

March 2019

# Good Liver



## Hot, new resources

### Adult Migrant English Program (AMEP) resource

*Living Well with Hepatitis B* is a collection of archetypal stories about living with the virus and getting vaccinated against it. Written in simple English with lots of helpful images.

### The hierarchy of health

The public awareness and support for health conditions such as breast cancer, HIV, and domestic violence is widespread, but it is not so for liver health. When compared the discrepancies become very clear.

### Smashing hep C myths

In a podcast interview Steven Taylor talks about his job training participants in the AOD sector and the need for information about liver health and hepatitis C.

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### Reader response

Your comments or experiences in regard to any articles in *Good Liver* are welcome.  
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# Communiqué

From the desk of the Chief Executive Officer



“The New Year holiday was barely over before drafts of important new resources appeared across my desk”

## New resources and new challenges

As I leaf through this new edition of our magazine, which shows our growing scope, I am reminded of the ambition and hard work of our volunteers, supporters and excellent staff.

In fact, the New Year holiday was barely over before drafts of important new resources appeared across my desk, so let me introduce you to a few of them now.

In line with Hepatitis Victoria's evolving remit of broadening our work to encompass more general liver health, we have created a suite of useful hints and tips in handy-sized 8-panel health pamphlets. They are called *Your Liver, Your Health*; *Cirrhosis*; and *Fatty Liver Disease*. These are the first of a series as there will be more to come. The next pamphlet will focus on alcohol and its effects.

A new infographic factsheet also neatly distils the looming scale of the liver health crisis succinctly into 13 memorable graphic images and bite-sized facts.

Aimed at the general community, each of these resources - available in print and digital form - is a snapshot of up-to-date health research and describes in clear and simple terms, what your liver does, how it is impacted by disease and what could happen if not properly taken care of.

In order to ensure tone and content of our new resources is what the community wants to see, we took the time to do consumer testing with health experts and people who have lived experience.

I continue to be surprised, that the information we are producing for the general public doesn't already exist. It is clear that liver health and its associated diseases, including viral hepatitis, is sadly ignored. With these new resources, we are helping to raise awareness and in doing so helping to save lives.

Our community consists of people from many diverse backgrounds. We have to think carefully about how we communicate most effectively with them, as one-size does not fit all. Without culturally and linguistically appropriate materials we might never reach these audiences, and that's why I am delighted with the progress in languages other than English.

Read the story about the work we have been doing with the Australian Migrant English Programme (AMEP) a successful collaboration that has seen a book originally produced by Hepatitis Queensland, *Living Well with Hepatitis B* translated from English into 8 languages.

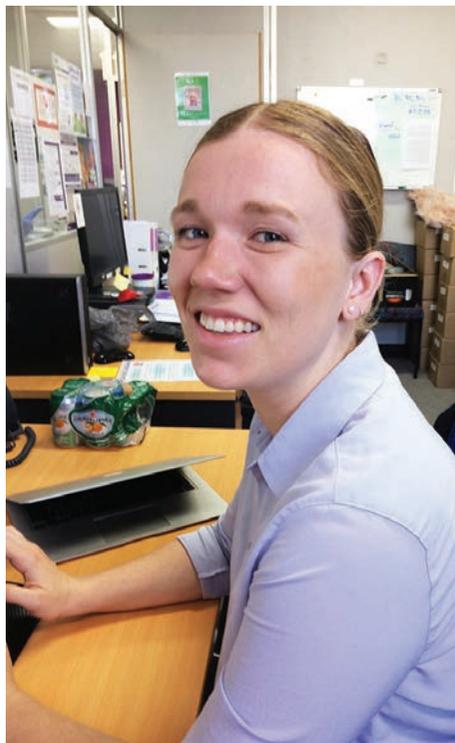
So many volunteers and interns commit their time to allow us to achieve these outcomes.

Read the story of our Masters students Robbie-Lee Stephens and Wen Wen, who have both been central to the creation of the Jade Coalition in the Chinese community against hepatitis B. And learn who has become a HEP Hero, the list this edition includes two total heroes whose accolades

are long overdue, the wonderful Julie Shiels and Rhonda McMaw.

Finally, we know that with the new medications available and concentrated effort, viral hepatitis can be managed and beaten. But stigma and discrimination remain huge barriers. Part of the answer of why this is such an intractable problem is revealed in an excellent piece by our Stigma Response Coordinator Jack Gunn, who reviews research on the 'prestige' of diseases among health workers and how this has created a hierarchy. I urge you to read his analysis.

### Melanie Eagle, CEO



Robbie-Lee Stephens/Jade Coalition

# De-Livering the news



## Can you get the hepatitis B vaccine for free?

The Victorian Government is offering the hepatitis B vaccine for free to certain high-priority groups in the community. Are you in one of them? [Check the full list here](#). People born in priority hepatitis B endemic countries and arrived in Australia in the last 10 years can access the free vaccines. Priority countries include China, Philippines, Malaysia, Vietnam, Afghanistan, Thailand, South Korea, Myanmar (Burma), Indonesia, Singapore, Hong Kong, Taiwan and Cambodia. Other groups include all refugees and humanitarian entrants including asylum seekers, all people under 20 years of age, all Aboriginal and Torres Strait Islander people, and people living with conditions such as HIV or hepatitis C.

## With increased efforts, eliminating viral hepatitis is feasible says *Lancet* report

Viral hepatitis is a major public health threat resulting in around 4,000 deaths per day, with 96% of these deaths due to hepatitis B virus (HBV) and hepatitis C virus (HCV). *Lancet* Gastroenterology and Hepatology gathered a group of experts to assess the global viral hepatitis situation and identify priorities for action to accelerate progress toward elimination. The [Commission's analysis](#) says the fact that highly effective preventive measures and treatments are



now available means that global elimination is possible, and World Health Organization (WHO) member states have set ambitious targets for 2030: reduce mortality by 65% and new infections by 90%.

## Brimbank Mayor welcomes HEPReady Workshop

Mayor of Brimbank Cr Lucinda Congreve gave the opening address at the HEPReady Brimbank workshop on 7 March. The event, attended by several dozen community and health workers highlighted the urgency of the problem of viral hepatitis in Brimbank which has more than 4000 living with the disease.

"The prevalence of chronic hepatitis B in Brimbank is the highest in Victoria, and reports of chronic hepatitis C are among the highest in the state," said Cr Congreve. "The seriousness of this issue cannot be underestimated, particularly for our community," she said.

The free workshop was part of a campaign launched in Brimbank media, GP surgeries, on the backs of buses, and in local shopping centres calling for people to get tested and, if they are living with viral hepatitis, to get treated.

[www](#) More info online, [here](#).



## SPOTLIGHT on SERVICES



Austin Health, 145 Studley Road, Heidelberg  
 Contact: (03) 9496 2787 Fax: (03) 9496 2097

Austin Health is a public hospital that has specialist liver, gastroenterology and Hepatitis clinics. Both doctors and liver nurses are available and referrals can be faxed or electronically sent by a GP and people can then be linked to the most appropriate clinic. Clinics are open 9.00am – 4.00pm, Monday to Friday. Pathology, Fibrosans and access to Counselling and Drug and Alcohol services are all on site. Austin Health is close to both trains and buses in Heidelberg.

[www](#) Parking information, [here](#).

## New infographic captures liver health crisis

### AUSTRALIANS LIVING WITH LIVER DISEASE



Liver disease affects an estimated 6 million Australians. This equates to the entire population of Victoria<sup>(1)</sup>

### NATIONAL ANNUAL DEATH TOLL (2018)<sup>(9,10)</sup>

A new infographic from Hepatitis Victoria underscores - in 13 simple but devastating images - the nature of the evolving liver health crisis in Australia. Topics such as the number of people living with liver disease, the cost to the economy, the annual death toll and the five-year survival rate reveal the longer we ignore our liver health the more we are in peril. Why is this health crisis so little known? One of the charts gives a clue, as it shows how the liver and its diseases is consistently near the bottom on a listing by health workers of the “Prestige of Diseases”. Read Jack Gunn’s piece (page 6-7) and view the new infographic (page 22-23).

## ‘Mind your language’ and use words that reduce stigma

A new Hepatitis Victoria guide called [#LanguageMatters](#) challenges us to think about the way we think, talk and write about viral hepatitis and how our words can (intentionally or unintentionally) stigmatise and hurt people living with hepatitis B or C.

“The way language is used - both written and verbally – has a powerful influence on shaping our own view, public perceptions and how we see ourselves,” said Hepatitis Victoria Stigma Response Coordinator, Jack Gunn.

“Stigmatising language towards viral hepatitis can have a hurtful and marginalizing effect on a person. The purpose of the guide is to minimize the stigma and discrimination surrounding viral hepatitis by changing the way we think and talk about it,” said Jack.

[www](#) Download resource [here](#).

Try this:	Instead of this:	Why?
<ul style="list-style-type: none"> <li>Person living with hepatitis B/C</li> <li>Person who has hepatitis B/C</li> </ul>	<ul style="list-style-type: none"> <li>Carrier, infected, diseased, contaminated</li> <li>Victim, sufferer</li> </ul>	<p>These terms are considered offensive and provoke stigma.</p> <p>While viral hepatitis can have a significant impact on a person, these terms are disempowering and implies they have no control over their lives.</p>
<ul style="list-style-type: none"> <li>Contract, acquire* ...</li> <li>Exposed to...</li> <li>Diagnosed with... hepatitis B/C</li> <li>Transmission</li> </ul>	<ul style="list-style-type: none"> <li>Catch it</li> <li>Became infected with...</li> <li>Spread, Pass on</li> <li>Give/gave</li> </ul>	<p>Words like 'catching' and 'spread' suggest negative connotations to something that is contagious and should be avoided or feared.</p>
<ul style="list-style-type: none"> <li>Chooses to/chooses not to</li> <li>Positive/negative blood screen</li> <li>Blood containing hepatitis B/C</li> </ul>	<ul style="list-style-type: none"> <li>Compliant/non-compliant</li> <li>Adherent/non-adherent</li> <li>Dirty/clean blood</li> <li>Tainted blood</li> </ul>	<p>*Avoid asking how a person acquired viral hepatitis as it can be stigmatising and is irrelevant.</p> <p>These terms characterise the individual as cooperative or uncooperative, and regard the person as a passive and submissive recipient of care.</p> <p>Referring to someone who tests negative as clean suggests that people who test positive are dirty.</p>

Try this:	Instead of this:	Why?
<ul style="list-style-type: none"> <li>Vertical transmission</li> <li>Perinatal transmission</li> <li>Infant exposed to hepatitis B</li> </ul>	<ul style="list-style-type: none"> <li>Mother-to-baby transmission</li> <li>Hepatitis B-exposed infant</li> </ul>	<p>Mother-to-child transmission is perceived to have an accusatory tone that blames the mother for transmitting the virus to her child. This simple change in term turns the focus away from mother being the 'vectors of transmission'.</p>
<ul style="list-style-type: none"> <li>Body fluids that may be responsible for hepatitis B transmission (e.g blood, semen, or vaginal fluid)</li> <li>Sexual contact, Sexual transmission</li> </ul>	<ul style="list-style-type: none"> <li>Bodily fluids</li> <li>Spread, pass on</li> <li>Give/gave</li> </ul>	<p>Be specific if you can - hepatitis B cannot be spread through saliva, breast milk, or sweat.</p> <p>These terms have a blaming and accusatory tone.</p>

Try this:	Instead of this:	Why?
<ul style="list-style-type: none"> <li>Contract, acquire ...</li> <li>Exposed to...</li> <li>Diagnosed with... hepatitis C</li> <li>Sterile...</li> <li>Contaminated...</li> <li>Used/unused...</li> <li>New/old... needle/injecting equipment</li> <li>Person who uses drugs/alcohol</li> <li>Person who injects drugs</li> <li>Person who is recovering from...</li> <li>Person who is no longer using...</li> </ul>	<ul style="list-style-type: none"> <li>Reinfected</li> <li>Clean/dirty needle</li> <li>Dirties</li> <li>Junkie, druggie, addict, alcoholic</li> <li>Former addict, recovered, clean</li> </ul>	<p>When speaking to someone who has cured hepatitis C and acquires it again, using the term 'reinfected' may be incorrectly perceived by the person that their initial treatment was a failure and a waste.</p> <p>The comparison between 'clean' and 'dirty' separates into two groups: 'good' and 'bad'.</p> <p>Using precise, non-judgemental language towards substance use minimizes stigma and stereotypes.</p>

# The hierarchy of health

How 'disease prestige' entrenches stigma with deadly results

## Why the public conversation around our livers is lacking

A recent report estimates that around 6 million Australians (over a quarter of the population) are living with some form of liver condition. The vast majority of cases are attributed to non-alcoholic fatty liver disease, but this figure also includes viral hepatitis, cirrhosis, and liver cancer. As a lack of awareness remains, unhealthy lifestyle behaviours continue and people's conditions worsen. Its a public health burden that is expected to rapidly rise by 2030 with consequences including more pressure on the already over-burdened liver transplant list, and an increasing number of preventable deaths.

The liver and its functions is an area of health that affects so many of us with a sizeable impact, so why is there so little talk about looking after our hardest working organ? How often do we see a campaign in the media promoting ways to keep our livers healthy, a celebrity calling for action on blood borne virus prevention, or a government (state or federal) announcing more investments into liver disease research?

*Almost never* - and when you compare this to the widespread public awareness and support for conditions like breast cancer, HIV, and domestic violence (all burdensome and deserving causes nonetheless) the discrepancies become clear. The answer to the question around this lack of attention is largely to do with stigmatisation and how we socially award 'prestige' to an illness. Alarming, this basic popularity contest can also be observed in health and clinical settings, shaping the type of treatment and care a patient receives.

## The hierarchy of health conditions in medicine

The Hippocratic Oath is a fundamental document in the history of medical ethics, where for millennia doctors have pledged to provide the best treatment available equally to all patients. However, in practice not all health conditions and patient groups are perceived as equal in the disease hierarchy.

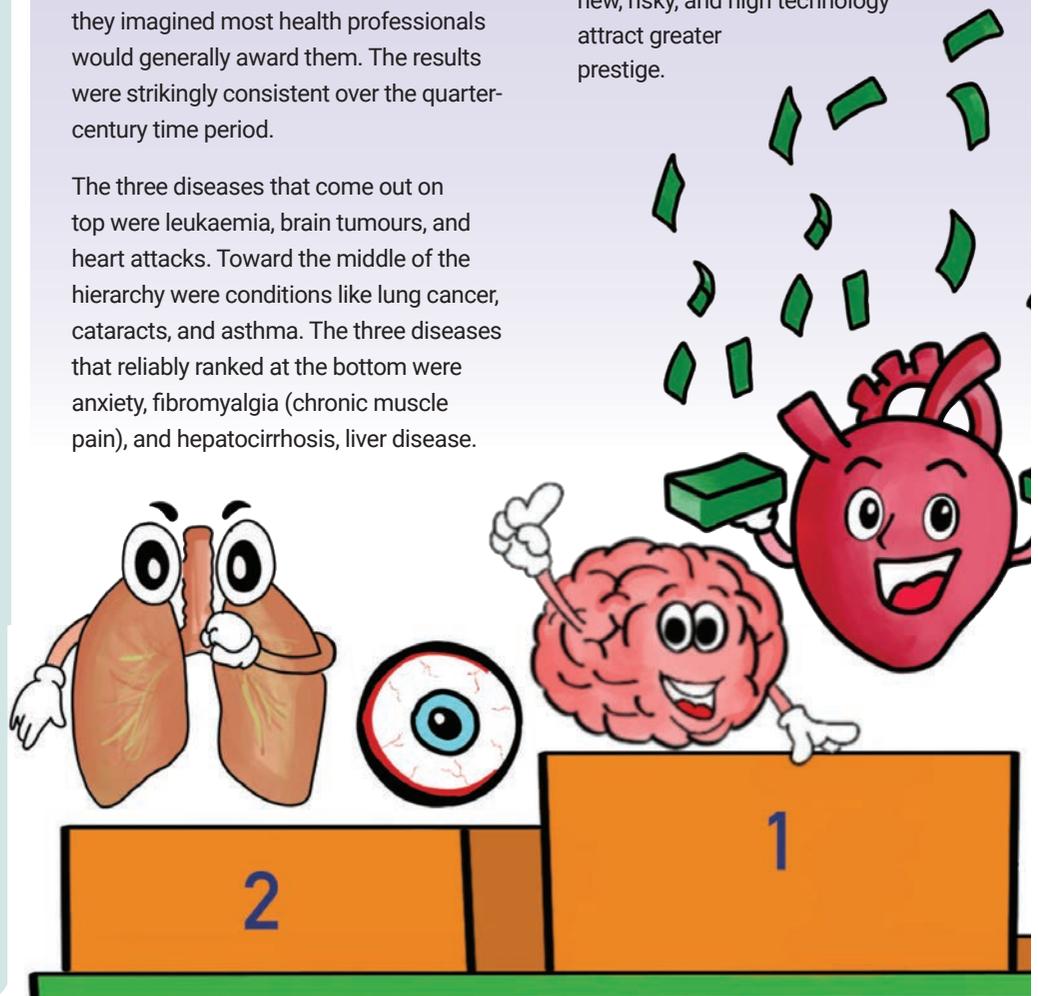
A team of researchers recently compared the results of three separate surveys conducted in 1990, 2002, and 2014. The questionnaire was completed by a total of 630 physicians and medical students. Participants were asked to rate 38 disease categories on a scale from 1 (lowest) to 9 (highest), according to the prestige they imagined most health professionals would generally award them. The results were strikingly consistent over the quarter-century time period.

The three diseases that come out on top were leukaemia, brain tumours, and heart attacks. Toward the middle of the hierarchy were conditions like lung cancer, cataracts, and asthma. The three diseases that reliably ranked at the bottom were anxiety, fibromyalgia (chronic muscle pain), and hepatocirrhosis, liver disease.

### But why is this the case?

It has been theorised that there are three sets of criteria that influence how a disease will perform in the prestige hierarchy:

- 1. Nature and localisation of the disease:** Non-self-inflicted, short-term, and fatal diseases that are straightforward to diagnose and located in the upper part of the body (organs like the heart or brain) typically have the highest prestige.
- 2. Effect and style of treatment:** Diseases with treatments that are prompt and effective, and involve new, risky, and high technology attract greater prestige.



### 3. Attributes of the patient:

Diseases associated with patients who are younger, have more positive patient-doctor relationship, and with treatments that won't leave disfigurements or heavy burdens also score more favourably.

When we consider that liver diseases are generally lifestyle related, long-term, and mostly affect people later in life, the answer to why there is a lack of public awareness and lower disease prestige becomes clear.

The ramifications of the acuteness and curability of a disease likely influences how health professionals make decisions and plan treatments. Beyond clinical and hospital settings, the prestige or perceived "importance" of an illness influences board meetings, budgets, and administration of health services.

Can there be any doubt then, that the way liver health is ignored is one of the major factors behind the huge rise in liver disease? According to Louise Stone of Australian National University, 7000 Australians lost their lives to liver disease in 2012. Today, liver cancer is the fastest growing cancer in the country, but Commonwealth funding remains low.

## Connections to culture and society

As with many other health conditions both mental and physical, stigma is the reason people are treated differently.

An illness is not merely a condition or medical label – a diagnosis conveys meaning around stories, images, and identities for the individual.

Consequently, a social 'blame game' takes place, where people who have been diagnosed with behavioural-related conditions are less respected by community members for reasons such as 'they deserved it' or that it's 'their own fault'. What follows is a sense of shame on the person living with the condition.

It can be further understood that generally, the less socially acceptable the causal behaviour (e.g. choosing to inject drugs), the resulting condition tends to attract less empathy and is more stigmatised (e.g. contracting hepatitis C).

In reality, a surprising number of diseases and injuries can be a result of our own behaviour. As you can imagine, most people who are admitted to an emergency room are at least partially, if not, fully responsible for their own injuries. If we were to prioritise and limit support for those who are complete victims of unfortunate circumstances, then our medical and health professionals will have a lot of time on their hands!



## The solution

We need to level the playing field.



## Sources

1. Deloitte Access Economics for the Gastroenterological Society of Australia/Australian Liver Association. The economic cost and health burden of liver diseases in Australia.
2. Album, D., Johannessen, L. E., & Rasmussen, E. B. (2017). Stability and change in disease prestige: A comparative analysis of three surveys spanning a quarter of a century. Soc Sci Med.



# A suite of colourful new resources

For your liver and your health

## A suite of colourful new resources for your liver and your health:

- **Your Liver, Your Health**
- **Cirrhosis**
- **Fatty Liver Disease**

Despite being one of our most vital organs, liver health continues to be overlooked and ignored... with increasingly tragic consequences.

"Liver disease affects a staggering 6 million (almost one-in-four) Australians, and liver cancer is the fastest growing cancer in the country with 1400 deaths every year," said Melanie Eagle, Chief Executive Officer of Hepatitis Victoria.

According to a 2018 study in the *Journal of Clinical Gastroenterology* Fatty Liver Disease is now responsible for more liver transplants in young people than hepatitis C or alcoholism – a trend Australia is following.

This burgeoning health crisis is one of the reasons Hepatitis Victoria is expanding its remit beyond viral hepatitis to advocate for a broader liver health response.

"There is a compelling need for a consumer-focused liver organisation promoting better liver health and greater awareness in Australia," said Melanie.

To do this effectively however, there needs to be resources that clearly and simply explain the challenge liver disease presents to the overall health and well-being of the community. The audience for these resources is people who want to learn more about their liver health, and the growing number of people diagnosed with liver health problems.

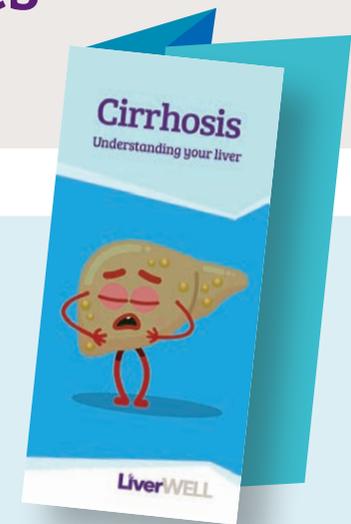
In November, Hepatitis Victoria launched two new printed and digital liver health resources, *Your Liver, Your Health* focused on general liver health, and a resource that focuses on *Cirrhosis*. A third resource, *Fatty Liver Disease* was launched in March, and all three resources were thoroughly tested for comprehension, relevance and usefulness

with lived experience people and health experts.

"These resources give hints and tips on how you need to maintain optimum liver health and fight cirrhosis. My hope is that they will help build stronger awareness and knowledge about the liver in the community," said Melanie.

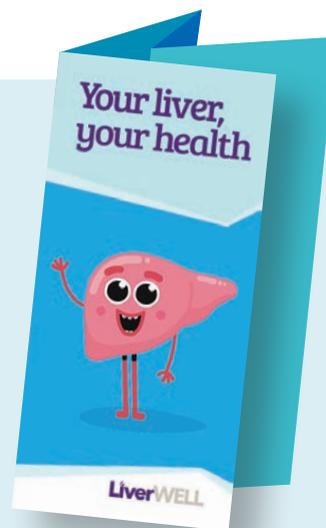
Each resource is designed to be printed as a colourful A5 fold-out brochure with eight panels each packed with helpful background, hints and tips for better liver health.

You can download the brochures from our website, or order hard copies from Hepatitis Victoria.



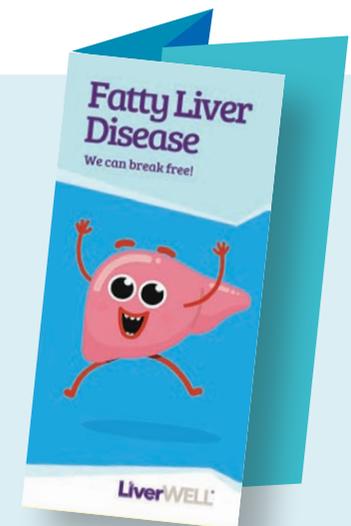
## Cirrhosis

- What is Cirrhosis?
- Am I at risk?
- Stages of liver disease
- Two stages of cirrhosis
- Treatment, medications
- Talking about your concerns and finding support



## Your Liver, Your Health

- Anyone can develop liver disease
- There are many options for prevention, treatment and management
- Act now to detect liver damage early and avoid further loss of liver function
- Talk to your GP, get tested, a simple liver test may save your life
- A healthy diet and exercise will support your liver health
- Your liver is remarkably resilient, and can often improve even when damaged.



## Fatty Liver Disease

- What is Fatty Liver Disease?
- What is Non-Alcoholic Fatty Liver Disease?
- What is Non-Alcoholic Steatohepatitis?
- Am I at risk?
- Talking about your concerns
- Stages of liver disease
- Treatment for NAFLD and NASH
- Keeping your liver healthy

**Vicki Hutton is a writer who helped us create the *Fatty Liver Disease* brochure. She explains what she learnt:**

**It's never too late to learn about your liver.**

My liver never seemed any more important to me than any of my other organs ... until I started researching for the *Fatty Liver Disease* brochure for Hepatitis Victoria. Until then, I had thought liver disease referred only to the extreme forms often characterised as having been caused by drinking too much alcohol or catching an exotic virus. Boy, was I wrong!

Educating myself on the vital functions of the liver, and of the hundreds of forms of liver disease affecting people all over the world, made me realise we really need to spread the message far and wide of how wonderful this organ is, and how we need to look after it.

So contributing to the brochure was a wakeup call as I am now much more aware of the positive actions I, and anyone else, can take to allow the liver to work its optimum magic.

Prevention is always better than cure, and keeping ourselves as healthy and happy as we can will go a long way to reducing fat levels and encouraging our liver to keep functioning well. Research revealed that many of us have Fatty Liver, caused by a build-up of fat in our liver, but we don't usually feel any pain or other symptoms. So how would we know?

I hadn't thought much about this before, as I just automatically make an annual trek to the doctor mid-year to get an overall medical check-up, of which liver function is just one of the various blood tests that is in the mix. Having had no unusual results meant I put thought of the liver, and all the other tested and approved organs, away for another year.

While I am glad I have been having these annual blood tests to keep check of all the usual suspects – i.e. cholesterol, liver, iron, vitamin D etc – I am even more grateful for the opportunity to work on this *Fatty Liver Disease* brochure as it has opened up a whole new world for me. One that is exciting for its potential to help others. I hope you enjoy reading it and find it helpful in identifying ways in which we can all help to look after our liver.

**Vicki Hatton, Writer**



# Teaching English and hepatitis B

## The Adult Migrant English Programme



### **Living Well with Hepatitis B now available in 8 languages other than English**

**M**eg Perrier (Hepatitis B Community Mobilisation Officer) and Jawid Sayed (Hepatitis B Community Mobilisation Coordinator) are managers of an innovative awareness raising project being implemented in conjunction with the *Adult Migrant English Programme* (AMEP).

As part of their induction into Australian life, AMEP students are supported to do up to 510 hours of English study, and many of them come from regions of the world such, as South-East Asia or Africa, with a high prevalence of hepatitis B.

The AMEP is funded by the Federal Government Department of Education and Training, and holds classes throughout Melbourne and greater Victoria. Hepatitis Victoria's work with the AMEP is part of a

Hepatitis B Mobilisation project funded by the Victorian Government's Department of Health and Human Services.

In November/December 2018, Meg, Jawid and their team taught a total of 540 AMEP students who attended 18 sessions at 14 different locations across the north-west, east and south east of Melbourne. They learnt the facts about hepatitis B using a clear and colourful text called *Living Well with Hepatitis B*.

"The students who attend the AMEP sessions not only learn English, they also learn about the processes and support services we have in place in Australia, and as such they are a captive and very attentive audience," said Meg.

"And given that many come from parts of the world with very high prevalence of hepatitis B we thought it would be useful to incorporate our information about the virus into the course."

Fortunately for the Hepatitis Victoria team the

text they are using, *Living Well with Hepatitis B* had already been created by Hepatitis Queensland and needed just a little tweaking before it was 'ideal for our use,' said Jawid.

"*Living Well with Hepatitis B* is a collection of four archetypal stories written in very simple English with lots of helpful images, and from that we have also created posters, postcards and other materials which prompt students to consult with their GP about getting vaccinated against hepatitis B," he said.

A free hepatitis B vaccine is now available to vulnerable Victorians including people born in countries where hepatitis B is endemic. These countries include China, Philippines, Malaysia, Vietnam, Afghanistan, Thailand, South Korea, Myanmar (Burma), Indonesia, Singapore, Hong Kong, Taiwan and Cambodia. The vaccine is for people who arrived in the last 10 years.

"The positive feedback from the AMEP teachers and students shows that our resources are very welcome," said Jawid.

The typical joint Hepatitis Victoria/AMEP class includes information about hepatitis B and why immunisation is so important. The teaching focuses on how the disease can be spread and not spread, how it can be prevented, how to ask a doctor or nurse for a vaccination and the importance of fighting the stigma that prevails against people living the virus.

To ram home the message, Meg and Jawid decided, that the English text and visuals should be supplemented, where possible, by translations (audio files) in first languages.

“The goals of the project are multi-faceted, prevention, treatment, awareness raising and improving health literacy. We are encouraging people to find out about their hepatitis B status but the main purpose is awareness raising,” said Meg.

“It is challenging to read about health terms in a second tongue especially where there is low literacy to begin with, so the goal was for learners to have as clear an understanding as possible.

“We’ve been able to go into classes and work with the teachers to expand the reach of the material by having *Living Well with Hepatitis B* translated from English into audio files in 8 languages; Arabic, Burmese, Cantonese, Dari, Khmer, Mandarin, Urdu and Vietnamese.

“We will continue doing these audio translations, as it is a really good resource particularly for those with lower literacy,” she said.



Hepatitis Victoria staff, in particular Anh Nguyen, and a number of bicultural volunteers were instrumental in creating and recording the translations. It was no simple task as it involved a large number of people who had to first translate text into the language they know, and then learn how to do an effective audio recording, projecting the voice and reading with clarity.

From the AMEP teachers and students’ perspective it appears all the hard work has paid off.

“We have received a lot of support from the AMEP teachers, who have been quite active in spreading the word about these resources,” said Meg.

“We deliver the booklets before the session so that the students have some background material for study, so that when we arrived they were not unaware. The teachers were ‘over the moon’ about that.

“It’s been really good to have the support of AMEP teachers who are very passionate about the welfare of their students,” said Meg. The challenging content of the material shows its worth.

“Even though some of the students have problems with the class because their English level is low, they are very interested in the resource and have lots of questions. There are misunderstandings about the transmission of the disease which we use for challenging stigma, and students also mention issues about hepatitis from their own experience,” said Jawid.

Melbourne Polytechnic has also helped by distributing our promotional material including a very short video, through its networks.

“It’s fantastic that the resource Hepatitis Queensland worked so hard on and provided for us to use is now starting to get shared across Australia, now in Victoria and hopefully soon in NSW and other states,” said Meg.

The next round of sessions will target AMEP students in regional Victoria including Shepparton.



[www](#) Download resource, [here](#).

# Kay Dufty

## Working with indigenous communities in Victoria



**Q: Kay, your focus is on working with Indigenous communities in Victoria, can you tell us about your background?**

My home country is “over the ditch”, having been born and raised in country New Zealand in the North Island, (East Coast and Northern Hawkes Bay). I return regularly to New Zealand to see family members, but have called Australia home for more than thirty-five years.

I have worked in social work, community development and public health related roles in Melbourne since the mid 1980’s. Prior to joining Hepatitis Victoria I worked for Jesuit Social Services on the Reconnect program, assisting people to transition back into the community after release from prison.

**Q: What do you see as the greatest challenges in your role for this year?**

I am delighted to have a health promotion role with Hepatitis Victoria working with indigenous communities in Victoria. Rates of hepatitis B and C are higher in indigenous communities than in the non-indigenous population, and I would love to see rates decrease and better health outcomes for indigenous people. I see one of the greatest

challenges in my role to be dealing with stigma and the hesitation for some people in communities to talk about hepatitis. I believe that once people feel safe to speak about hepatitis they will be more comfortable to approach health services to discuss hepatitis and request testing (and treatment if required). I would like to work with community organisations to find opportunities that best suit them and their members to speak with community members about liver health and viral hepatitis.

**Q: What would you like to achieve in the role?**

I would like for people in Aboriginal communities to be more aware of liver health and viral hepatitis, and to feel comfortable to discuss hepatitis with their families and with health providers.

**Q: Any other points you would like to add?**

I’m looking forward to speaking with groups (small and large) from Aboriginal communities, and working together on projects.

## Indigenous art exhibition inspires hope and reflection

On Thursday January 31, three members of the Hepatitis Victoria health promotion team attended the launch of the Torch’s *Confined 10* exhibition, featuring over 200 artworks created by different artists currently in or recently released from Victorian prisons. The night was a shining success, with a crowd of over 500 people attending and a record 53 painting sales on opening night.

The Torch provide art, cultural and arts vocational support to Indigenous offenders and ex-offenders in Victoria. Their aim is to reduce the rate of reoffending by encouraging the exploration of identity and culture through art programs to define new pathways upon release.

The work provides perspectives and imagery around the issues of identity, art, connection to Culture/Country and most importantly the increasing rates of incarceration for Aboriginal Australians.

“The Torch program provides a way for prisoners to develop their sense of self and creates a tangible pathway to economic support,” said Naylen Aykut, Hepatitis Victoria Health Promotion Officer.

We have used art as a way for prisoners to unpack their ideas and integrate their knowledge about viral hepatitis, to provide a tangible pathway to better health outcomes. The amount of talent is astounding, as featured in our Art Inside Liver Health Notebook.

Torch’s *Confined 10* exhibition is an annual event held at *Carlisle Street Arts Space*, 99A Carlisle Street, St Kilda, January until the end of February.

# LIVERstrong

A new holistic liver health session for women



LIVERstrong is a holistic education session, focussing on liver health, prioritising wellbeing and encouraging women to think of caring for their liver health as a form of self-care.

**H**ealth Promotion Project Officer Isabelle Purcell is introducing a new education initiative specially for women at risk or living with viral hepatitis or other liver diseases, called LIVERstrong.

“LIVERstrong is a holistic education session, focussing on liver health, prioritising wellbeing and encouraging women to think of caring for their liver health as a form of self-care,” Isabelle says.

Covering a wide range of liver health topics and practical tools to manage these, LIVERstrong also includes time for reflection and the meaning of wellbeing and health, supported by an activity of self-care

which may be creative or pampering among other things.

I also use meditation as a tool for reflection and demonstration of simple everyday ways to improve your wellbeing,” she says.

Participants in LIVERstrong will receive prompt cards to take to their doctor as a reminder to discuss appropriate testing and care for their liver.

Isabelle says that LIVERstrong aims to reach two groups at risk of viral hepatitis.

“Firstly, statistics show that there are high numbers of women who have previously injected drugs (a high-risk activity for

hepatitis C) but do not currently, nor identify as injecting drug users. This means they may be missing out on important healthcare information due to not engaging in drug and alcohol services.

**Women have been under-represented in hepatitis C rates and research shows that there are widespread gender related barriers to women accessing healthcare.**

“In addition, women have been underrepresented in hepatitis C rates and research shows that there are widespread gender related barriers to women accessing healthcare and this project aims to address this in a small way by creating a safe and female-focussed environment,” Isabelle says. By covering and also focussing on other broad aspects of liver health and wellbeing – LIVERstrong is relevant and accessible to all women – Are you part of a women’s group or help run one and would like to organise a session?



“Maybe you know a group of women who would like to get together for a one-off event? Get in touch!”

Email Isabelle: [isabelle@hepvic.org.au](mailto:isabelle@hepvic.org.au) or phone her on: 9385 9112



**“If the only outcome is from participants realising ‘I can make a difference here’ then we have had a win...”** Martin Forrest

**O**n a rather bright, but tepid day in the early bloom of summer, Hepatitis Victoria held a HEPReady® workshop in the historic port-side city of Geelong. 25 strangers were on a quest to seek knowledge and glimpse the holy grail, which rumour had it was in the old docklands quarter, tucked away in an expanse of grassland.

The participants attending came from a diverse range of backgrounds and the number and quality of the attendees - combined with the learnings gleaned - made the event a notable success.

“I am always surprised by the audience at our HEPReady® workshops,” said Health Promotion Program Manager, Martin Forrest. “You get people from all different walks of life, people working with at-risk communities,

who have taken the time and often travelled a considerable distance to attend... it’s motivational.”

Dr Amanda Wade, a liver specialist from Barwon Health presented and two HEP Speakers, Pam Wood and Mei Quy, gave moving talks about their experiences living with hepatitis C and hepatitis B, respectively.

“One of the challenges with these events is that there is a huge diversity of people in the audience and their level of knowledge is likewise very disparate, so to pitch training at a meaningful level has been a bit of guess work,” said Martin.

A recent event evaluation project with researchers from La Trobe University has provided help with the best questions to ask and has already yielded some useful insights.

“At the start of the event we go around the room to ask attendees where they are from and why they have come, but what’s important for us is to look at what the attendees knew before and what they know

after. That way we can tell it is clear their investment in time and attention has paid off.”

Martin said that suggestions from La Trobe meant Hepatitis Victoria is now in a better position to capture the ‘before and after’ learnings, but for attendees there is more to gain than just knowledge about viral hepatitis.

“Apart from the learning outcomes the value is the networking opportunity as people come away from the workshops able to develop a local response and knowing where to refer people,” he said.

“We are hosting 8 of these events in total as part of HEPReady® Regional campaign, and each one is better than the last because of the experience we are getting from it, and assistance from La Trobe University.”

The event in Victoria’s second biggest city was timely as Geelong has one of the highest rates of hepatitis C in Western Victoria and worryingly high rates of hepatitis B, combined with low rates of treatment uptake and care.

## An estimated 0.63% of the Geelong population (1,214 people) live with the hepatitis B virus compared to 0.53% in the Western Victoria region.

According to the Doherty Institute's *National Mapping Project Report 2016*, 0.96% of the population (1,849 people) in Geelong live with hepatitis C compared to 0.84% for the rest of the Western Victoria Primary Health Network region. 22.7% are taking up treatment compared to 23.8% for the region as a whole.

An estimated 0.63% of the Geelong population (1,214 people) live with the hepatitis B virus compared to 0.53% in the Western Victoria region.

"We don't do these events just because they are a 'good idea', we're doing it because there is an evidence base showing they are necessary," said Martin.

"The workshop is a contribution to achieving

Victoria's 2030 hepatitis B and hepatitis C elimination strategies, and you have to give full credit to the Department of Health and Human Services who are supporting it.

"There is already focus on educating General Practitioners, but they are only one part of the primary health workforce, it's the community workers, the social and drug and alcohol workers, the housing officers, even custodial officers, they are the ones who are engaging with this community on a daily basis.

"These workshops give participants the referral pathways, an insight into the prevalence and treatment uptakes and knowledge about what they can do to actually make a difference," said Martin.

Having local champions and local expertise



during the workshops has proved to be really important because we are talking to people about responding to viral hepatitis with the resources they have in their locality.

Martin said promoting the event in traditional and social media brought awareness of viral hepatitis to a far larger audience than the people who attend the session.

"At the Traralgon event, Prime and Channel 9 TV did stories which were broadcast across the state and we worked closely with the Geelong Advertiser before the event to do an article about the workshop and viral hepatitis in the region," he said.

The response of the different Primary Health Network's to the workshops has been mixed, some more involved in promoting the workshops than others.

What have been the main learnings so far?

"This is about your own community, 'think global, act local', that's where the effort and response needs to be... if the only outcome is from participants realising 'I can make a difference here' then we have had a win. And we can never underestimate the value of the networks that are created," said Martin.

**Martin Forrest**

# International Volunteers Day

“ Thank you for helping us to educate the community and continue to fight against stigma and discrimination. ”

## On International Volunteers Day Hepatitis Victoria said, ‘thank you.’

Wednesday 5 December was International Volunteer Day, a unique chance for organizations to celebrate the generous efforts of their volunteers and to promote the value of their work.

“Hepatitis Victoria has a lot of reasons to celebrate as our volunteers collectively contributed 1430 hours of their time in 2018,” said Melanie Eagle, Chief Executive Officer.

And even more new people registered to volunteer with Hepatitis Victoria –the peak body in the state advocating on behalf of people living with viral hepatitis- bringing the total number of volunteers to more than 70.

“Our volunteers come from Australia and all over the world from countries such as Cambodia, China, Egypt, Greece, India, Indonesia, Macedonia, Myanmar, New Zealand, Pakistan, The Philippines, Romania, South Sudan, Sri Lanka, Tanzania and the USA.

“Each volunteer brings a unique set of skills and experiences which makes Hepatitis Victoria such an eclectic and dynamic place to be involved in,” said Melanie.

Volunteers at Hepatitis Victoria do vital research in their communities and provide

translated materials which are vital for communicating to culturally and linguistically diverse groups.

“Volunteers work at our events such StreetShot, the LIVERability Festival and the Springvale Snow Festival as well as in-house activities and community education sessions just to name a few, our scope would be severely limited without them,” said Melanie.

Volunteering Victoria states that in 2014, volunteers in Australia collectively worked for a total of 743 million hours, which equates to a value to the Australian economy of \$29.3 billion. Moreover, 96% of volunteers say it makes them happier.

Every International Volunteer Day, Hepatitis Victoria says a big ‘thank you’ for the monumental efforts of our volunteers.

“Thank you for helping us to educate the community and continue to fight against stigma and discrimination. We are looking forward to an even bigger and better 2019 and can’t wait to see what our volunteers achieve in the coming months,” said Melanie.



# AOD outreach

Presenting, engaging, and smashing myths with Steven Taylor



**“You could stand in a bucket of infected blood and still not catch the infection... as long as you don't have any cuts on your feet.”**

That's one of the little anecdotes Steven Taylor tells to illustrate how viral hepatitis can only be passed from one person to another through infected blood getting into someone's bloodstream.

Steven has worked at Hepatitis Victoria as a volunteer, performer and now Alcohol and Other Drugs (AOD) Workforce Training Officer. Every week Steven presents the most recent facts about viral hepatitis in a two-hour summary, to organisations in the AOD sector.

In a Hepatitis Victoria podcast interview Steven talks about his job, what the training involves for participants and why there is a "...real need in the AOD community for this kind of information."

In his presentation, Steven describes about how viral hepatitis is passed from person to person, and why entrenched myths and stigma make it a notoriously difficult disease to tackle.

Steven's own story of overcoming hepatitis C makes him an ideal person to make the case.

"Whatever the core values of your organisation, it is in your interest to help the people you are working with who are affected by all the social, physiological and medical stigmas that come with a diagnosis of hepatitis B or hepatitis C," he says.

"Organisations have nothing to lose, only to gain if they do the sessions," he says of the service he offers which has received funding from the Victorian Government Department of Health and Human Services, meaning recipient organisations receive his services for free.

"It will only cost you as much time as it takes

to listen, in other words about 2 hours." Steven says he has received a warm reception from the AOD sector, and the only time his offer of a presentation has been refused is when the organisation has already done a Hepatitis Victoria course or has a resident GP on site.

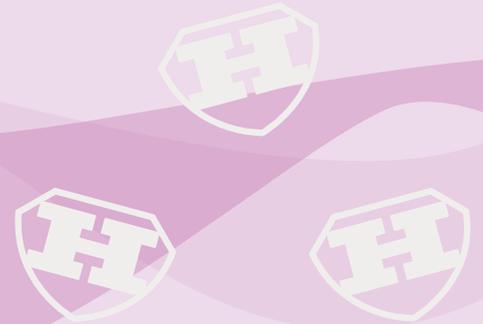
"I've had nothing but enthusiasm, it's been a really positive experience," he says.

Smashing the lingering myths – mainly the product of stigma- around viral hepatitis is an aspect of the work he particularly enjoys.

"No question is a stupid one..." he says. "Even the proverbial 'can I get viral hepatitis from a door knob?' is a valid question, because the one way to find out, is if you ask."

"I have learnt a lot," he says

If you would like to contact Steven to invite him to speak and train your organisation call 03 9385 9101 or email: [Steven@hepvic.org.au](mailto:Steven@hepvic.org.au)



### Kathy Armateo

Volunteer

I want to be a HEP Hero to show people that a hepatitis diagnosis is not the end of the road and that you can still live a good life. I hope that by being a HEP Hero this will encourage people to be more understanding of hepatitis, to engage with their GP, seek treatment and continue to live their life freely.

I have been a volunteer for Hepatitis Victoria since early 2014. I want to contribute by being a patient of hepatitis but also an average person helping out the community. I find volunteering for Hepatitis Victoria rewarding because I enjoy the feeling of finishing tasks that benefit both the community and individuals living with hepatitis.

I think it is important to get the message out to stop people from feeling isolated. Talking openly about hepatitis helps people to feel comfortable so they can get access to the help they need.

#### Kathy's message to others:

*You do not need to feel isolated or left out with your hepatitis. I hope people overcome stigma and seek treatment. Get tested and get linked in with your doctor. You can't run away from it*

### Julie Shiels

Lived Experience and Community Advocate

I am a HEP Hero because I feel it is important to raise awareness of the stigma and discrimination experienced by people who live or have lived with hepatitis. I believe people should not be discriminated against because they are sick.

In my experience individuals with hepatitis are frequently judged when they are asked to explain how they were exposed to the virus. There are still members of the community that feel uncomfortable about the virus and how it is contracted – this attitude can lead to stereotyping and belief that only particular types of person are infected with Hepatitis C.

However, the experience of hepatitis has many faces and many narratives. The way in which a person was exposed to the virus should not impact the way they are treated by the community and the medical field. There is still a lot of misinformed beliefs and fear about blood borne viruses but shunning people because of infection is not the answer.

The solution lies in being careful when dealing with all blood regardless of whether someone has hepatitis or not.

#### Julie's message to others:

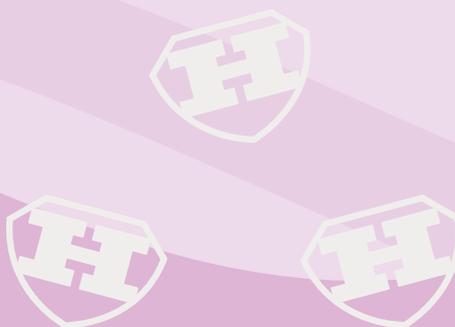
*If you feel confident enough and are in a position to talk about your experience of Hep C you should. Normalising and*

When I was diagnosed twenty-six years ago, to help myself deal with the virus, I worked on the establishment of what is now Hepatitis Victoria in order to support other people living with Hepatitis C. I have advocated for the rights of individuals with hepatitis by fighting for the initial funding for Hepatitis Victoria from the Victorian Health Department.

In 1994, I worked as a volunteer on a Hep C helpline which informed my understanding of the lived experience facing many people with the virus. The stories that people told me were the catalyst, and the content of my (pesky) fortnightly calls to the Head of Public Health when we were pressing the case for funding. During this period I edited and rebranded the newsletter which I am pleased to see still called the *Good Liver* magazine.

It is my experience that Hep C awareness groups are in a whole other league to other health promotion groups. They exhibit a sense of humanity while displaying an understanding of the complexities which underpin not only the experience of chronic illness but also stigma and discrimination.

*busting stereotypes is an important conversation for us to have.*



### Rhonda McMaw

Researcher and Advocate

I worked at the Victorian Infectious Diseases Reference Laboratory, initially situated at Fairfield Hospital, as a research and diagnostic scientist in the Molecular Microbiology Unit in the field of hepatitis C.

I worked in this capacity for 16 years from 1992, retiring in 2008. Head of the Unit, Dr. Scott Bowden (now Professor Scott Bowden) established in-house HCV RT-PCR testing in 1991; performed the first HBV and HCV genotyping in Australia; established HBV PCR testing in 1992; and established the first Australian Quality Assurance panel for HCV RNA testing and for HCV genotyping.

Our group did the first epidemiological study of HCV genotype distribution in Australia. At that time, a person's HCV genotype was extremely important in the prediction of the success or otherwise of the available treatment.

In 1994 I co-wrote, with Professor Bowden, an Information Booklet on Hepatitis C for distribution to all General Practitioners in Victoria, sponsored by Fairfield Hospital. The booklet was also distributed as part of Information Packs to relevant organisations.

We were motivated to do so by the many examples of misinformation about Hepatitis C, especially around transmission issues, in the community and also amongst the medical profession. This misinformation was leading to much anxiety and discrimination for Hepatitis C infected people.



#### Rhonda's message to others:

*I am so proud of the support that is around now for the Hepatitis C infected community through the wonderful organisation Hepatitis Victoria. It is also a great development that it is now an advocate for those infected with all types of hepatitis viruses.*

*Finally, it is wonderful to see the development of extremely effective treatments that are now available for those infected with Hepatitis C, something that we could not have imagined back in the early 1990s.*

### Cr Roz Blades

Mayor of the City of Greater Dandenong

I would like to participate in being a HEP Hero because the more people become involved, the better. Being a HEP Hero is valuable if it helps the community at large understand hepatitis.

I am 70 years old and have always lived with difficult health issues, so I understand what it feels like to be unwell. I have been elected in local government for a long time and come from a community and private health background.

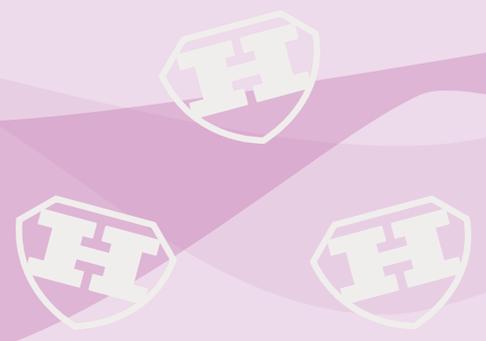
I am very proud of being Mayor of the most multicultural city in Australia and want to provide information about hepatitis.

I first came into contact with hepatitis during my discoveries about the needle and syringe exchange programme and how hepatitis can be contracted.

It is imperative in a multicultural community to work with our many different community groups, e.g. SICMAA (Vietnamese) to explain the disease. I am a great believer in the provision of health information and as such we as a city have a responsibility to provide this information.

#### Roz's message to others:

*We can't do everything on our own. By collaborating we can provide more information and better health outcomes.*



### Susan Campfield

Hepatitis C Outreach Clinic Nurse Consultant

I am a HEP Hero because in my work, I often need to step up to the plate and be a voice for the voiceless.

In the Outreach Clinic, we are fortunate to be supported by Austin Health executives who encourage us to think outside the box in the way we run the clinic and engage our clients. We have stepped away from the outpatient clinics and have introduced a Rapid Access to Treatment model of care. Each client who is referred to us is called to arrange a time for them to come in and discuss treatment options. With additional staff, we can spend more time with our clients to build trust and rapport which fosters an engaging and respectful relationship.

It is vital for us to spread the message that Hepatitis C does not have a single face or story, it is made of many different narratives. I personally have a close family member who I dearly love that continues to struggle with drug addiction, homelessness, and quality health care. People who present to us are not just drug user's, they are someone's child, sister or niece who have a family who love them.

#### Susan's message to others:

*Behind every Hepatitis C diagnosis is a unique story and fascinating history, and our role is to reach out to all people in an engaging, supportive and non-discriminatory way.*

### Kamarra Bell-Wykes

Creative Director of ILBIJERRI Theatre Company, Playwright and Director

I have advocated for understanding around the lived experience of the virus and smashing related stigma in the Indigenous community over the last 15 years through the works Chopped Liver, Body Armour and Viral - are you the cure?

I am a Jagera/Butchulla woman from South-Eastern Queensland.

I struggled with my Hep C status for 20 years while writing the Hep C related works through ILBIJERRI.

I successfully cleared the virus in 2010 and finally felt empowered to openly discuss my status and begin using my personal experience as a tool of advocacy.

Hep C is not an individual virus - it impacts our whole community as a whole and as long as the virus remains a dirty secret and something shrouded in stigma we will not be able to seek the healing we all need.

#### Kamarra's message to others:

*The power for change starts with us and the facts are simple; Hep C is a serious virus and it can kill you. Treatment is available; it's safe and free. The only thing that can keep Hep C viral is us and how we view it. We need to overcome it, instead of using it as a weapon of judgment and shame. \**

\* From: VIRAL- Are you the Cure? by Marianne Sam

### Ambi Kaur

Refugee Health Nurse

I am a HEP Hero because: I believe in taking the discrimination out of any interaction between those who have and those who do not have (from blood borne viruses to skin colour).

I work in primary care as a Refugee Health Nurse. I am honoured to meet all new migrants and those seeking asylum due to their strength, survival and for journeying to Australia. I have learnt much about humanity from my clients. I am and will always be grateful for that.

The quality of the message is paramount when delivering information to any population/family group or individual. If the information provided is practical and relevant, then it will make the application of this knowledge less stressful for these groups.



#### Ambi's message to others:

*The more you know the less mysterious Hepatitis becomes. With knowledge comes confidence, which in turn contributes to improved health.*

# Featured podcast - Robbie-Lee Stephen

## How interns and volunteers make a real-world difference

**“It’s great to look back and feel like you have made a meaningful contribution to public health before having entered the workforce...” so says Robbie-Lee Stephen an outstanding intern at Hepatitis Victoria, assigned through the 2018 Professional Practice Unit (PPU) program for Master of Public Health post-graduate students at the University of Melbourne.**

**H**er intern project, led by Hepatitis Victoria Community Engagement and Education Project Manager Aurora Tang and assisted by another Master of Social Work (University of Melbourne) intern Wen Wen and multiple Chinese project volunteers, is a new Chinese-speaking community initiative in Victoria, the Chinese Health Promotion Coalition launched on 23 September 2018 at Melbourne Town Hall.

**In a Hepatitis Victoria podcast,** Robbie talks about her very positive experience as an intern and recommends other students follow in her footsteps. She describes her role in the project and its key priorities with the overall goal being the elimination of viral hepatitis B and related liver cancer within the Victorian Chinese community.

“Compared with the Australian-born community, the Chinese community in Victoria is 10 times more likely to have chronic hepatitis B and consequently 6 times more likely to develop preventable liver cancer so it is an extremely serious situation that needs to be challenged,” Robbie says.

“The community coalition literature is quite a new field... we are using an approach called the San Francisco Hep B Free Alliance model which was implemented there in 2007 to great effect.”



“My task has been to examine the San Francisco model, do a comparison with our plans, do a literature review, and search for what could be common success factors.”

Phase one of the project, the formulation phase, brings together core community stakeholders and gets their commitment over the long-term.

“We have brought together 9 organisations and individuals who form the core group and set the strategic direction,” Robbie says.

Together with Aurora and Wen Wen, Robbie has been to help create the processes and procedures, the ‘nuts and bolts’ of the coalition to allow it to grow and evolve into the future.

According to the Doherty Institute’s 2016 Hepatitis B Mapping Project National Report, the majority of people living with chronic hepatitis B (CHB) in Australia were born overseas, with the most common region of origin the Asia-Pacific (41%), and the most

common country of birth among these born overseas was China (17%).

The Chinese Health Promotion Coalition, headed by Marion Lau (OAM, JP, and HEP Hero) was the first of its kind in Victoria focused on leading Chinese communities to respond to the urgent public health issue of viral hepatitis B and related liver cancer.

Listen to the podcast and find out more about the Chinese Health Promotion Coalition and read the Victorian Chinese Jade Ribbon Action Statement in English and Chinese.



Listen to podcast, [here](#).



# Liver disease

## The looming liver health crisis in Australia

### AUSTRALIANS LIVING WITH LIVER DISEASE



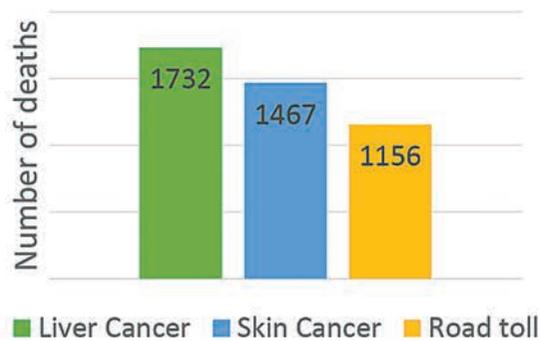
Liver disease affects an estimated 6 million Australians. This equates to the entire population of Victoria<sup>(1)</sup>

### LIVER DISEASE ECONOMICS

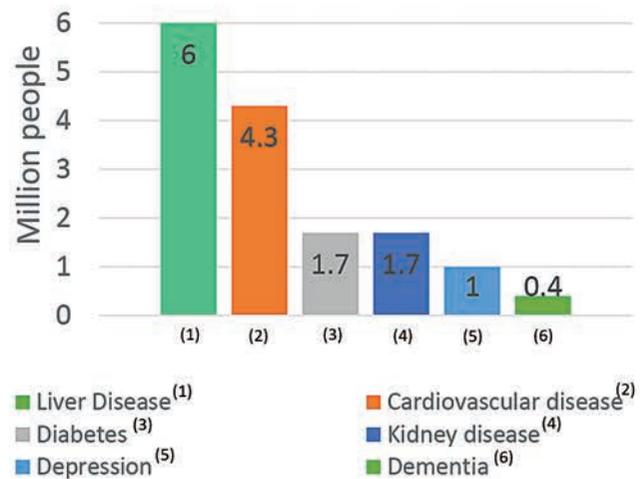


Costs Australia \$5.4 billion annually<sup>(7)</sup>

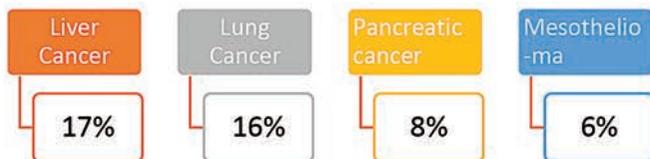
### NATIONAL ANNUAL DEATH TOLL (2018)<sup>(9,10)</sup>



### COMPARATIVE PREVALENCE IN AUSTRALIA

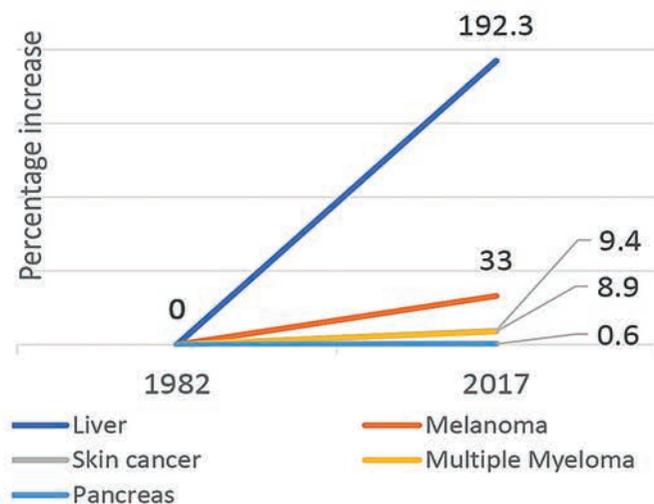


### FIVE YEAR SURVIVAL RATE<sup>(9)</sup>



Cancers with the lowest survival rate include liver (17%), lung (16%), pancreas (8%) and mesothelioma (6%)

### INCREASING CANCER DEATHS<sup>(9)</sup>



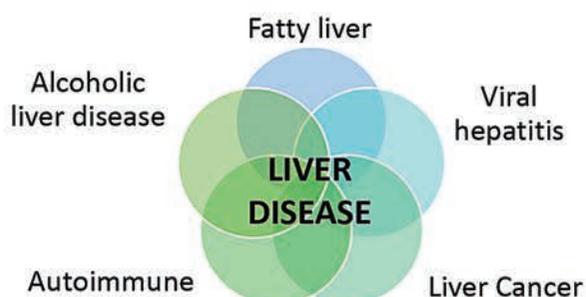
### SURVIVAL RATE IN THE ABORIGINAL COMMUNITY<sup>(9)</sup>



5 year relative survival rate is 7.7% in Indigenous Australians. This is less than half the survival in non-Indigenous Australians.

Liver cancer is the fastest **known** increasing cause of cancer death in Australia.

## WHAT DOES LIVER DISEASE ENCOMPASS?



## PROGRESSION OF LIVER DISEASE



**INFLAMMATION**  
Caused by alcohol, virus, toxins.  
Can be treated.

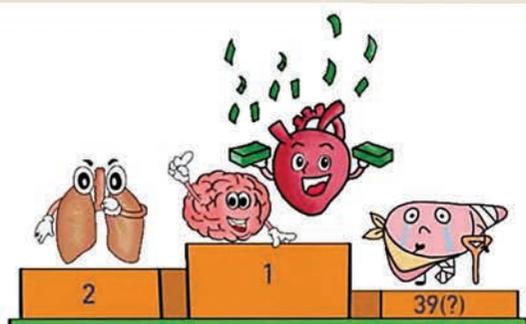
**FIBROSIS**  
Healthy soft tissue begins to scar and harden.  
Can be treated.

**CIRRHOSIS**  
Liver tissue is fully scarred.  
Treatment can prevent further scarring, and protect healthy tissue.

**LIVER CANCER**  
Risk of liver cancer is higher with pre-existing cirrhosis.  
Cancer can be managed if detected early.

**LIVER FAILURE**  
Liver stops functioning, urgent medical care is needed.  
A liver transplant might be an option.

## PRESTIGE OF DISEASES (7)



In terms of prestige among health workers, the liver is consistently near the bottom of the hierarchy.

## BURDEN OF LIVER CANCER (8)



The age-standardised incidence rate is 2.4 more likely for Indigenous than for non-Indigenous Australians



Australians living in remote areas were 2.1 times as likely to be diagnosed with liver cancer.



Australians in the lowest socio-economic group were 1.5 times as likely to be diagnosed with liver cancer.

## REFERENCES

1. *The economic cost and health burden of liver diseases in Australia* Deloitte Access Economics, Jan 2013
2. Report: Heart, stroke and vascular diseases, AIHW Jan 2018
3. Report: Diabetes snapshot AIHW 24 July 2018
4. Report: Chronic kidney disease overview, AIHW Jan 2018
5. BeyondBlue.resources.org.au Nov 2018
6. *The economic cost and health burden of liver diseases in Australia* Deloitte Access Economics, Jan 2013
7. Album, D., Johannessen, L. E., & Rasmussen, E. B. (2017). Stability and change in disease prestige: A comparative analysis of three surveys spanning a quarter of a century. *Soc Sci Med*.
8. Report: Colorectal and other digestive tract cancers, AIHW 2018
9. Cancer in Australia, AIHW 2017
10. Australian Govt. Department of Infrastructure, regional development and cities, December 2014

# Can you HEPSpeak to make a difference?



“HEPSpeak has given me the opportunity to learn more about myself, what I have to give and why it is so valuable”

– HEPSpeaker testimony

“Sharing my story with the community has been an extremely empowering experience. It has helped me to not regret the past nor wish to shut the door on it. But see it as a tool to help others and reaffirm my gratitude for clearing the virus.”

– HEPSpeaker testimony

**H**epatitis Victoria is looking for people with lived experience of viral hepatitis to join our public speaker bureau “HEPSpeak”.

“Having a person with lived experience of viral hepatitis talk to an audience about their experiences is one of the most powerful ways of telling our story,” said Will Scott, Hepatitis Victoria’s Community Participation Coordinator.

“We regularly run two-day workshops to improve your public speaking skills and help you make a difference to our community, so please don’t be shy, we can help you enhance your skills,” he said.

There are still places available for the FREE two-day workshop on April 6<sup>th</sup> and 13<sup>th</sup>.

“People ask why they should become a HEPSpeaker? Well, there are so many good reasons and the first is the opportunity to connect with others and share experiences,” Will said.

“Once trained you can help educate the community and raise awareness about living with viral hepatitis, and make impact in the fight against stigma and discrimination.”

People who do the course receive free training on presentation skills and story-telling.

“HEPSpeakers feel empowered to share their story, and it increases confidence and inspires others, and what’s more HEPSpeakers are reimbursed for talks they do at events,” Will added.

HEPSpeaker training sessions are run regularly and take place over two days –

participants must attend both days in order to become registered HEPSpeakers.

**DAY 1: Saturday 6 April 2019**  
10.30am to 1.30pm

Introduction to public speaking and Hepatitis Victoria

**DAY 2: Saturday 13 April 2019**  
10.30am to 3.30pm

### *Telling your story*

Training is held at Hepatitis Victoria – Suite 5, 200 Sydney Road, Brunswick.

This training is open to anyone with lived experience of hepatitis B or C  
Lunch will be provided on both days.

Contact: Will Scott at [will@hepvic.org.au](mailto:will@hepvic.org.au)  
or phone Will: 9830 4644



Register here.

**HEP**  
Speak

# Kieser

## O'Liver gets some fit-top advice from kieser



Hepatitis Victoria's favourite mascot O'Liver recently took a trip to Kieser in South Melbourne to introduce exercise into his lifestyle. Kieser Australia is a network of integrated physiotherapy, rehabilitation and strength training centres working to achieve their mission of building a stronger Australia. The exercise scientists at Kieser introduced O'Liver to some exercises he can use to improve his overall strength and wellbeing.

In addition to this, Kieser South Melbourne has generously helped to contribute to the development of the LiverWELL Coaching Program – a Chronic Disease Self-Management Program which runs for 5 weeks. Staff at Kieser have contributed valuable information that has been used to inform course content and educate the community.

We want to say a huge thank you to the team and Kieser South Melbourne for their ongoing support and their terrific contribution!

 [Click to watch O'Liver and friends getting physical!](#)

**D**id you know that the Australian Physical Activity Guidelines suggest at least 30 minutes of moderate physical activity 5 days a week? This ensures that you can be active and continue to do what you love! Moreover, exercise can also help to prevent any potential chronic health diseases including diabetes, cardiovascular conditions as well as obesity.

The liver is responsible for providing a continuous source of energy for the entire body. Weight gain can put the liver under unnecessary stress and progress the onset of liver diseases, such as fibrosis and Fatty Liver Disease. More than half of those living with hepatitis experience symptoms of fatigue, depression and arthritis which commonly contribute to a decrease in quality of life. However, exercise has been documented to provide benefits to those living with hepatitis such as decreased body fat, reduced fat cells in the liver, prevention or delay in the onset of chronic disease, reduced pain and disability and improved bone and heart health.

Exercise recommendations for people with hepatitis are the same as the general population. Australia's physical activity guidelines recommend that it is best to accumulate 150-300 minutes of moderate intensity physical activity, or 75-150 minutes of vigorous intensity physical activity, or a combination of both moderate and vigorous

activities per week. It is also recommended to complete strength training on 2 days per week.

Exercise can also improve your mental health and well-being because when you exercise, your brain releases chemicals called endorphins which triggers a positive feeling to prevent stress, depression and low mood. It can also enhance your sleep which is very important for both physical and mental health. Overall, physical activity is highly beneficial to your overall health and should be prioritised to help you to continue doing the things you love.



# Hot nutritional tips

By Priscilla Correa



## To chew, or not to chew, that is the question

"Chew each mouthful of your food at least 30 times, that not only help you digest, but also make you feel much fuller, so you don't have to eat so much"

## The booze

"Alcohol, no matter how much you have could lead to fatty liver, so try to avoid..."

## Clichés are good

"It's a cliché, but to maintain a healthy lifestyle do regular exercise, have a balanced diet and no smoking!"

## Fresh, fresh, fresh!

"Always include fresh fruit and salad in your diet, and bake or cook rather than frying"

"Use fresh herbs and spices, drink plenty of water, especially when exercising"

Download our award-winning  
**LiverWELL** app and learn about  
more health and wellbeing tips

[LiverWELL.org.au](http://LiverWELL.org.au)



**LiverWELL**

Some locations offer multiple services. Service types are shown as numbers, which refer to the following:

### Key:

-  Needle and Syringe Program
-  Medical Services including hepatitis and liver Nurses and Doctors
-  Counselling Services
-  Alcohol and Other Drug (AOD) Services
-  Liver Specialists
-  Fibroscan
-  Bulk-Billing
-  Pathology/ Blood Tests
-  Private Clinic
-  Specialist/GP/Fibroscan

## Melbourne

### Cancer Council Victoria – Living with Cancer Education Program

Contact: (03)13 11 20

Programs across Melbourne and Victoria

### Direct Line

1800 888 236

<http://www.directline.org.au>

24/7 - Confidential help line for people in Victoria

Referral, Support, Drug and Alcohol Counselling and programs

### Drug Info

Level 12, 607 Bourke Street

Drug Info Line Contact:

1300 85 85 84

<https://adf.org.au/contact-us/>

# Services listing

## Health Complaints

### Commissioner

Level 26, 570 Bourke Street  
Contact: 1300 582 113

### Melbourne City Council

90 – 120 Swanston Street,  
Melbourne  
Contact: (03) 9658 9658



### Living Room, Youth Projects

7–9 Hosier Lane, Melbourne  
Contact: (03) 9945 2100



### Prahran

#### Alfred – HIV: Hepatitis; STI Education & Resource Centre

Statewide resource centre on  
HIV/AIDS, Hepatitis & Sexually  
transmissible Infections.  
8 Moubay Street  
Contact: (03) 9076 6993

### Southbank

#### Living Positive

Suite 1/111 Coventry Street  
Contact: (03) 9863 8733

### St Kilda

#### Resourcing Health & Education in the Sex industry (RhED)

10 Inkerman Street, St. Kilda  
Contact: 1800 458 752  
www.sexworker.org.au  
sexworker@sexworker.org.au

### Victorian AIDS Council

615 615 St Kilda Road  
Contact: (03) 9865 6700

## North Western PHN:

### Altona Meadows

#### IPC Health

330 Queens Street, Altona Meadows  
Contact: (03) 8368 3000



### Broadmeadows

#### Dianella Community Health

42–48 Coleraine Street,  
Broadmeadows  
Contact: (01300 234 263)



### Braybrook

#### Cohealth, Braybrook Community Centre

107–139 Churchill Avenue,  
Braybrook  
Contact: (03) 9448 5507



### Brunswick

#### Merri Health

11 Glenlyon Road, Brunswick  
Contact: 03 9387 6711



### Carlton

#### Melbourne Sexual Health Centre

580 Swanston Street, Carlton  
Contact: (03) 9341 6200



### Coburg

#### Merri Community Health Services

93 Bell Street, Coburg  
Contact: (03) 9350 4000



### Uniting Care Re Gen

26 Jessie Street, Coburg  
Contact: (03) 9386 2876



### St. Kyrollos Family Clinic

2A Moore Street, Coburg  
Contact: (03) 9386 0900



### Collingwood

#### Cohealth Innerspace Primary Support Service

4 Johnston Street, Collingwood  
Contact: (03) 9448 5530



### Cohealth (formerly North Yarra Community Health)

365 Hoddle Street, Collingwood  
Contact: (03) 9411 4333  
365 Hoddle Street, Collingwood  
Contact: 03 9448 5528



### Craigieburn

#### Anglicare Victoria

59 Craigieburn Road, Craigieburn  
Contact: (03) 9483 2401



### Fitzroy

#### Cohealth Fitzroy

75 Brunswick Street, Fitzroy  
Contact: (03) 9411 3555,  
(03) 9448 5531



### St Vincent's Hospital

Victoria Parade Fitzroy  
Contact: (03) 9231 2111



### Victorian Aboriginal Health Service

185 Nicholson Street Fitzroy  
Contact: (03) 9419 3000  
AOD, family and youth specific,  
connects with services at other  
sites.



### Footscray

#### Health Works

4 – 12 Buckley Street, Footscray  
Contact: (03) 9448 5511



### Cohealth

78 Paisley Street, Footscray  
Contact: (03) 9448 5502



### Glenroy

#### Youth Projects – Foot Patrol Needle and Syringe Program

6 Hartington Street, Glenroy  
Contact: (03) 9304 9100



### Gisborne

#### Macedon Ranges Health

5 Neal Street, Gisborne  
Contact: (03) 5428 0300



### Kensington

#### Cohealth

12 Gower Street, Kensington  
Contact: (03) 8378 1600.



### Laverton

#### Cohealth

95 Station Road Laverton  
Contact: (03) 9448 5534.



### Living Room, Youth Projects

7–9 Hosier Lane  
Contact: (03) 9945 2100



### St. Vincent's Hospital

Victoria Parade, Fitzroy  
Contact: (03) 9231 2211  
Fax: (03) 9288 3489



### Victorian AIDS Council

615 St Kilda Road  
Contact: (03) 9865 6700

### Victorian Aboriginal Health Service (VAHS)

186 Nicholson St, Fitzroy VIC 3065  
Contact: (03) 9419 3000  
AOD, family and youth specific  
Connects with services at other  
sites, including Preston



### Melton

#### Djerriwarrh Health Services

Yuille Street, Melton  
Contact: (03) 8746 1100



### Moonee Ponds

#### Dr Froomes

Suite 4, level 1/8 Eddy Street  
Contact: (03) 9331 3122  
Fax: (03) 9331 3133



**Moonee Ponds Specialist Centre**  
1003 Mt Alexander Road, Essendon  
Contact: 03 9372 0372.  
Fax: (03) 9372 7517



**North Melbourne Harm Reduction Victoria (HRV) and Pharmacotherapy Advocacy Mediation and Support (PAMS)**

*A Walk in service.*  
128 Peel Street, North Melbourne  
Contact: (03) 9329 1500



**Northcote Your Community Health**  
42 Separation Street, Northcote  
Contact: (03) 8470 1111



**Parkville Royal Melbourne Hospital**  
300 Grattan Street  
Liver Clinic – hepatitis, advanced liver disease and cirrhosis  
Contact: (03) 9342 7000  
switchboard  
Fax: (03) 9342 4234  
(outpatients referrals fax)  
Infection Diseases Department,  
OPD Ninth floor,  
Contact: (03) 9342 7212  
Fax: (03) 9342 7277



**Preston Preston Anglicare**  
42 Mary Street Preston  
Contact: (03) 8470 9999



**Victorian Aboriginal Health Services (VAHS)**  
238–250 Plenty Road  
Contact: (03) 9403 3300  
for appointment or drop in  
Wednesdays 9–4pm



**Your Community Health**  
300 Bell Street, Preston  
Contact: (03) 8470 1111  
(03) 8470 6710



**Reservoir East Your Community Health**  
125 Blake Street, Reservoir East  
Contact: (03) 8470 1111



**Richmond North Richmond Community Health**  
23 Lennox Street, Richmond  
Contact: (03) 9418 9800



*Has an Automated Dispensing Machine for syringes 24/7*

**Multicultural Health & Support Services** (HIV, hepatitis C and sexually transmissible infections) <http://nrch.com.au/>  
*Has an Automated Dispensing Machine for syringes 24/7*



**The Epworth Centre** (GP referrals)  
Suite 7.6 / 32 Erin Street  
Contact: (03) 9428 9908  
Fax: (03) 9421 3435



**Turning Point Alcohol and Drug Centre**  
110 Church Street  
Richmond VIC 3121  
Contact: (03) 8413 8413



**St. Albans IPC Health**  
1 Andrea Street, St. Albans  
Contact: (03) 9296 1200



**Sunbury Sunbury Community Health Centre**  
12–28 Macedon Street, Sunbury  
Contact: (03) 9744 4455



**Werribee Werribee Anglicare Victoria**  
2 Market Road  
Contact: (03) 9731 2500  
All referrals via  
Odyssey House: 1800 700 514



**Eastern Melbourne PHN:**

**Bayswater Anglicare Victoria**  
666 Mountain Highway  
Contact: (03) 9721 3688  
[www.anglicarevic.org.au](http://www.anglicarevic.org.au)  
Shore Intake Contact:  
1300 00 7873



**Box Hill CLEAR Liver Care Carrington/Eastern Health**  
43 Carrington Road,  
Contact: (03) 8843 2317  
Fax: (03) 9890 2220



**Box Hill Hospital**  
8 Arnold Street  
Contact: (03) 9895 3352  
(Specialist Outpatient Clinics)  
1300 342 255 (General)



**Caulfield South Caulfield Endoscopy** (Private)  
544 Hawthorn Road  
Contact: (03) 9595 6666



**East Melbourne Melbourne GI & Endoscopy**  
130-132 Grey Street  
Contact: (03) 9417 5306  
Fax: (03) 8677 9625



**Eltham Healthability**  
917 Main Road, Eltham  
Contact: (03) 9430 9100



**Epping Hume Whittlesea Primary Care Partnership**  
187 Cooper Street, Epping  
Contact: (03) 9409 8787



**Ferntree Gully EACH Ltd**  
1063 Burwood Highway  
Contact: 1300 003 224



**Heidelberg Austin Liver Clinic**  
145 Studley Road  
Contact: (03) 9496 2787  
Fax: (03) 9496 7232



**Northern Hospital**  
185 Cooper Street  
Contact: (03) 8405 8000  
Fax: (03) 8405 8761



**Ferntree Gully EACH Ltd**  
1063 Burwood Highway,  
Ferntree Gully  
Contact: 1300 003 224



**Greensborough Banyule Community Health Service, Greensborough Centre** – Needle Syringe Program  
Unit 3, 25-33 Grimshaw Street,  
Greensborough  
Contact: (03) 9433 5111



**Hawthorn Wellbeing at Swinburne University Health Services**  
George Swinburne Building, Level 4,  
34 Wakefield Street, Hawthorn  
Contact: (03) 9214 8483



## Healesville

### Healesville & District Hospital & NSP

377 Maroondah Highway,  
Healesville  
Contact: 1300 793 622



## Heidelberg

### Austin Liver Clinic

145 Studley Road  
Contact: (03) 9496 2787  
Fax: (03) 9496 7232



## Northern Hospital

185 Cooper Street  
Contact (03) 8405 8000  
Fax: (03) 9495 7232



## Heidelberg West

### Banyule Community Health Service – Needle Syringe Program

21 Alamein Road, Heidelberg West  
Contact: (03) 9450 2000



### Hepatitis C Rapid Access to Treatment Clinic

Contact: 0481 909 741  
Fax: (03) 9496 2732



## Lillydale

### Inspiro Community Health

17 Clarke Street, Lillydale  
Contact: (03) 9738 8801



## Nunawading

### Nunawading Clinic

Dr. D Ross  
176 Springvale Road, Nunawading  
Contact: (03) 9878 9191  
Private- Liver GP – Pathology –  
(BB – for concession/health care  
holders and children under 16)



## Ringwood

### EACH Ltd

46 Warrandyte Road, Ringwood  
Contact: 1300 003 224



## Ringwood East

### EACH Ltd

75 Patterson Street, Ringwood East  
Contact: (03) 1300 003 224



## Yarra Junction

### Yarra Valley Health

2475 Warburton Highway,  
Yarra Junction  
Contact: 1300 342 255



## South Eastern Melbourne PHN:

## Bentleigh East

### Connect Health

Glen Eira Site, 2A Gardeners Road,  
Bentleigh East  
Contact: (03) 9575 5333



## Moorabin Specialist Centre

(Private)

873 Centre Road, Bentleigh East  
Contact: (03) 9579 0100



## Chelsea

### Central Bayside Community Health Service

3/1 The Strand, Chelsea  
Contact: (03) 9782 7633



## Clayton

### Monash Health

### Monash Medical Centre

246 Clayton Road  
Contact: (03) 9594 6666  
Fax: (03) 9594 6111  
GP referrals via Monash Health  
in Clayton (03 9594 6250)



## Cockatoo

### Monash Health Community Services

7–17 McBride Street, Cockatoo  
Contact: (03) 5968 7000



## Cranbourne

### Monash Health Community

140–154 Sladen Street, Cranbourne  
Contact: (03) 5990 6789



## Dandenong

### Community Access Partnership (CAP)

84 Foster Street, Dandenong  
Contact: (03) 9792 7630, or  
1800 642 287 after 6:30pm



## Frankston

### Anglicare Victoria

Level 2 / 60-64 Wells Street  
Contact: (03) 9781 6700.  
[www.anglicarevic.org.au](http://www.anglicarevic.org.au)



### Frankston Centre Community Health

12–32 Hastings Road, Frankston  
Contact: (03) 9784 8100



### Frankston Integrated Health Centre

12–32 Hastings Road  
Contact: (03) 9784 8100  
Referral Contact: 1300 665 781  
[www.peninsulahealth.org.au](http://www.peninsulahealth.org.au)  
Links for

## SHARPS, NSP +

### Community Health

20 Young Street, Frankston  
Contact: (03) 9781 1622



## Hastings

### Hastings Community Health Service

185 High Street, Hastings  
Contact: (03) 5971 9100



## Mornington

### Mornington Community Information and Support Centre

320 Main Street, Mornington  
Contact: (03) 5975 1644



## Pakenham

### Monash Health Community

Henty Way Pakenham -  
(top Of the Hill)  
Contact: (03) 5941 0500



## Prahran

### Star Health

240 Malvern Road, Prahran  
Contact: (03) 9525 1300



## Alfred Hospital

### Infectious Diseases Unit

Contact: (03) 9076 6081  
99 Commercial Road, Prahran  
*Hepatitis Clinic*  
Contact (03) 9076 5276



## Rosebud

### Southern Peninsula Community Support and Information Centre

878 Point Nepean Road, Rosebud  
Contact: (03) 5986 1285



## South Melbourne

### Star Health Inner South Community Health Services

341 Coventry Street,  
South Melbourne  
Contact: (03) 9525 1300



## Springvale

### Monash Health Community

55 Buckingham Avenue  
Contact: (03) 8558 9000  
Referrals and counselling  
Contact: 1300 342 273  
Wednesday Liver Clinic  
Fax (03) 9594 6250



### St. Kilda

#### Star Health

18 Mitford Street, St. Kilda  
Contact: (03) 9525 1300



#### Salvation Army Health Information Exchange

29 Grey Street, St. Kilda  
Contact: (03) 9536 7703

#### Access Health

31 Grey Street, St Kilda  
Contact: (03) 9076 6081



#### FIRST STEP

42 Carlisle St, St Kilda, 3182  
Contact: (03) 9537 3177.



### Gippsland PHN:

#### Bairnsdale

##### Advantage HealthPoint

46-56 Nicholson Street,  
Bairnsdale

Contact: (03) 5152 3500



##### Bairnsdale Community Health Centre (Day Program)

48 Ross Street, Bairnsdale

Contact: (03) 5152 0222



##### Bairnsdale Community Health Centre

51 Day Street, Bairnsdale

Contact: (03) 5150 3333



#### Churchill

##### Latrobe Community Health Service

20-24 Philip Parade, Churchill

Contact: 1800 242 696



#### Lakes Entrance

##### Gippsland Lakes Community Health Centre

18-26 Jemmeson Street, Lakes

Entrance Contact: (03) 5155 8300



### Loch Sport

#### Loch Sport Community Health Centre

1 National Park Road, Loch Sport

Contact: (03) 5146 0349



#### Maffra

##### Maffra District Hospital

48 Kent Street Maffra

Contact: (03) 5147 0100



#### Moe

##### Latrobe Community Health Service

42-44 Fowler Street, Moe

Contact: 1800 242 696



#### Leongatha

##### Gippsland Southern Health Services

Koonwarra Road, Leongatha

Contact: (03) 5667 5555



#### Morwell

##### Latrobe Community Health Services

81-87 Buckley Street, Morwell

Contact: 1800 242 696



#### Nowa Nowa

##### Nowa Nowa Community Health

6 Bridge Street, Nowa Nowa

Contact: (03) 5155 7294



#### Orbost

Orbost Regional Health –

*A multi Service site*

104-107 Boundary Road, Orbost

Contact: (03) 5154 6666



#### Rosedale

##### Rosedale Community Health Centre

2-8 Cansick Street, Rosedale

Contact: (03) 5199 2333



### Sale

#### Central Gippsland Health Service Division of Community Care

Palmerston Street, Sale

Contact: (03) 51438800

52 Mcarthur Street, Sale

Contact: 1800 242 696



#### San Remo

##### Bass Coast Community Services

1 Back Beach Road, San Remo

Contact: (03) 5671 9200



#### Traralgon

##### Latrobe Community Health Services

Cnr. Princes Highway and Seymour

Street, Traralgon.

Contact: 1800 242 696



#### Warragul

##### West Gippsland Healthcare Group Community Services Division

31-35 Gladstone Street, Warragul

Contact: (03) 5624 3500



#### Wonthaggi

##### Bass Coast Health – Needle Syringe Program

235-237 Graham Street, Wonthaggi

Contact: (03) 5671 3333



#### Yarram

##### Yarram and District Health Service

50 Bland Street, Yarram

Contact: (03) 5182 0270



### Western Victoria PHN:

#### Apollo Bay

##### Otway Health

75 McLachlan Street, Apollo Bay

Contact: (03) 5237 8500



### Belmont

#### Barwon Community Health Centre

1-17 Reynolds Road, Belmont

Contact: (03) 4215 6800



#### Colac

##### Colac Area Health

2-28 Connor Street, Colac

Contact: (03) 5232 5100



#### Corio

##### Corio Community Health

2 Gellibrand Street, Corio

Contact: (03) 4215 7100



(1+ Automated Syringe Dispensing/Machine 24/7)

#### Drysdale

##### Bellarine Community Health

21-23 Palmerstone Street, Drysdale

Contact: (03) 5251 4640



#### Geelong

##### Wathaurong Aboriginal Service

62 Morgan Street, Geelong North

Contact: (03) 5277 2038



#### Horsham

##### Wimmera Health Care Group

83 Baillie Street, Horsham

Contact: (03) 5381 9111



#### Lucas

##### Ballarat Community Health Centre & NSP

12 Lilburne Street, Lucas

Contact: (03) 5338 4500



#### Maryborough

##### Community Services Maryborough

75-87 Clarendon Street,

Maryborough

Contact: (03) 5461 0400



### Newcomb

#### Newcomb Community Health Centre & NSP

104–108 Bellarine Highway, Newcomb  
Contact: (03) 4215 7520



### Portarlington

#### Bellarine Community Health

39 Fenwick Street, Portarlington  
Contact: (03) 5258 6140



### Portland

#### Portland District Health

141-151 Bentinck Street, Portland  
Contact: (03) 5521 0333



### Sebastopol

#### Ballarat Community Health Centre

260 Vickers Street, Sebastopol  
Contact: (03) 5338 4585



### Stawell

#### Stawell Health and Community Centre

8–22 Patrick Street, Stawell  
Contact: (03) 5358 7400



### Torquay

#### Torquay Community Health Centre & NSP

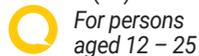
100 Surf Coast Highway, Torquay  
Contact: (03) 4215 7800



### Warrnambool

#### Brophy Family and Youth Services

210 Timor Street, Warrnambool  
Contact: (03) 5561 8888



For persons aged 12 – 25

### Warrnambool Community Health

Koroit Street, Warrnambool  
Contact: (03) 5563 4000



### Wendouree

#### Ballarat Community Health Centre

10 Learmonth Road, Wendouree  
Contact: 5338 4585



### Murray North Western PHN:

### Albury

#### Albury Community Health

596 Smollett Street Albury  
Contact: (02) 6058 1800  
(02) 6058 1801

Fax: 0417 287 073



Services available to people in NE Victoria

### Bendigo

Central Secondary NSP

Bendigo Community Health Service

171 Hargreaves Street Bendigo  
Contact: (03) 5448 1600



### Castlemaine

#### Castlemaine District Community Health

13 Mostyn Street, Castlemaine  
Contact: (03) 5479 1000



### Eaglehawk

#### Bendigo Community Health Services

3 Seymour Street, Eaglehawk  
Contact: (03) 5434 4300



### Echuca

#### Echuca Regional Health

Contact: (03) 5485 5000



### Kangaroo Flat

#### Bendigo Community Health Services

Site 13 Helm Street, Kangaroo Flat  
Contact: (03) 5430 0500



### Kyneton

#### Cobaw Community Health Service

47 High Street, Kyneton  
Contact: (03) 5421 1666



### Mildura

#### Sunraysia Community Health Service

137 Thirteenth Street, Mildura  
Contact: (03) 5022 5444



### Murray North Eastern PHN:

### Alexandra

#### Alexandra Community Health Services & NSP

12 Cooper Street, Alexandra  
Contact: (03) 5772 0900



### Benalla

#### Benalla Health

45/63 Coster Street, Benalla  
Contact: (03) 5761 4222



### Cobram

#### Cobram District Health

24-32 Broadway Street, Cobram  
Contact: (03) 5871 0777



### Corryong

#### Corryong Health

20 Kiell Street, Corryong  
Contact: (02) 6076 3200



### Euroa

#### Euroa Health

36 Kennedy Street, Euroa  
Contact: (03) 5795 0200



### Mansfield

#### Mansfield District Hospital

53 Highett Street, Mansfield  
Contact: (03) 5775 8800



### Myrtleford

#### Gateway Health

32 Smith Street, Myrtleford  
Contact: (03) 5731 3500



### Shepparton

#### Primary Care Connect

399 Wyndham Street, Shepparton  
Contact: (03) 5823 3200



### Wangaratta

#### Gateway Health

45-47 Mackay Street, Wangaratta  
Contact: (03) 5723 2000.



### Wangaratta

#### Northeast Health

35-47 Green Street, Wangaratta  
Contact: (03) 5722 5111



### Wodonga

#### Gateway Health

155 High Street, Wodonga  
Contact: (02) 6022 8888



### Yarrowonga

#### Yarrowonga Health

33 Piper Street, Yarrowonga  
Contact: (03) 5743 8111



### Yea

#### Yea and District Memorial Hospital

45 Station Street, Yea  
Contact: (03) 5736 0400



# Hepatitis Infoline

Call the Hepatitis Infoline to talk about:

**Information:** We can answer questions and mail information to you.

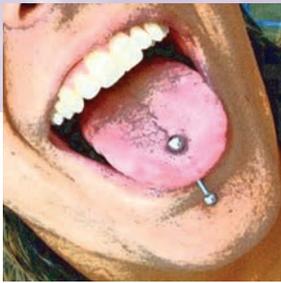
**Support:** We can provide support for a range of issues and concerns.

**Referral:** We can refer you to other organisations and services.

The **Hepatitis Infoline** is a free and confidential service for all Victorians.

## Hours

Monday to Friday 9.00am – 5.00pm



English  
Hepatitis Information Line. If you need an interpreter, please first call the Translating and Interpreting Service on 131 450.

Vietnamese  
Đường dây Hướng dẫn Bệnh Viêm Gan. Nếu cần thông dịch viên, trước tiên xin quý vị vui lòng gọi Sở Thông ngôn và Phiên dịch số 131 450.

Farsi  
خط اطلاعات هپاتیت. اگر نیاز به مترجم حضوری دارید، لطفاً با مرکز خدمات ترجمه کتبی و حضوری با شماره 131 450 تماس بگیرید.

Amharic  
የወፍ በሽታ መረጃ ማቅረቢያ መስመር። አስተርጓሚ ካስፈለግዎት ከባለሙያ መጀመሪያ ለትርጉምና አስተርጓሚ አገልግሎት በስልክ 131 450 አድርገው ይደውሉ።

Arabic  
خط المعلومات عن التهاب الكبد. إذا كنت بحاجة لخدمات مترجم، الرجاء الاتصال أولاً بخدمة الترجمة الفورية والتحريرية على الرقم 131 450.

Chinese  
肝炎信息专线。如需传译员协助，请先致电翻译服务处电话131 450。

Khmer  
ខ្សែទូរស័ព្ទផ្តល់ព័ត៌មានអំពីជំងឺរលាកថ្លើម។ ប្រសិនបើលោកអ្នកត្រូវការអ្នកបកប្រែភាសាជាដំបូង សូមទូរស័ព្ទទៅកិច្ចប្រឹកប្រែភាសាសរសេរ និងនិយាយ លេខ 131 450។

hepatitisinfoline  
1800 703 003

## Your donations make a difference!

Your donations help us to provide information, services, advocacy, resources and support for people affected by viral hepatitis, health professionals and members of the general public.

I would like to donate the following amount:

\$20     \$50     \$100    \$\_\_\_\_\_ (Your choice)

I have enclosed my cheque/money order/cash or

Please debit my credit card for \$\_\_\_\_\_

Type of card: Visa/MasterCard \_\_\_\_\_

Name on Card \_\_\_\_\_

Card number:

Expiry Date \_\_\_\_\_

All donations of \$2 or more are tax deductible.  
If you do not receive your receipt promptly, then please call Hepatitis Victoria on 03 9380 4644, or email: admin@hepvic.org.au

Please send my receipt to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb/City \_\_\_\_\_

Postcode \_\_\_\_\_ State \_\_\_\_\_

Send to: Hepatitis Victoria  
Suite 5, 200 Sydney Road  
Brunswick, Victoria 3056