Reaching Out Report

Strategies for connecting people living with hepatitis C to clinical care

April 2017

Prepared by Hepatitis Australia
Hepatitis Australia

Hepatitis Australia, incorporated in 1997, is the peak community organisation to progress national action on issues of importance to people affected by hepatitis B and hepatitis C. Our members are the eight state and territory hepatitis organisations.

Our mission is to lead an effective national community response to hepatitis B and hepatitis C in Australia.

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Acknowledgments

Hepatitis Australia would like to thank and acknowledge the following people for their assistance with the development of this report.

Dr Jacqui Richmond
Dr Stephen Bloom
Alison Coelho
Professor Greg Dore
Dr Behzad Hajarizadeh
Jane Little
Suzanne O’Callaghan
Fred Robertson
Garry Sattell
Dr Joanne Travaglia
Jack Wallace
Deborah Warneke-Arnold
Pam Wood
Associate Professor Amany Zekry
Rachel Stanton
Louisa McPhee
Tass Mousaferiadis
Wesa Chau
Jodie Walton
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Executive Summary

In Australia, the transmission of hepatitis C occurs predominantly among people who inject drugs. It can often be assumed that reaching those living with hepatitis C means overtly linking communications in a manner that speaks to people about current injecting behaviours. This is despite estimates suggesting two-thirds of those who contracted hepatitis C do not currently inject. Communications about treatment that target people who are currently injecting are essential but are not an effective mechanism to reach other population sub-sets.

The purpose of the Reaching Out Report is to inform and enhance the effectiveness of communication and engagement efforts to connect people in Australia living with hepatitis C to clinical care. In particular, the Report focuses on people living with hepatitis C who do not currently inject drugs, including those from culturally and linguistically diverse (CALD) backgrounds and recommends specific target audiences and communication strategies.

The Report was developed following consultations with key stakeholders and relevant expert advisers. This work encompassed;

- looking at relevant population and epidemiological data
- identifying key populations and the characteristics of each
- establishing sample personas of the identified population groups
- forming communication strategies to reach the target populations.

Limiting the target audiences was necessary when taking in the capacity and duration of the Project. The findings recommend that communication efforts be focused on six main target audiences, four of which are from CALD populations. The largest proportion of the target audiences will be people who acquired hepatitis C through injecting drug use but do not currently inject drugs. Other populations include people with medically acquired hepatitis C and members of the Vietnamese, Chinese, Indian and Egyptian communities. It is important to note there will be crossover between target audiences.

A series of communication strategies are identified and it is recommended this links back to a primary message for all populations. The primary message of 'Test. Cure. Live.' encompasses the essential elements of testing for hepatitis C and then seeking a cure through treatment. The primary message also highlights the desired outcome, which is to live a healthy and productive life.

The role of secondary messages will be important and take into account each of the target populations. For people who speak English, the messaging is not tailored to gender or location but the channels of communication will vary. Secondary messaging for CALD populations will require further tailoring based on the identified strategies outlined for each group.

Overall, the recommended messages and strategies included in this report will inform the development of a communications plan to be implemented by Hepatitis Australia between June 2017 and June 2018. The communications plan will be further informed by expert advisors, community educators from across Australia and community members.
Project Aim
From July 2016, Hepatitis Australia received funding to conduct the Hepatitis C Education and Awareness Project. The aim of the Project is to improve the health of people living with hepatitis who do not currently inject drugs and who are not accessing drug use-related services.

In Australia, it is estimated that eighty per cent of people living with hepatitis C contracted it through unsafe injecting practices. However, as is shown in this Report, it is also estimated that two-thirds of these people currently do not inject drugs and therefore may no longer access drug-related services. The remaining population living with hepatitis C will have contracted hepatitis C through other means, including susceptibility while living in a high prevalence country, or countries with a high hepatitis C disease burden.

To achieve its aim, the Project will define the characteristics of this diverse population group, assess their information needs and develop strategies to encourage their engagement with clinical care. The primary purpose being to ensure this population has the opportunity to benefit from the latest hepatitis C treatments.

Methodology
The challenges for this project were to identify and characterise the populations living with hepatitis C that would form the target audience of the Hepatitis C Education and Awareness Project and then develop strategies to reach out to them. Hepatitis Australia has approached this initially in two parts with a third step being to develop a communications plan based on the findings of this Report.

Reaching Out – Part One
At the beginning of the Project, Hepatitis Australia engaged a consultant to conduct a literature review and an analysis of population and surveillance data, both in Australia and internationally. The purpose being to establish key target populations and the likely demographic makeup of these groups. This initial data was reported to a meeting of experts from a broad range of areas specialising in epidemiology, social research, clinical practice, culturally and linguistically diverse communities and people with lived experience of hepatitis C.

An initial report was then completed, outlining the estimated target population size and demographic breakdown of the population subgroups. From this report Hepatitis Australia identified the primary target populations that could be addressed by this Project. It was acknowledged that the Hepatitis C Education and Awareness Project would not have the capacity to respond to all of the identified population groups.

Reaching Out – Part Two
The second part of the Project utilised the data from Part 1 and consultation with expert advisers to identify possible communications strategies. In order to develop effective communication messages and identify appropriate communication channels, it was important to look beyond basic demographics and develop an understanding of the characteristics of the target population subsets. People living with hepatitis C are not a homogenous group and there is diversity within each subset of the identified target populations. It is also important to acknowledge that members of the target populations...
may identify with more than one subset. Across the target populations there are varying levels of engagement with support services and clinical care, and significant diversity in disease awareness.

In the absence of being able to survey people from the population subsets who are not engaged in hepatitis C clinical care, assistance was sought from representatives of the following groups to develop a series of character personas that could be used as representatives of the target population subsets:

- people with lived experience of hepatitis C
- cultural diversity consultant
- communications and marketing professionals
- people with extensive knowledge of and/or experience working with people living with hepatitis C.

Using the information from the abovementioned personas and stakeholder consultations, Hepatitis Australia worked with a national communications company to identify a primary message and then secondary messages that would resonate with the target population with the aim of engaging them in clinical care for either testing and/or treatment of hepatitis C.

Given the diversity of the identified CALD communities and the need for a more tailored approach, a cultural consultant was engaged to assist with the development of strategies to communicate with these more specific subsets of the target population.

**Hepatitis C Environment in Australia**

The hepatitis C virus was first identified in 1989 as a significant cause of post-blood transfusion hepatitis and liver disease; it was referred to as non-A, non-B hepatitis. It remains a significant global public health problem affecting people of all ages, genders, races and regions of the world.¹

**Epidemiology**

Modelling conducted by the Polaris Observatory² suggests that the global prevalence of hepatitis C viraemia was 0.96% or 71 million people in 2015.

Untreated chronic hepatitis C can cause cirrhosis (scarring of the liver), liver cancer and liver failure.

In Australia, an estimated 227,306 (range 167,623 - 249,707) people were living with chronic hepatitis C at the end of 2015, of whom an estimated 29,070 people had severe fibrosis and 17,149 had hepatitis C-related cirrhosis³. An estimated 818 (range: 603 – 899) deaths were attributable to hepatitis C in 2015. Hepatitis C remains the leading indication for liver transplantation in Australia.⁴,⁵

Approximately 82% or 186,763 people in Australia have been diagnosed with chronic hepatitis C infection while the remaining 40,543 people are unaware of their hepatitis C status.⁶

If the proportions of hepatitis C transmission routes remained stable between 2006 and 2015, of the 227,306 people with hepatitis C, approximately 187,072 (82.3%) were infected through sharing of injecting equipment, of these, 124,590 (67%) no longer inject drugs. It is estimated that 93,000 people currently inject drugs in Australia⁷ and assuming a hepatitis C virological prevalence of approximately 45%, there are approximately
42,000 people who currently inject drugs living with hepatitis C. This equates to approximately 22% of the population living with hepatitis C.\(^8\) It should be acknowledged that the population of people who currently inject drugs is dynamic, with many people transitioning in and out of drug use each year.

Evidence suggests that the proportional prevalence of hepatitis C infection is almost five times higher in the Aboriginal and Torres Strait Islander population than in the non-Indigenous population, with the rate of hepatitis C diagnosis increasing in 2015 compared to 2010.\(^9\) The proportion of respondents to the Australian Needle and Syringe Program Survey from an Aboriginal and Torres Strait Islander background has increased from 10% in 2006 to 15% in 2015, and the prevalence of hepatitis C antibody among Aboriginal and Torres Strait Islander participants increased from 57% in 2011 to 70% in 2015.\(^9\) This data suggests that sharing of injecting equipment is a significant risk factor for hepatitis C transmission among Aboriginal and Torres Strait Islander people.

The proportion of Aboriginal and Torres Strait Islander people with hepatitis C who do not currently inject drugs is difficult to quantify because there is very limited data.

People born in high prevalence or high disease burden countries/regions of the world were included in the analysis of people living with hepatitis C. Transmission routes in these countries included transfusion of unscreened blood and blood products, unsterile medical procedures and mother-to-child transmission.

Unfortunately, country of birth data is inconsistently recorded on the notification of hepatitis C infection.\(^10\) Therefore, this Report highlights the overseas born populations most at risk of hepatitis C infection in order to inform the development of targeted and culturally appropriate strategies to support engagement in clinical services after diagnosis.

At 30 June 2015, 28.2% (n=6.7 million) of Australia’s estimated resident population was born overseas; the top countries of birth include:\(^11\)

**Table 1: Estimated resident populations born overseas.**

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>Resident in Australia</th>
<th>% of Australian population</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom, Channel Islands and Isle of Man</td>
<td>1,207,000</td>
<td>5.1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>611,400</td>
<td>2.6</td>
</tr>
<tr>
<td>China</td>
<td>481,800</td>
<td>2.0</td>
</tr>
<tr>
<td>India</td>
<td>432,700</td>
<td>1.8</td>
</tr>
<tr>
<td>Philippines</td>
<td>236,400</td>
<td>1.0</td>
</tr>
<tr>
<td>Vietnam</td>
<td>230,200</td>
<td>1.0</td>
</tr>
<tr>
<td>Italy</td>
<td>198,000</td>
<td>0.8</td>
</tr>
<tr>
<td>Malaysia</td>
<td>156,500</td>
<td>0.7</td>
</tr>
<tr>
<td>Germany</td>
<td>125,900</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Of these countries, China and India have the most significant burden of hepatitis C infection. The number of Australian residents born in India has almost tripled over the last 10 years and residents born in China have more than doubled in this time.\(^12\) Sievert et al. (2011) estimated there were 49.3 to 64 million people with hepatitis C (antibody positive)
in Asia, Australia and Egypt. Specifically the burden of disease is most significant in China where an estimated 13 million people have hepatitis C, India where 9.5 million people are affected and 6.5 million people in Egypt, which has the highest prevalence of hepatitis C globally.\textsuperscript{13}

Countries known to have a hepatitis C high prevalence include Egypt and Pakistan. China and India are classified as low to intermediate hepatitis C prevalence countries, however, due to the large population in both countries, the total number of people with hepatitis C is high. Therefore, China and India have a high hepatitis C disease burden.

A breakdown of those born in China, Vietnam, India and Egypt who are living with hepatitis C, including key characteristics, is explored further later in this Report in the section on Potential Audiences (page 11).

Other people who may have been at risk of contracting hepatitis C in Australia include recipients of contaminated blood or blood products prior to February 1990 and people who have shared unsterile tattooing or body piercing equipment.

**Stigma and Discrimination**

Stigma and discrimination related to hepatitis C can have an impact on how or whether people living with hepatitis C access health services. How this is understood varies across the populations affected by hepatitis C.

The stereotyping of people living with hepatitis C as people who inject drugs can be a barrier to people accessing care. Often people are asked how they may have contracted the virus. While this may be important in discussions about preventing further infections it should have no bearing on the quality of care being provided or in influencing decisions about hepatitis C treatment.

While a large proportion of people living with hepatitis C may no longer inject drugs, this does not lessen the impact of stigma and discrimination many years later. In general, society associates contracting an infectious disease with unclean, unsavoury or immoral behaviours.

Public perceptions of drug use often result in unwarranted, stereotypical judgements that do not reflect an individual’s situation or the lived experience of a person living with hepatitis C. While the vast majority of new hepatitis C infections continue to occur through the sharing of unsterile injecting equipment, this should not be used as a generalised indicator of a person’s lifestyle, values, or capacity to contribute in a positive way to society.

People from CALD communities can often face multiple levels of stigma and discrimination, both within and external to their own community. Externally this can be related to cultural differences or perceptions about how the person contracted hepatitis C. Within communities stigma and discrimination may or may not be linked to the mode of acquisition, or it could simply be due to the cultural perceptions of health and disease. This can vary greatly depending on regional origin-based variations within a generalised CALD population, such as the Chinese.
Changes to the treatment of hepatitis C

Despite having one of the highest diagnosis rates in the world, the uptake of interferon-based therapy in Australia (prior to 2016) has been low with 22% or 50,172 people with hepatitis C ever having accessed antiviral treatment up to the end of 2015 with 32,139 people having achieved a cure.\textsuperscript{14}

Hepatitis C treatment has recently undergone a radical change for the better. The new direct-acting antiviral medications are more effective, easier to take and have fewer side-effects than the older interferon-based medications. In March 2016, the Australian Government listed the first of these new medicines on the Pharmaceutical Benefits Scheme (PBS), ensuring they are accessible and affordable to all people with hepatitis C.

In the period March 2016 to September 2016, an estimated 25,890 Australians initiated hepatitis C treatment\textsuperscript{15}. The new hepatitis C medications have a cure rate of 95% and most people accessing the treatment have been cured. It is assumed most of these people had already been connected to a health service or at least engaged with community organisations. After an initial surge, the estimated number of people initiating hepatitis C treatment per month has fallen from 5,700 in March 2016 to 2,500 in September 2016\textsuperscript{15}.

In order to achieve elimination of viral hepatitis as a public health concern, we now need to reach out to the many thousands of Australians still living with hepatitis C and encourage them to improve their health and quality of life by connecting to clinical care and ultimately undergoing treatment to cure their hepatitis C.

Within the broad range of people living with hepatitis C there are varying levels of engagement with support services and clinical care, and significant diversity in understanding the impact of hepatitis C. Without a concentrated effort to communicate with all people living with hepatitis C, many may remain unaware of the availability of new medications that could cure them of hepatitis C and improve their health and quality of life.

This Project will play a vital role in reaching out to people who have yet to engage with clinical care and who may not be aware of the recent changes in the treatment and cure rates of the new medicines.
Target Populations

Potential Audiences

People living with hepatitis C are not a homogenous group and there is diversity within each subset of the following identified target populations; there are varying levels of engagement with support services and clinical care, and significant diversity in disease awareness. It is also important to note that an individual may belong to, or identify with, more than one of the population groups.

A review of demographic data and relevant literature was undertaken, along with conducting stakeholder consultations in order to define the target population and all relevant subsets. This process also included exploring all transmission routes of hepatitis C. The following population subsets were identified as potential target audiences of the Project:

- people who do not currently injected drugs
- people living in Australia who were born overseas from countries with high prevalence and/or high disease burden of hepatitis C
- people who received unsterile tattooing and/or body piercing
- people with medically acquired hepatitis C
- Aboriginal and Torres Strait Islander people
- gay and bisexual men who have human immunodeficiency virus
- people with bleeding disorders
- children born to mothers with hepatitis C.

In Australia, people living with hepatitis C who do not currently inject drugs form the majority of the potential target audience. Of the estimated 187,872 Australians who acquired hepatitis C through the sharing of injecting equipment, it is estimated that 124,590 do not currently inject drugs.

Unsafe medical practices, including the receipt of blood or blood products prior to 1990 (prior to blood being screened for hepatitis C) had the potential to transmit hepatitis C and it is estimated that 15,910 Australians acquired hepatitis C via this route.

Due to the estimated low numbers of people having acquired hepatitis C via unsterile tattooing or body piercing or via injecting image and performance enhancing drugs, it was recommended these routes not be considered for this project.
Identifying potential culturally and linguistically diverse communities.

In order to summarise the data on people born overseas with hepatitis C and inform the development of tailored strategies to engage people in care, migration data, estimated hepatitis C prevalence and estimated number of people with hepatitis C is presented in Table 1. For consistency, the lower end of hepatitis C viraemic prevalence was used to calculate the estimated number of people with hepatitis C in Australia.

The estimated number of people with hepatitis C from each listed country is a crude estimate based on 2011 census data, multiplied by the estimated hepatitis C viraemic prevalence. It is unknown whether the source country hepatitis C prevalence can be applied to migrating populations; the ‘healthy immigrant’ effect casts doubt over the accuracy of this assumption. Table 1 does not present data for all people born overseas with hepatitis C but focuses on key population groups.

Table 1: The estimated burden of hepatitis C infection in people born overseas living in Australia.

<table>
<thead>
<tr>
<th>Country</th>
<th>Estimated number of people living in Australia</th>
<th>Estimated hepatitis C prevalence</th>
<th>Crude estimate of the number of people with hepatitis C living in Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>481,800</td>
<td>0.8%</td>
<td>3,850</td>
</tr>
<tr>
<td>India</td>
<td>432,700</td>
<td>0.7%</td>
<td>3,030</td>
</tr>
<tr>
<td>Brazil</td>
<td>147,509</td>
<td>1.3%</td>
<td>1,910</td>
</tr>
<tr>
<td>Egypt</td>
<td>36,533</td>
<td>10%</td>
<td>2,540*</td>
</tr>
<tr>
<td>Vietnam</td>
<td>230,200</td>
<td>2-2.9%</td>
<td>4,600</td>
</tr>
<tr>
<td>Pakistan</td>
<td>30,221</td>
<td>5.8%</td>
<td>1,750</td>
</tr>
</tbody>
</table>

* An assumption has been made that the hepatitis C prevalence applied to people aged over 45 years because the predominant risk factor for transmission was inadequate infection control procedures during the implementation of schistosomiasis treatment campaigns in the 1960s to 1980s. Therefore, the estimated number of Egypt-born people with hepatitis C has been calculated on the number of people aged 45 to >85 years recorded in the 2011 Census.

Aboriginal and Torres Strait Islander Communities

Despite the evidence that the proportional prevalence of hepatitis C among Aboriginal and Torres Straight communities is around five times higher than that of non-indigenous populations, it would be unlikely this project would include this group as a target population. There are a couple of factors to take into account. Firstly, there is little data outlining the proportion of indigenous people who are currently injecting drugs and who are not. Secondly, Hepatitis Australia recognises the need for programs targeting indigenous communities to be developed and delivered by organisations with a primary focus on Aboriginal and Torres Strait Islander health services.
**Recommended Audiences**

A number of factors were taken into account when considering which target populations Hepatitis Australia would be including in the Project. These factors included:

- timeframes
- capacity of Hepatitis Australia
- whether other organisations are better positioned to target specific population subsets
- the estimated number of people in each subset living with hepatitis C.

The following subsets populations of people living with hepatitis C, both diagnosed and undiagnosed, were explored further and prioritised for the development of communication strategies:

- people who do not currently inject drugs
- people living in Australia who were born in Vietnam, China, India and Egypt
- people with medically acquired hepatitis C.

**People living with hepatitis C who do not currently inject drugs**

Forming the largest proportion of the possible target populations it is important to understand what is meant when referring to ‘people who do not currently inject drugs’. It is also important to acknowledge that people can transition in and out of injecting drug use throughout their lives.

In the context of this Project, ‘people who do not currently inject drugs’ includes people who may have previously contracted hepatitis C through the sharing of unsterile drug injecting equipment but currently do not inject drugs, or have decided to no longer inject drugs, and are not currently engaged with drug treatment services.

The decision to not include people currently accessing drug treatment services is based on the assumption that those people are engaged with appropriate care services and avoids any duplication of projects being run by other organisations.

The size and diversity of this population makes it difficult to define a clear set of characteristics. However, a synthesis of the evidence from the review of demographic data, literature and community consultations suggests that people with hepatitis C who do not currently injects drugs are more likely to be aged over 50 years, with a higher proportion of males than females.

Anecdotal information collected during consultations and the development of character personas suggests that while this group is very diverse, the following commonalities may exist:

- tendency to attribute symptoms such as tiredness, aches and pains to getting older rather than associating them with hepatitis C
- caring for grandchildren and/or elderly parents and tend to prioritise their needs before their own health
- have an affinity with 1970s and 1980s rock music
- while not engaged with alcohol and other drug rehabilitation services, they may remain connected to programs such as Alcoholics and Narcotics Anonymous groups.
Vietnamese community in Australia

Community Snapshot:

- An estimated 230,200 Vietnam-born people were living in Australia to the end of June 2015.
- New South Wales had the largest number of Vietnam-born people with 71,838, followed by Victoria (68,296), Queensland (16,269) and Western Australia (12,715).
- Median age is 43.
- The main languages spoken at home by Vietnam-born people in Australia were Vietnamese (148,319), Cantonese (24,700) and English (5,970).
- Of the 179,066 Vietnam-born people who spoke a language other than English at home, 56.5 per cent spoke English very well or well, and 42.1 per cent spoke English not well, or not at all.
- Of the Vietnam-born people in Australia, there were 84,806 males (45.8 per cent) and 100,231 females (54.2 per cent).
- At the 2011 Census, 37.5 per cent of the Vietnam-born people aged 15 years and over had some form of higher non-school qualifications compared to 55.9 per cent of the Australian population.

Estimated number living with hepatitis C: 4,600

Hep C acquisition

- receipt of a blood or blood product transfusion
- being hospitalised or undergoing unsterile tattooing.

In Australia, while hepatitis C infection among Vietnamese people is often associated with injecting drug use, this is generally among younger people. However, among the older generation, medically acquired infection is more likely.

Chinese community in Australia

Community snapshot:

- Is now the largest migrant group in Australia and still growing rapidly.
- The median age is 35.
- The majority of China-born people live in Australia’s main cities, and more than half of this population lives in Sydney.
- In terms of education and employment, 58% of China-born people aged over 15 years had a tertiary degree and 51% were employed in either skilled managerial, professional or trade occupations.
- Chinese speakers in Australia come from multiple countries of origin including China, Hong Kong, Taiwan, Singapore, Malaysia and Indonesia.
- The main language spoken at home by China-born people is Mandarin, and 67% indicated they spoke English very well or well.
The China-born population in Australia can be characterised as young, living in capital cities (predominantly Sydney), with proficient English and high levels of education and professional employment.

**Key Insight:** Since the early 1990s, the majority of China-born people who have come to Australia have done so under the Business Skills Migration Scheme.

**Estimated number living with hepatitis C: 3,850**

**Hep C transmission**

Hepatitis C transmission in China predominantly occurred through unregulated medical practices, including reuse of intravenous injections with glass syringes and unscreened transfusion of blood and blood products.

**Indian community in Australia**

**Community Snapshot**

- The migration of India-born people to Australia commenced in the 1800s, but flourished between 2007 and 2011 when 45% of the current population arrived, with the majority moving to Victoria and NSW.
- At the end of June 2015, there were 432,700 India-born people in Australia.
- In the 2011 census, the India-born population was young with a median age of 31 years, and there were more males (56%) than females (44%).
- Twenty-one per cent spoke English at home and 93% indicated they spoke English very well or well. Hindi (20%) and Punjabi (19%) were the next main languages spoken at home.
- The majority of India-born people in Australia were affiliated with a religion, predominantly Hinduism (47%) and Sikhism (19%)
- Overall, the India-born population is well educated, with 80% having a higher non-school qualification.

The India-born population living in Australia can be categorised as young and with high levels of English proficiency, education and employment. India-born people are more likely to be living in urban cities, particularly in Victoria.

**Key insight:** Although proficiency in English is excellent, some adaptation to represent the unique and vibrant Indian culture and targeted cultural media may be important.

**Estimated number living in Australian with hepatitis C: 3,030**

**Hep C transmission**

The predominant transmission route for hepatitis C is medically acquired infections.
Egyptian community in Australia

Community snapshot

- At the time of the 2011 census, it was estimated there were 36,533 Egypt-born people living in Australia; 50% were living in NSW and 34% were living in Victoria.
- Generally the Egypt-born population is older, with a median age of 56 years.
- The main languages spoken at home by Egypt-born people in Australia were Arabic (56%) and English (20%).
- Eighty-eight per cent of people who spoke a language other than English at home indicated their English was very good or good.
- Egypt-born people were strongly affiliated with religion, with 36% affiliated with Oriental Orthodox, 22% Catholic and 15% Eastern Orthodox.

Key insight: The Egypt-born community in Australia is relatively established with many having arrived over 20 years ago and therefore have a good knowledge of the Australian health care system.

Estimated number living with hepatitis C: 2,539

Hep C transmission

The reuse of needles in the mass vaccination campaigns for schistosomiasis (infection with a parasitic worm).

People with medically acquired hepatitis C

Unsafe medical practices including the receipt of blood or blood products prior to 1990 (before blood was screened for hepatitis C) had the potential to transmit hepatitis C, and it is estimated that 15,910 Australians acquired hepatitis C this way.

Many people with bleeding disorders were exposed to hepatitis C through transfusions with blood products. In particular, plasma-derived clotting factor concentrates prior to the introduction of universal screening of the blood supply in 1990 and hepatitis C viral inactivation processes in the manufacturing of clotting factor concentrates in 1993.

The majority of people in this population group will be connected to care through follow-up programs or due to the nature of their illness. People with a bleeding disorder and hepatitis C who are not connected to care may include people with mild bleeding disorders such as mild haemophilia or Von Willebrand Disorder (VWD) who do not experience bleeding problems for long periods and therefore are not connected to a haemophilia treatment centre for care of their bleeding disorder.

The following are possible barriers that may hinder people with bleeding disorders who are living with hepatitis C to access clinical care:

- co-morbidities such as physical disability and/or reduced mobility due to haemophilia-related arthritis
- mental health issues including depression and ensuing fatigue
- distrust of the health care system
- difficulties with travel to health care providers.
A distrust of the health care system is also an important barrier to consider for all people who acquired hepatitis C from blood transfusions (prior to 1990) and medical accidents. As the acquisition of hepatitis C from blood transfusions predominately would have occurred more than 25 years ago, it is safe to assume that this subset of the target population would be over 30 years old.

**Communications Framework**

**General Principles**
The aim of all communication for the recommended strategies is to connect with people in the defined target populations, including those who are diagnosed and those who are undiagnosed.

In keeping with best practice communication, understanding your audience ensures you are clear about the purpose behind your communications, the key messages you need to deliver, and the channels that will get your message across effectively to drive the desired response.

When communicating as an organisation with a community, you are, in effect, building a relationship with the audience. Supporting messages are needed to tap into what the affected community would relate to — both those diagnosed and those who are currently undiagnosed.

As important as how you communicate with the target audience is ensuring that any website you are directing them to contains information that assists them to carry out the desired action, for example encouragement to speak to their doctor about hepatitis C testing or treatment.

When considering any potential channels for communication, it is also important to remember that all communication works best when integrated (i.e. when they work together, not in isolation), and when platforms are chosen that align with the preferences of a campaign’s target population (not the organisation responsible for engagement). Similarly, if looking to use social media alongside out-of-home advertising (e.g. advertising on bus shelters, modes of public transport, or billboards) and traditional public relations, it is important to be clear regarding the intention behind its use. Social media is never effective when used solely as an outbound, push marketing* tactic, as the user experience has trained audiences to expect two-way dialogue.

*A push marketing tactic is taking the product to the customer as opposed to a pull tactic where you get the customer to come to you.

**Communication Insights and Principles - CALD populations**
There are a number of general principles and considerations for delivering health promotion into CALD communities. These principles will be discussed in more detail later in the Report according to each community.

**Language and translation**
This consideration relates to whether or not the community will understand the medical terms used and whether translation is required.
Community consultations indicated that the majority of people in the Indian and Egyptian communities will understand the term ‘hepatitis’ and that this may be due to comparatively high levels of English fluency. However, understanding for the Egyptian communities would be enhanced if information is provided in their own language. According to the 2011 census, the main languages spoken at home by Egypt-born people in Australia were Arabic (20,440), English (74,011) and Greek (37,500).

The Chinese community is different in that many, including those with strong English abilities, do not know the term ‘hepatitis’ until the term is translated, or it is explained that it is a liver disease.

For Indian-Australian and Egyptian-Australian communities, it is possible to communicate using the term ‘hepatitis’. However, it is recommended that any communications with the Chinese-Australian and Vietnamese-Australian communities that either a translation or an explanation is given of what hepatitis means (for example liver disease).

**Perception (stigma and taboo)**
This consideration relates to how the community perceives the disease, whether there is a strong stigma associated with it and therefore a taboo when discussing the issues.

There is always going to be some stigma associated with any disease for all communities, including Anglo-Australians. In the consultations conducted for this report there was some stigma associated with hepatitis, however it was not strong, and in comparison to HIV/AIDS, the stigma associated with hepatitis is much less and the topic is discussed within the identified CALD communities. It should be noted that there is diversity within these CALD communities and that stigma and attitudes to hepatitis C may vary, therefore it is recommended that consultation with community leaders or representatives occur prior to developing and implementing communication strategies.

**Awareness**
This consideration relates to whether the community has good awareness of the illness in terms of the symptoms. This is particularly important for chronic hepatitis having few and poorly defined symptoms.

The knowledge of the existence of hepatitis was high among all communities, however, the awareness of the symptoms was low. Additionally, the understanding of the differences between hepatitis A, B and C was very low, including those with strong English language fluency. Some people suggested that pale yellow skin and eyes were symptoms and the majority of respondents did not know anything beyond that.

**Information seeking**
This consideration relates to how and where communities seek information when it is required.

Overwhelmingly, all people consulted indicated that if a friend or family member is diagnosed with hepatitis C they will trust the doctor to provide the relevant and required information about treatment. In all four CALD communities, people indicated that they have high level of trust with doctors’ professionalism and therefore communication via doctors about new hepatitis C treatments would be appropriate.

In terms of promoting to people to get tested and get diagnosed, many people expressed that it would be best if they obtained their information through ethnic media (print or radio). For those who have strong English language fluency, many obtain their information online or through posters at a doctor’s clinic.
There are also community groups such as senior citizens groups and social groups that health promotion professionals are able to access to promote the need to diagnose hepatitis C, as well as new treatments available to those who are already diagnosed with hepatitis C.

**Understanding CALD populations in Australia living with hepatitis C**

Understanding the characteristics of people from CALD target population subsets and their aspirations and motivations is crucial to developing effective communication messages, channels and associated imagery.

To inform this Project, Hepatitis Australia partnered with a cultural consultant who conducted community consultations to develop personas that are a typical representation of each of the identified CALD communities and to explore appropriate communication channels.

As with the Anglo-Saxon sections of target population, the people from CALD backgrounds living with hepatitis C are not homogenous and there is further diversity within each of the identified CALD communities.

One of the key steps in communicating with CALD communities is to partner with organisations that work with CALD communities who can provide insight into appropriate messages and channels of communication.

**Commonalities and differences among identified CALD communities**

Community consultations revealed the following commonalities across all cultures:

- Staying healthy is an important life aspiration.
- People connect with their communities through cultural groups, religious groups or interest/hobby groups.
- People will visit a GP due to ill health and mostly for a physical illness.
- Common barriers to seeing a GP included long queues or travel distances.
- The majority of people are aware of hepatitis C but do not know now the symptoms.
- Many people are confused between hepatitis B and C.
- Many people are unaware of how to test for hepatitis C.
- Cultural beliefs that would prevent people visiting a GP for hepatitis C testing or treatment is low for all communities, however many do not want their community to know they have hepatitis C.

Community consultations revealed the following unique qualities from different groups from within the CALD subsets:

- People with a higher education background tend to read both English news and news in their language.
- Some females prefer seeing a female GP.
- A small number of people may be reluctant to go the GP due to costs.
- Some people may access natural medicines.
- People from CALD groups often prefer to access GPs who speak the same language and/or who are from the same cultural background.
- Recent migrants from Egypt know of hepatitis C due to a recent campaign by the Egyptian Government to provide free treatment to people with hepatitis C in Egypt.
Communications Recommendations

All Audiences


With 227,305 Australians estimated to be living with hepatitis C, the affected community is not a homogenous group; there are varying levels of engagement with support services and clinical care, and significant diversity in disease awareness. However, from the insights gathered as part of the process of developing this strategy, synergies among the aspirations of the affected community became apparent.

Australians living with hepatitis C want to not only live, but live well. They want to enjoy life’s simple pleasures as they age. These include:

- spending time with their loved ones
- being healthy for those around them
- maintaining their ability to work or participate in the community
- relishing the ability to travel or partake in their hobbies.

To support this, people who may have been at risk must feel empowered to seek testing for hepatitis C and a diagnosis. Some people may have been diagnosed years ago and because they are not connected to clinical care may not be aware about just how much treatment, and the cure rates have improved in recent years. For those who have been diagnosed it will be important to ensure ready access to the latest information to assist in decisions about accessing treatment and seeking out a cure. Once cured, people can live free of hepatitis C.

In keeping with communication principles, the ‘Test. Cure. Live.’ message is simple, direct and action-orientated. This clearly connects a positive outcome with what we are asking those living with hepatitis C to do.

The concept of ‘Test. Cure. Live’ can also be translated with ease across multiple languages.
People whose first language is English

Supporting Messages:
The following supporting messages are designed to accompany the primary message (Test. Cure. Live.), and to hone in on what is believed will make this section of the target audience recognise we are communicating with them. In turn, we want this communication to incite positive action towards engaging in hepatitis C clinical care, either for testing and/or treatment.

There are three distinct groups within this section of the target population to consider when creating supporting messages:

• people who may have previously shared injecting equipment and are aware they may have hepatitis C
• people who may have previously shared injecting equipment and do not know they may have hepatitis C
• people who may have been at risk of hepatitis C through unsafe medical procedures or were recipients of blood and blood products before 1990, and may, or may not, know they are living with hepatitis C.

The number of people who may have medically acquired hepatitis C through Australian blood products, and who have not been followed up for care is likely to be small, however, a specific supporting message could be valuable. The inclusion of this not only helps remove public stigma relating to hepatitis C and injecting drug use but offers an alternative for people to open a discussion about hepatitis C with their doctor. The recommended messaging is also broad enough to engage a broader audience, including people who may have acquired hepatitis C in other countries.

It is recommended that the three different supporting messages outlined in Table 2 be deployed.
It is not recommended that the supporting messages suggested be further tailored to specific genders or locations. The behaviours and feelings the supporting messages hone in on have been deliberately suggested so as to be relevant to as broad an audience as possible.

Table 2. Recommended Supporting Messages: people whose first language is English

<table>
<thead>
<tr>
<th>1. For people who have been diagnosed with hepatitis C</th>
<th>2. For people who have not been diagnosed with hepatitis C</th>
<th>3. For people living with medically acquired hepatitis C</th>
</tr>
</thead>
<tbody>
<tr>
<td>It might be more than just tiredness and getting older. Speak to your doctor about hep C.</td>
<td>Have you ever injected drugs? Speak to your doctor about hep C.*</td>
<td>Concerned you may have been exposed to hepatitis C through a blood transfusion or unsterile medical or dental procedure? Speak to your doctor about hep C.</td>
</tr>
</tbody>
</table>

Rationale:
From the insights gathered as part of the process of developing this strategy, it became clear that many Australians who have been diagnosed with hepatitis C, and who have not already been cured, have in the most part been living with hepatitis C for decades. Despite believing they are asymptomatic, they will often report feeling lethargic and tired, or may refer to muscle aches, and put this down to simply ageing.

Knowing this, and knowing that the longer people live with the disease the more symptoms they may have (i.e. feeling lethargic and tired), it is recommended that a way to re-engage these Australians with clinical care is to have them link how they are currently feeling with hepatitis C. When coupled with the core message (Test. Cure. Live.), it would give them comfort to know they can now do something about it when informed of the significant advances in treatment.

Rationale:
From the insights gathered as part of the process of developing this strategy, and from what available data tells us that the principle route of hepatitis C transmission in Australia is the sharing of drug injecting equipment – it is recommended to engage the 13% of Australians living with hepatitis C that remain undiagnosed, that we clearly connect hepatitis C to the behaviour that may have put them at risk of contracting the virus.

While unapologetically transparent as a supporting message, from discussions had with members of the affected community we believe this will not hinder Australians living with hepatitis C or those who are undiagnosed from seeking help. More importantly, it will make it obvious to Australians who, in a past life shared drug injecting equipment, that a test is available, a cure is possible, and living life as they had always wanted is attainable.

Rationale:
Before 1990, some Australians acquired hepatitis C when they received blood or blood products contaminated with the virus.

As of February 1990, the Australian Red Cross Blood Bank tests all donated blood and blood products for the hepatitis C virus and antibodies.

From the insights gathered as part of the process of developing this strategy was the learning that Australians who acquired hepatitis C medically may not be aware of the fact that they are currently living with the virus. The need to draw attention to the specific mode of transmission is recommended in order for these Australians to know that they can get tested, achieve a cure, and live well.

*Please note, given the concern among the affected community (who have been diagnosed) of the stigma associated with living with a virus contracted as a result of sharing drug injecting equipment, it is not suggested that this supporting message would necessarily re-engage them with clinical care (hence, the alternate supporting message that hones in on symptoms – i.e. ‘It might be more than just tiredness and getting older’). However, with the appropriate images accompanying this supporting message for those undiagnosed, we do not believe the diagnosed community will feel any more marginalised, however, further market testing is recommended.
Use of Imagery
It will be important as part of any efforts to communicate the primary and supporting messages outlined above, that the appropriate visuals accompany any communication. Visual elements can either make or break whether or not the target audiences will connect, and potentially act on, what they are presented with.

From the insights gathered as part of the process of developing this strategy, similarly as detailed in the rationale for the primary message proposed (Test. Cure. Live.), it is recommended that images of a person/people enjoying life which evoke a desire to continue to be able to do this, are pursued.

As explained, while the affected community is not a homogenous group, synergies among the aspirations of the affected community can be found. This could be in regard to a desire to spend time with loved ones, e.g. children or grandchildren. Most want to be healthy for those around them or in need of them, such as their family unit or elderly parents. Being able to participate in community life by volunteering may be desired, also the opportunity to travel or partake in hobbies and ability to work.

Similarly, during conversations that took place with members of the affected community, shared past times emerged. For instance, music has remained a passion for many since their youth, and was a passion that many shared at the time they believe they contracted hepatitis C. This interest in music, or affinity with a particular era of music, could be further explored in the visuals used to accompany any communication (further to appropriate market testing).

Channels of Communication
This section outlines the potential channels for engaging the affected community, based on most common demographics. An explanation for what is being proposed is also provided.

It is important to note that while this section does provide recommendations on the type of traditional and social media outlets to pursue to reach the target population, it does not address how to communicate (i.e. via a radio community service announcement, via public relations/media engagement, or via out-of-home still display ads). This will need to be explored in further market testing in the lead up to, and during, the pilot program planned.

It is also important to note that what this section does not do is provide recommendations regarding engagement in local community settings in either an urban or rural environment. It is recommended that before doing so, specific local insights be gathered in order to inform communication with communities where they gather. The special interests of the target population could be explored further at a local level so that advertising could be pursued where there is high foot traffic, or where it is known the target audience frequents, as the impact of such direct communication should not be overlooked or underestimated.

Given the numerous information channels, Australians have access to, or favour, whether they are male or female, or live in an urban or rural environment, we have defined these subsets of the target population as the following:
• men aged 45-50+, living in an urban setting, either diagnosed with hepatitis C or undiagnosed
• women aged 45-50+, living in an urban setting, either diagnosed with hepatitis C or undiagnosed
• men aged 45-50+ living in a rural setting, either diagnosed with hepatitis C or undiagnosed
• women aged 45-50+ living in a rural setting, either diagnosed with hepatitis C or undiagnosed.

A breakdown of the relevant communication channels is attached as Appendix 1.

Again, it is important to note that no distinction has been made (without market research to indicate otherwise), between the channels through which to engage those Australians diagnosed with hepatitis C and those who are currently undiagnosed.

Audience: Chinese and Vietnamese communities
Communications strategies for the Chinese and Vietnamese communities are combined because there are many Vietnamese-Chinese within the community (for example some prefer to speak Chinese even though they were born in Vietnam). Vietnamese and Chinese also have similar belief systems and thinking patterns around health promotion. However, communications material must be translated into both Chinese (traditional and simplified written forms) and Vietnamese, because they are different languages.

Recommended strategies:
• Target bilingual doctors to promote hepatitis C testing and treatment.
• Target natural medicine practitioners (Chinese/Vietnamese medicine practitioners) to promote hepatitis C testing and treatment.
• Target community groups by identifying and appointing a community ambassador to increase awareness of testing and treatment.
• Set up a social media WeChat account to promote testing and treatment.
• Engage multicultural media outlets such as SBS Mandarin, Cantonese and Vietnamese radio and various language newspapers and magazines.

Note: WeChat is basically China’s version of Facebook. WeChat users can do just about anything, including play games, send money to people, make video calls, order food, read the news, book a doctor’s appointment, and more.

Audience: Indian community
The Indian community is, on the whole, younger than the Chinese and Vietnamese communities. They possess good English language abilities and have high education qualifications. Community consultations suggest that many do connect with their communities through religious organisations or cultural interest groups. Language is not a huge concern for many from this community but it is recommend that communication material is made available in key languages such as Hindi and Punjabi.

Recommended strategies:
• Target doctors to promote hepatitis C testing and treatment (bilingual doctors not always needed)
• Generate awareness of hepatitis C testing and treatment through community newspapers and social media
• Reach out to community members by having a key presence at key events and festivals
• Target religious organisations to discuss hepatitis C in a culturally and religiously appropriate setting.

**Audience: Egyptian community**

The Egyptian community is quite segregated with different religious groups. Major religious affiliations among Egypt-born are Oriental Orthodox, Catholic and Eastern Orthodox. Stakeholder consultations suggested that people from the Egyptian community do not want to see doctors from an Egyptian background about hepatitis C. However, community consultations indicated that their objections revolve around them being known to have the disease rather than around seeking testing, as they have a willingness to be tested if symptoms are present.

**Recommended strategies:**

• Mirror the Egyptian Government’s promotion of hepatitis C treatment in local in language papers.
• Target Egyptian community groups to promote awareness of hepatitis C, while being mindful of people not wanting to be seen as having the disease. Focus on providing a direct number or email for people to contact in private, rather than asking people to speak to them during an event or community meeting
• Use ethnic/multicultural media to promote awareness of testing and treatment.

**Next Steps**

Based on the findings and recommendations of this Report, Hepatitis Australia will develop a Communications Plan for implementation from June 2017. In addition to this Report, the development of the Communications Plan will be informed by communications experts, cultural consultants, hepatitis educators and people with lived experience of hepatitis C.

Monitoring and evaluation will be important to test the effectiveness of the Communications Plan and will likely involve an initial pilot phase to the implementation process.
## Appendices

### Appendix 1. Communication Channels: people whose first language is English.

Communicating with **men** aged 45-50+ living in an **urban** setting

<table>
<thead>
<tr>
<th>Media type</th>
<th>Relevant examples*</th>
<th>Rationale</th>
</tr>
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<tbody>
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<tr>
<td>Radio talkback (hard news)</td>
<td>ABC AM / PM / World Today, Radio National Breakfast, 2UE Sydney, 2GB Sydney, ABC 702 Sydney, 3AW Melbourne, ABC 774 Melbourne, 4BC Brisbane, 4KQ Brisbane, ABC 612 Brisbane, 6PR Perth, ABC 720 Perth, ABC 891 Adelaide, 5AA Adelaide, ABC 936 Hobart, ABC 105.7 Darwin, ABC 666 Canberra</td>
<td>Live radio audiences are dominated by those aged 40/45+, with use increasing with age. Radio news programs are self-reported by 39.6% of Australians as their main source of news.</td>
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<td>Radio talkback (softer news)</td>
<td>WSFM Sydney, Nova 969 Sydney, Triple M Sydney, Kiss FM Sydney, Nova 100 Melbourne, Triple M Melbourne, Gold 104.3 Melbourne, Triple M Brisbane, B105 Brisbane, Nova 93.7 Perth, Mix 94.5 Perth, SA FM Adelaide, Nova 91.9 Adelaide, Triple M Adelaide, Mix 104.7 Canberra, Mix 1049 Darwin</td>
<td>Other available data indicates that 48% of Australians listen to live radio at home; 33% in our cars; 19% at work.</td>
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<td>Television evening news bulletins</td>
<td>ABC News, Channel 7, Channel 9, Channel 10, SBS News</td>
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<td>Television news programs / shows</td>
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<td>Rationale</td>
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</tr>
<tr>
<td>Major online news websites</td>
<td>News.com.au, abc.net.au, thehuffingtonpost.com.au</td>
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</table>
| Local (suburban) newspapers and their online websites                     | The Blacktown Sun, Campbelltown-MacArthur Advertiser, Hills News, Liverpool Champion, Penrith City Gazette, Victor Harbour Times, Redland City Bulletin, Launceston Examiner, Freemantle Herald | News Corp Australia reports their network of 111 local mastheads reaches 4.4 million readers1 each week, and 1 million visitors come to their local online pages monthly.19  
Furthermore, among those aged 55+, News Corp reports reaching 1.5 million Australians each week via their local newspapers.5  
Fairfax Regional Media delivers a highly engaged and growing audience across its 195 regional mastheads and 136 websites.                                                        |
| Magazines (i.e. special interest), as well as special interest TV shows** | Fishing/boating, golfing, gardening, sports, cars, style, home buying/renovation, travelling, finance, music** | Understanding the interests of the target audience, and working from there to understand what magazines could then be targeted with advertising or editorial, or during which television shows you could advertise, should not be overlooked (either free to air or paid).** |
| Newspapers for older Australians (in print and online)                    | The Senior                                                                         | Targeted at Australians over 60, every month The Senior distributes 430,238 newspapers across the country.                                      |
| Out-of-home advertising                                                   | Billboards, bus shelter advertising, advertising on modes of transport, in shops/shopping centres, cinema advertising | Out-of-home advertising achieves great cut-through because it stands alone. In fact, research from Nielsen indicates that 75% of people agree that out-of-home advertising gives them something to look at when they are out |
### Media type

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<td></td>
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<tr>
<td>Facebook</td>
<td>News sites (either directly as they follow them, or from friends sharing news content)</td>
<td>While Australians aged 45 years and older favour traditional news over social media. 52.2% of Australians self-report social media as their most popular source of news. In fact, 21.5% of Australians self-report sharing a news story via social media.</td>
</tr>
</tbody>
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*Please note: The examples provided are not all inclusive, but indicative only.

**The special interests of the target population could be explored further at a local level so that advertising could be explored in community settings, especially where social gatherings occur or where there is high foot traffic, as the impact of such direct communication should not be overlooked (i.e. local clubs, sporting/fitness centres, shopping centres, public transport, etc.).

Communicating with men aged 45-50+ living in a rural setting

<table>
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</tr>
</tbody>
</table>
| Local television evening news bulletins (where available) | Prime7 News, WIN News, NBN News, Southern Cross Ten News | Other available data indicates that 48% of Australians listen to live radio at home; 33% in our cars; 19% at work.4  
37.6% of Australians self-report television as their main source of news.3  
The ever increasing array of news programming exploding across mainstream television news channels is evidence of the continued success of these formats. |
| Metropolitan television evening news bulletins | ABC News, Channel 7, Channel 9, Channel 10, SBS News   |                                                                                                                                                                                                           |
| Television news programs / shows              | Channel 10 The Project, Channel 9’s A Current Affair, Channel 9′s 60 Minutes, Channel 7′s Sunday Night, SBS Insight, ABC Q&A, Channel 7′s Sunrise, Channel 9′s Today Show |                                                                                                                                                                                                           |
| Local (suburban) newspapers and their online websites | The Blacktown Sun, Campbelltown-MacArthur Advertiser, Hills News, Liverpool Champion, Penrith City Gazette, Victor Harbour Times, Redland City Bulletin, Launceston Examiner, Freemantle Herald | News Corp Australia reports their network of 111 local mastheads reaches 4.4 million readers1 each week, and 1 million visitors come to their local online pages monthly.5  
Furthermore, among those aged 55+, News Corp reports reaching 1.5 million Australians each week via their local newspapers.5  
Fairfax Regional Media delivers a highly engaged and growing audience across its 195 regional mastheads and 136 websites.  
In fact, each week, 5.7 million Australians in regional areas will read a newspaper.5 |
<p>| Newspapers for older Australians (in print and online) | The Senior | Targeted at Australians over 60, every month, The Senior distributes 430,238 newspapers across the country.                                                                                       |</p>
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<td>The Land, The Weekly Times</td>
<td>Australia’s two largest rural papers</td>
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<td>Similarly, 32.5% of Australians self-report the websites of newspapers as their main source of news. 1</td>
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Communicating with *women* aged 45-50+ living in an *urban* setting

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<td>Live radio audiences are dominated by those aged 40/45+, with use increasing with age. Radio news programs are self-reported by 39.6% of Australians as their main source of news.¹ Other available data indicates that 48% of Australians listen to live radio at home; 33% in our cars; 19% at work.²</td>
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<td>Television news programs / shows</td>
<td>Channel 10 The Project, Channel 9’s A Current Affair, Channel 9’s 60 Minutes, Channel 7’s Sunday Night, SBS Insight, ABC Q&amp;A, Channel 7’s Sunrise, Channel 9’s Today Show, Channel 9’s Today Extra,</td>
<td>The ever increasing array of news programming exploding across mainstream television news channels is evidence of the continued success of these formats.</td>
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<tr>
<td>Media type</td>
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<tr>
<td>------------------------------------------------</td>
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<tr>
<td>channel 7’s the morning show, channel 7’s the daily edition</td>
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<tr>
<td>Weekend major metropolitan newspapers (print and online)</td>
<td>the weekend australian, the Sunday mail Brisbane, the Sunday mail Adelaide, the Sunday Herald Sun, the Sunday Herald, the Sunday Age, financial review Sunday</td>
<td>35.4% of Australians self-report newspapers (in print) as their main source of news.¹</td>
</tr>
<tr>
<td>Weekend major metropolitan newspaper supplements/lift-out magazines (print and online)</td>
<td>the weekend australian magazine, good Weekend, West Weekend</td>
<td>Similarly, 32.5% of Australians self-report the websites of newspapers as their main source of news.¹</td>
</tr>
<tr>
<td>Daily major metropolitan newspapers (print and online)</td>
<td>the sydney morning herald, the daily telegraph, the age, the herald sun, the courier mail, the adelaide advertiser, the west australian, the northern territory news, the hobart mercury, the australian, the australian financial review</td>
<td></td>
</tr>
<tr>
<td>Major online news websites</td>
<td>news.com.au, abc.net.au, thehuffingtonpost.com.au</td>
<td></td>
</tr>
<tr>
<td>Women’s magazines (print and online)</td>
<td>Marie Claire, Women’s Weekly, Vogue, Prevention, Good Health</td>
<td>39.1% of Australians self-report using magazines and newspapers as a source of news.¹</td>
</tr>
<tr>
<td>Local (suburban) newspapers and their online websites</td>
<td>the Blacktown Sun, Campbelltown-MacArthur Advertiser, Hills News, Liverpool Champion, Penrith City Gazette, Victor Harbour Times, Redland City Bulletin, Launceston Examiner, Freemantle Herald</td>
<td>News Corp Australia report their network of 111 local mastheads reaches 4.4 million readers¹ each week, and 1 million visitors come to their local online pages monthly.³ Additionally, among those aged 55+, News Corp report reaching 1.5 million Australians each week via their local newspapers.³</td>
</tr>
</tbody>
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<tr>
<th>Media type</th>
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<tr>
<td>Fairfax Regional Media delivers a highly engaged and growing audience across its 195 regional mastheads and 136 websites.</td>
<td></td>
<td></td>
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<tr>
<td>Magazines (i.e. special interest), as well as special interest TV shows**</td>
<td>Gardening, fashion / style, home buying / renovation, travelling, food / cooking, fitness / health**</td>
<td>Understanding the interests of the target audience, and working from there to understand what magazines could then be targeted with advertising or editorial, or which television shows you could advertise during, should not be overlooked (either free to air or paid).**</td>
</tr>
<tr>
<td>Newspaper's for older Australians (in print and online)</td>
<td>The Senior</td>
<td>Targeted at Australians over 60, every month The Senior distributes 430,238 newspapers across the country.</td>
</tr>
<tr>
<td>Out-of-home advertising</td>
<td>Billboards, bus shelter advertising, advertising on modes of transport, in shops/shopping centres, cinema advertising</td>
<td>Out of home advertising achieves great cut-through because it stands alone. In fact, research from Nielsen indicates that 75% of people agree that out-of-home advertising gives them something to look at when they’re out and about, and when it is included in an integrated campaign, it improves the return on investment when executed correctly.⁴</td>
</tr>
<tr>
<td>Social media</td>
<td>News sites (either directly as they follow them, or from friends sharing news content)</td>
<td>While Australians aged 45 years and older favour traditional news over social media,¹ 52.2% of Australians self-report social media as their most popular source of news.¹ In fact, 21.5% of Australians self-report sharing a news story via social media.¹</td>
</tr>
</tbody>
</table>

*Please note: The examples provided are not all inclusive, but indicative only.*
**The special interests of the target population could be explored further at a local level so that advertising could be explored in community settings, especially where social gatherings occur or where there is high foot traffic, as the impact of such direct communication should not be overlooked (i.e. local clubs, sporting/fitness centres, shopping centres, public transport, etc.).**

### Communicating with women aged 45-50+ living in a rural setting

<table>
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<tr>
<th>Media type</th>
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<tr>
<td><strong>Traditional media</strong></td>
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<tr>
<td>Local radio talkback</td>
<td>Local ABC radio outlets, commercial and community channels across Australia</td>
<td>Live radio audiences are dominated by those aged 40/45+, with use increasing with age.</td>
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<tr>
<td></td>
<td></td>
<td>Radio news programs are self-reported by 39.6% of Australians as their main source of news.</td>
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<tr>
<td></td>
<td></td>
<td>Other available data indicates that 48% of Australians listen to live radio at home; 33% in our cars; 19% at work.</td>
</tr>
<tr>
<td>Local television evening news bulletins (where available)</td>
<td>Prime7 News, WIN News, NBN News, Southern Cross Ten News</td>
<td>37.6% of Australians self-report television as their main source of news.</td>
</tr>
<tr>
<td>Metropolitan television evening news bulletins</td>
<td>ABC News, Channel 7, Channel 9, Channel 10, SBS News</td>
<td>The ever increasing array of news programming exploding across mainstream television news channels is evidence of the continued success of these formats.</td>
</tr>
<tr>
<td>Television news programs / shows</td>
<td>Channel 10 The Project, Channel 9's A Current Affair, Channel 9's 60 Minutes, Channel 7's Sunday Night, SBS Insight, ABC Q&amp;A, Channel 7's Sunrise, Channel 9's Today Show, Channel 9's Today Extra, Channel 7's The Morning Show, Channel 7's The Daily Edition</td>
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<td>Local (suburban) newspapers and their online websites</td>
<td>The Blacktown Sun, Campbelltown-MacArthur Advertiser, Hills News, Liverpool Champion, Penrith</td>
<td>News Corp Australia report their network of 111 local mastheads reaches 4.4 million</td>
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<tr>
<td>City Gazette, Victor Harbour Times, Redland City</td>
<td>readers1 each week, and 1 million visitors come to their local online pages monthly.³</td>
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<tr>
<td>Bulletin, Launceston Examiner, Freemantle Herald</td>
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<td>Furthermore, among those aged 55+, News Corp reports reaching 1.5 million Australians each week via their local newspapers.³</td>
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<td><strong>Newspapers for older Australians</strong> (in print and</td>
<td>The Senior</td>
<td>Fairfax Regional Media delivers a highly engaged and growing audience across its 195 regional mastheads and 136 websites.</td>
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<td>online)</td>
<td></td>
<td>In fact, each week, 5.7 million Australians in regional areas will read a newspaper.³</td>
</tr>
<tr>
<td><strong>Newspapers for rural Australians</strong></td>
<td>The Land, The Weekly Times</td>
<td>Australia’s two largest rural papers</td>
</tr>
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<td>**Weekend major metropolitan newspapers (print and</td>
<td>The Weekend Australian, The Sunday Mail Brisbane, The Sunday Mail Adelaide, The</td>
<td>35.4% of Australians self-report newspapers (in print) as their main source of news.¹</td>
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<td>online)</td>
<td>Sunday Herald Sun, The Sunday Herald, The Sunday Age, Financial Review Sunday</td>
<td>Similarly, 32.5% of Australians self-report the websites of newspapers as their main source of news.¹</td>
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<td>**Weekend major metropolitan newspaper supplements/</td>
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</tr>
<tr>
<td>lift-out magazines (print and online)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Daily major metropolitan newspapers (print and</td>
<td>The Sydney Morning Herald, The Daily Telegraph, The Age, The Herald Sun, The</td>
<td></td>
</tr>
<tr>
<td>online)**</td>
<td>Courier Mail, The Adelaide Advertiser, The West Australian, The Northern Territory</td>
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<td>39.1% of Australians self-report using magazines and newspapers as a source of news.</td>
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**Social media**

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<td>Facebook</td>
<td>News sites (either directly as they follow them, or from friends sharing news content)</td>
<td>While Australians aged 45 years and older favour traditional news over social media, 52.2% of Australians self-report social media as their most popular source of news.</td>
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*Please note: The examples provided are not all inclusive, but indicative only.

**The special interests of the target population could be explored further at a local level so that advertising could be explored in community settings, especially where social gatherings occur or where there is high foot traffic, as the impact of such direct communication should not be overlooked (i.e. local clubs, sports, transport, shopping centres, musters, etc.)
References


8. Dore G. Kirby Institute, University of New South Wales. Direct communication, 27th October 2016.