

# Organising community-based (outreach) screening for chronic viral hepatitis among people born in endemic countries:

## A Practical Guide

### Introduction

*This How to... guide of how to organise community-based (outreach) screening is based on the experience from two HEPscreen pilots as well as on information from published successful community outreach screening campaigns. In Grampian, the local public health service worked with large employers to offer on-site awareness raising and testing opportunities among workforces with a large proportion of non-UK born staff. In Barcelona, community health workers delivered education and awareness sessions in community locations well used and accessible to migrants to Spain from Latin America and Central/Eastern Europe. These two pilot projects are also written up as Case Studies as part of the HEPscreen Toolkit. Read these for more specific details about the implementation and results of these two pilots. There is also a repository of good practice screening studies if you want to read more about how others have organised screening.*

*This How to... guide identifies eight important features common to all seven studies. These are presented in a practical way to help others to replicate good practices, avoid repeating mistakes and have a positive impact on population health.*

### 1. Select migrant communities that are most at risk of viral hepatitis related liver disease

Use epidemiological and demographic (population size) data to define the communities that originate in countries with intermediate or high viral hepatitis prevalence. The HEPscreen 'How to...Estimate the burden in your area' can assist with the estimates for chronic hepatitis B.

Defining the population at risk can also help to tailor to cultural, linguistic, social and geographical characteristic of the group you want to reach.

### 2. Involve the relevant parties early on

Perform a stakeholder analysis to identify the partners to work with. This can be community organisations, primary care providers, hospitals, local laboratories.

- ▶ Build partnerships with the community you want to reach. This is important for a number of reasons but in general it can help design a programme that is acceptable according to cultural, social and, if relevant, religious norms of the community you are hoping to reach. For example, people in religious communities might be afraid of stigmatisation through association with infectious diseases and can feel reassured if screening campaigns have been sanctioned or even advertised by the spiritual leadership.
- ▶ Involvement of the community can help to identify accessible and well-attended locations where the participants feel comfortable and safe. Convenient locations can create a generate a climate of confidence and attending can adapted to participants' schedules. Involving the community can help to identify ambassadors or champions, which is a feature of successful outlined in published community outreach programmes. Community ambassadors or champions can help to locate the ideal spots to perform the information and testing sessions and at the same time to mediate and solve cultural issues.
- ▶ Plan the logistics for testing with the hospital or local laboratory
- ▶ Involve specialist care providers early on to ensure linkage to care

### 3. Raise awareness in the community

Both the Barcelona and the Grampian pilots provided educational briefings in the community or in the workplace, using the language of the target community. This provided information about what viral hepatitis is, where hepatitis B/C are common in the world, how it is transmitted, the fact that it is asymptomatic, the health benefits of antiviral treatment and, because of this, why it is important to get screened. A benefit of the group or community approach, as opposed to one-on-one consultations or sessions, is the ability to raise public awareness about the issue of viral hepatitis in communities that are at risk and perhaps lack knowledge. Public promotional materials to advertise when and where information sessions and/or screening are taking place can also raise the profile among the community. These activities, if designed and implemented in an acceptable way, can spread the word and people like to talk!

### 4. Human resources are the best resources

Well-trained, experienced staff are key to any successful community outreach screening programme. Staff delivering educational or awareness sessions should be both knowledgeable about public health and viral hepatitis in particular but also aware of and able to adapt to cultural and social norms of the communities they work in. Staff should also be available, equipped and able to offer onsite testing in non-medical settings. Successful programmes often involve both community/public health staff alongside laboratory or phlebotomy staff to take samples. In examples from the Netherlands targeting the Chinese community, volunteers from the community organisations helped participants with filling in the registration form, among other aspects.

### 5. Offer testing on-site

Providing testing onsite was recognised by both the Grampian and Barcelona teams as a convenient, accessible and effective way to offer screening; indeed,

by not offering testing onsite led to a large amount of drop out. It builds on the awareness and motivation raised via the educational sessions. It is also at the heart of an effective outreach strategy – where services go to the population rather than expecting the population to come to services.

### 6. Plan the logistics – location requirements, equipment, infrastructure and scheduling

Onsite testing has specific requirements and you need to involve laboratory specialists who can advise on the sampling methods, storage and delivery of samples as well as on safety in general. Identify what you will need and anticipate how you can solve challenges. Plan a site visit or two. There should be relatively private areas available for individuals to come forward for testing – if specific rooms are not available, consider the use of privacy/medical screens. Grampian also identified challenges related to infrastructure such as a lack of availability of telephones alongside limited mobile phone signal. Consider the schedule of the location where you want to offer the education sessions and screening. The team in Grampian found that some employers were willing to allow workers to take time during the working day (not in official breaks) to go for screening whereas other employers preferred drop in testing sessions only during official breaks. Be flexible and try to accommodate of the needs of both the community and the location where the information session and screening will be provided.

### 7. Meet the linguistic needs of the population

Interpreters and translated materials are often needed. Translated materials should be checked by a native speaker for readability and accuracy. Interpreters should be professionally trained and available if needed. Telephone-based interpreters for the one-on-one consultations where testing is actually done are often available to public health or health care services at a low cost. Look into the interpreter options

available in your area. Working with a community ambassador or representative can help to understand the linguistic preferences. Consider literacy level alongside this – adapt content to the reading age of the general population which is that of 11-12 year old. In Barcelona, a combination of communication and information techniques both written (leaflets) and visual (PowerPoint presentations) was used as this can improve understanding and increase knowledge.

## 8. Ensure linkage to care

This is crucial to the success of an outreach campaign and can be the most challenging part. By design, people are reached not through mainstream health care but in the community which can make follow up more challenging. A good solution is to involve secondary care specialists in the Hepatology or Gastroenterology department in the Hospital in the planning and implementation. This helps to establish a formal conduit between screening and treatment services. It can also aid data collection on follow up – how many patients reached the specialist, how many were eligible for treatment, how many initiated treatment etc. Simplify referral pathways and minimise steps where people can drop out or get lost. Socio-economic vulnerability – poverty, insecure housing and employment, a lack of access to health care, fear of legal implications – can be real barriers to reaching secondary care. In Barcelona, social workers were involved to address these immediate and fundamental needs. Establish links with - even just knowing how and where to contact - other social and public health services that can support people with housing, welfare, immigration, and drug and alcohol treatment.

Visit the HEPscreen Good Practice Screening Studies Repository ([www.hepscreen.eu/what-can-we-do-about-it/screening/existing-published-screening-projects](http://www.hepscreen.eu/what-can-we-do-about-it/screening/existing-published-screening-projects)) to read about other successful examples in more detail.



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