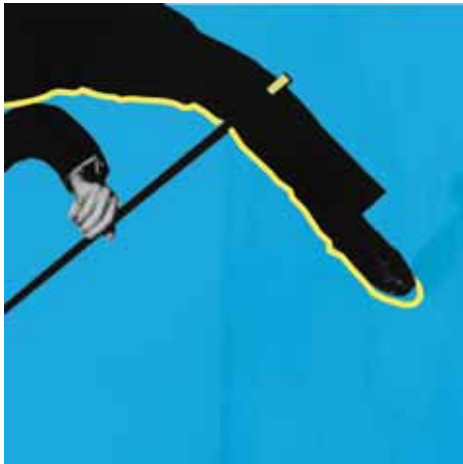


HEPATITISVICTORIA

Stepping Out



ANNUAL REPORT
2010–2011



Hepatitis Victoria staff stepped out of the office to have the photos featured in this years Annual Report taken alongside sculptures created by prominent International and Australian artists.

Hepatitis Victoria

Hepatitis Victoria is an independent, community-based, not-for-profit organisation funded primarily by the Victorian Department of Health. The organisation is governed by a Board of Directors and the day-to-day work of the organisation is carried out by a CEO and staff. We are fortunate to have a growing number of talented volunteers who work throughout the organisation.

Support

For a community organisation such as Hepatitis Victoria, donations are the 'bit extra' that helps our activities to flourish. Donations to Hepatitis Victoria are tax deductible and very welcome.

Join

To advocate effectively on behalf of the viral hepatitis community with a strong and relevant voice at State and Federal levels, Hepatitis Victoria must be representative of that community. To this end, a strong membership base is essential. Become a member – it's free for individuals – and work with us for hepatitis support, advocacy, referral, education, workforce development and information provision.

Contact

For more information about Hepatitis Victoria, about becoming a member or volunteer, or to find out more about our resources, please contact us:

Hepatitis Victoria Inc

Suite 5/200 Sydney Road,
Brunswick, Victoria 3056
Telephone: 03 9380 4644
Email: info@hepvic.org.au
Fax: 03 9380 4688

Hepatitis Infoline: 1800 703 003

Hepatitis

Viral hepatitis is the term used when inflammation of the liver is caused by a virus. The most common viruses are hepatitis B and hepatitis C. Over time, the hepatitis virus may damage the liver, with the amount of damage ranging from slight to serious. A small number of people with viral hepatitis will develop cirrhosis (serious scarring of the liver) and an even smaller number may go on to develop liver cancer.

Hepatitis B is transmitted through infected body fluids including blood, semen and vaginal secretions. However, vaccination for hepatitis B is available. All infants in Australia are offered vaccination at birth. Most people infected with hepatitis B as adults will clear the virus within six months. A small proportion (approximately 5%) of adults will go on to develop chronic hepatitis. Most chronic hepatitis B in Australia is seen in people who acquired the infection from their mother at birth.

Hepatitis C is transmitted only through infected blood. For transmission to occur, the blood of an infected person needs to enter the bloodstream of another person. About 25% of people infected with hepatitis C will clear the virus naturally. The remainder develop chronic hepatitis C. Chronic hepatitis C can be treated and in approximately 50–80% of cases cured. There is no vaccine for hepatitis C.

Living with viral hepatitis can be difficult. There are often physical, emotional, social and financial impacts, which can be profound. People with viral hepatitis can experience discrimination and stigmatisation leading to social isolation, marginalisation and difficulty in accessing appropriate services and care.

Hepatitis affects not just individual, but the whole community, including through the economic impact on the health care system.

Our Board

Peter Higgs

President

Adam Wright

Vice President

Isabell Howden

Treasurer

Naomi Ngo

Secretary

Tarone Van Niekerk

Jen Johnson

Pam Wood

Sonke Tremper

Michele Gardner

Michelle Wills

Peter Waples-Crowe

Jenny Kelsall

Helen McNeill

(CEO, non-voting position)

Our Staff

Helen McNeill

Chief Executive Officer

Emily Adamson

Programs Manager (until May 2011)

Piergiorgio Moro

Campaigns and Advocacy Program

Alexandra Taylor

Prisons Program

Rebekah Alsop

Aboriginal Program

Ross Morgan

Aboriginal Program (until April 2011)

Lauren Proudfoot

Young People's Program (from December 2010)

Emily Lenton

Young People's Program (maternity leave from Jan 2011)

Louisa Walsh

Hep C: Take Control Program

Ray Paterson

Cultural Diversity Program (until April 2011)

Garry Sattell

Community Participation Coordination
and Hepatitis Infoline Coordination

Ray Hehr

Communications Coordination

Halo Jones

Office Coordination

Jessie DiBlasi

Executive Assistant

Diane Wilde

Bookkeeper



Barb and James' story

Barb and James' story began on a cold and wintry August night in 2008 as they travelled their separate ways to a Hepatitis Victoria information night for public speaking volunteers. Little did they realise the journey they were about to begin. But before their story can begin, you need to know their individual stories that led them to becoming involved with Hepatitis Victoria.

James' story

It was 1974 and I had decided to leave Melbourne to live in Perth. An impromptu going away party was organised and I set my sights on hitching a lift early the next morning. As the night wore on, someone offered to share a hit of speed to get me through the night. This was my first needle; I was usually happy with drinking, smoking and tripping. Fast forward to 1980, and my second needle. I was drunk, and known to have an occasional snort of speed, when my mate suggested that it was better to have a hit, so we shared a needle. In 1987 I had a back

operation which required a blood transfusion. This was before the blood bank knew to screen for hepatitis C. However, how I got hepatitis C is irrelevant, but London to a brick on, it was one of those needles. I did not find out I had hepatitis C until 2004.

I was in an abusive relationship at the time. The doctors thought I was unsuitable for treatment because I needed to be in a supportive environment. It wasn't until 2006, when I had the courage to leave that relationship, that I was considered suitable for treatment. By this stage my health was particularly bad and the hepatitis C seemed out of control. After careful assessment, the doctors commenced me on combination therapy in August 2007. When Geelong won the flag I was too sick to celebrate. Just my luck!

Being on treatment was the loneliest time of my life. The side effects were many, but what I remember most was the itchiness and the loneliness. A lot of my family and friends thought it best to leave me alone until after treatment; this was far from

what I needed or wanted. The treatment I received from some health professionals also left a lot to be desired; I felt they discriminated against me because of my hepatitis C. More often than not they were more interested in how I got it, than what they were going to do to help me. After the medication finished I was determined to do my best that no-one would suffer as I had. Hence I was on the train to Melbourne that cold night in August, not knowing what I could offer the Hepatitis C organisation in Brunswick.

Barb's story

The hepatitis C virus hadn't been identified when I was hospitalised in 1975 for 'non-A non-B Hepatitis.' In my characteristic youthful arrogance, I dismissed the doctors as ignoramuses and forgot about it for 31 years. I had minor depression and fatigue, which no one connected with liver problems, so when almost by accident I was diagnosed with hepatitis C virus in 2006 I was flabbergasted.

I had 48 weeks of therapy on a clinical trial (red carpet treatment!) The mind effects

were the worst: brain fog, low oxygen, fatigue, insomnia, depression, anxiety. I couldn't even pray, as concentrating seemed to increase the mental torment. When Hepatitis Victoria advertised in *Good Liver* magazine for public speaking volunteers, I felt interested, so long as I could keep my anonymity. Whenever I've heard celebrities speaking about their medical conditions (e.g. depression) it de-stigmatises the condition, so is good for the community. I've worked as a psychiatric nurse and know how damaging stigma can be. So I thought, I'm no celebrity, but with my experience of hepatitis C, I might have something to offer.

The together story (as told by James)

So here we were in Brunswick, two strangers, from different backgrounds, from different cities in country Victoria, about to embark on a lifelong journey. We had a common interest in that we had both suffered abusive marriages, we also found a common interest in Christianity. Barbara was staying in

Melbourne that night, but she gave me a lift to the station. We arranged to have a cup of coffee in Ballarat one day, and we exchanged phone numbers. So on that night, the seeds were sown for what grew into a friendship. The friendship was nurtured with the occasional catching up for coffee and further meetings at Hepatitis Victoria, but began to blossom when I began to attend the Daylesford church which Barbara went to on Sundays. Whilst this was happening, our public speaking training with Hepatitis Victoria was progressing and was becoming very important to both of us. Barbara got her first speaking engagement at Warrnambool and I offered to accompany her for support. At that stage I thought she had a boyfriend, but I learned otherwise during the Warrnambool trip.

Now the door was open, I saw a glimpse of hope that our relationship just might go further. But Barbara was reluctant to completely open the door. Then I had a car accident and couldn't attend church with Barbara one Sunday, because I was

in Maryborough hospital. Barbara visited me there, and when I was discharged I needed care so she took me to her place. It was here, after four days, that Barbara could no longer keep to her end of the couch! After an engagement of three months, we were married and our love and happiness grow every day.

By the way, I nearly chickened out that first night, by walking into a pub in Brunswick, but God had other ideas. We still both speak for Hepatitis Victoria; I speak as someone for whom treatment did not work, and Barbara speaks as someone who has cleared the virus. We both take every opportunity to advance the profile of hepatitis C in the community.

We can't guarantee a lifelong romance by becoming involved with Hepatitis Victoria, but we can guarantee non-judgmental, friendly, knowledgeable, and understanding assistance from their staff.

Barb and James

Volunteer public speakers



Peter Higgs
President

Angel (1985) Deborah Halpern



Helen McNeill
CEO

The Public Purse (1994) Simon Perry

There have been some significant changes this year at Hepatitis Victoria. The one with the biggest impact is our new name, identity and direction! There are nearly as many people with hepatitis B in Australia as there are with hepatitis C. Around 50 000 of these people are living in Victoria and over the next 10 years the state will see an increase in health care needs for people living with chronic hepatitis B. The Board therefore took the decision to recommend to members that we broaden the focus of the organisation to include hepatitis B. Members agreed to this change at a Special General Meeting on the 13 July 2011, so our name, Constitution and services are now all in the process of changing. It's important to note that these changes don't mean that we will reduce our focus on people with or at risk of hepatitis C. They remain an extremely important and central part of our work.

There's still work to do. Despite the third National Hepatitis C Strategy and first National Hepatitis B Strategy being developed and signed off by every state

and territory Health Minister in 2010 we are still waiting for a Victorian policy document to guide our work in the coming years. This will become a focus of our advocacy efforts over the next 12 months.

Following extensive lobbying, including by Hepatitis Victoria, the Integrated Hepatitis C Service was introduced in Victoria this year. This initiative has seen an allocation of over \$4 million for 10 nurses. The focus for this development will see people being treated for hepatitis C in a range of community based settings, not just in the tertiary hospital sector. Hepatitis Victoria is playing an active role in supporting this initiative.

There was more than usual media interest in hepatitis C in Victoria this year as a result of the Department of Health identifying a large number of new hepatitis C infections in women who had undergone a day procedure at what was then known as Croydon Day Surgery. The Department of Health undertook a look-back that involved testing more than 3000 former patients of the Centre for hepatitis C.

There have been 49 women in whom genetic sequencing of the virus linked their infection to an anaesthetist working at the Croydon facility. Hepatitis Victoria worked closely with the Department of Health to ensure that as much as possible the media coverage was consistent and informed. In addition, many concerned people called our Infoline as well as the Department of Health Hotline, so liaison between the two services was an important part of the response.

Thank you to all members of the Board for their hard work over the past 12 months. Special thanks also to Helen in her role as CEO for her efforts locally and nationally and for her support of the Board during 2011.

Finally, thanks to the Department of Health for the funding support we receive. We are looking forward to the next 12 months to build and strengthen our work to improve the lives of people living with hepatitis in Victoria.

Peter Higgs
President

In 2010/11 we have continued to focus on delivering quality programs and services that align with our priority strategic objectives, which include:

- Preventing the transmission of hepatitis C
- Increasing access and referral to quality information, care, treatment and support
- Providing leadership and coordination for the community response to hepatitis C

Our team has delivered education, training, information and health promotion activities right across Victoria this year. The work of each of our program areas is detailed in this annual report and I warmly encourage you to take the time to review them.

The move to include hepatitis B, as discussed in our Presidents report, has also meant new and exciting challenges as we begin to embed hepatitis B in the day to day operational aspects of our work. This process will continue intensively over the next 12 months.

Our objectives could not be achieved if we worked in isolation. We are fortunate to have strong partnerships with a range of organisations that work closely with people with or at risk of hepatitis C. These include people in prison, Aboriginal people and young people. We are particularly proud of the *Love Your Liver. Living Well With Hepatitis C* DVD that we produced in partnership with VACCHO and VAHS. It is targeted at the Victorian Aboriginal community and has been sent far and wide! We thank all the individual workers and organisations that have worked with us in partnership during this year.

A decision was taken to bring all accounting, bookkeeping and payroll functions in-house this year. In addition we engaged a new banking institution to manage our funds and facilitate more responsive and flexible financial management solutions. These changes were necessary to ensure that financial management of the organisation is of the highest standard. Particular thanks to Diane Wilde, our bookkeeper, who worked tirelessly to ensure a smooth transition.

Hepatitis Victoria is extremely fortunate to have a talented and committed team of staff. They continue to make this a very enjoyable and rewarding organisation to lead, and I thank them all. During the year we have had some changes in staffing. Ray Patterson, Ross Morgan and Vickie Roach moved on to new positions, and Emily Lenton commenced maternity leave (she proudly welcomed baby Ted into the world in January 2011). Our Programs Manager Emily Adamson also left after five years to pursue new challenges. We warmly wish them all the best and thank them for their valuable contributions. I am particularly grateful to Emily Adamson for her leadership and support of me as CEO during her time as Programs Manager at Hepatitis Victoria.

Finally, thank you to all of our Board members who generously volunteered their time to the organisation. Particular thanks to Peter Higgs and Isabell Howden who have given significant extra time to the roles of President and Treasurer of the Board.

Helen McNeill
CEO



Rebekah Alsop
Aboriginal Program

The Vault (1978) Ron Robertson-Swann



Piergiorgio Moro
Campaigns and Advocacy Program

Guardians (1987) Bruce Armstrong

The Aboriginal Program worked directly with communities, individuals and organisations this year. A strong emphasis was placed on expanding partnerships, in particular with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the Victorian Aboriginal Health Service (VAHS) and Wulumperi (Aboriginal and Torres Strait Islander Sexual Health Unit) at the Melbourne Sexual Health Centre.

It has been estimated that there are approximately 26,000 people with chronic hepatitis B and 16,000 people with chronic hepatitis C in the Aboriginal and Torres Strait Islander community. The Aboriginal Program aimed to provide early intervention and education for the Victorian Aboriginal population.

Program highlights included:

- Conducting education sessions for workers from the Department of Health and Juvenile Justice; Brosnan Youth Service; Galiamble: drug and alcohol residential service; Aboriginal Advancement League (AAL) elder's luncheon;

Parkville Youth Justice Centre; AAL elder's men's group; Southwest Healthcare Aboriginal Health Expo; and the Marie Stopes women's forum, which reached, in total, more than 230 community members

- Developing the *Love Your Liver: Living Well With Hepatitis C* DVD. This resource was jointly created by Hepatitis Victoria, VACCHO and VAHS and produced by Sistagirl Productions. The concept was focus tested by 10 community members. Previews prior to publication were held at VAHS with 15 workers and at VACCHO with five workers. The DVD was officially launched at the Koori Heritage Trust in June with 52 guests consisting of both consumers and health workers. The DVD features Aboriginal elder Uncle Jack Charles and local actors Isaac Drandic and Maurial Spearim. The DVD is designed to be a low literacy tool and has been distributed to approximately 500 community members across Victoria. A further 500 copies are now being produced.

- Launching *Body Armour* by the Ilbjerri Theatre Company. This play follows the journey of three teenagers experimenting with tattoos, piercing and blood sharing. In partnership with Hepatitis Victoria, the production visited 21 schools and reached 1,810 young people with prevention and transmission messages.

Further highlights included:

- A two-hour co-interview on 3CR radio with Wulumperi and VACCHO
- Participating in the Viral Hepatitis Conference in Melbourne
- Participating in the Hepatitis Educator's Network (HEN) Conference in Sydney
- Attending the *Sexual Health and At Risk Youth Conference* in Sydney.

The Aboriginal Program would like to thank Ross Morgan for his contribution to the role in 2010.

Rebekah Alsop
Aboriginal Educator

The Campaign and Advocacy Program has built on the successes of the previous year by continuing to advocate for the rights of people living with viral hepatitis, as well as initiating a number of new projects.

Program highlights included:

- Producing an info sheet about the issue of disclosure called *Do I have to tell other people I have hepatitis C?* This sheet has a focus on the workplace and pre-employment medicals
- Filing a complaint with the Australian Press Council regarding an inappropriate Fairfax story line on transmission of hepatitis C
- Advocating for a strengthening of regulations around infection control guidelines in the body art sector
- Producing a wallet-sized, foldable information card about the importance of infection control for people wanting a tattoo or body art
- Working in partnership with the

Australian Research Centre in Sex, Health and Society (ARCSHS) to host a 'Mental health and hepatitis C' forum for workers in the health and community sectors.

Training and education sessions remain a core component of this program. Sessions not only differentiate between hepatitis viruses, but also clarify how infection control guidelines, anti-discrimination and privacy legislation relate to the issue of disclosure in the workplace. During the year 21 sessions were conducted, with 277 people attending.

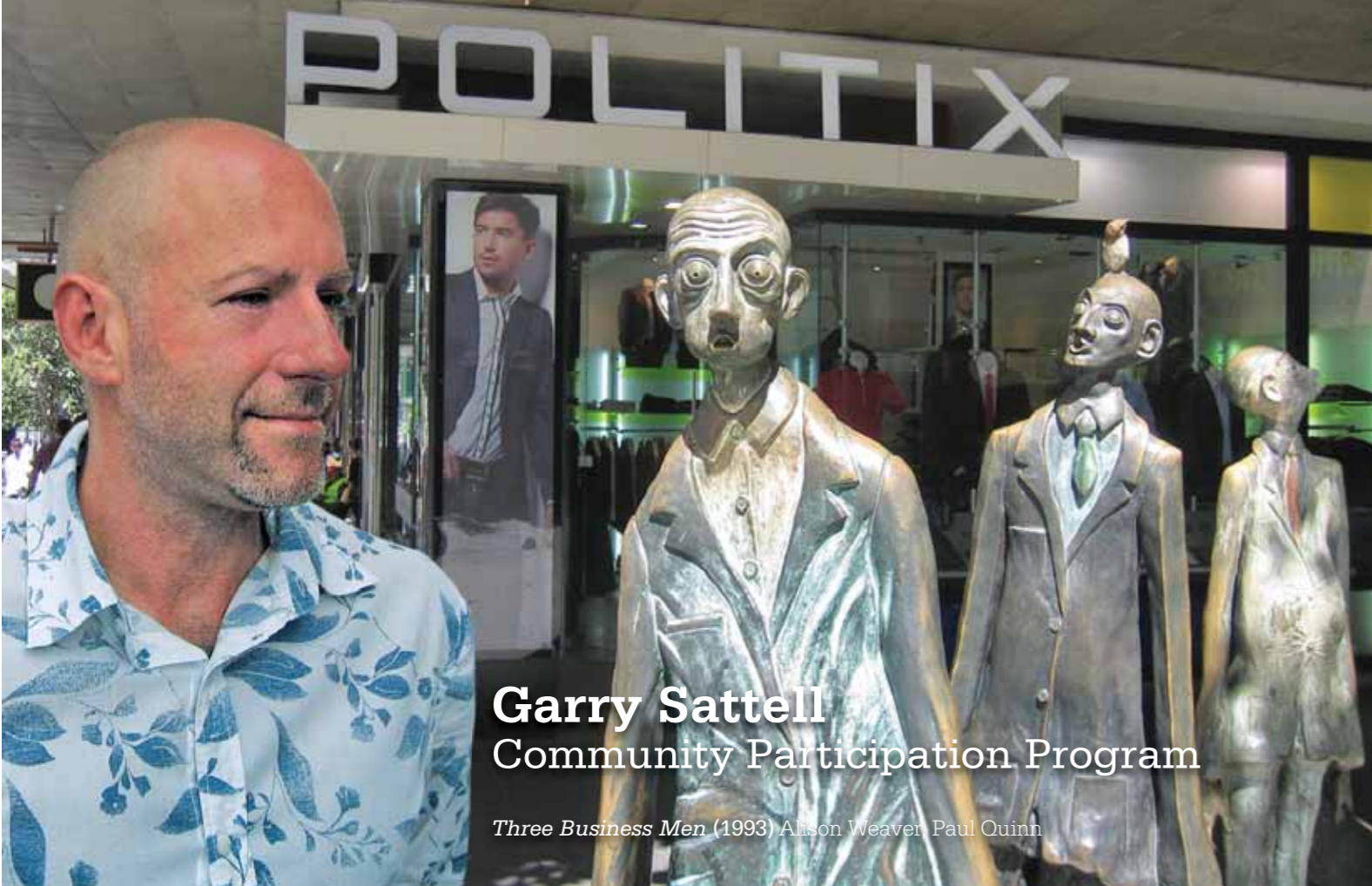
The Campaign and Advocacy Program was also able to help a number of individuals with advice, referral and support. Issues that people sought advice and support for included inappropriate disclosures in the health, beauty and employment fields, treatment eligibility, refusal of service, and dealing with government agencies. *Hep Chat*, the weekly radio program of Hepatitis Victoria, finished up in April

2011 after 10 years on air at 3CR Radio. While *Hep Chat* was the first regular radio program in the world to focus on hepatitis C and harm reduction, an evaluation of the program found that the communication environment had changed over those ten years. The evaluation report findings led Hepatitis Victoria to focus more upon the expanding social media platforms that the internet is offering.

Further highlights included:

- Developing our public speakers bureau in collaboration with People Living with HIV/AIDS Victoria (PLWHA)
- Presenting a paper on health promotion at the ANEX conference
- Initiating a partnership with the Australian Tattoo Academy
- Participating in Overdose Day
- Strengthening our involvement with the Chronic Illness Alliance.

Pier Moro
Campaigns and Advocacy Program



Garry Sattell
Community Participation Program

Three Business Men (1993) Alison Weaver, Paul Quinn



Louisa Walsh
Hep C: Take Control Program

Coming and Going (1982) Les Kossatz

The Community Participation Program has been stepping out into communities affected by viral hepatitis. During the past year we have increased community engagement activities including:

- Supporting nurses employed by the new Victorian Integrated Hepatitis C Services, training their partners and assisting staff from organisations that the nurses work with. Training was delivered to 40 staff at Moreland Hall and Living Room.
- Providing information, support and referral services to staff in alcohol and other drug organisations, including; Innerspace, Western General Methadone Program, Healthworks, Living Room, Moreland Hall, South Eastern Alcohol and Drug Service, Eastern Health, First Step, Access Health and Harm Reduction Victoria.
- Training 20 staff in two alcohol and drug detoxification units. Following this, co-facilitating a client discussion group.
- Developing a 'Coinfection Hep C: Take Control Program' for HIV/HCV coinfecting men who have sex with men.

This involved working collaboratively with the Victorian AIDS Council (VAC), Gay Men's Health Centre (GMHC) and People Living with HIV/AIDS Victoria (PLWHA Victoria). 70 community members attended two public information sessions. 20 VAC/GMHC and PLWHA Victoria staff were trained.

- Providing volunteering opportunities at Hepatitis Victoria. We now have two administration and six consumer reference group volunteers. Six Hepatitis Victoria members have completed the 'Positive Speakers Bureau' training with three currently available for public speaking. Two members are on a waiting list for the next 'Positive Speakers' training. Three support group members regularly assist Hepatitis Victoria with the *Hep C: Take Control* Programs and other events, such as training for nurses and general practitioners.
- Attracting five nominations for the Mark Farmer Memorial Award, which recognises individuals with hepatitis C who have made an outstanding contribution to community knowledge and understanding of hepatitis C.

Nominations were received from a range of individuals and organisations, including Western Region Health Centre, Austin Hospital, Innerspace, Bendigo Health and Alfred Hospital.

Further highlights included:

- Facilitating the monthly Hepatitis C Support Group held at the Hepatitis Victoria offices with an average of 12 people attending each month.
- Co-facilitating an Alfred Hospital Support Group with the Gastroenterology and Infectious Diseases Units in response to the cluster of new infections identified in individuals who attended a facility in Croydon.
- Establishing a Hepatitis C Support Group in Bendigo in collaboration with Country Awareness Network (CAN) and Bendigo Health.
- Mentoring organisations that are establishing their own support groups.

Garry Sattell
Community Participation Coordinator

2010/11 has been primarily a developmental year for the *Hep C: Take Control* program. We conducted one program from the offices of Hepatitis Victoria during February/March 2011. Ten participants started the program and seven completed it. Evaluation demonstrated the same great outcomes seen in the original pilot. Participants improved their knowledge of hepatitis C, benefited from the support of their peers, and set goals towards their health and living well with their hepatitis C.

In addition to conducting a program, we used the first half of 2011 to modify the course structure to meet the recommendations of the original evaluation. This has meant some subtle changes to the curriculum of the six-week program to make goal setting easier and behaviour change more successful.

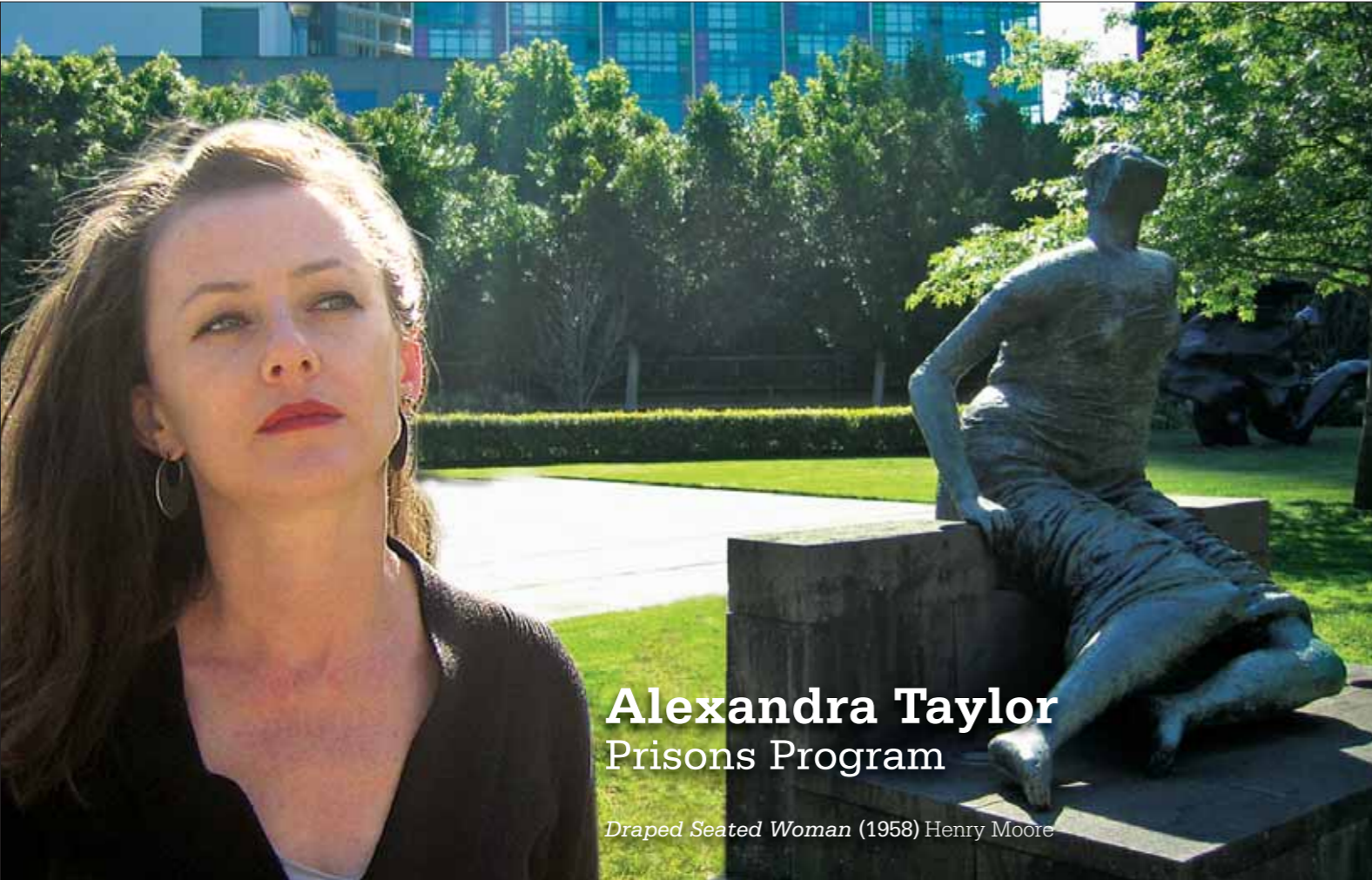
We have also been working with the HIV sector to adapt the course to meet the needs of people with HIV/hepatitis C

co-infection. A *Hep C/HIV: Take Control* program will be conducted later in the year, with the hope that Hepatitis Victoria can pass on some of the great work we've done with chronic disease self management in hepatitis clients to those in the HIV sector.

Hepatitis Victoria has also commenced work on modifying the existing *Hep C: Take Control* course to meet the needs of people who are currently using drugs. With the new Integrated Hepatitis C Services aiming to increase the number of clients on treatment, especially in community settings, it is important we make our program relevant and accessible to this important client group. A number of focus groups have been conducted with people who use drugs and workers in the sector to determine the best way to deliver *Hep C: Take Control* within a community setting. The revised program will be rolled out in partnership with services that work with this group in the coming year.

Being a good self-manager makes life with chronic disease easier, and has been shown to be beneficial in the management of hepatitis C. Hepatitis Victoria is working hard to find new ways to deliver and expand *Hep C: Take Control* so that even more people can benefit from this approach to managing their hepatitis C.

Louisa Walsh
Hep C: Take Control Program



Alexandra Taylor
Prisons Program

Draped Seated Woman (1958) Henry Moore



Ray Hehr
Communications Program

Forward Surge (1976) Inge King

This year has been an exciting one for the Prisons Program with the completion and launch of new resources that were developed by prisoners for prisoners, and the holding of a worker-orientated forum for assisting transitioning prisoners.

Program highlights included:

- Completing the *Hepatitis C Prison Peer Educators Manual*. A prisoner at Victoria's Marngoneet prison developed the majority of the content of the *Hepatitis C Prison Peer Educators Manual*. This prisoner, amongst other qualifications gained in prison, has completed Certificate IV in Workplace Training and Assessment. This provided an example to other prisoners of what can be achieved while in prison. The peer educators' feedback on the manual has been really positive and there is much discussion surrounding the content and how it can be applied in their daily work as peer educators.
- Completing the *Bumper Book for Blokes Inside*. This is a magazine

intended for every male Victorian prisoner upon reception into the prison system. The content covers a range of health related topics, primarily BBV's and STI's. It aims to be both a factual and entertaining resource, combining health information with the prisoners' own stories of personal triumphs and tragedies, artwork and poems. Its main focus is staying healthy on the inside so that people are able to live well on the outside.

Both the *Hepatitis C Prison Peer Educators Manual* and the *Bumper Book for Blokes Inside* were officially launched at Marngoneet Prison in April by the then Director of Justice Health and current Hepatitis Victoria Board member Michele Gardner.

Further highlights included:

- Holding the *Broadening the straight and narrow – from prison to community: transition issues for people who have a history of injecting drug use* forum at The Centre for Ethnicity and Health. The forum was aimed at

workers who support people re-entering the community after serving a custodial sentence. Thirty-two people attended and listened to a range of speakers exploring key issues in relation to hepatitis C, injecting drug use and other health needs that affect people upon their release.

- Conducting 42 Peer Educator training sessions with 152 attendees
- Conducting 58 Transitional Assistance Program (TAP) sessions with 578 prisoner attendees
- Training 32 prison officers and custodial centre staff over three sessions.

Alex Taylor
Prisons Program

The Communications Program has continued to develop new resources that target priority groups in Victoria. The Program also maintained many ongoing projects such as *Good Liver* magazine and *World Hepatitis Day*.

Program highlights included final design, production and printing of the following resources:

- *What's The Chance* game. Developed by the Young People's Program. This resource can now be obtained by contacting Hepatitis Victoria or downloading it from our website
- *Nursing When You Have a Blood Borne Virus* info sheet, and *Do I Have To Tell Other People I have Hepatitis C?* info sheet. These new info sheets complement the existing eleven in the series
- *Love Your Liver: Living Well With Hepatitis C* DVD. This new DVD resource specifically targets the Aboriginal community with information about hepatitis C. It was produced in partnership with Aboriginal organisations, VACCHO and VAHS

- *The Bumper Book For Blokes Inside* and the *Hepatitis C Training for Prisons Peer Educators* manual. Two large resources developed by the Prisons Program
- *Is Your Tattoo or Piercing Safe?* A wallet-sized brochure developed by the Campaign and Advocacy Program.

Further program highlights included:

- Producing four *Good Liver* editions. Targeted themes included: *Getting Older, Chronic Disease Self-management, Viral Hepatitis Conference 2010* and *Disclosure*. 2,000 copies of each edition were printed and sent to Hepatitis Victoria members, TasCahrd (Tasmanian Council for AIDS, hepatitis and related diseases), Victorian liver clinics and community organisations
- Completing and launching a website redevelopment in August 2010. Information content was reviewed, visitor access was streamlined and topics were made more pertinent. The website is now more user friendly

- Planning for World Hepatitis Day to be held in July 2011. With the shift of World Hepatitis Day from May to July, there was a gap of 14 months between campaigns, which was filled with regular planning and preparation meetings
- Attending the National Resources Network (NRN) meeting in Adelaide. One of the NRN aims is to avoid duplication of resources within Australia. In early March 2011 the NRN met to discuss resources that are produced by each state hepatitis organisation and Hepatitis Australia. Participants shared and critically evaluated their most recent resources. This year the NRN focused on finding information gaps in existing hepatitis B resources and using social media for health messages.

Ray Hehr
Communications Coordinator



Lauren Proudfoot
Young People's Program

The Messenger (1982) Geoffrey Bartlett



Halo Jones
Office Coordination

Standing Figure (cast 1984) Willem de Kooning

The Young People's Program worked in partnership with other organisations to develop the capacity of their services and workers in preventing new viral hepatitis transmissions amongst young people.

Program highlights included:

- Holding regular training sessions with Youth Justice staff, which aimed to reach new workers within 3-6 months of their employment. Education sessions were also conducted with young men and women residing at both Parkville and Malmsbury Youth Justice facilities. Seventeen sessions were conducted reaching 158 workers and young people
- Delivering five education sessions to secondary schools and VCAL programs, reaching 116 students and staff. The majority of these sessions occurred as a result of students participating in Street Shot 2011 (see below). These sessions use multimedia resources, peer education and a range of activities to ensure they are engaging and interactive

- Delivering two sessions in partnership with Jesuit Social Services (JSS) and Harm Reduction Victoria (HRV), which reached 14 new staff at JSS who work directly with young people at increased risk of transmission of HCV
- Working with other organisations including: WAYSS Ltd, Mornington Peninsula Youth Enterprises, Salvation Army, Orana Family Services, Council for Homeless Persons and Time for Youth.

In total, the program delivered 47 education and training sessions across the state to 562 young people and workers. The sessions were well received with 97% of people who attended sessions saying they would recommend them to a friend or colleague. When asked what they would do differently after completing the training, replies included:

"React in a professional and educated manner when/if a client discloses to me that they are hep C positive."

"Feel more confident to source and give clients up-to-date information."

"Spread the prevention message!"

Further highlights included:

- Preparing for the *Street Shot* exhibition - over 300 Victorian young people received hepatitis education and participated in a health promotion competition that used photography as a medium to educate other young people about HCV transmission and prevention.
- Presenting on the *Hepatitis C Prevention and Early Intervention Project* at the 6th International Conference on Drugs and Young People.

Lauren Proudfoot
Young People's Program

Membership

Membership continues to be one of the strengths of our organisation and once again it is growing. This time last year we had around 300 members. At the end of the 2010/2011 year we had 486 individual members, an increase of around 60%! We've also introduced a range of new benefits for our organisational members, including free spaces in training sessions such as *Bloody Serious*. The fact that we now offer online sign up on our website has definitely helped with this membership boost.

In order to cope with the expanded numbers and benefits, we've had a new membership database custom-built for us. This allows us to target mail-outs to specific areas so that we can let our members know about events happening in their local area. This is great news for people in regional areas, who can now learn about events close to home.

E-newsletters

As well as our main membership, we also have strong support for our email news bulletins. Our most recent general bulletin went out to 717 addresses. Our readership is now more engaged with our work, which means that we are sending out the right blend of research material, information about our services and news from around the world.

Distribution of resources

Hepatitis Australia's resources have proved to be very popular. Over the last 12 months we distributed around 5000 copies of the *Guide to Healthy Living*, 4000 each of *Testing Information* and *Treat It, Beat It*, and 1000 copies of *My Choice, My Rights*. Around 20% of these were through the Hepatitis Infoline, the rest through direct orders from health organisations, distribution by educators at training sessions and orders for World Hepatitis Day. 2000 copies of *Good Liver* were distributed every quarter, a total of 8000 per year!

Website maintenance

Since its launch in August last year the new website design has proved very popular. We've had 5,780 unique visits since we began reporting in September last year. 25% of visitors visited the site four or more times during that period. The new design allows us to continually update our front page and the stats show that people are returning to keep up with the news. But with 62% of visits being people new to the site, we've also made sure that reliable, evidence-based information on viral hepatitis is available only a single click away from the home page.

Halo Jones
Office Coordination



Garry Sattell Hepatitis Infoline Coordination

Isomorphous Impressions (1984)
Fiona Orr

The Hepatitis Infoline is a state-wide telephone information, support and referral service. The majority of calls were from people who are living with hepatitis C while other callers included families and friends of people with hepatitis C, health and community workers, and members of the community who are concerned about hepatitis C.

Out of a total of 912 contacts there were:

- 475 people living with hepatitis C
- 138 people concerned about hepatitis C
- 132 health and community workers
- 75 family and friends of people with hepatitis C

A total of 355 referrals were made to other organisations, including:

- 86 to support groups
- 25 to counselling services
- 204 to medical providers

A total of 7,212 information resources were distributed, including:

- 987 *Impact* booklets
- 814 *Guide to healthy living* booklets

- 871 *Treatment* booklets
- 405 *My choice My rights* booklets
- 626 *Hep B: What you need to know* booklets

The most common theme for callers to the Hepatitis Infoline was for information about living with and managing hepatitis C. Some key topics of discussion were:

- Medical management
- Hepatitis C treatment
- Living with and managing hepatitis C
- Transmission/prevention of hepatitis C
- Advocacy and discrimination

Maintaining and further developing the knowledge and skill level of Hepatitis Victoria staff who provide the Hepatitis Infoline service is an important aspect of ensuring that relevant, up-to-date and standardised information is provided to callers. Hepatitis Infoline staff participated in four training sessions together with regular discussions at staff meetings to ensure that the Hepatitis Infoline service

meets the needs of callers. This year training for staff included:

- How to manage regular callers with complex needs
- Understanding current and emerging treatment options
- How to work with interpreters
- How to work with people affected by drugs
- How to provide information about chronic hepatitis C
- Supporting people with end stage liver disease, including referral to palliative care services
- HIV/HCV Coinfection training

Further program highlights included:

- Development of a *Guide to Hepatitis B Resources* to assist health and community workers to access hepatitis B information and support services

Garry Sattell
Hepatitis Infoline Coordinator

Financial Report 2010 – 2011

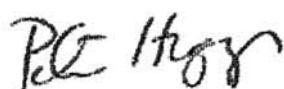
Statement by the Board for the year ended 30 June 2011

The Board has determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statement.

In the opinion of the Board, the financial report as set out on pages 2 to 10:

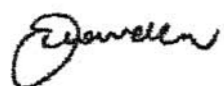
1. Presents a true and fair view of the financial position of Hepatitis C Victoria Inc. and its performance for the year ended on that date
2. At the date of this statement there are reasonable grounds to believe that Hepatitis C Victoria Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:



Peter Higgs

President



Isobell Howden

Treasurer

Balance sheet as at 30 June 2011

	Note	2011 \$	2010 \$
Current assets			
Cash at bank		178,139	256,426
Total current assets		178,139	256,426
Non-current assets			
Property, plant and equipment	2	11,558	18,551
Total non-current assets		11,558	18,551
Total Assets		189,697	274,977
Current liabilities			
Trade and other payables	3	30,282	38,440
Income received in advance	4	-	36,623
Provisions	5	72,704	91,957
Total current liabilities		102,986	167,020
Total Liabilities		102,986	167,020
Net assets		86,711	107,957
Members' funds			
Retained earnings		86,711	107,957
Total members' funds		86,711	107,957

**Income/expenditure statement
for the year ended 30 June 2011**

	2011	2010
	\$	\$
Income		
Peer education project	20,000	-
Members fees - Organisations and professional	280	380
Donations	813	3,512
Interest received	10,721	5,537
Fees for service	1,753	402
Other income	18,750	3,699
Reimbursements	1,410	882
Grants – DHS core	862,662	821,967
Grants – City of Melbourne	-	3,125
Grants – Dept. of Health and Ageing (CDSM)	-	133,206
Grants – DHS Funding Provision Delay	-	80,000
Grants – DHS Minor Works	8,488	-
Grants – Various	9,091	-
Grants in advance	-	6,000
	933,968	1,058,710
Expenditure		
AGM costs	2,196	2,842
Advertising and promotions	7,578	10,615
Amenities	2,284	1,544
Awareness week costs	2,509	1,031
Audit fees	1,300	2,200
Bank charges	677	1,010
Cleaning	4,129	5,694
Communication project costs	32,349	12,040
Computer software and maintenance	24,295	14,183
Consultancy fees	12,803	27,663
Course costs	122	318
Depreciation	10,030	19,880
Employee EAP costs	1,096	2,160

Equipment	5,020	2,352
Financial services	12,446	8,842
Fringe Benefits Tax	-	2,308
Grant schemes	455	8,487
Insurance	5,819	13,733
Interest paid	180	247
Internet costs	2,403	80
Meeting costs	3,373	5,197
Motor vehicle expenses	45,583	39,441
Newsletter	8,307	11,373
Postage	7,137	9,949
Printing and stationery	17,428	19,323
Provision for LSL/Annual Leave	(8,436)	9,161
Provision for sick and maternity leave	(10,367)	-
Recycling	1,223	-
Rent and utilities	64,512	57,208
Repairs and uaintenance	6,291	2,597
Salaries	588,650	599,366
Security costs	566	826
Staff development	5,957	22,007
Storage	1,374	-
Street Shot: Awareness Week	459	7,329
Support groups	577	824
Subscriptions and publications	2,606	1,978
Sundry expenses	82	931
Superannuation contributions	45,901	55,816
Telephone	18,136	19,864
Travel and accommodation	8,211	14,809
Volunteer costs	1,196	1,653
Website upgrade	-	8,648
Workcover	13,314	11,228
Workshops and conferences	5,533	1,560
	955,304	1,038,317
Operating profit (Loss)	(21,336)	20,393

Independent auditor's report

To the members of Hepatitis Victoria Inc.

Initial engagement

In our opinion:

- (a) The opening balances do not contain misstatements that materially affect the current period's financial report;
- (b) The prior period's closing balances have been correctly brought forward to the current period; and
- (c) Appropriate Accounting Policies are consistently applied in accounting policies have been properly accounted for and adequately disclosed.

Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report, of Hepatitis Victoria Inc which comprises the balance sheet as at 30 June 2011, and the income statement, statement of changes in equity and cash flow statement for the year then ended.

Board's responsibility for the financial report

The Board of Hepatitis Victoria Inc. is responsible for the preparation and fair presentation of the financial report and has determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the needs of the members. The Board's responsibility also includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. The Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risk of material misstatements of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entities preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Board's financial reporting requirements. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

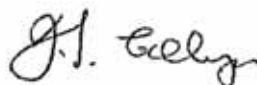
Independence

In conducting our audit, we have complied with the relevant independence requirements

Auditor's opinion

In our opinion the financial report of

- (a) gives a true and fair view of Hepatitis Victoria Inc's financial position as at 30 June 2011 and of its performance for the year ended on that date in accordance with appropriate accounting policies; and
- (b) complying with appropriate Australian Accounting Standards.



Janet Collyer

J. L. Collyer & Partners
26 September 2011