

Strategic Plan

Hepatitis Victoria

2013 – 2017

The Journey



HEPATITISVICTORIA

Where have we come from?

- 1992** First two meetings of the *Hepatitis C support Group*.
- 1993** Fairfield Hospital provides office space for **Hepatitis C Foundation of Victoria**.
- 1994** Grant application to Sidney Myer Foundation successful.
First staff employed, and first publication produced.
- 1995** Department of Health and Community Services funded a full-time employee.
First edition of *The Good Liver* magazine produced.
- 1996** **Hepatitis C Foundation** relocated to Repatriation Campus of Heidelberg Hospital.
Commenced peer support group, speakers bureau as well as telephone support.
- 1997** Organisation changed its name to **Hepatitis C Council of Victoria**.
Represented on new national viral hepatitis body, the Hepatitis Council of Australia.
- 1998** New premises in CBD, co-located with Foot Patrol needle syringe program.
Membership reached around 600. Started work in prisons and schools.
- 1999** First web-site created and first Victorian hepatitis C Awareness Day celebrated.
Created HECLE – a forum for hepatitis C educators and workers.
- 2000** First National Hepatitis C Strategy developed.
- 2001** *Hep Chat*, a weekly radio program, begins and first program specific to body art.
Offices relocated to Sydney Road, Brunswick.
- 2002** Involved in planning and launch of first Victorian Hepatitis C Strategy 2002-04.
Third Australasian conference on hepatitis C held in Melbourne.
- 2003** Workforce Development training project initiated.
Partnership with Victorian Aboriginal Community Controlled Health Organisation.
Assisted in formation of the Multicultural Health and Support Service.
- 2004** Awareness Week features work from *DisEase* exhibition by artist Fern Smith.
Initiated outreach prevention for homeless youth, and training prison peer educators.
- 2005** Rural email bulletin service created.
First nationally coordinated Hepatitis Awareness Week.
- 2006** Commenced Culturally and Linguistically Diverse and Indigenous-specific programs.
Collaborated with Alfred Hospital for secondary school quiz game; *Chopped Liver* production with Ilbijerri Theatre Company; and *Transmission* Vietnamese youth video with North Richmond Community Health Centre.
- 2007** Organisation changed its name to **Hepatitis C Victoria**.
Major forum held with representatives of the body art industry.
- 2008** First chronic disease self management course - *Hep C: Take Control*.
National Hepatitis Awareness week launched at Federation Square with rock concert.
- 2009** Inaugural Mark Farmer Award for services to hepatitis C.
Research Advisory Committee established.
Began including hepatitis B in activities and also involved in HBV Alliance.
- 2010** First *Street Shot* photography competition and exhibition.
- 2011** Constitution broadened to all viral hepatitis and name changed to **Hepatitis Victoria**.
Produced prison resource *Bumper Book for Blokes Inside*.
Hep Chat radio program ends after 10 years and approximately 460 shows.
- 2012** Produced *Yarning about hep C* DVD with Victorian Aboriginal Community Controlled Health Organisation and Victorian Aboriginal Health Service (building on earlier DVD).
Translational research initiative with Centre for Research Excellence into Injecting Drug Use.

Who are we?

Our vision

A Victorian community where there are no new infections of viral hepatitis, and where those who have the virus are able to maximise their health and wellbeing.

Our role

Hepatitis Victoria is the peak not-for-profit community-based organisation working across the state for people affected by, or at risk of, viral hepatitis. Governed by an independent Board of Directors, Hepatitis Victoria works to:

- Provide leadership and coordination for the Victorian community response to viral hepatitis.
- Build a strong and sustainable organisation that works effectively across all activities and is positioned to have greatest impact.
- Raise community awareness and prevent the transmission of viral hepatitis.
- Increase access to quality viral hepatitis information, care, treatment, and support.

Our values

- **Respect** – We respect all people affected by viral hepatitis, working always to promote their dignity and to challenge stigma and discrimination.
- **Participation** – We encourage people affected by viral hepatitis have input into our work and to have their voices heard in relation to their wellbeing.
- **Diversity** – We seek to understand and value the diverse circumstances and cultures of the people and communities with whom we work.
- **Excellence** – We aspire to do what we do well, and base our work on evidence of need and of effectiveness.
- **Integrity** – We work according to a consistent set of values and principles at all times.
- **Innovation** – We welcome new ideas, are open to change, and respond in innovative ways to new circumstances.
- **Impact** – We strive for maximum impact in relation to viral hepatitis, and to promote the visibility of viral hepatitis issues in the community.
- **Collaborations** – We seek to broaden our impact through strategic partnerships and collaborations with others who can have a positive impact on viral hepatitis.

Where we are going?



FORWARD-LOOKING

Pathway 1

We will respond to emerging needs and new knowledge by:

- Identifying and addressing new needs.
- Conducting advocacy for improvements.
- Promoting new treatments.
- Mainstreaming hepatitis B across our work.
- Being evidence-based.



SUSTAINABLE AND VIABLE

Pathway 2

We will grow the resource base by:

- Diversifying our income sources.
- Establishing alternative funding systems and protocols.
- Developing strategies for membership, sponsors, donors and bequests.
- Facilitating volunteers, in-kind support and community participation.
- Exploring income-generating initiatives.
- Demonstrating the value of investing in hepatitis reduction.



DIGNITY AND SELF-ESTEEM

Pathway 3

We will attack stigma and discrimination by:

- Affirming our vision and values.
- Identifying barriers and opportunities.
- Addressing stigmatising language and images.
- Developing a hepatitis B and C speakers bureau.
- Embedding cultural competency and reconciliation.



DESIRED COLLABORATOR

Pathway 4

We will collaborate, partner and engage with others by:

- Developing priorities and protocols for collaborators and partners.
- Fostering relations with priority collaborators and partners.
- Initiating collaboration opportunities.
- Influencing the health planning of relevant organisations.
- Ensuring affected community participation.




HIGHLY INFLUENTIAL

Pathway 5

We will increase awareness and impact by:

- Increasing the capacity to utilize new communications mechanisms.
- Utilising new technologies for awareness raising, information and service delivery.
- Campaigning to increase awareness with target audiences.
- Campaigning to increase access to services.
- Promoting our expertise through events and forums.
- Fostering consumer advocacy and mobilization.
- Utilising hepatitis champions.
- Establishing new peer support mechanisms.
- Improving ways to measure and convey our impact.
- Driving cultural change to deliver organizational goals.



To reach these destinations, the initiatives under each pathway will be framed as projects with outcome measures. Accountability will be assigned and processes incorporated into the organisation's operating, planning and performance management mechanisms.



Why are we going there?

Over 400,000 people in Australia live with chronic viral hepatitis (hepatitis B and C).

This is nearly 20 times the number of people living with HIV/AIDS, nearly double the number of people with dementia, and more than 10 times the number of people diagnosed annually with breast cancer and prostate cancer combined.

Untreated chronic hepatitis can lead to cirrhosis and liver cancer.

In Australia, hepatocellular carcinoma (largely attributable to chronic viral hepatitis infection) is the fastest increasing cause of cancer death in Australia.

Hepatitis B

Approximately 55,000 Victorians are living with chronic (life-long) hepatitis B, and more than one third of them are undiagnosed. 3-5% of Australian prisoners have chronic hepatitis B. Less than 3% of people in Australia with hepatitis B are currently receiving antiviral treatment. Without intervention it has been estimated that by 2017 the incidence of liver cancer in Australia attributable to hepatitis B will be three times that seen in 2008.

Hepatitis C

Approximately 65,000 Victorians are living with chronic hepatitis C. Between 30-40% of Victorian prisoners have chronic hepatitis C. Less than 2% of people with hepatitis C seek treatment each year. Hepatitis C is the leading cause of liver transplants in Australia. Annual deaths from hepatitis C in Australia are rising and have surpassed deaths from HIV/AIDS.

For more information or support, please contact the **Hepatitis Infoline: 1800 703 003** or visit our website: www.hepvic.org.au

Strategic Plan

Hepatitis Victoria
2013 - 2017

The Journey




Our vision:

A Victorian community where there are no new infections of viral hepatitis and where those with hepatitis maximise their health and wellbeing.

Our values:

- Respect
- Participation
- Diversity
- Excellent
- Integrity
- Innovation
- Impact
- Collaboration



<i>Pathways</i>	<i>The first step</i>	<i>The next step</i>	<i>The destination</i>
 <p>Respond to emerging needs and new knowledge</p>	<p>Advocate for HBV funding from government. Advocate for PBS listing of new HCV treatments. Review all programs for their capacity to work with HBV. Pilot CDSM for HBV. Monitor progress of ACT NSP in prison program. Institute risk management program for organisation.</p>	<p>Build evidence base for internal and external use. Track changing demographics and associated strategies. Identify joint initiatives with research agencies. Roll out CDSM for HBV. Campaign to adopt learnings from ACT NSP program. Awareness-raising campaign re vaccination and treatment. Initiate campaign around tattoos and travel awareness.</p>	<p>Forward looking</p> <p>Equal responsiveness to all forms of viral hepatitis. Recognised authoritative voice on hepatitis in Victoria. Maximum access to treatment for affected community.</p>
 <p>Grow the resource base</p>	<p>Develop policy and protocols for non-government funds. Establish alternative funding management system. Scope and pilot fee for service workforce development. Develop membership strategy for 1/7/13 implementation. Scope potential funding from pharmaceutical companies. Develop volunteers strategy and protocols. Develop community participation policy and register. Scope potential for counselling service.</p>	<p>Build relationships with potential non-government funders. Scope donors and bequests strategy, including benefits. Implement fee for service workforce development. Implement new membership strategy. Approach pharmaceutical companies for funding. Develop business case for increased Government investment. Scope 'Centre for Hepatitis Wellness' as adjunct service. Implement counselling service. Scope possible registration of 'hepatitis aware' agencies. Scope additional fee for service initiatives eg. events. Scope possible corporate social responsibility opportunities. Identify a key philanthropic/corporate supporter.</p>	<p>Sustainable and viable</p> <p>Sufficient funds to expand activities and meet demand. Ethical and transparent approach to diverse funding. Financially robust. Delivering comprehensive support and wellbeing.</p>
 <p>Attack stigma and discrimination</p>	<p>Confirm vision and values in public presentation of HV. Develop public speakers program for HBV and HCV. Scope potential initiative with HREOCV. Research responses to stigmatising language and imagery. Embed cultural competency across organisation. Develop Hepatitis Victoria reconciliation action plan.</p>	<p>Campaign to address HBV stigma with health care workers. Implement public speakers program for HBV and HCV. Implement initiative with HREOCV. Campaign to address stigmatising language and imagery. Promote social inclusivity particularly of injecting drug users.</p>	<p>Dignity and self-esteem</p> <p>Empathetic public portrayal of affected community. Empathetic approach by those working with affected community. Maximum self-esteem for those living with hepatitis.</p>

Pathways

The first step

The next step

The destination

Collaborate, partner and engage with others

Develop affected community participation policy and mechanisms.
Develop protocols and priorities for partnerships.
Foster ongoing relations with priority collaborators (CCV, VACCHO, MHSS, CAN, etc.).
Initiate collaboration opportunities for high HBV locations.
Scope potential relationships with local government.
Identify potential from Melbourne World AIDS conference.

Explore opportunities to access HBV community.
Share learnings/opportunities with interstate organisations.
Network with related country organisation to extend reach.
Build networks to promote community based treatment.
Influence health plan of high HBV and HCV municipalities.
Capitalise on Melbourne World AIDS conference July 2014.
Explore opportunities with other chronic conditions (events, fundraising, shared services, etc.).
Establish campaign consortium for prison HCV prevention.
Annual review of progress undertaken by affected community.

Desired collaborator
Sought by others for collaboration and partnerships.
Aspirations of affected community reflected in work.

Increase awareness and impact

Increase capacity to utilise new communications channels.
Develop an app for iPhone/pad re consumer experience.
Student involvement in developing youth-focussed app.
Develop working relationships with media.
Advocate for State hepatitis strategies and action plans.
Develop strategic communications plan.
Promote our expertise through forums, networks, seminars.
CDSM online pilot.
Campaign for access to treatment in prisons.
Develop hepatitis champions strategy.
Review and improve ways to measure and convey impact.
Establish new peer support mechanisms (e.g. Hep Connect).
Develop statewide consumer advocacy program.
Drive cultural change to deliver organisational goals.

Identify opportunities for community-wide awareness raising.
Scope online blogs and forums for affected community.
21st birthday profile raising campaign.
Campaign to increase awareness within health care workers.
Invest in new customer relations management data system.
Implement strategic communications plan.
Identify publications and events in which to participate.
Expanded implementation of CDSM online.
Campaign for safe injecting facilities, including in prisons.
Implement hepatitis champions strategy.
Strategy for involvement of supportive significant others.
Implement statewide consumer advocacy program.
Maintain cultural change to deliver organisational goals.

Highly influential
Needs of affected community are articulated.
Health literacy of affected community enhanced.
Input of HV is sought and relied upon.
Reduced health equity gap for people with viral hepatitis.
Effective and goal-driven organisation.

To reach the destinations referred to above, the initiatives under each 'pathway' will be framed as projects with outcome measures. Accountability will be assigned and processes incorporated into the organisation's operating, planning and performance management mechanisms.

Strategic Plan

THE JOURNEY

Hepatitis Victoria 2013–2017

Strategic Report Card 2016–2017

In late 2012 Hepatitis Victoria adopted its strategic plan covering the years from then until 2017.

This report card provides a snapshot of our achievements for the final year of the plan, namely 2016–2017.



PATHWAYS	OUR COMMITMENTS	OUR ACHIEVEMENTS	DESTINATION
<p>Pathway 1: Respond to emerging needs and new knowledge</p>	<ul style="list-style-type: none"> Continue to advocate for access to new improved hepatitis C treatments. Ongoing statewide awareness campaign re new hepatitis C treatments, particularly for hard to reach communities. Strengthen and expand workforce competence in preventing and responding to hepatitis infection. Consolidate new relationships and advocacy around hepatitis B, and be positioned as innovators when funding available. Work with GPs and their relevant networks to encourage their involvement in hepatitis testing and treatment. Anticipate how needs of people previously living with hepatitis C will change after cure and implement appropriate responses. Investigate expanding services and support to people with liver disease beyond that caused by viral hepatitis alone. Document learnings in relation to working with diverse communities so they can be transferred. 	<ul style="list-style-type: none"> Submissions made to PBAC in relation to approving new DAAs. Undertook extensive Be Free From Hep C campaign to promote access to new treatments including patient videos, street furniture advertising, TVCs, dedicated website, and new multilingual resources. HEPReady training modules developed in relation to testing, treatment and prevention for both hepatitis B and C. Sunasia Regional Forum for community and health workers held in Mildura. Contributed to partnership delivering Spotlight on Hepatitis B forum for community and health workers. Undertook scoping studies of high prevalence communities for hepatitis B and how to work with them including: Vietnamese, Afghani, Cambodian, Egyptian, Pakistani. Building of staff capacity in relation to cultural sensitivity through external training, sharing of studies, and internal briefings. In house visits to GP clinics and pharmacists in Springvale and Melbourne to promote hepatitis testing and treatment. Compiling information and trends regarding post hepatitis C treatment experiences to better anticipate needs. Development of HEP Check and CARE Check online assessment tools as part of LiverWell initiative to promote self-care and disease management among people at risk of or living with liver disease. Research paper undertaken to scope the prevalence, services and issues surrounding liver disease in Australia, beyond viral hepatitis. Review content of CDSM to ensure its applicability to hepatitis B and other conditions. 	<p>Forward looking</p> <p>Equal responsiveness to all forms of viral hepatitis.</p> <p>Recognised authoritative voice on hepatitis in Victoria.</p> <p>Maximum access to treatment for affected community.</p>
<p>Pathway 2: Grow the resource base</p>	<ul style="list-style-type: none"> Expand HEPReady social enterprise beyond “Essentials” training to include “comprehensive” streams. Complete first pilot of organisation-wide HEPReady accreditation and trial in an additional workplace. Obtain professional development accreditation for relevant components of HEPReady training. Consolidate HEPConnect service to be better able to support people commencing treatment and also living with ongoing liver damage. Involve external players in developing a music event to celebrate access to hepatitis C treatments, raise awareness and generate income. Streamline arrangements to ensure funders are provided with feedback and given opportunity to better understand the organisation’s work. Engage multiyear sponsor for StreetShot. Implement workplace giving and develop workplace relationship strategy to promote update. 	<ul style="list-style-type: none"> Development of 17 independent HEPReady “Comprehensive” training modules, including expert videos and participant guides. Undertook tailored HEPReady training to homelessness services in Inner South of Melbourne. Researched comparable workforce capacity accreditation programs for possible applicability to HEPReady. Obtained accreditation from Australian Primary Health Care Nurses Association and Australian College of Mental Health Nurses for HEPReady. Revitalised HEPConnect with volunteer recruitment and staff training, resulting in increased calls. Regular project reports provided to funders for key initiatives. Integrated funders into our key stakeholder invitations. Development of Workplace giving proposal, registration with some overarching body, and proposal to Doherty Institute. Surveyed volunteers to improve practices for volunteer involvement. Systematised volunteer training through HEPReady and event support preparation training, including in relation to stigma. Instituted the “Volunteer of the Month” Award to improve recognition, and held Cheers Volunteers event. 	<p>Sustainable and viable</p> <p>Sufficient funds to expand activities and meet demand.</p> <p>Ethical and transparent approach to diverse funding.</p> <p>Financially robust.</p> <p>Delivering comprehensive support and wellbeing.</p>
<p>Pathway 3: Attack stigma and discrimination</p>	<ul style="list-style-type: none"> Expand Mums to B/B Understood community education across Victoria. Expand community education in Vietnamese, Chinese, Afghani, Burmese, Cambodian, Egyptian and South-Sudanese communities. Expand HEPspeak and Hepatitis Heroes programs to include more people with lived experience of hepatitis B. Involve community participants in Hepatitis Victoria strategy and program development. 	<ul style="list-style-type: none"> Delivered Mums to B/B Understood community education across Victoria, focusing on cities of Melbourne and Greater Dandenong. Translated hepatitis B and C related resources into multiple community languages and made available in hard copy and online. Recruited peer educators and facilitators from Chinese, Vietnamese, Afghani, Egyptian, Burmese, Cambodian and Italian communities to assist in education and awareness raising in community. People with lived experience and advocates involved in development of new strategic plan, advise on HEPReady and on development of new resources. Empowered representatives from wide range of communities to become Hepatitis Heroes, and expanded total number. 	<p>Dignity and self-esteem</p> <p>Empathetic public portrayal of affected community.</p> <p>Empathetic approach by those working with affected community.</p> <p>Maximum self-esteem for those living with hepatitis.</p>

PATHWAYS	OUR COMMITMENTS	OUR ACHIEVEMENTS	DESTINATION
<p>continued Attack stigma and discrimination</p>	<ul style="list-style-type: none"> Investigate different methods of utilizing “peer-based” approaches to improve understanding of what is most effective in different circumstances, and consider how this could be quantified. Expand <i>HEPReady</i> workforce development core curriculum to include addressing stigma and protecting privacy. Increase the involvement of lived experience speakers in health promotion and community education activities. Equip volunteers and interns to counteract stigma and discrimination in the activities they undertake. 	<ul style="list-style-type: none"> Stigma incorporated in each <i>HEPReady</i> training course, along with dedicated Comprehensive module. Developed and undertook hepatitis B public speakers training. Videos of <i>HEPSpeak</i> speakers broadcast at Dandenong public event and other videos incorporated into <i>HEPReady</i> Comprehensive training. Continued to expand involvement in and promotion of <i>HEPSpeak</i> public speakers program. Facilitated lived experience participation in range of advisory structures and consumer reference groups. Creation of dedicated stigma and discrimination section of website. Developed and distributed 2 surveys of experiences of stigma and discrimination to both people with lived experience and those associated with them. Involved law interns in the analysis of forums for responding to discrimination and preparation of associated resources. 	
<p>Pathway 4: Collaborate, partner</p>	<ul style="list-style-type: none"> Enhance and nurture establish relationships with CALD, refugee and Aboriginal organisations. Proactively respond to new opportunities including with newly emerging communities. Increase education to prison officers and maintain relationships with prison governing bodies. Develop policy for people who contribute lived experience in various forums other than as public speakers. Utilise the national hepatitis B grants to develop sustainable responses to hepatitis B among a range of collaborating organisations. Increase engagement with municipalities that have high hepatitis B and hepatitis C prevalence. Explore collaboration opportunities with chronic illness organisations and others such as Red Cross and Blood Bank. 	<ul style="list-style-type: none"> Commenced the roll out of seven hepatitis B community education projects all of which involve collaboration with new stakeholders across Victoria, including from Aboriginal, refugee, migrant, municipal, corrections, women’s health and community health organisations. Established connection with Sudanese youth organisation. Commenced “Art Inside” project in 6 new prisons. Investigating opportunities for partnering with prison health organisations. Providing consumer perspective in governance arrangements and health promotion aspects of wide range of research projects. Learnings from new collaborations shared with peer hepatitis organisations and at interstate conferences. Collaborated with refugee community organisations and municipal councils to hold World Hepatitis Day events in Braybrook, Dandenong and Melbourne. Continued partnership with Chronic Illness Alliance. Conducted viral hepatitis forums for GPs and allied health professionals with local stakeholders in both East and South East of Melbourne. Strengthened relationships with Primary Health Networks through involving in events and provision of resources and advising on content of health pathways. Recognition of outstanding individual and organisations at AGM. Strategic planning process involved input from Community Advocates and key stakeholders. Partnered with Ilbjerri Theatre Company in revitalized ‘Chopped Liver’ production. 	<p>Desired collaborator</p> <p>Sought by others for collaboration and partnerships.</p> <p>Aspirations of affected community reflected in work.</p>
<p>Pathway 5: Increase awareness and impact</p>	<ul style="list-style-type: none"> Advocate for resources to effectively implement State hepatitis strategies. Continue to advocate for access to clean needles in custodial settings. Advocate for the expanded availability of needle and syringe programs across Victoria. Further refine best use of online and social media advertising. Refine internal mechanisms for managing social media content planning and implementation. Streamline analytics to track performance across digital platforms. Advocate for government support for expanded community awareness raising campaign. Investigate opportunities for events and other opportunities to increase awareness especially amongst youth. Increase communications with affected community via more targeted ebulletins and other tools. Ensure cross party Victorian political support for action regarding hepatitis. 	<ul style="list-style-type: none"> Campaigned for resources to comprehensively implement the Government Strategies, including involvement of Advocates. Position paper developed and submission made to Government in relation to Illicit Drugs and impact on hepatitis, including expanded NSPs, safe injecting in prisons, and supervised injecting facilities. Social media and marketing training provided to staff. Utilisation of targeted Google advertisements for hepatitis C treatment campaign. Integration of management of social media channels through Hootsuite. Expansion of <i>StreetShot</i> program to include videos, and revamping of <i>StreetShot</i> website. Touring of <i>StreetShot</i> and extended display in Western Melbourne. Hosted Jasper Jones film night to raise awareness. Crowd funding campaign for Little HepB Heroes. Formed relationships with youth organisations to better promote <i>StreetShot</i> and awareness raising opportunities. Expanding health promotion education into rural and regional communities with particular emphasis on youth and Aboriginal. Instrumental in formation of new <i>Chopped Liver</i> production with Ilbjerri Theatre Company. Continued to utilize communication channels of related organisations to syndicate content. Expanded the reach and frequency of ebulletin HEPChat. 	<p>Highly influential</p> <p>Needs of affected community are articulated.</p> <p>Health literacy of affected community enhanced.</p> <p>Input of HV sought and relied upon.</p> <p>Reduced health equity gap for people with viral hepatitis.</p> <p>Effective and goal-driven organisation.</p>
<p>Operational achievements</p>	<ul style="list-style-type: none"> 223 education sessions across metro and regional Victoria, (32% increase). These education sessions reached a total of 5,223 Victorians. 28 schools and youth organisations enrolled in 2017 <i>StreetShot</i> program, providing 32 education sessions, and total of 694 young people taking part. 23 World Hepatitis Day Community Grants distributed to community groups with associated education (> 100% increase). 	<ul style="list-style-type: none"> More than 72,400 unique visits to Hepatitis Victoria websites, resulting in nearly 103,000 individual content pages viewed. 264 Facebook, 323 Twitter and 181 Instagram social media posts on a variety of hepatitis related matters. 68 electronic bulletins distributed, including 44 <i>HEPChat</i> e-newsletters, to 93,498 recipients. 4 editions of <i>Good Liver</i> magazine, or nearly 8,000 publications, distributed. 	<ul style="list-style-type: none"> Conducted the Sunraysia Regional Viral Hepatitis Forum in Mildura, involving 32 health professional from the far north west region of the state. 48 <i>HEPSpeak</i> presentations by trained lived experience public speakers, to 614 attendees, (nearly 100% increase). 869 Hepatitis Infoline enquiries, including 75 to the Prison Telephone Infoline service. 44 volunteers contributed in excess of 1,400 hours of time in support of administrative, health promotion and education activities.

Strategic Plan

THE JOURNEY

Hepatitis Victoria 2013 – 2017

Strategic Report Card 2015 – 2016

In late 2012 Hepatitis Victoria formally adopted our Strategic Plan, setting out a pathway for our future. It covered the years from 2013 until 2017.

This Report Card provides a snapshot of our achievements for 2015-16 (financial year), and our priorities for 2016–17.



PATHWAYS	OUR COMMITMENTS	OUR ACHIEVEMENTS	GOING FORWARD
<p>Pathway 1: Respond to emerging needs and new knowledge.</p>	<ul style="list-style-type: none"> Advocate for approval of improved HCV treatments, including to a broad range of affected populations. Ongoing education regarding new HCV treatments. Monitor to ensure prisoners get equivalent treatment to those outside. Advocate for prison access to clean needles. Ensure information and messages are updated and available re: new HCV treatments. Build education opportunities with newly emerging communities. Expand competency, particularly cultural competency, in responding to hepatitis infection and BBV coinfection. Consolidate advocacy around hepatitis B and be positioned as innovators when funding available. Promote and support social research into lived experience. Utilise new Client Relationship Management system to identify trends in connection to the organisation and understanding user needs. Anticipate impact of changing treatment landscape and needs of people with hepatitis. 	<ul style="list-style-type: none"> Successfully advocated for PBS access to improved HCV treatments for entire affected adult population. Launched state-wide campaign for new hepatitis C treatments – <i>Be Free From Hep C</i>. Revamped website to reflect new hepatitis C treatments, including personal stories and information regarding testing, treatment and available services. Developed unique <i>HEPReady</i> training program to encourage systemic change in way health and community sector workers respond to people living with or at risk of viral hepatitis. Implemented <i>Art inside the West</i> prison project to increase knowledge of viral hepatitis for people in custody. Instituted Prison Infoline for free phone access for prisoners. Successfully advocated for separate Victorian strategies to tackle hepatitis B and hepatitis C. Conducted needs assessment research specific to Afghani and Vietnamese communities. Adopted organisational social media policy and associated guidelines, and provided regular staff training on both. 	<ul style="list-style-type: none"> Continue to advocate for access to new improved hepatitis C treatments. Ongoing statewide awareness campaign re new hepatitis C treatments, particularly for hard to reach communities. Strengthen and expand workforce competence in preventing and responding to hepatitis infection. Consolidate new relationships and advocacy around hepatitis B, and be positioned as innovators when funding available. Work with GPs and their relevant networks to encourage their involvement in hepatitis testing and treatment. Anticipate how needs of people previously living with hepatitis C will change after cure and implement appropriate responses. Investigate expanding services and support to people with liver disease beyond that caused by viral hepatitis alone. Document learnings in relation to working with diverse communities so they can be transferred.
<p>Pathway 2: Grow the resource base</p>	<ul style="list-style-type: none"> Continue exploring corporate sponsorship opportunities. Continue to actively pursue grants and funders. Continue to engage with philanthropic bodies and aim for multi-year funding. Grow <i>StreetShot</i> website to increase reach, sponsorship and participation. Improved streamlined membership renewal processes. Explore possible fundraising events such as fun run or music event. Explore workplace giving opportunities. Continue advocating for hepatitis B resourcing. Finalisation of participation in <i>The Crunch</i>, and consideration of prospects for pursuing this into the future. Standardised approach to workforce development, combining <i>The Crunch</i>, <i>Bloody Serious</i>, <i>BeAware</i> and requests. Improve donor relations systems on new website. 	<ul style="list-style-type: none"> Updated the volunteers policy and developed associated Community Participation Welcome Kit to increase support provided to volunteers. Increased bi-lingual health promotion project volunteers and supported them by providing training and experience. Revitalised the <i>HEPConnect</i> service with a review of resources, development of training manual, and volunteer recruitment. Developed knowledge and capacity to successfully bid for seven national community education grants all working in new ways with hepatitis B affected communities. Recruited and trained additional speakers and expanded their range of presentations to include the <i>HEPReady</i> workforce development initiative. <i>StreetShot</i> sponsorship letter developed and successful applications made to corporates for prizes. Grant applications successful with a range of organisations including local councils, pharmaceutical companies, philanthropic bodies, corporates, and digital advertising. Obtained multiyear funding for <i>HEPReady</i> workforce development initiative. Developed <i>Workplace Giving</i> proposal. 	<ul style="list-style-type: none"> Expand <i>HEPReady</i> social enterprise beyond “Essentials” training to include “comprehensive” streams. Complete first pilot of organisation-wide <i>HEPReady</i> accreditation and trial in an additional workplace. Obtain professional development accreditation for relevant components of <i>HEPReady</i> training. Consolidate <i>HEPConnect</i> service to be better able to support people commencing treatment and also living with ongoing liver damage. Involve external players in developing a music event to celebrate access to hepatitis C treatments, raise awareness and generate income. Streamline arrangements to ensure funders are provided with feedback and given opportunity to better understand the organisation’s work. Engage multiyear sponsor for <i>StreetShot</i>. Implement workplace giving and develop workplace relationship strategy to promote uptake.
<p>Pathway 3: Attack stigma and discrimination</p>	<ul style="list-style-type: none"> Continue to expand <i>Public Speakers Bureau</i> and increase speaking opportunities. Continue to expand the number of <i>Community Advocates</i> and <i>Hepatitis Heroes</i>. Explore organisations becoming <i>Hepatitis Heroes</i>. Capture experience of individuals undertaking new treatment. 	<ul style="list-style-type: none"> Supported the establishment of Ballarat-based hepatitis C support group. Expanded the numbers of people participating in public speakers training, and the number of speaker engagements. Rebranded <i>Public Speakers Bureau</i> to <i>HEPSpeak</i>, and incorporated it as a core element of the <i>HEPReady</i> workforce development social enterprise. Surveyed Hepatitis Heroes to determine how to improve and expand the program. 	<ul style="list-style-type: none"> Expand <i>Mums to B/B Understood</i> community education across Victoria. Expand community education in Vietnamese, Chinese, Afghani, Burmese, Cambodian, Egyptian and South-Sudanese communities. Expand <i>HEPSpeak</i> and <i>Hepatitis Heroes</i> programs to include more people with lived experience of hepatitis B. Involve community participants in Hepatitis Victoria strategy and program development.



PATHWAYS	OUR COMMITMENTS	OUR ACHIEVEMENTS	GOING FORWARD
<p>continued Attack stigma and discrimination</p>	<ul style="list-style-type: none"> Work with GPs to maximise their readiness to encourage access to new treatments. Explore how to build resilience and capacity amongst those with lived experience. Work with Primary Health Networks. 	<ul style="list-style-type: none"> Incorporated views of affected community and advocates in development of campaign to raise awareness of new hepatitis C treatments. Built capacity of Hepatitis Victoria workforce to respond to diverse communities through cultural sensitivity training and recruitment of people with lived experience and diverse cultural backgrounds. Included discussion of stigma and discrimination in most professional and community education discussions including through use of lived experience speakers. Facilitated having people with lived experience participate in external reference groups. 	<ul style="list-style-type: none"> Investigate different methods of utilising “peer-based” approaches to improve understanding of what is most effective in different circumstances, and consider how this could be quantified. Expand <i>HEPReady</i> workforce development core curriculum to include addressing stigma and protecting privacy. Increase the involvement of lived experience speakers in health promotion and community education activities. Equip volunteers and interns to counteract stigma and discrimination in the activities they undertake.
<p>Pathway 4: Collaborate, partner</p>	<ul style="list-style-type: none"> Focus on primary and secondary NSPs for education and capacity building. Monitor possible opportunities with Primary Health Networks. Identify opportunities with general practice and possibly through Networking Health Victoria. Undertake <i>Western Liverability Festival 2015</i> in collaboration with others. Continue to pilot <i>HEPLink</i> peer support for health workers. Expanded engagement with CALD community associations. Initiate collaboration with Chinese business and health organisations to pilot targeted community response. Investigate collaborations with community health services. 	<ul style="list-style-type: none"> Extended relationships with CALD communities through <i>Hep B Mums</i> and <i>Be Understood</i> initiative, enabling great insight into effectively working with these communities. Growth in <i>Western Liverability Festival</i> activities and collaborations, culminating in <i>Western Action Forum</i> and Health Minister’s announcement of hepatitis strategies. Successfully promoted <i>StreetShot</i> project to local councils and organised two regional <i>StreetShot</i> exhibitions within the Shire of Campaspe. Actively reached out to Aboriginal communities through all programs, including <i>World Hepatitis Day</i> grants, <i>StreetShot</i> and festivals and when visiting regional areas to strengthen partnerships. Participation in Justice Health working party regarding prison hepatitis treatment. Increased collaboration with Justice Health for roll out of Prison Infoline and Art Inside The West project. Participated in government working groups developing strategic priorities in relation to hepatitis B and hepatitis C. Participated in new treatment readiness working groups convened by State government. <i>World Hepatitis Day</i> recognised by State Government for the first time with inaugural event. Consolidated relationships with Primary Health Networks in key areas of hepatitis prevalence. 	<ul style="list-style-type: none"> Enhance and nurture established relationships with CALD, refugee and Aboriginal organisations. Proactively respond to new opportunities including with newly emerging communities. Increase education to prison officers and maintain relationships with prison governing bodies. Develop policy for people who contribute lived experience in various forums other than as public speakers. Utilise the national hepatitis B grants to develop sustainable responses to hepatitis B among a range of collaborating organisations. Increase engagement with municipalities that have high hepatitis B and hepatitis C prevalence. Explore collaboration opportunities with chronic illness organisations and others such as Red Cross and Blood Bank. Build commitment and capability of Chinese business and health organisations to respond to hepatitis.
<p>Pathway 5: Increase awareness and impact</p>	<ul style="list-style-type: none"> Invest in policy, research and advocacy capability in order to increase impact. Implement and continue to refine new Hepatitis Victoria website. Focus on digital delivery to respond to client needs and broaden reach of awareness raising. Advocate for national strategic response to the need for community awareness raising. Investigate online risk assessment tool for a variety of audiences in relation to viral hepatitis and liver health, including multiple languages. Implement social media plan, and undertake pilot in relation to <i>World Hepatitis Day</i> and building of organisational capability. Continue to advocate for the adoption of State level action plans for both hepatitis B and hepatitis C. Finalise SKINK tattoo app competition and announce winners. Utilise SKINK in further health promotion activities. Explore community summit to raise awareness of new treatments and the need to get into care. 	<ul style="list-style-type: none"> State Government announcement of separate hepatitis B and hepatitis C strategies. Conducted <i>Going Viral</i> online chronic disease self-management courses. Audited social media use, identified opportunities, and developed first digital strategy, including digital guidelines, social media content plan, and protocols for managing social media. Ongoing refinement of Hepatitis Victoria website, including training registration process. Development of standalone <i>StreetShot</i> website. Implemented SKINK tattoo app and video. Produced TVC for placement at St Kilda Festival. Developed proposal for community awareness campaign in relation to new hepatitis C treatments, and commenced implementation including street furniture, dedicated <i>Be Free From Hep C</i> website, expanded treatments section of website, social media campaign, online advertising, posters, pamphlets and community TV advertisements. Developed hepatitis risk assessment tool for use on website and portable digital platforms. 	<ul style="list-style-type: none"> Advocate for resources to effectively implement State hepatitis strategies. Continue to advocate for access to clean needles in custodial settings. Advocate for the expanded availability of needle and syringe programs across Victoria. Further refine best use of online and social media advertising. Refine internal mechanisms for managing social media content planning and implementation. Streamline analytics to track performance across digital platforms. Advocate for government support for expanded community awareness raising campaign. Investigate opportunities for events and other opportunities to increase awareness especially amongst youth. Increase communications with affected community via more targeted e-bulletins and other tools. Ensure cross party Victorian political support for action regarding hepatitis.
<p>Operational achievements</p>	<ul style="list-style-type: none"> Conducted 169 educational sessions across metropolitan and regional Victoria, reaching nearly 4,400 people. Enrolled 28 schools and youth organisations in the 2016 <i>StreetShot</i> competition. Conducted the first ever <i>Gippsland Regional Viral Hepatitis Victoria</i> with over 40 health professionals attending. 	<ul style="list-style-type: none"> Awarded ten 2016 <i>World Hepatitis Day</i> Grants to the total value of \$6,750. Attracted in excess of 118,000 unique visits to the Hepatitis Victoria website (over 160% increase on previous year). Distributed 70 electronic bulletins (over 100% increase from previous year). <i>Public Speakers Bureau</i> managed 32 trained speakers with lived experience of hepatitis B and hepatitis C. 	<ul style="list-style-type: none"> Answered over 860 Infoline enquiries (a 30% increase on previous year). Trained speakers gave 26 presentations, reaching nearly 800 people. 29 people registered as volunteers online, both with and without lived experience. From December 2015 to June 2016 a total of 17 volunteers were engaged in different roles, completing approximately 980 hours of voluntary work.

Strategic Plan

Hepatitis Victoria
2013 – 2017

The Journey

Strategic Report Card 2014 – 2015

In late 2012 Hepatitis Victoria formally adopted our Strategic Plan, setting out a pathway for our future. It covered the years from then until 2017.

This report card provides a snapshot of our achievements for 2014-15 (financial year), and our priorities for 2015-16.



Pathways

Our Commitments

Our Achievements

Going Forward

Respond to emerging needs and new knowledge

- ▶ Advocate for approval of improved HCV treatments, including to broad range of affected populations.
- ▶ Ongoing education regarding new HCV treatments.
- ▶ Advocate for hepatitis C treatment to start and finish in prison.
- ▶ Increase impact on new "at risk" populations including those aging with chronic illness, baby boomers, and steroid users.
- ▶ Consolidate advocacy around hepatitis B and be positioned as innovators when funding available.
- ▶ Monitor implications of the implementation of the NDIS.
- ▶ Promote and support social research into lived experience.

- ▶ Actively promoted treatment access, collaborating with other organisations
- ▶ Made submissions to PBAC regarding equal access.
- ▶ Supported public to advocate by providing submission template, and promotion (website, social media etc).
- ▶ New treatment focus in December *Good Liver*.
- ▶ Proactive information provision regarding emerging treatments in education sessions and Infoline.
- ▶ November 2014 Community Advocate and staff session on PBAC process.
- ▶ May 2015 staff meeting on new treatments.
- ▶ Justice Health Technical Advisory Committee overseeing new treatment response in prisons.
- ▶ Infoline response to aged population, advanced liver disease, and updating FAQs.
- ▶ Education sessions reaching over 200 older Chinese migrants and over 60 older Vietnamese migrants.
- ▶ Updated "Going Viral" CDSM online course.
- ▶ Updated "HepC Take Control" CDSM face2face course.
- ▶ Investigate support needs of *Mums to B* and those supporting others with hepatitis.

- ▶ Advocate for approval of improved HCV treatments, including to broad range of affected populations.
- ▶ Ongoing education re new HCV treatments.
- ▶ Monitor to ensure prisoners get equivalent treatment to those outside.
- ▶ Advocate for prison access to clean needles.
- ▶ Ensure information and messages are updated and available re new HCV treatments.
- ▶ Build education opportunities with newly emerging communities.
- ▶ Expand competency, particularly cultural competency in responding to hepatitis infection and BBV coinfection.
- ▶ Consolidate advocacy around hepatitis B and be positioned as innovators when funding available.
- ▶ Promote and support social research into lived experience.
- ▶ Utilise new Client Relationship Management system to identify trends in connection to the organisation and understanding user needs.
- ▶ Anticipate impact of changing treatment landscape on needs of people with hepatitis.

Grow the resource base

- ▶ Strengthen financial position and improve Hepatitis Victoria reserves.
- ▶ Develop fee for service initiatives, particularly workforce development framework.
- ▶ Detail new strategies to further diversify funding sources.
- ▶ Further increase organisational membership and consolidate individual members.
- ▶ Build partnerships with pharmaceutical companies to expand treatment education.
- ▶ Continue lobbying for secure government funding for hepatitis B.
- ▶ Promote volunteer opportunities, including through filming of volunteers.
- ▶ Quantify costs associated with resource distribution so can achieve cost recovery.
- ▶ Seek financial support from Justice Health.

- ▶ Philanthropic request for NSP in prison research and advocacy.
- ▶ Funding from Women's Trust for Mums to B project.
- ▶ Begin investigating corporate sponsorship.
- ▶ Redesign website to better enable fundraising.
- ▶ Initiate dialogue across hepatitis organisations to coordinate approaches to private funders.
- ▶ Continue to actively pursue grants and funders.
- ▶ Scholarship to participate in The Crunch social traders initiative re fee for service workforce development.
- ▶ Collaborations with pharmaceutical companies including providing speakers.
- ▶ Filming of volunteers added to website.
- ▶ Significant involvement of volunteers and interns in our work.
- ▶ Diversifying roles undertaken by volunteers.
- ▶ Quantified costs associated with resource distribution.
- ▶ Applied to Justice Health for funding education program expansion, and new resources.

- ▶ Continue exploring corporate sponsorship.
- ▶ Continue to actively pursue grants and funders
- ▶ Continue to engage with philanthropic bodies and aim for multi-year funding.
- ▶ Grow *StreetShot* website to increase reach, sponsorship and participation.
- ▶ Improving streamlined membership renewal processes.
- ▶ Explore possible fundraising events such as fun run or music event.
- ▶ Explore workplace giving opportunities.
- ▶ Continue advocating for hepatitis B resourcing.
- ▶ Finalisation of participation in *The Crunch*, and consideration of prospects for pursuing this into the future.
- ▶ Standardisation of approach to workforce development, combining *The Crunch*, *Bloody Serious*, *BAware* and requests.
- ▶ Improve donor relations systems on new website.

Attack stigma and discrimination

- ▶ Continue to expand Public Speakers Bureau and increase speaking opportunities.
- ▶ Continue to expand the number of Community Advocates and Hepatitis Heroes.
- ▶ Promote Hepatitis Heroes and associated website through filming of Heroes.
- ▶ Seek opportunities to reduce stigma and increase awareness through increased public presence and ministerial attendance.

- ▶ Bookings for public speakers doubled, and several new public speakers.
- ▶ Several new Community Advocates, as well as new Hepatitis Heroes.
- ▶ Hepatitis Heroes filming project launched.
- ▶ Participation in Homelessness festival.
- ▶ Facilitated the role of individuals as witnesses to the Inquiry into Hepatitis C.
- ▶ Sourced participants for Hepatitis Australia coffee table book of individual experiences.
- ▶ Supported Advocates in contacting MPs and local media for HepUp campaign.

- ▶ Continue to expand Public Speakers Bureau and increase speaking opportunities.
- ▶ Continue to expand the number of Community Advocates and Hepatitis Heroes.
- ▶ Explore organisations becoming Hepatitis Heroes.
- ▶ Capture experience of individuals undertaking new treatment.

Pathways

Our Commitments

Our Achievements

Going Forward

Collaborate, partner and engage with others

- ▶ Explore possibility of TV advertisement.
- ▶ Explore possibility of using music as a medium to increase awareness.
- ▶ Increase knowledge of privacy and discrimination and how to avoid breaches.
- ▶ Collate information and develop strategy regarding relevant pharmaceutical companies.

- ▶ Developed "music as a medium" proposal and pursued funding possibilities with advocate.
- ▶ Legal seminar on discrimination and privacy conducted in Western Liverability Festival.
- ▶ Developed BBV Infosheets regarding stereotyping for World Hepatitis Day.
- ▶ Volunteer involvement in updated information regarding pharmaceutical companies and treatments.
- ▶ Involving Advocates in contacting MPs as part of familiarising new Victorian Government.

- ▶ Work with GPs to maximise their readiness to encourage access to new treatments.
- ▶ Explore how to build resilience and capacity amongst those with lived experience.
- ▶ Working with Primary Health Networks

Increase awareness and impact

- ▶ Build collaborations in support of increased accessibility of testing for hepatitis.
- ▶ Build ongoing stakeholder support for the state election campaign.
- ▶ Integrate the use of community participation tools in the implementation of our work.
- ▶ Increase relationships with community groups, including those who offer potential links for hepatitis B.
- ▶ Collaborate with others around AIDS 2014.
- ▶ Increase partnership links on website and through other digital opportunities.
- ▶ Involve partners and other supporters in a Western Liverability Festival around World Hepatitis Day.
- ▶ Increase partnerships with GPs to ensure screening of hepatitis B and C is done routinely.
- ▶ Continue to identify new and relevant stakeholders, including monitoring developments in relation to Medicare Locals.
- ▶ Identify new ways of reaching out to affected community so they seek our support.

- ▶ Participated in a range of research projects (TAP, STEP, North Richmond HIV project, Strengthening Community Response to Hepatitis B, etc.).
- ▶ Encouraged participation in La Trobe University research.
- ▶ Continued Victorian Hepatitis B Alliance secretariat.
- ▶ "Translating Hep" training with Multicultural Centre for Women's Health.
- ▶ Ongoing coinfection project with Living Positive Victoria.
- ▶ Continuing collaboration with VACCHO, including BBV Statewide Steering Committee.
- ▶ Building relations with Chinese medical students, doctors and cancer organisations.
- ▶ Participation in Chinese Cancer Expo.
- ▶ Provide *Bloody Serious* and *B Informed* training with other organisations.
- ▶ Undertake the first Western Liverability Festival over a month in conjunction with a range of organisations.
- ▶ Develop new digital mechanisms to share relevant initiatives and invite following of ours.
- ▶ Regional Forum on Hepatitis in Horsham.
- ▶ Hep Free Shep in partnership with GO TAFE.
- ▶ Increased use of surveys to obtain input into our submissions and shape programs.

- ▶ Focus on primary and secondary NSPs for education and capacity building.
- ▶ Monitor possible opportunities with Primary Health Networks.
- ▶ Identify opportunities with general practice and possibly through Networking Health Victoria.
- ▶ Undertake Western Liverability Festival 2015 in collaboration with others.
- ▶ Continue to pilot HepLink peer support for health workers.
- ▶ Expanded engagement with CALD community associations.
- ▶ Initiate collaboration with Chinese business and health organisations to pilot targeted community response.
- ▶ Investigate collaborations with community health services.

- ▶ "Members only" section of website to be developed.
- ▶ Promote the need for increased testing for hepatitis B and C.
- ▶ Contribute to the adoption of first hepatitis B strategy.
- ▶ Expand impact of World Hepatitis Day through a focused presence in area of high need, and using as an event in support of HepUp campaign.
- ▶ Continue to increase presence on social media.
- ▶ Target ethnic media for campaigns in relation to hepatitis B.
- ▶ Involve Community Advocates and Hepatitis Heroes in state election campaign, particularly in relation to contact with MPs and media.
- ▶ Explore improved organisational branding to reduce barriers arising from hepatitis terms.
- ▶ Scope further website improvements to increase accessibility to education and general interactivity.

- ▶ Attendance at and submission to Federal Inquiry into Hepatitis C, and supported individual participation in Inquiry as well as through survey.
- ▶ Government Hepatitis B Working Group participation.
- ▶ Use of education and Infoline to promote need for testing and ongoing management.
- ▶ HepUp campaign leading up to November State election, focusing on 3 priority asks at August Roundtable and stakeholder support.
- ▶ Tried provision of hepatitis B support.
- ▶ Website redesign including integration with Client Relationship Management system, to improve reach and communication systems.
- ▶ Create new *StreetShot* website.
- ▶ Coordinated advocacy approach to new Victorian government, including relevant Ministers, and Government caucus members.
- ▶ Convening of Western Action Forum with key decision-makers in Melbourne's West.
- ▶ Audit of social media use, identification of opportunities and scope social media policy and plan.
- ▶ Identifying website tools enabling dialogues for people with hepatitis.
- ▶ Explored viability of members only section of website.
- ▶ Detailed costings for priority asks of GP prescribing; hepatitis C rapid testing; and greater adult hepatitis B free vaccination.
- ▶ Development of SKiNK tattoo app and video.

- ▶ Invest in policy, research and advocacy capability in order to increase impact.
- ▶ Implement and continue to refine new Hepatitis Victoria website.
- ▶ Focus on digital delivery to respond to client needs and broaden reach of awareness raising.
- ▶ Advocate for national strategic response to the need for community awareness raising.
- ▶ Investigate online risk assessment tool for a variety of audiences in relation to viral hepatitis and liver health, including multiple languages.
- ▶ Implement social media plan, and undertake pilot in relation to World Hepatitis Day and building of organisational capability.
- ▶ Continue to advocate for the adoption of State level action plans for both hepatitis B and hepatitis C.
- ▶ Finalise SKiNK tattoo app competition and announce winners.
- ▶ Utilise SKiNK in further health promotion activities.
- ▶ Explore community summit to raise awareness of new treatments and the need to get into care.

OPERATIONAL ACHIEVEMENTS – In addition to our strategic goals, we continue to deliver our core functions

Service delivery and governance

- ▶ Conducted in excess of 170 training and education sessions across metropolitan and regional Victoria, reaching in excess of 3,000 people.
- ▶ Enrolled 25 schools and youth organisations in the 2015 StreetShot competition.
- ▶ Received 18 application for 2015 World Hepatitis Day Grants.

- ▶ Conducted the first ever Regional Viral Hepatitis Forum in Western Victoria with over 80 health professionals attending.
- ▶ Answered nearly 600 calls on the Hepatitis Telephone Infoline.
- ▶ Attracted in excess of 45,000 unique visitors to the Hepatitis Victoria website.
- ▶ Attracted nearly 3,200 visitors to the Hep Heroes website.

- ▶ Gained almost 1,500 Facebook friends and 450 Twitter followers.
- ▶ Added Instagram to the Hepatitis Victoria social media platform.
- ▶ Public Speakers Bureau managed 24 trained speakers with lived experience of hepatitis C and B.
- ▶ Public Speakers gave 23 presentations, reaching over 900 people.

Strategic Plan

Hepatitis Victoria
2013 – 2017

The Journey

Report Card 2013 – 2014

In late 2012 Hepatitis Victoria adopted its 2013-2017 Strategic Plan setting out our pathways for the future.

This, our second report card, provides a snapshot for 2013-2014 (financial year).

<i>Pathways</i>	<i>Our Commitments</i>	<i>Our Achievements</i>	<i>Going Forward</i>
 <p>Respond to emerging needs and new knowledge</p>	<ul style="list-style-type: none"> ▶ Continuing our hep B campaigning to secure funding. ▶ Continue to promote and educate consumers and health professionals about the new HCV treatments. ▶ Awareness campaigns for vaccinations, treatment and travel awareness. ▶ Campaign to adopt learnings from ACT NSP program. ▶ Develop a Quarterly 'Breakfast Seminar' series for clinicians and professionals in the field. ▶ Establish a hep B support group in the Vietnamese community and develop supporting resources. 	<ul style="list-style-type: none"> ▶ Initiatives specific to hep B funded from non-core and non-government sources, while need to broaden core funding to include hep B continued to be highlighted. ▶ New HCV treatments education provided at GP dinners, on radio, in most Infoline calls, and social media. ▶ Campaign in support of vaccination and treatment included in World Hepatitis Day 2013, at Jade Ribbon Festival 2014, on Infoline and through social media. ▶ Prison NSP advocacy encouraged within Hepatitis Australia and CREIDU priorities. ▶ First Breakfast Seminar held on 'Accessible Testing' with clinicians, researchers and community workers. ▶ Vietnamese hep B support group established. ▶ Chinese media awareness program commenced in conjunction with Cancer Council Victoria. ▶ Targeted hep B resources for Chinese and Vietnamese community developed and distributed. 	<ul style="list-style-type: none"> ▶ Advocate for approval of improved HCV treatments, including to broad range of affected populations. ▶ Ongoing education regarding new HCV treatments. ▶ Advocate for hep C treatment to start and finish in prison. ▶ Increase impact on new 'at risk' populations including those aging with chronic illness, baby boomers, and steroid users. ▶ Consolidate advocacy around hep B and be positioned as innovators when funding available. ▶ Monitor implications of the implementation of the NDIS. ▶ Promote and support social research into lived experience.
 <p>Grow the resource base</p>	<ul style="list-style-type: none"> ▶ Finalise our Fundraising Strategy to continue to seek alternative funding sources. ▶ Increase the profile of the organisation to attract donors. ▶ Implement fee for service workforce development. ▶ Transition fixed term staffing positions to more secure ongoing contracts. ▶ Continue to increase membership through members' only events and forums. ▶ Develop and conduct a volunteer induction and training program. 	<ul style="list-style-type: none"> ▶ Board adopted Fundraising Strategy in February 2014, identifying new funding approaches. ▶ Organisation recognised as contributor to government advisory bodies and research committees. ▶ Ways to fund detailed cost benefit analysis of fee for service workforce development investigated. ▶ Core funding secured for four years so that majority of staff employed on multiyear contracts. ▶ Organisational membership dramatically increased, and membership renewal and promotion strategy adopted. ▶ Volunteer induction and training program developed and implemented, and volunteer infrastructure increased. ▶ Participation by volunteers and interns significantly increased. ▶ Diversified funding sources (including philanthropic, pharmaceutical and local government). ▶ Extended funding for Health Condition Support Grant secured. 	<ul style="list-style-type: none"> ▶ Strengthen financial position and improve Hepatitis Victoria reserves. ▶ Develop fee for service initiatives, particularly workforce development framework. ▶ Detail new strategies to further diversify funding sources. ▶ Further increase organisational membership and consolidate individual members. ▶ Build partnerships with pharmaceutical companies to expand treatment education. ▶ Continue lobbying for secure government funding for hepatitis B. ▶ Promote volunteer opportunities, including through filming of volunteers. ▶ Quantify costs associated with resource distribution so can achieve cost recovery. ▶ Seek financial support from Justice Health.

Pathways

Our Commitments

Our Achievements

Going Forward

Attack stigma and discrimination

- ▶ Establish the Victorian Hepatitis Public Speakers Bureau.
- ▶ Implement programs and activities to access hard to reach prison communities, including Pacific Islanders and women prisoners.
- ▶ Reposition our marketing and communications to focus on 'Our People', using imagery and positive lived experiences.
- ▶ Continue our workforce development framework and development of "Hep Ready registration" concept.

- ▶ Public Speakers Bureau established (both hep B and C), with policy framework, members trained and speaking opportunities organised.
- ▶ Programs aimed at hard to reach prisoners, including Pacific Islanders designed. Women's prison program, including Aboriginal, implemented.
- ▶ 'Our People' theme adopted in branding and utilised in reporting to public and funding sources.
- ▶ Hepatitis Champions project established, identifying and then training Community Advocates across the state in relation to advocacy and also media.
- ▶ Introduced limited fee for service workforce development.
- ▶ An edition of Good Liver dedicated to reducing stigma and discrimination, with associated social media campaign rolled out over weeks.
- ▶ 'Bloody Serious' training includes stigma and discrimination education.
- ▶ Completion and approval of Hepatitis Victoria Reconciliation Action Plan.

- ▶ Continue to expand Public Speakers Bureau and increase speaking opportunities.
- ▶ Continue to expand the number of Community Advocates and Hepatitis Heroes.
- ▶ Promote Hepatitis Heroes and associated website through filming of Heroes.
- ▶ Seek opportunities to reduce stigma and increase awareness through increased public presence and ministerial attendance.
- ▶ Explore possibility of TV advertisement.
- ▶ Explore possibility of using music as a medium to increase awareness.
- ▶ Increase knowledge of privacy and discrimination and how to avoid breaches.
- ▶ Collate information and develop strategy regarding relevant pharmaceutical companies.

Collaborate, partner and engage with others

- ▶ Continue to build relationships and explore new partnerships with other chronic conditions (events, fundraising, shared service, etc).
- ▶ Develop a Community Participation Policy and Strategy.
- ▶ Continue to involve the community by celebrating our 21st year of operation – sharing personal stories, events and education.
- ▶ Commence the development of our mobile phone application, the first of its kind in Australia.
- ▶ Scope further website improvements to allow more feedback, including potential online chat functions and webinars.
- ▶ Invest in a new customer relations management data system.
- ▶ Develop and implement a strategic communications plan to raise awareness and identify champions.

- ▶ Continued to provide Secretariat for VHBA, and its subcommittees.
- ▶ Convened regional forum on viral hepatitis with GPV, ASHM and VHBA.
- ▶ Commenced 'B Aware' training with MHSS and St Vincent's Hospital.
- ▶ Collaborated with Chinese Medical Association and others as part of Jade Ribbon Campaign.
- ▶ Continue partnership with Burnet Institute as community partner in CREIDU.
- ▶ Membership of SEMML Hepatitis B Steering Committee.
- ▶ Community Participation Framework developed and launched.
- ▶ 'Hepatitis Heroes' theme adopted for 21st birthday celebration, with associated website, discrimination pledging campaign, and Federation Square launch.
- ▶ 'Hep Connect' service established to allow communication with volunteers with lived experience.

- ▶ Build collaborations in support of increased accessibility of testing for hepatitis.
- ▶ Build ongoing stakeholder support for the state election campaign.
- ▶ Integrate the use of community participation tools in the implementation of our work.
- ▶ Increase relationships with community groups, including those who offer potential links for hep B.
- ▶ Collaborate with others around AIDS 2014.
- ▶ Increase partnership links on website and through other digital opportunities.
- ▶ Involve partners and other supporters in a Western Liverability Festival around World Hepatitis Day.
- ▶ Increase partnerships with GPs to ensure screening for hepatitis B and C is done routinely.
- ▶ Continue to identify new and relevant stakeholders, including monitoring developments in relation to Medicare Locals.
- ▶ Identify new ways of reaching out to affected community so they seek our support.

Increase awareness and impact

- ▶ Commence the development of our mobile phone application, the first of its kind in Australia.
- ▶ Scope further website improvements to allow more feedback, including potential online chat functions and webinars.
- ▶ Invest in a new customer relations management data system.
- ▶ Develop and implement a strategic communications plan to raise awareness and identify champions.

- ▶ Mobile phone application themed around tattooing designed, with development commenced.
- ▶ Online chronic disease self-management forums implemented through both Hepatitis Victoria website and Hepatitis C Australasia website.
- ▶ New customer relations management data system scoped so that tenders can be sought for development.
- ▶ Increased frequency of Facebook and Twitter posts.
- ▶ Increased use of eBulletins, including targeted ones for campaigns.
- ▶ Continual identification of champions to participate in the Public Speakers Bureau, as Community Advocates, and as Hepatitis Heroes.
- ▶ Established regular education sessions with AOD services.
- ▶ Developed and commenced implementation of 'HepUp' state election campaign, with involvement of stakeholders.

- ▶ 'Members only' section of website to be developed.
- ▶ Promote the need for increased testing for hepatitis B and C.
- ▶ Contribute to adoption of first state hepatitis B strategy.
- ▶ Expand impact of World Hepatitis Day through a focused presence in area of high need, and using as an event in support of HepUp campaign.
- ▶ Continue to increase presence in social media.
- ▶ Target ethnic media for campaigns in relation to hep B.
- ▶ Involve Community Advocates and Hepatitis Heroes in state election campaign, particularly in relation to contact with MPs and media.
- ▶ Explore improved organisational branding to reduce barriers arising from hepatitis terms.
- ▶ Scope further website improvements to increase accessibility to education and general interactivity.

OPERATIONAL ACHIEVEMENTS – In addition to our strategic goals, we continue to deliver our core functions

Service delivery and governance

Health Promotion

- ▶ Delivered 170 training and education sessions in rural and metropolitan areas, including to priority populations, reaching 3,656 people.
- ▶ Distributed 46,044 hard copy information and education resources.
- ▶ Involved over 300 young people and 23 schools in the 2014 Streetshot program.
- ▶ 13 World Hepatitis Day Grants awarded for 2014.
- ▶ Conducted hepatitis B awareness program in Aboriginal and Torres Strait Islander communities

Client Services

- ▶ Answered 624 Infoline calls.
- ▶ Assisted 78 people through our Support Group.
- ▶ Facilitated 80 'Hep Connect' peer support calls.

Community Awareness

- ▶ Attracted 20,951 visitors to the Hepatitis Victoria website.
- ▶ Gained 1,157 Facebook followers and 380 Twitter followers.
- ▶ Distributed 30,403 e-bulletins to our subscribers.