases of infection are damaging to liver
- People with Hep B need check up at clinic every 6 months for blood test
- **NO SUCH THING AS A HEALTHY CARRIER**

84


Factors Influencing Disease Progression
Older age
Male
High HBV DNA levels
Alcohol (grog) consumption
Co-infection with Hepatitis C, Hepatitis D and HIV
Obesity/diabetes
Genotype C

85


Natural history of chronic HBV:
4 phases of Hepatitis B represented by Hepatitis B Cockatoo
Information about the different phases of hepatitis B infection
Hepatitis B Cockatoo and you!

86


Immune tolerant phase
Silent
Hepatitis B Cockatoo is doing no harm

87


The four phases of hep B

88


AHP/ACW role in phase (no treatment phase)
Talk to client about healthy living with hepatitis B
Stop drinking grog (Drink less or preferably, none at all)
Eat healthy and maintain a healthy weight
Reduced smoking
Exercise regularly
Remind client or schedule 6-monthly monitoring visits for client with doctor

89


Immune clearance phase
Damage
Hepatitis B Cockatoo is damaging your system

90


The four phases of hep B

91


AHP/ACW role if patient in treatment phase
Remind client or schedule 6-monthly monitoring visits for client with a Doctor
Remind client about healthy living with hepatitis B
Stop drinking grog (Drink less or preferably, none at all)
Eat healthy and maintain a healthy weight
Reduced smoking
Exercise regularly
Discuss patient plan for taking treatment, as required
Usually one pill per day, lifelong treatment

92


Immune control phase
Control
Hepatitis B Cockatoo is under control

93


The four phases of hep B

94


AHP/ACW role in phase (no treatment phase)
Talk to client about healthy living with hepatitis B
Stop drinking grog (Drink less or preferably, none at all)
Eat healthy and maintain a healthy weight
Reduced smoking
Exercise regularly
Remind client or schedule 6-monthly monitoring visits for client with a Doctor

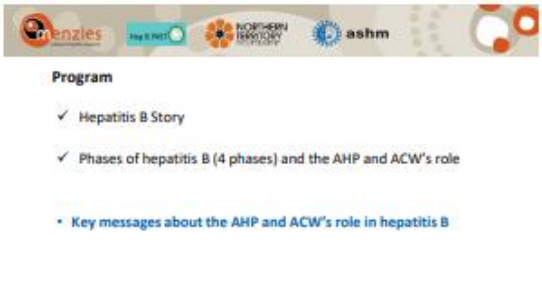
95


Immune escape phase
Escape
Hepatitis B Cockatoo is attacking again

96


The four phases of hep B

97


Program
✓ Hepatitis B Story
✓ Phases of hepatitis B (4 phases) and the AHP and ACW's role
• Key messages about the AHP and ACW's role in hepatitis B

98


AHP/ACW role if patient in treatment phase
• Remind client or schedule 6-monthly monitoring visits for client with a Doctor
• Remind client about healthy living with hepatitis B
• Stop drinking grog (Drink less or preferably, none at all)
• Eat healthy and maintain a healthy weight
• Reduced smoking
• Exercise regularly
• Discuss patient plan for taking treatment, as required
• Usually one pill per day, lifelong treatment

99


Treatment is highly effective
Entacavir
Tenofovir

100


101


102


103


104


105


106


107


108

## Managing Hepatitis B, Training for Aboriginal Health Workforce

Date XX
Location XX

1

### Acknowledgment of Country

We would like to acknowledge the Traditional Owners of the land that we meet on today, the Larrakia people. We pay respect to Elders past and present.

2

## High risk, low risk, no risk

3

## Hepatitis B Case Studies Case 3 & 4

- Please complete case studies by yourself or in pairs 10 minutes
- Mock question and answers in pairs or small groups 10 minutes

4


Recap on key messages

5


The Aboriginal Workforce roles in hepatitis B
Aboriginal workers are a vital connection between community members and health services and have a role in:
Screening helping people know about Hep B and to come to clinic for routine screening
Diagnosis if a new chronic hepatitis B, explaining to people in their own language so they really understand
Management letting people know it is very important to know the story of CHB so they come to clinic. Help patients knows when their next blood test and HCC screen
Health promotion helping people make healthy living choices, bush tucker, hunting, stay away from grog, less or stop cigarettes
Reducing shame people still feel shame and keep it to themselves. We help them share the story that they have CHB with the family to help stop the shame

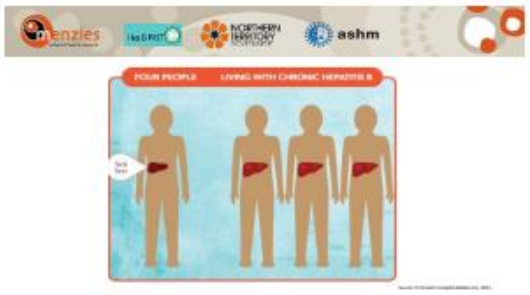
6


Who has CHB in the world?
Who has chronic hepatitis B?

7


Who has Chronic hepatitis B in the NT?
The Story Common in NT

8


FOUR PEOPLE
LIVING WITH CHRONIC HEPATITIS B

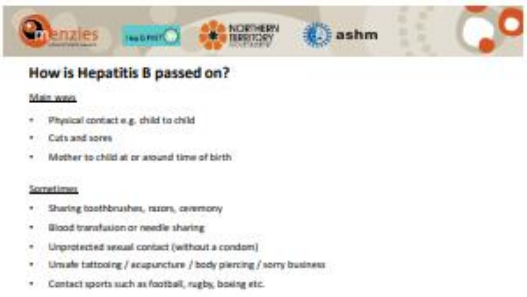
9


What does the liver do?
CLEANS THE BLOOD
HELPS DIGEST FOOD
PROTECTS YOU FROM INFECTION
HELPS TO STOP BLEEDING

10


Hepatitis B and the liver
The virus can sleep and cause no problems for a long time, so most people will not feel sick for a long time

11


How is Hepatitis B passed on?
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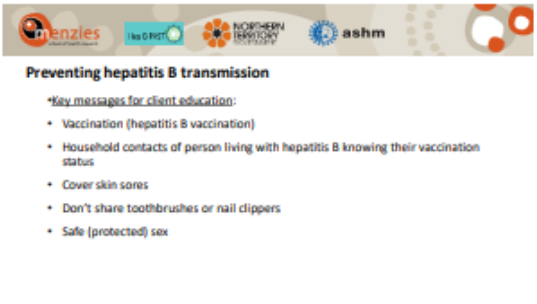
Cuts and sores
Mother to child at or around time of birth
Sometimes
Sharing toothbrushes, razors, ceremony
Blood transfusion or needle sharing
Unprotected sexual contact (without a condom)
Unsafe tattooing / acupuncture / body piercing / sorry business
Contact sports such as football, rugby, boxing etc.

12


MYTHS
Breast feeding is NOT associated with an increased risk of transmission of HBV if vaccination and HBIG is administered at birth.
Therefore, breastfeeding should NOT be discouraged
BREASTFEEDING is SAFE
Kissing, sharing food & drink is NOT a risk
Sharing food, kissing and hugging is SAFE
You DO NOT get hepatitis B from:

13


Preventing hepatitis B transmission
•Key messages for client education:
• Vaccination (hepatitis B vaccination)
• Household contacts of person living with hepatitis B knowing their vaccination status
• Cover skin sores
• Don't share toothbrushes or nail clippers
• Safe (protected) sex

14


Key messages about the AHP and ACW's role in hepatitis B
Key messages: Who should get tested for hepatitis B?
• Consider offering to all clients, as part of the Adult Health Check
• EVERYONE should know if they have Hep B or if they are immune (protected)

15


Key messages about the AHP and ACW's role in hepatitis B
Key messages for people living with chronic hepatitis B
• Remind client or schedule 6-monthly monitoring visits for client with a Doctor
• Remind client about healthy living with hepatitis B
• Stop drinking (Drink less or preferably, none at all)
• Eat healthy and maintain a healthy weight
• Reduced smoking
• Exercise regularly
• Discuss patient plan for taking treatment, as required
• Usually one pill per day, lifelong treatment

16

Treatment is highly effective


17

## Role plays 5 & 6

- Groups of 3
- 10 minutes per role play
- 2 minutes of observer to provide feedback to each participant
- 3 minutes of self reflection

18

## Break for morning tea

19

## Evaluation post course questionnaire

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## Hepatitis B for Aboriginal Health Workforce Key Messages

The key messages are used to summarise the learnings of the course. We encourage facilitators to print and laminate A4 versions of these slides to refer to throughout the course and to distribute with participants so that this can be used as a resource in community.

# Games

## Icebreaker Bingo

This is used as an icebreaker activity prior to commencing the course

Materials needed:

1. Bingo cards 5 x A4 laminated (one for each table)
2. Bingo questions separated, printed
3. Round dots, buttons or similar

Instructions:

- Print and laminate the bingo cards, there will be one for each table
- Print and cut facilitator bingo questions
- Place one bingo card on each table with enough round dots/buttons to complete card
- Read out questions at random, if applicable to anyone on table, place a dot over this option
- When row complete, that table wins.

# BINGO – Game 1

| | | | | |
|---|---|---|---|---|
| Has caught a barra | Has a dog | Is afraid of spiders | Favourite colour is red | Has met someone famous |
| Is wearing yellow | Has curly hair | Was born in July | Likes country music | Can play Aussie rules football |
| Loves to paint | Has 3 or more children | FREE SPACE | Failed their first driving test | Has ears pierced |
| Had braces | Can drive a motorbike | Has been to Gunbulanya | Has brown eyes | Can speak more than one language |
| Can play the guitar | Is left handed | Has broken a bone | Can dance the salsa | Can change a flat tyre on a car |

Play in a group. If someone at the table has the quality read out by the Bingo-master; put a RED Dot on that square. The first table to get a row of 5 (either horizontally or vertically) shout BINGO – you win!

## Bingo Game 1

| |
|---|
| Has caught a barra |
| Has a dog |
| Is afraid of spiders |
| Favourite colour is red |
| Has met someone famous |
| Can change a flat tyre on a car |
| Can dance the salsa |
| Has broken a bone |
| Is left-handed |
| Can play the guitar |
| Can speak more than one language |
| Has brown eyes |
| Has been to Gunbulanya |
| Can drive a motorbike |
| Had braces |
| Has ears pierced |
| Failed their first driving test |
| Has 3 or more children |
| Loves to paint |
| Is wearing yellow |
| Has curly hair |
| Was born in July |
| Likes country music |
| Can play Aussie rules football |

## Transmission activity

The transmission activity is used to facilitate understanding around the ways you can and cannot get hepatitis B. It is also a good starting point to discuss stigma and common myths about hepatitis B transmission. Having these stuck on the walls around the training room throughout the training is a good visual refresher for participants to understand the ways hepatitis B is and is not spread. Please refer to Transmission Activity Facilitator Guide for discussion points.

Materials needed:

1. Five sheets of butcher's paper
2. Permanent marker
3. 1 x roll blue sticker dots
4. 1 x roll red sticker dots
5. Masking tape

Instructions:

- Prior to the training day, divide the butcher's paper into a grid with 15 squares
- Fill each of the squares with one risk option (See appendices "Transmission activity – how can you get hepatitis B?")
- On the training day, stick one sheet of butcher's paper on each wall in the room. We recommend no more than 5 people to one sheet of butcher's paper.
- Place one roll of red sticker dots and one roll of blue sticker dots on each participant table
- Instruct participants to stick a blue dot on the ways they think hepatitis B can be spread, and a red dot on what they think is the most common way people get hepatitis B
- Once participants have completed

## Transmission activity discussion points for facilitator:

There are many myths surrounding how you can get hepatitis B. Discuss the importance of reducing blood borne virus related stigma and discrimination through understanding transmission and emphasise protection through vaccination - if you are vaccinated against hepatitis B, you are protected. Universal hepatitis B vaccination has been in place for all those born after 1990. Free vaccination is available for groups at increased risk of infection such as Aboriginal and Torres Strait Islander people, household contacts etc. You can refer to https://www.hepatitisb.org.au/ for more information on hepatitis B if needed. Encourage participants to share other myths they may have heard, and allow ample time for discussion and questions about the ways you can and cannot get hepatitis B.

**Kissing**:
SAFE
Key points for discussion: Hepatitis B is passed on through blood and body fluids – serum, wound exudates, sexual fluids. Salivary transmission is VERY RARE and is through human bites exposures where blood is present.

**Sex with condom**:
SAFE
Key points for discussion:
Sex WITH condom safe for hepatitis B (and for overall sexual health). Potential risk - broken condom.

**Mother to child at birth:**
HIGH RISK
Key points for discussion: Mother to child transmission most common way people in NT acquire chronic hepatitis B. Important to reduce blame, shame, and stigma. If we know mum has hep B can do checkups and give medicine during pregnancy to protect the baby from virus. Baby to also receive HBIg at birth.

**Sharing food:**
SAFE
Key points for discussion: Important to address and reduce stigma. Cannot pass on hep B through sharing of cutlery, food etc.

**Contact sports:**
RISK
Key points for discussion: Risk of blood to blood contact. Legally not required to disclose. All sporting organisations should follow blood rules and infection control procedures when first aid is needed.

**Children playing who have open wounds:**
RISK
Key points for discussion: Risk of blood to blood contact. On the national immunisation program for all children born post 1990 (NT)

**Sex no condom**:
RISK

Key points for discussion: Passed through sexual fluids. Encourage condom use for general sexual health. Household contacts eligible for free vaccination.

**Sharing needles:**
RISK
Key points for discussion: Encourage safe injecting use. Contracting hep B as an adult more likely to be acute infection.

**Sharing toothbrushes:**
RISK
Key points for discussion: General health messaging around germ theory. Risk through blood to blood. Free vaccination for household contacts.

**Sharing razors:**
RISK
Key points for discussion: Risk through blood to blood. Free vaccination for household contacts.

**Hugging:**
SAFE
Key points for discussion: No risk. Discuss stigma.

**Sorry business and ceremony:**
RISK

| | | |
|---|---|---|
| Kissing | Sex with condom | Mother to child at birth |
| Sharing food | Contact sports | Children playing who have open wounds |
| Sex no condom | Sharing needles | Sharing toothbrushes |
| Sharing razors | Hugging | Sorry business and ceremony |
| Breastfeeding | Sneezing | Drinking dirty water |
| Alcohol | Sharing cigarettes | Tattoos |

## Favourites

The favourites game is a good activity to get people moving. This is usually played after lunch but can be used whenever energy levels are looking low to re-engage participants. Any number of questions could be asked, we encourage you to adapt and add as many questions as relevant.

Materials needed:

1. A3 laminated print outs of 'Favourites card options'
2. Print out of 'Favourites card questions'
3. Four facilitators

Instructions:

- Print off each activity in A3 and laminate
- Give one set of cards from each question to each facilitator
- Ask each facilitator to stand in a separate corner of the room
- Read out questions, instruct participants to stand with the facilitator that is holding up their 'favourite' option

Questions and responses available below.

1. What is your favourite style of football?
- Australian Rules
- Soccer
- Rugby league
- Rugby Union

2. If you were an ice-cream, which flavour would you be?
- Chocolate
- Vanilla
- Strawberry
- Yogurt

3. What is your favourite style of movie?
- Horror
- Romance
- Comedy
- Thriller

4. What area of health is most interesting to you?
- Child health
- Chronic disease
- Men's/women's health
- Rheumatic Heart

5. Favourite style of Dance?
- Ballet
- Traditional / cultural
- Hip Hop
- Salsa

6. If you had a super power, what would it be
- Invisibility
- Read minds
- Fly
- Time travel

7. Favourite type of holiday?
    - Beach
    - Camping
    - Skiing
    - Road trip

8. Favourite thing to do on a day off
    - Read
    - Sleep
    - Adventure
    - Spend time with friends and family

9. You can only choose one beverage to drink, what will it be?
    - Water
    - Tea
    - Coffee
    - Juice

10. Favourite animal for a pet
    - Dog
    - Cat
    - No pet
    - Chicken

## High Risk No Risk Low Risk Activity

This activity is used to consolidate learnings surrounding the transmission risk associated with certain activities. It is useful to run this activity once risks have been discussed. This can be run in several ways depending on the number of participants present. Participants can split into groups with each group discussing which activities fit under the low, no, and high risk category, or activities can be given out to individuals, with each individual invited to nominate which risk category the activity falls within.

Materials needed:

1. High risk, low risk, no risk cards printed A3 and laminated
2. Activity cards, printed and laminated
3. Facilitator guidance sheet

Instructions:

- Print off each risk category in A3 and laminate
- Print off each activity, separate and laminate
- Split participants into groups and invite to discuss with group which risk category each activity falls beneath – low risk, no risk or high risk
- Come together as a group to discuss

# High Risk

# Low Risk

# No Risk

| | |
|---|---|
| I shared a cup with someone who has hep B | Someone in my footy team has hep B |
| My kid's teacher has hep B | I have hep B and I'm pregnant |
| I was bitten by a mozzie | I spent 3 months in prison |
| I live with someone with hep B | I'm vaccinated for hep B |
| I had unprotected sex with someone with hep B | My brother has hep B |
| I went through ceremony in 1980 | I drank dirty water from the river |
| I have had hep B and I'm breastfeeding my baby. My baby had vaccination and immunoglobulin at birth | I got a needlestick injury from someone with hep B. My blood test when I started work showed a HBsAb > 10 |

## Hepatitis B Matching Card Game

This game has been designed to test hepatitis B learnings and is best played in small groups.

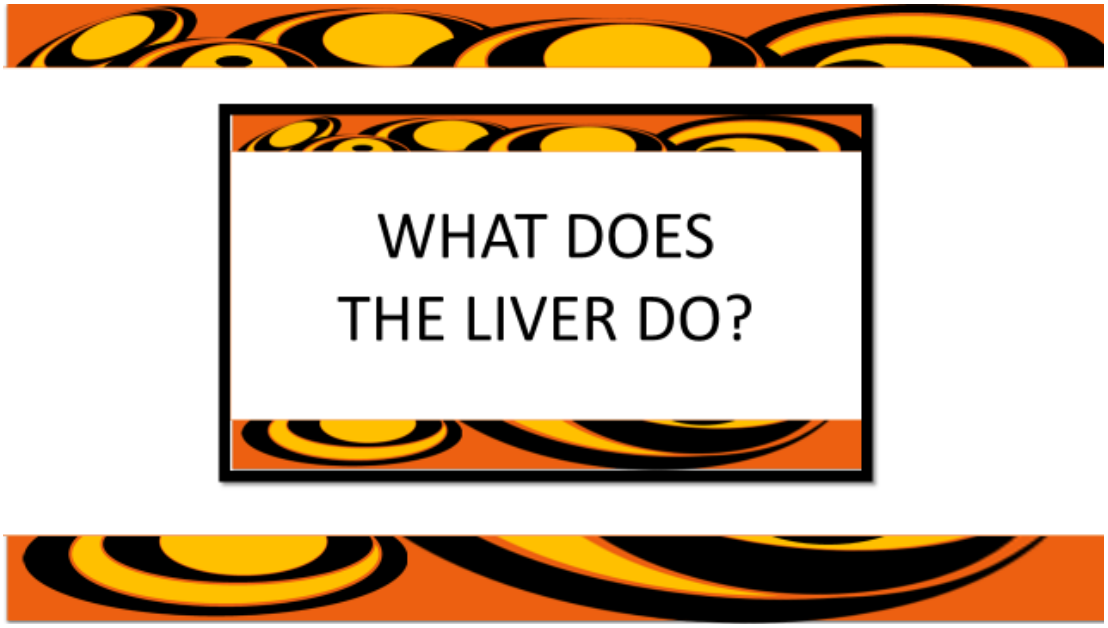
Materials needed:

1. Hepatitis B Matching Card Game Questions x 3 (laminated)
2. Hepatitis B Matching Card Game Answers x 3 (laminated)

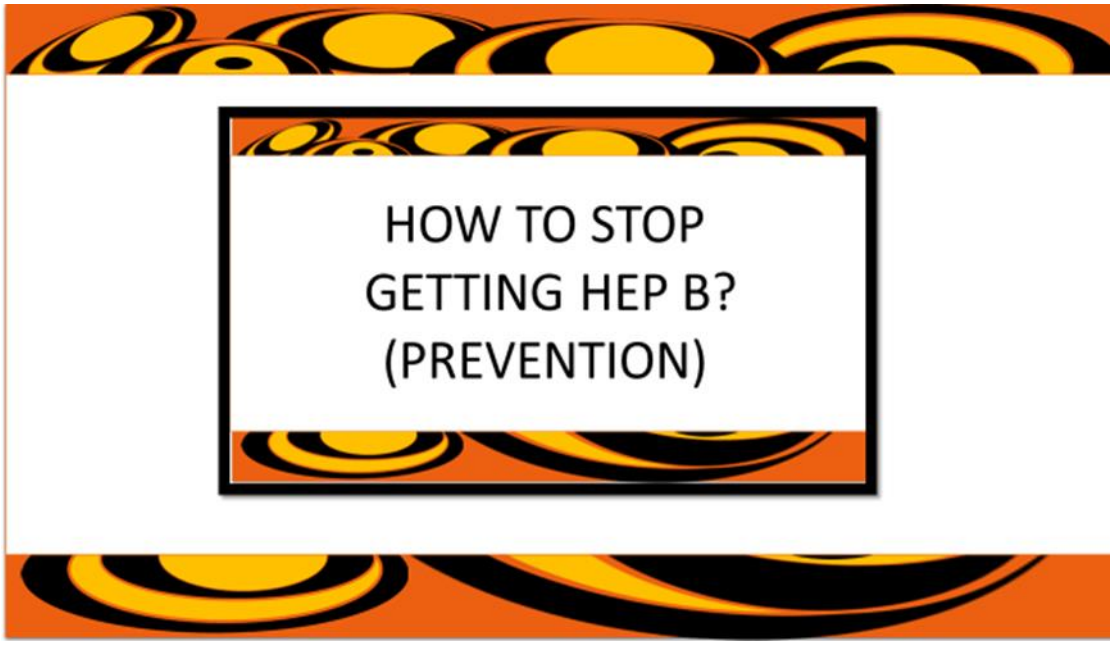
Instructions:

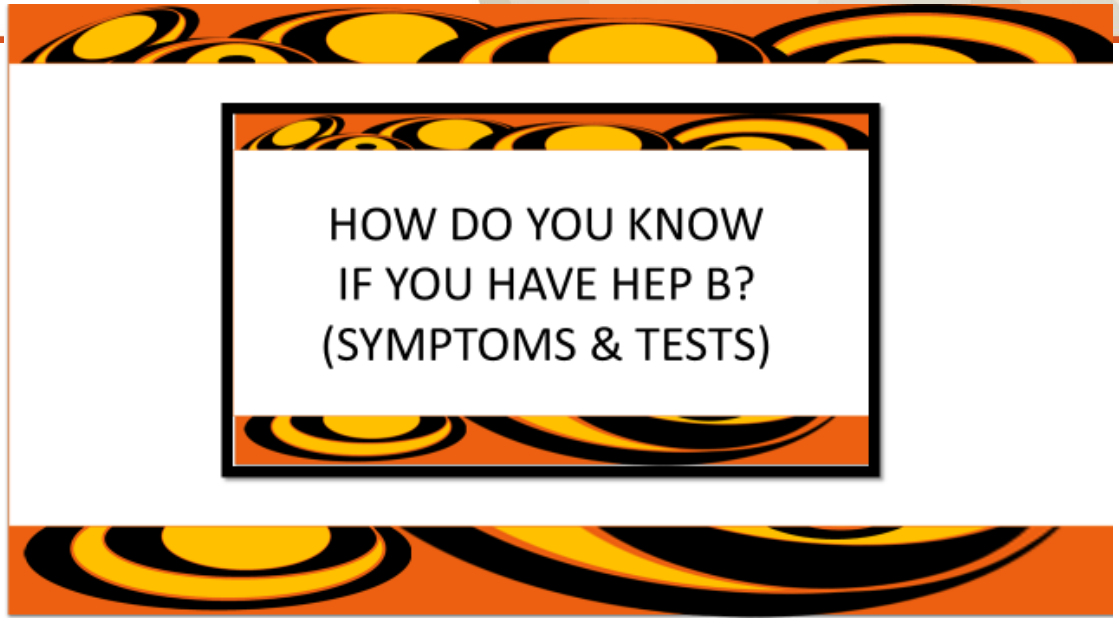
- Print and laminate game question and answers
- Split participants into even groups giving one set of questions and one set of answers
- Groups are to match question cards with their relevant answers – note there may be more than one answer to a question
- When complete, reconvene as a group and discuss as appropriate

Hep B Matching Card Game Questions








WHAT TO DO IF YOU
HAVE HEP B
THAT NEEDS TREATMENT

HOW TO KEEP YOUR LIVER
HEALTHY ?
(HEALTH PROMOTION)

## Hepatitis B Card Game Answers

VIRUS

CLEANS BLOOD

SILENT FOR A LONG TIME

HELPS FIGHT INFECTION

AFFECTS THE LIVER

HELPS DIGESTION

CHANGES OVER TIME

HELPS CLOT BLOOD

RIGHT SIDE

BLOOD CONTACT DURING SPORT

EARLY CHILDHOOD

UNPROTECTED SEX

MUM TO BUB

ANY BLOOD CONTACT DURING CEREMONY OR SORRY BUSINESS

BLOOD

BY SHARING RAZORS AND/OR TOOTHBRUSHES

KNOW YOUR STATUS
(GET BLOOD TEST)

GO TO THE CLINIC
EVERY 6 MONTHS

HEALTHY LIVING

GO TO THE CLINIC
EVERY 6 MONTHS

1 IN 10 PEOPLE
IN THE NT

ALL OVER THE WORLD

BY VACCINATION

SAFER SEX

HEALTHY LIVING

MEDICINES DAILY

STOP DRINKING (DRINK LESS OR PREFERABLY, NONE AT ALL)

EAT HEALTHY AND MAINTAIN A HEALTHY WEIGHT

REDUCE SMOKING

EXERCISE REGULARLY

NO SYMPTOMS (ASYMPTOMATIC)

JAUNDICE (YELLOW SKIN AND WHITES OF THE EYES)

## Hepatitis B Role Plays

The role plays encourage discussion about how to engage clients and community in hep B education and management. The role plays can be discussed as a group, or participants can take on the roles of client, AHP/ACW, and observer and run through the situations as they would likely occur in their communities. The role plays are split into Scenario, Question and Reflection to encourage participants to reflect on their confidence in hep B education and management, to consider challenges they may face in community and how these can be overcome. It is recommended that each group has a facilitator to guide conversation if needed.

Materials needed:

1. Print outs of Hepatitis B Role Plays, one for each participant

Instructions

- Split participants into groups of three or more, with a facilitator assigned to each group
- Participants to assign each other roles of AHP/ACW, patient, observer (alternatively can discuss as a group)
- Participants to act out scenario as likely to occur in community setting
- Following the scenario participants to discuss the questions and reflections
- Facilitator can refer to facilitator notes for discussion points
- Allow 30 minutes for Day 1 scenarios and 15 minutes for Day 2 scenarios

## ROLE PLAYS - FACILITATOR GUIDE

Participants are to form groups of 3, with one person playing the role of patient, one person playing the role of AHW/ACW and one person being an observer (provides feedback to each participant). Work through the 3 role plays, assigning 10 minutes per role-play with 2 minutes for the observer to provide feedback to each participant and 3 minutes for self-refection. Alternatively, these scenarios can be discussed in small groups.

### Scenario 1 – AHP/ACW to provide general information

Background: Joseph is a 16-year-old Aboriginal male who presents to clinic with flu for 2 days. Joseph mentioned he was having unprotected sex with a couple of different partners. Joseph smokes 5 cigarettes daily. He attends the clinic for 'screening' and health promotion with AHP before seeing doctor.

How would you raise health promotion/hep B issues with Joseph?
What communication strategies would you use to have this conversation?

**Patient role reflection:**
How did it make you feel being asked personal questions?
Did you feel like you knew why the questions were being asked?
Did you feel the clinician was sympathetic to your needs?

**AHP role reflection:**
How did you feel asking someone in your community these questions?
Which part of the interview did you feel most confident doing? Why?
Did you feel uncomfortable doing any part of the interview? Why?

**FACILITATOR NOTES:**

Consider offering a 'whole-of-health' Aboriginal health check (Medicare Item 715) –this is a 'well person's' health check and covers all aspects of health from hearing, growth, diet, smoking, exercise, immunisation status, sexual health, etc and hence places questions in a broad context. Because it is part of a structured health check, it normalises the history taking around more sensitive issues.

The health check can include an 'action' component, which Joseph would be encouraged to formulate and manage himself. Adult health checks can be done as a team effort: AHP/nurse/doctor/Joseph.
Communication strategies:

- normalise sexual/drug health questions, - "I like to ask all my young adult patients about….'
- open ended questions
- active listening
- avoid 'why' questions - ask permission to ask personal questions
- 'third person' approach – **'many young adults today try…have you ever…**' involve Joseph in decision making
- Define limits of confidentiality - notifiable disease
- Check they understand rights such as can have own Medicare card, sign up for CTG co-payment

Encourage Joseph to see health service as a place where you can learn about staying healthy as well as come to if you are sick

- Offer links to community activities, youth groups if interested.
- Consider using HEEADSSS to guide questioning but don't use as a rigid 'checklist'
- Help Joseph identify risks in his own behaviour and provide relevant information and education
- Smoking: motivational interviewing, raise awareness of harm and reinforce capacity to change
- Check immunisation status: Hep B, fluvax, pneumovax
- Normalise "we offer everyone STI screens…", "there is currently a syphilis outbreak in the NT, so we are offering tests to everyone over 15 years old"
- Consider recommending on-line resources as sources of further information as well as written material. E.g., Reach Out http://au.reachout.com/ Australian Indigenous HealthInfoNet http://www.healthinfonet.ecu.edu.au/
- Download Hep B story app with the patient

Scenario 2 – Patient who has not been to clinic in a long time and has never had a blood test for Hepatitis B

Eddie is a 58-year-old man from Maningrida. He is a healthy weight and goes hunting. He smokes cigarettes and gunja when he can. He drinks beer and long grasses when he visits Darwin. He has not been to the clinic for an adult health check or anything for 5 years. He has never had a blood test to see if he is infected or protected for hep B.

The nurse gives you a list this morning asking you to recall Eddie to come into the clinic for hep B bloods and check-up because he is lives in a house with someone who has hep B. You go to Eddie's house to discuss coming in for a test

What do you discuss with Eddie?
What are the priorities?

Patient role reflection:

How did it make you feel being asked personal questions?
Did you feel you knew why the questions were being asked?
Did you feel the clinician was sympathetic to your needs?

AHP/ACW role reflection:

How did you feel asking someone in your community these questions?
Which part of the interview did you feel most confident doing? Why?
Did you feel uncomfortable doing any part of the interview? Why?

FACILITATOR NOTES

- Try to re-engage Eddie with clinic. This has much broader health benefits than knowing his Hep B status.
- Normalise hep B test –
    - hep B common in Aboriginal mob
    - Ancient disease been in Aboriginal mob for 50,000
    - Many people one family have it. You may have been in contact with it
    - Always keep contact's information confidentially
- Most people get it when they are children, but they might not know they have it until they get really sick
- Simple blood test to find out. If have it can get medicine if needed to stop getting liver cancer

## Scenario 3 – Patient with HBV (immune escape phase), who is not interested in treatment

Christine is a 42-year-old Aboriginal woman who tells you she is feeling depressed and attempted self-harm 3 months ago. Christine has 4 children and has known she is positive for hepatitis B for at least 8 years. Christine drinks from the wine cask on most days of the week and is overweight. Christine's blood test shows that she should start treatment for hepatitis B to protect her liver, but Christine is not interested.

What are the issues of concern for Christine?
How can these be prioritised?
What strategies can be used to maximise Christine's engagement with health care?

**Patient role reflection:**
How did it make you feel being asked personal questions?
Did you feel you knew why the questions were being asked?
Did you feel the clinician was sympathetic to your needs?

**AHP role reflection:**
How did you feel asking someone in your community these questions?
Which part of the interview did you feel most confident doing? Why?
Did you feel uncomfortable doing any part of the interview? Why?

FACILITATOR NOTES:

- Minimise/ protect risk from co-morbid liver disease: (alcohol, fatty liver, Hep C)
  A) Consider alcohol: safe limits, motivational interviewing, assess readiness to change, offer information and treatment options
  B) Check Hep C status
  C) Weight loss may minimise harm to liver
- Risk of maternal transmission and how to raise the issue of testing children and how to discuss this
- Explain Hep B and information on treating: how to deliver this information given Christine's other concerns?
- Communication issues: motivational interviewing, assessing stage of change, open ended questions, empathic non-judgmental listening, reflection, and summarising, finding strengths, how to say 'no,'
- Communication strategies, chronic disease management plan, referral for social and emotional being support, increasing community/social supports, regular follow-ups

## Scenario 4 – Patient with HBV who's just started treatment

Background: Justin is a 32-year-old Aboriginal male, who has just been released from 4 months incarceration. Justin started heroin use when he was 16 years old and was in and out of institutions as a child. Justin's mother and father were removed from their parents as children. Justin has suffered past episodes of trauma secondary to assault. Justin has had past episodes of depression; however, he feels his mood is now OK.

Justin currently has stable housing and is living with his sister and her family. He has children in the care of his mother in another state, and little contact with them but would like more contact now Justin feels that life is getting back on track.

What information about hepatitis B treatment should be given to Justin?
What supports should be in place for Justin for treatment?
What else can be done to help Justin be healthy?

### Patient role reflection:

How did it make you feel being asked personal questions?
Did you feel you knew why the questions were being asked?
Did you feel the clinician was sympathetic to your needs?

### AHP/ACW role reflection:

How did you feel asking someone in your community these questions?
Which part of the interview did you feel most confident doing? Why?
Did you feel uncomfortable doing any part of the interview? Why?

### FACILITATOR NOTES

Important to take medication every day
Advice on adequate sleep, appropriate exercise, nil alcohol, try to cease all illicit drug use, healthy eating bush tucker
Things in Justin's medical and social history would be useful to know to ensure that Justin can be best supported -consider health 'team,' family supports, community engagement, support groups

## ROLE PLAYS – PARTICIPANT PRINT OUT

Participants are to form groups of 3, with one person playing the role of patient, one person playing the role of AHW/ACW and one person being an observer (provides feedback to each participant). Work through the 3 role plays, assigning 10 minutes per role-play with 2 minutes for the observer to provide feedback to each participant and 3 minutes for self-refection. Alternatively, these scenarios can be discussed in small groups.

### Scenario 1 – AHP/ACW to provide general information

Background: Joseph is a 16-year-old Aboriginal male who presents to clinic with flu for 2 days. Joseph mentioned he was having unprotected sex with a couple of different partners. Joseph smokes 5 cigarettes daily. He attends the clinic for 'screening' and health promotion with AHP before seeing doctor.

How would you raise health promotion/hep B issues with Joseph?
What communication strategies would you use to have this conversation?

**Patient role reflection:**
How did it make you feel being asked personal questions?
Did you feel like you knew why the questions were being asked?
Did you feel the clinician was sympathetic to your needs?

**AHP role reflection:**
How did you feel asking someone in your community these questions?
Which part of the interview did you feel most confident doing? Why?
Did you feel uncomfortable doing any part of the interview? Why?

Scenario 2 – Patient who has not been to clinic in a long time and has never had a blood test for Hepatitis B

Eddie is a 58-year-old man from Maningrida. He is a healthy weight and goes hunting. He smokes cigarettes and gunja when he can. He drinks beer and long grasses when he visits Darwin. He has not been to the clinic for an adult health check or anything for 5 years. He has never had a blood test to see if he is infected or protected for hep B.

The nurse gives you a list this morning asking you to recall Eddie to come into the clinic for hep B bloods and check-up because he is lives in a house with someone who has hep B. You go to Eddie's house to discuss coming in for a test

What do you discuss with Eddie?
What are the priorities?

Patient role reflection:

How did it make you feel being asked personal questions?
Did you feel you knew why the questions were being asked?
Did you feel the clinician was sympathetic to your needs?

AHP/ACW role reflection:

How did you feel asking someone in your community these questions?
Which part of the interview did you feel most confident doing? Why?
Did you feel uncomfortable doing any part of the interview? Why?

## Scenario 3 – Patient with HBV (immune escape phase), who is not interested in treatment

Christine is a 42-year-old Aboriginal woman who tells you she is feeling depressed and attempted self-harm 3 months ago. Christine has 4 children and has known she is positive for hepatitis B for at least 8 years. Christine drinks from the wine cask on most days of the week and is overweight. Christine's blood test shows that she should start treatment for hepatitis B to protect her liver, but Christine is not interested.

What are the issues of concern for Christine?
How can these be prioritised?
What strategies can be used to maximise Christine's engagement with health care?

**Patient role reflection:**
How did it make you feel being asked personal questions?
Did you feel you knew why the questions were being asked?
Did you feel the clinician was sympathetic to your needs?

**AHP role reflection:**
How did you feel asking someone in your community these questions?
Which part of the interview did you feel most confident doing? Why?
Did you feel uncomfortable doing any part of the interview? Why?

## Scenario 4 – Patient with HBV who's just started treatment

Background: Justin is a 32-year-old Aboriginal male, who has just been released from 4 months incarceration. Justin started heroin use when he was 16 years old and was in and out of institutions as a child. Justin's mother and father were removed from their parents as children. Justin has suffered past episodes of trauma secondary to assault. Justin has had past episodes of depression; however, he feels his mood is now OK.

Justin currently has stable housing and is living with his sister and her family. He has children in the care of his mother in another state, and little contact with them but would like more contact now Justin feels that life is getting back on track.

What information about hepatitis B treatment should be given to Justin?
What supports should be in place for Justin for treatment?
What else can be done to help Justin be healthy?

### Patient role reflection:

How did it make you feel being asked personal questions?
Did you feel you knew why the questions were being asked?
Did you feel the clinician was sympathetic to your needs?

### AHP/ACW role reflection:

How did you feel asking someone in your community these questions?
Which part of the interview did you feel most confident doing? Why?
Did you feel uncomfortable doing any part of the interview? Why?

DAY 2

Scenario 5 – Sitting around a campfire with family and friends / community discussion out of work

Josie is an ACW. She is sitting around a campfire after work with friends and family when she hears George talking about Don at bottom camp who just has been diagnosed with Hep B. George says they should not hang out with Don anymore and says he has brought shame on his family.

Josie decides she feels comfortable to give some education/clear up the facts about Hep B.

What information do you give?
What questions or worries do you think community might have?

Community Member

How did you feel getting this information?
Did it change how you feel about people with Hep B?

ACW

How did you feel sharing education with some in your community?
Which part of do you feel most confident speaking about? Why?
Did you feel uncomfortable doing any part of the discussion? Why?

DAY 2

Scenario 5 – Sitting around a campfire with family and friends / community discussion out of work

Josie is an ACW. She is sitting around a campfire after work with friends and family when she hears George talking about Don at bottom camp who just has been diagnosed with Hep B. George says they should not hang out with Don anymore and says he has brought shame on his family.

Josie decides she feels comfortable to give some education/clear up the facts about Hep B.

What information do you give?
What questions or worries do you think community might have?

Community Member

How did you feel getting this information?
Did it change how you feel about people with Hep B?

ACW

How did you feel sharing education with some in your community?
Which part of do you feel most confident speaking about? Why?
Did you feel uncomfortable doing any part of the discussion? Why?

FACILITATOR NOTES:

- Hep B common in Aboriginal mob
- Ancient disease been in Aboriginal mob for more than 50,000 years
- Many people in one family have it. You may have been in contact with it. Always keep contact's information confidentially
- Most people get it when they are children, but they might not know they have it until they get really sick
- Simple blood test to find out if have it or if immune. If hep B positive, can get medicine if needed to stop getting liver cancer
- Can get vaccination to protect against getting hep B.
- It is safe to share a meal, hug, talk to people with hep B.

## Hepatitis B Case Studies

The case studies introduce participants to situations they may face in community when managing hepatitis B. These case studies can be completed individually or in small groups.

Materials needed

1. Print outs of Hepatitis B for Aboriginal Health Workforce Case Studies, one for each participant

Instructions

- Participants assigned 15 minutes to complete case studies individually or in small groups
- Once participants given enough time to complete, facilitator to reconvene groups/individuals to discuss key points and questions

# Hepatitis B for Aboriginal Health Workforce Case Studies

## Case 1

Shane is a 27-year-old male who come into the clinic for a check-up. You complete an adult health check with him and discuss having a check for hepatitis B. He says he doesn't need one, because he "doesn't do drugs".

What can you tell Shane about hepatitis B transmission to help him understand his risk?

What else might determine if Shane needs to have a check or not?

## Case 2

Kerry is a 34-year-old who has never had a test for hepatitis B before. She has just had a test which has come back positive for HBsAg (telling you she has a chronic hepatitis B infection). Kerry is very worried about her partner catching it from her. She asks if he can catch it from kissing her, and if they need to use separate plates and cups when they eat.

What can you tell Kerry about how people can catch hepatitis B from each other?

What else can protect Kerry's partner from catching hepatitis B?

## Case 3

Sherrie comes in for a routine check-up and you notice that she has a history of chronic hepatitis B infection listed on her past medical history. When you ask her about it, she says that she thinks someone told her she had a liver infection once but since nobody mentioned it again she thought it must have gotten better. Her other medical problems are high cholesterol, diabetes and her BMI is 38.

What else do you think Sherrie can do to keep her liver healthy?

Sherrie asks if she has to stop drinking alcohol. What would you tell her?

What other support does Sherrie need or appointments should she make?

## Case 4

Wally has come in for the results of his regular check-ups. The doctor has left his note on his file "Chronic hepatitis B, phase 4 – recall patient to discuss". The doctor is still with the last patient so Wally wants to have a yarn with you about his hepatitis.

Wally asks whether the hepatitis B infection can cause any problems he should know about. What would you tell him?

Wally asks whether there is any treatment for hepatitis B. What would you say?

## Hepatitis B Client Q&A

The Hepatitis B Client Q&A is a cheat sheet of frequently asked hepatitis B questions. This is used as a resource for participants to take home and refer to but can be also used in the training to test participant knowledge.

# Hepatitis B Client Q&A

## What is Hepatitis B?

Hepatitis B is a virus that infects the liver. Most adults who get it have it for a short time and then get better. This is called acute hepatitis B.

Sometimes the virus causes a long-term infection, called chronic hepatitis B. Most babies and young children who are infected will develop chronic hepatitis B.

## How is Hepatitis B passed on?

Hepatitis B virus is carried in the blood and sexual fluids. Hepatitis B can be passed from person to person by having sex without a condom; mother to baby during pregnancy; sharing unsterile injecting equipment; sharing razors, toothbrushes, nail clippers or earrings; being in contact with the blood or open sores of an infected person.

## Can people get Hepatitis B by contaminated food or water, or by hugging and kissing or coughing?

No. Hepatitis B is spread by blood to blood contact (blood borne)

## What are the symptoms of Hepatitis B?

Many people living with hepatitis B do not feel sick and do not have symptoms. They may not feel sick until the disease is very advanced. This is why it is very important for everyone to know their hepatitis B status.

Some symptoms of those who start to feel sick are not feeling hungry, feeling sick and vomiting, tiredness, tummy pain, sore muscles and joints, skin and whites of eyes look yellow.

## If I have HBV what will happen to me?

Everyone is different and HBV affects everyone differently. This is why it is important to do a health check and blood tests every 6-12 months (depending on the phase of disease) and make sure that you keep up to date with the results. Your doctor or medical service will let you know if you need to take daily treatment.

## If I have HBV can I pass it to my family?

The best way to make sure your family and partner remain HBV free is for them to be vaccinated, which they can do at your local clinic.

Until your partner has had their vaccinations always use a condom during sex. If you use any injecting equipment e.g. for insulin, always dispose of the needles in the proper containers.

Some further preventive measures:

- Wash your hands thoroughly after any potential exposure
- Practice safe sex with all partners
- Avoid direct contact with blood and bodily fluids
- Clean up blood spills with a fresh diluted bleach solution
- Cover all cuts carefully
- Avoid sharing sharp items such as razors, nail clippers, toothbrushes, and earrings or body rings
- Discard sanitary napkins and tampons into plastic bags
- Avoid illegal street drugs (injecting, inhaling, snorting, popping pills)

## I am having a baby; will my baby have HBV too?

Pregnant women with hepatitis B will need to have check-ups before giving birth. If their hepatitis B viral load is high, they may need to take medicine in the last months of pregnancy to help prevent the baby getting hepatitis B.

Your baby will get their vaccinations very soon after birth, and a couple more over the next 6 months, this will make sure your baby is safe. After your baby's first vaccination it is safe to breastfeed.

## What can I do to look after my own health?

Make sure you attend appointments at the clinic for regular blood tests every 6-12 months, as recommended by the doctor.

Try to eat healthy food and get exercise regularly. Try to drink as little alcohol as possible and if you smoke try to cut down the number of cigarettes you smoke. Ask your health workers about exercise classes and maybe there is a dietician at the clinic that you could see to work out a healthy eating plan for you and your family