

# Engaging hard-to-reach populations with hepatitis C

## *The New Zealand Central Region experience*

Why do I need a FibroScan?

Does it involve liver biopsy?

How will I get there?

Will others find out?

I don't want interferon

Is it painful?

Will I be judged?

But I feel well...

### BARRIERS TO ENGAGE

- Stigmatised
- Homeless
- Incarcerated
- Clinic locations
- Lack of HCV knowledge
- Fear of disclosure
- Fear of bad results
- Frequent change of contact details

### METHODS USED

- Non-judgemental approach
- Collaboration of care
- Accessible community and prison clinics
- Education and resources offered
- Check contact details
- Liaise with referrer if patient not engaging
- Explore transport assistance

### OUTCOMES

- Patient listened to and felt cared for
  - Work with and involving allied health care
- Clinics near public transport
- Assessment, education and FibroScan clinics
  - Options for varied communication styles
- Availability for GP clinical updates
  - Increase in up-to-date contact details
- Patients empowered to make healthier choices

### CONCLUSION

- Attendances have increased through information sharing in a collaborative approach
- A greater awareness of HCV and the benefits of assessment and FibroScan
- Aids preparedness for treatment and potential cure

**The Hepatitis Foundation of New Zealand**

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