

Annual Report 2013–14 Step up to end hepatitis

HEPATITISVICTORIA

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

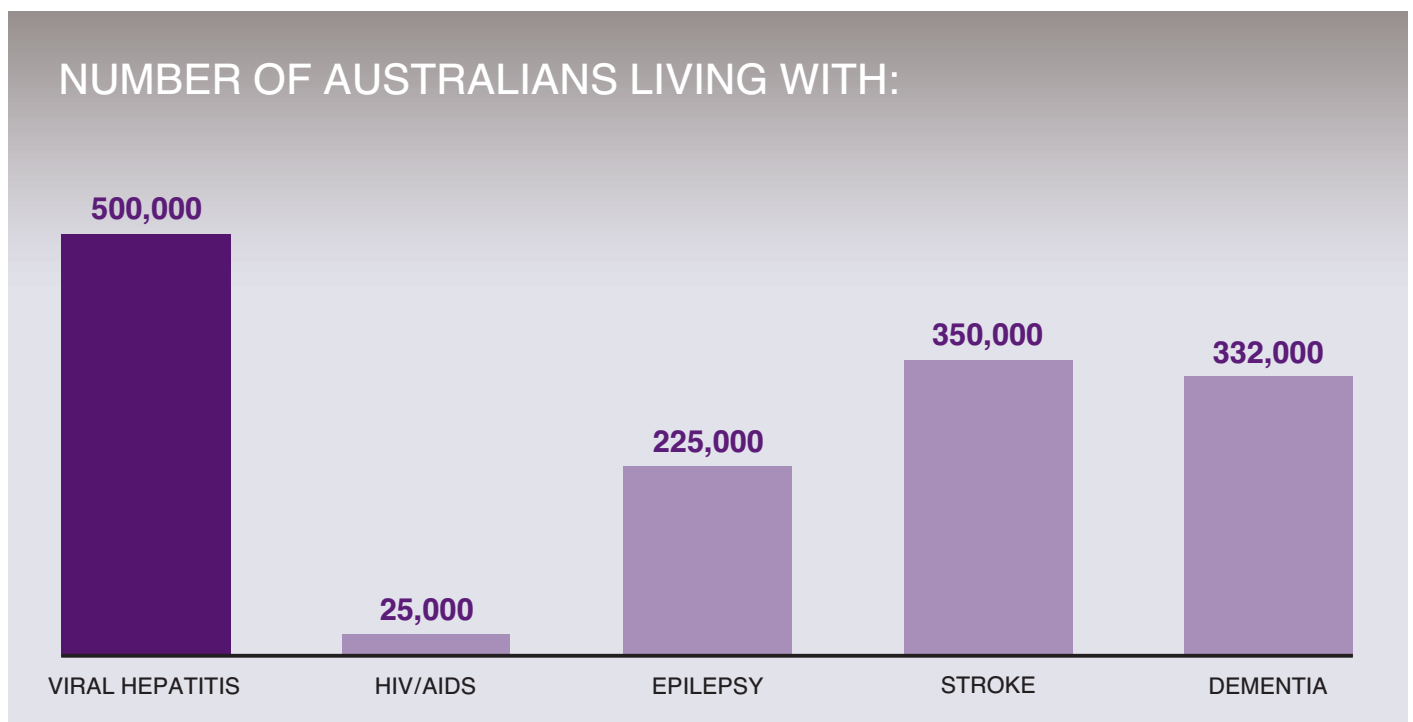
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Hepatitis: The Silent Killer

4 Victorians die every week as
a consequence of viral hepatitis

- **Over 120,000** (2% of) Victorians live with viral hepatitis
- **< 5%** access treatment
- **Liver cancer** largely caused by viral hepatitis, is the fastest growing cause of cancer death in Australia
- **245% increase** in liver cancer due to hepatitis C by 2030
- **1 in 4** people will die without treatment for hepatitis B
- **A \$20 test** is much cheaper than spending **\$250,000** for a liver transplant.



Hepatitis Victoria Board

Kieran Donoghue (President)

Kieran Donoghue is the General Manager, Policy at an industry advocacy organisation. Previously he qualified as a chartered accountant with Deloitte in London and spent several years in a variety of finance roles at international companies.

Catina Eyres (Vice President)

Catina is a registered nurse with postgraduate degrees in critical care and infection control. She is an accredited nurse immunizer, HIV/ HCV counsellor and credentialled infection control professional. She is employed as a Clinical Nurse Consultant at Bendigo Health's Infectious Diseases Service and Infection Prevention Control Unit.

Pam Woods (Secretary)

Pam lives with hepatitis C and for many years has supported others living with hepatitis C, including being a member and moderator of the online peer support group hepcaustralasia.org.

Frank Carlus (Treasurer)

Frank is a former state public servant with over 32 years' experience in the Department of Human Services/Department of Health. He has served with many community organisations in the fields of youth, employment and support, community development and health.

Ronald Briggs

Ron Briggs is the Koori Counsellor and Liaison Coordinator at Children's Protection Society, and a Board member of the Victorian Aboriginal Health Service. Ron has spent many years promoting health education, and advocating for treatment services in the Aboriginal community particularly men's health. He draws on his personal experience in his work to advise and assist others to manage their condition.

Rose Coulter

Rose contributed to the instigation of Primary Care Partnerships and the expansion of integrated services. She has been a consumer advisor to the Primary Health Branch and the Health Issues Centre. She is currently a statewide educator in consumer participation in health.

Nicole Allard

Dr. Nicole Allard is a General Practitioner in a community health centre and a PhD student at Melbourne University. She has a general practice/clinical interest in refugee health, hepatitis B care in the community and in working with culturally and linguistically diverse communities. She has started a Hepatitis B focused clinic with the support of the Integrated Hepatitis B service from the Royal Melbourne Hospital.

Rosemary McKenzie

Rosemary has a B.A., PG Dip Health Promotion and a MPH. She is a consultant, research fellow and lecturer in the Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, at The University of Melbourne.

Paul Kidd

Paul has been living with HIV for almost 30 years, and with Hepatitis C for the last 15 and has a long history of involvement within the HIV sector as a writer, educator, and activist. He has extensive community governance experience and was President of People Living With HIV/AIDS Victoria (now called Living Positive Victoria), a Director of the Victorian AIDS Council (VAC/ GMHC) and Treasurer and Vice-President of the Daylesford ChillOut LGBTI Pride Festival 2010-2011.

Belinda McNair

Belinda is the Service Development Officer with the Salvation Army's Territorial Alcohol and Other Drugs (AOD) Unit. She has worked previously as Principal advisor pharmacotherapy at Department of Health Victoria, and as a Senior Drugs Policy Officer for the City of Melbourne where she oversaw development and implementation of the City Of Melbourne's Drug Action and Syringe management.

Eddie Micallef

A former Parliamentarian Eddie was a member of the Parliament Drugs and Crime committee. As former Chairperson of the Springvale Community Health Service he became involved with drug issues and the links between a culturally diverse communities and illicit drugs. He is currently Deputy Chair of the Ethnic Communities Council of Victoria and Chair's their Drugs Task Force. He is also a member of the Inner South Community Health Centre Board of Management.

Soenke Tremper (retired early 2014)

Soenke has a lengthy history of working within general practice organisations and more recently Medicare Locals, with a focus on chronic diseases and Aboriginal health programs. He recently undertook a Masters of Public Health.

Gaylene Coulton (coopted to the Board early 2014)

Gaylene Coulton has been the Chief Executive Officer of the South Western Melbourne Medicare Local (SEMML) since its inception in early 2012. SEMML provides general and allied health practice support, and community programs including Closing the Gap of Indigenous Health, After-Hours General Practice program, Mental Health and others. Her career started as a nurse, specialising in domiciliary palliative care.

Melanie Eagle (CEO non-voting position)

Melanie has degrees in Arts, Social Work and Law and is undertaking a Masters in International Development. She has worked professionally in a variety of sectors including the public sector, union movement and as a legal practitioner, while being active on a range of community boards and committees.



About us

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 strategic directions 2013–2017

- Forward looking
 - Pathway 1:** We will respond to emerging needs and new knowledge
- Sustainable and viable
 - Pathway 2:** We will grow the resource base
- Dignity and self-esteem
 - Pathway 3:** We will attack stigma and discrimination
- Desired collaborator
 - Pathway 4:** We will collaborate, partner and engage with others
- Highly influential
 - Pathway 5:** We will increase awareness and impact

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.

Our people

Our people are the individuals and communities living with, affected by, at risk of or fighting to prevent viral hepatitis.

This includes our members, partner organisations, the Board, donors, volunteers, support groups, public speakers, activists, health professionals, ambassadors and State Government (primarily Department of Health).

Without these people many of the achievements in this report would not be possible.

Spotlight on...

Karen Jehn

Karen is a great example of the valuable and vital contribution that “our people” make in the fight against viral hepatitis.

She has been a volunteer for many years in the Maribyrnong region, supporting people who use drugs and who are undertaking hepatitis C treatment. She participates in hepatitis C workshops as part of the Health Works service and encourages other community members to get involved. She is passionate about advocating for services and generating enthusiasm for social inclusion amongst community members.

Karen is also a volunteer with Hepatitis Victoria, assisting with the *Hep Connect* program, a service for people living with hepatitis C, their partners, family and/or carers that helps them make decisions that are right for them and talk about it with people who have been on the journey.

But this is not the only way Karen has contributed to Hepatitis Victoria’s work. She is one of our *Community Advocates*, trained in advocacy and media to influence decision-makers. And she has agreed to be put forward as a Hepatitis Hero to help the fight against stigma and discrimination (see her at: <http://www.hepheroes.com/#!/karen-jehn/c23ii>).

Meanwhile Karen is currently undertaking a 200-hour voluntary placement with Hepatitis Victoria to scope and develop a forum that aims to build awareness of and resilience to viral hepatitis in relation to young people in high risk situations including becoming involved in the justice system, homelessness, and drug use.

No wonder Karen was the recipient of our annual *Mark Farmer Memorial Award* in 2013. Having taken a strong self-management approach Karen is a role model for others.

Thank you Karen!





President's report

Amongst the many changes Hepatitis Victoria has experienced this year is that of the appointment of a new President. Following the 2013 AGM, I took over the role from Dr Peter Higgs. I'd like to pay tribute to Peter's work with the organisation, guiding it through a period of transformation alongside a pair of dynamic CEOs - Helen McNeil and Melanie Eagle. I have some big shoes to fill!

2013-14 has been a year of consolidation and building for the next round of challenges. Critically, the organisation's major source of funding: the Department of Health grant was secured for four years through to 2017. This provides a stable funding platform to ensure we can continue to provide a range of valuable programs to the community and we are very grateful to the department for securing this funding.

The funding agreement was for less than requested as we had sought to expand our services in line with our expanded remit to cover Hepatitis B as well as we do for Hepatitis C. This may be reflective of the continuing absence of a confirmed hepatitis B strategy for the state. There is little to stand in the way of the adoption of such a strategy; National Strategies for viral hepatitis have recently been published and the State's Hepatitis B working group has drafted Strategic Directions for Hepatitis B that can serve as a basis for an official state strategy. That we have got this far is in no small part due to Hepatitis Victoria's efforts.

Confirmation of the Department of Health funding has not made us complacent about the importance of continuing to diversify our funding sources. A conscious push to identify other funding sources and submit high-quality proposals to grant schemes has paid real dividends and delivered funding for a range of new projects. These include:

- Telematics Trust: Hepatitis Victoria Mobile App
- Merck, Sharp and Dohme: *Community Advocates* project
- Andrews Foundation: *Vietnamese Support Group* projects
- Hepatitis Australia: *Looking After Your Liver* Chinese Awareness project
- AbbVie Pharmaceuticals: *Hep Heroes* movies project
- City of Maribyrnong and Co Health: World Hepatitis Day activities

We were also delighted to receive a substantial donation from the Australian Chinese Medical Association of Victoria.

Alongside our core of enthusiastic professional staff, Hepatitis Victoria continues to rely on the great work of our volunteers. There are many ways that our volunteers contribute – from public speaking and media interviews, to support groups, envelope stuffing and being Ollie our mascot at events. We have strengthened our approach to volunteering through our Community Participation Framework, launched in May.

Many of our volunteers have been recognised as “Hepatitis Heroes” who raise awareness and fight discrimination against people living with hepatitis. As Heroes they join Health Minister David Davis, researchers, leaders from our partner organisations and local personalities like Joffa Corfe and Dr Sally Feelgood. This has also been a valuable advocacy platform from its launch in Federation Square to the recently released movies that can be seen on our website.

Of course the Board are also volunteers and I'd like to thank my fellow Board members for their efforts and support over the last year. Turnover in Board membership is healthy and we have had a significant injection of “new blood” in the last year that has provided valuable new perspectives and dynamics to our Board. Nevertheless it is always sad to say farewell to colleagues and I'd like to recognise retiring board member Soenke Tremper, for his contribution to Hepatitis Victoria.

Kieran Donoghue
President



CEO's Report

This last year saw Hepatitis Victoria consolidate its focus on people who have shaped the organisation and those taking it forward. A high point in November 2013 was the celebration of our 21st birthday in Federation Square and the accompanying Hepatitis Heroes launch.

Our *Hep Heroes*, as seen on the dedicated website (www.hepheroes.com) are diverse. They may be researchers, or clinicians, or health advocates, or have lived experience. But they all want to contribute to the important task of challenging stigma and discrimination.

Recognising the value of mobilising the affected community to raise awareness, we initiated other ways to support and maximise the voice of people affected. In 2013-2014 we established our *Public Speakers Bureau*, with trained speakers now able to share their experience of living with hepatitis B or hepatitis C.

We also established our *Community Advocates* program, where courageous people have been trained in both advocacy and media and enlisted to further spread the word about the need for an improved response to viral hepatitis.

These initiatives are indicative of the organisation's commitment to community participation. This is encapsulated in our *Community Participation Framework* that was launched in May. The launch occurred during 'Volunteers week' at an event where we celebrate the invaluable and varying contribution of our volunteers.

Mobilisation of the affected community has greatly assisted Hepatitis Victoria in pursuing its main advocacy campaign for 2014: *HepUp*. Here we are asking the major political parties to step up and respond to viral hepatitis in the platform that they bring to the State elections at the end of the year. The *HepUp* campaign is underpinned by a 'Framework for Action on Viral Hepatitis'. This Framework was developed with input from many stakeholders and incorporates targets and actions across four key domains (prevent, diagnose early, manage and care, and develop capacity).

Our work has been aided by the consolidation of many partnerships and collaborations. This has been particularly important in seeking to have a greater impact in relation to hepatitis B. Our core state government funding does not include this, and so we have been reliant on both tied grants and – more critically – relationships with individuals and organisations with close links to Aboriginal communities and people of culturally and linguistically diverse backgrounds.

In addition to our more strategic achievements we continue to deliver our core functions, including *Infoline* and *Hep Connect* calls, our support group, hosting awareness raising events, education sessions reaching thousands of people, and tens of thousands of more receiving our educational resources or utilising our digital platforms.

We feel we have much to celebrate after 21 years of operation and look forward to addressing the much more that needs to be done.

Melanie Eagle

CEO



Pathway 1:

Respond to emerging needs and new knowledge

Our Commitment

- Continue our hep B campaigning to secure funding.
- Continue to promote and educate consumers and health professionals about the new HCV treatments.
- Deliver 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.

Our achievements

- Initiatives specific to hep B funded from non-core and non-government sources, while the 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.
- Campaigned 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.

Going forward

- Advocate for approval of improved HCV treatments, including to broad range of affected populations.
- Continue to educate 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.

Consolidate advocacy around hep B and be positioned as innovators when funding available



Profile:

Breakfast Seminar, Accessible Testing

One of the key commitments under our strategic pathway to respond emerging needs and new knowledge is to develop and run regular Breakfast Seminars for members as well as clinicians and professionals working in the field of viral hepatitis.

The first Breakfast Seminar on Accessible Testing was held on 4 April 2014. The expert panel included Professor Margaret Hellard (Burnet Institute), Dr Frances Bramwell and Emily Carey (Health Works), Craig Burgess (PRONTO! rapid testing HIV services) and Dr David Iser (gastroenterologist and hepatologist). Presentations included an overview of new drug therapies, and the latest information on rapid testing, including how the rapid testing model adopted by PRONTO! for HIV can work equally well for hepatitis.

Objectives:

- Provide the very clear message that we urgently need new ways of reaching 'at risk' people
- Encourage specialists and workers in the sector to support the development of a strong strategy and vision to present to government
- Build a 'Coalition of the Willing' to champion and effect positive change

Outcomes

More than 50 people attended the breakfast to hear the loud and clear message from the panel of experts that not enough testing, not enough treatment and not enough support is happening early enough.

By helping the sector to gain new knowledge, and engaging them in these types of events and discussions, we are moving another step closer to achieving our goals and targets to reduce transmission, mortality and the personal and social impacts of viral hepatitis.



Pathway 2:

Grow the resource base



Our commitments

- 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.

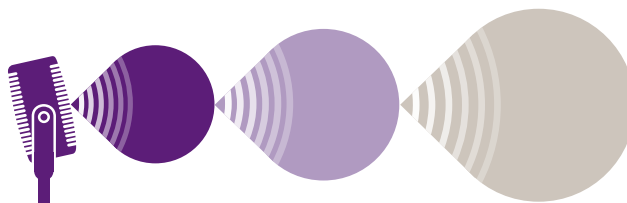
Our achievements

- Board adopted Fundraising Strategy in February 2014, identifying new funding approaches.
- Organisation was recognised as contributor to government advisory bodies and research committees.
- Ways to fund detailed cost benefit analysis of fee for service workforce development were investigated.
- Core funding has been 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 was developed and implemented, and volunteer infrastructure increased.
- Participation by volunteers and interns has significantly increased.
- Diversified funding sources (including philanthropic, pharmaceutical and local government).
- Extended funding for Health Condition Support Grant secured.

Going forward

- 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.

Continue lobbying for secure government funding for hepatitis B and promote greater volunteer opportunities...



PUBLIC SPEAKERS BUREAU



Profile:

Public Speakers Bureau

The Hepatitis Victoria *Public Speakers Bureau* is a highly dedicated and diverse group of people affected by viral hepatitis who seek to educate the wider community on the issues of living with viral hepatitis by telling their personal stories.

Within this program, Hepatitis Victoria trains, mentors and supports our professional public speakers. Training is conducted in a supportive environment and is inclusive to those affected others who want to share their story, i.e. parents, partners and children etc. Our speakers are the human face of viral hepatitis and help to reduce fear, myths, stigma and discrimination.



Objectives:

- To empower Victorians living with or affected by viral hepatitis to educate the wider community on the issues related to hepatitis B and C by telling their personal stories.
- To promote a positive image of people affected by viral hepatitis with the aim of eliminating prejudice, isolation, stigma and discrimination associated with hepatitis B and C.
- To provide speakers with the necessary knowledge, skills, support (financially and otherwise) and representation to increase their self-esteem, confidence and personal and professional development.

Outcomes:

- The *Public Speakers Bureau* managed 14 requests in its first year of operation, with 12 booked speaking engagements.
- Two-day training sessions were successfully conducted on September 2013 and April 2014, resulting in a total of 20 speakers listed with the service at the end of this financial year.
- Ongoing bookings have been secured from organisations that included speakers in their planned professional development training sessions.
- Positive evaluation data has been collated from booking organisations that highlighted the benefit of having the “lived experience” as part of their events.
- Speakers have expressed their satisfaction of being part of this service.
- Hepatitis Victoria plans to continue to grow the *Public Speakers Bureau* profile, with upcoming training sessions to increase the speaker’s database and a marketing plan to better promote the service.



Pathway 3:

Attack stigma and discrimination

Our commitment

- 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.

Our achievements

- 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* was dedicated to reducing stigma and discrimination, with an 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 (RAP)

Going forward

- Continue to expand the *Public Speakers Bureau* and increase speaking opportunities.
- Continue to expand the number of *Community Advocates* and *Hep Heroes*.
- Promote *Hep 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.

Seek opportunities
to reduce stigma and
increase awareness
through increased
public presence



Profile:

Hep Heroes Launch

Hep Heroes is an initiative to raise awareness and stop discrimination around viral hepatitis. It aims show the people behind the virus in order to provide a positive lived experience and reduce stigma.

The *Hep Heroes* concept, and associated dedicated website, was launched at Federation Square, on Saturday 23rd November, 2013, by Ms Georgie Crozier, Parliamentary Secretary for Health on behalf of the Minister for Health. She was joined by our first 21 heroes to take the pledge: "Hepatitis doesn't discriminate and neither do I".

Our first heroes include medical experts, community advocates, people with lived experience and professionals in the field, who have made a significant contribution to increasing community knowledge and understating of viral hepatitis (B and C).

They come from a range of backgrounds including culturally and linguistically diverse (CALD) communities, people who inject drugs, researchers, musicians and politics,



Objectives:

- To invite the public to make the pledge: "Hepatitis doesn't discriminate and neither do I".
- To send a strong message that becoming Hep Hero is a simple but powerful action that will show those most affected that they are supported.
- To raise awareness about viral hepatitis and speak out against discrimination.
- To encourage treatment and testing for people with health concerns.
- To support people living with chronic illness.

Outcomes:

The launch provided a strong message to the wider general public that many people with hepatitis experience discrimination and that becoming a *Hep Hero* is a simple but powerful action that shows those affected that they are supported. It also provided a solid foundation for the program's future success. Since the launch our Hep Heroes numbers have increased to 30 and we continue to grow.

Hepatitis Victoria thanks those heroes who supported us on the day and who have bravely shared their story.



Pathway 4:

Collaborate, partner and engage with others

Our commitment

- Continue to build relationships and explore new partnerships with other organisations working on behalf of 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 (CRM) data system.
- Develop and implement a strategic communications plan to raise awareness and identify champions.

Our achievements

- 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.
- Continued our partnership with The Burnet Institute as community partner in CREIDU. Membership of SEMML Hepatitis B Steering Committee. Community Participation Framework developed and launched.

- *Hep 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.

Going forward

- 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.

Identify new ways of reaching out to affected community so they seek our support.



Profile:

Community Participation Framework



Hepatitis Victoria's *Community Participation Framework* is fundamental to the work and success of Hepatitis Victoria. It has been embraced by our employees and is embedded in their daily work and practices. Hepatitis Victoria continually assesses how it can involve the community in its work and in what different ways, taking into account the barriers individuals face to participation.

Developed in-house at Hepatitis Victoria, the Framework is based on best practice and incorporates the IAP2's Public Participation Spectrum, a tool for identifying the level of the public's participation in a project.

Objectives

- For people to have an active role in their community
- For people to participate in public life without discrimination
- To encourage volunteers, internal staff, external agencies and the affected community to contribute to the development of projects and planning at Hepatitis Victoria
- To empower and improve the lives of the people and the community that Hepatitis Victoria strives to support

Outcomes

The Framework was launched at a volunteers' gathering held at Hepatitis Victoria as part of National Volunteer Week, and was themed around 'Celebrating Participation'.

The success of our *Community Participation Framework* can be measured by the ongoing success of our programs and initiatives including our *Community Advocates* program, our *Public Speakers Bureau* program, and our *Hep Heroes*. They are largely reliant on the involvement and participation of our volunteers, our partner organisations and members of the affected community.





Pathway 5:

Increase awareness and impact

Our commitments

- 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.

Our achievements

- 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.

Going forward

- '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 hepatitis B.
- Involve *Community Advocates* and *Hep 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.

Promote the need for increased testing for hepatitis B and C



Profile:

Hep Up campaign



CASE STUDY

With more than four Victorians dying each week as a consequence of viral hepatitis this is an urgent health and economic concern.

Hep Up aims to effect urgent action on viral hepatitis. It takes a multi-strand approach to put viral hepatitis and those living with it on the agenda for the November 2014 state election, and seeks to have the major political parties adopt our framework for action.

Objectives:

- Achieve a commitment by the major state political parties to include hepatitis in their health platforms.
- Achieve greater awareness of viral hepatitis as a serious public health issue
- Implement a strategic communications strategy to build a momentum of awareness and support for the campaign

Outcomes

A huge range of organisations offered their support for our framework for action, and the campaign including: Positive Living Victoria, Harm Reduction Victoria, The Burnet Institute, The Victorian Alcohol and Drug Association, The Australian Research Centre in Sex, Health and Society, The Australasian Society for HIV Medicine, The Australian Chinese Medical Association of Victoria, The Centre for Ethnicity Culture and Health, and the Cancer Council Victoria.

With the campaign commencing in June 2014 a range of events were initiated and a strategic communications strategy was developed for implementation early in the 2014-15 financial year.

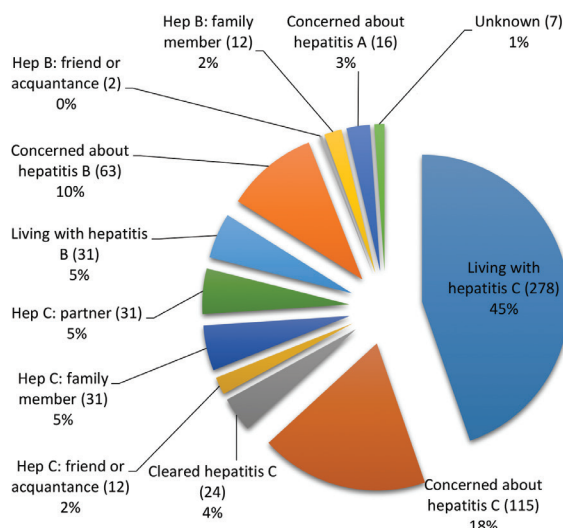


Ongoing operational achievements

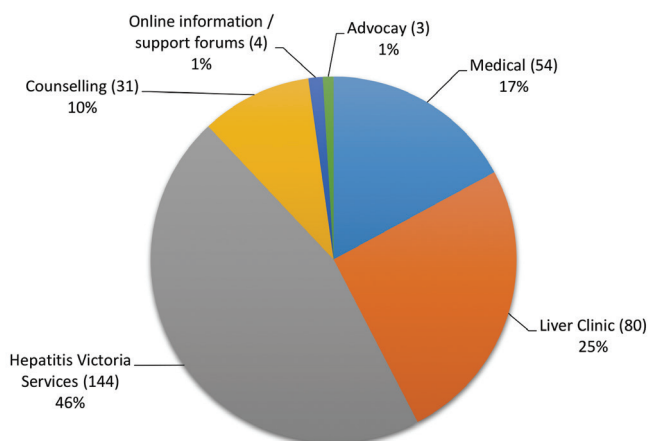
Client Services

- Answered 649 Infoline calls.
 - > 550 calls from people living with viral hepatitis (25% hepatitis B, 75% hepatitis C)
 - > 99 calls from family and friends of people living with viral hepatitis (25 related to hepatitis B, 74 related to hepatitis C)
- Assisted 78 people through our Support Group.
- Facilitated 80 'Hep Connect' peer support calls.

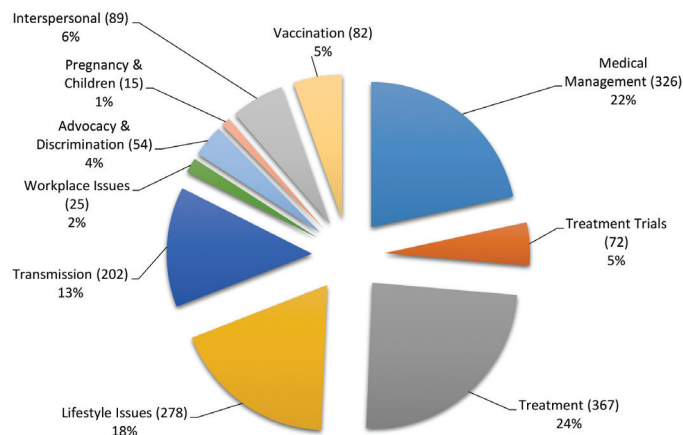
Infoline: Callers relationship to viral hepatitis



Infoline: Referral to other services



Infoline: Callers concerns



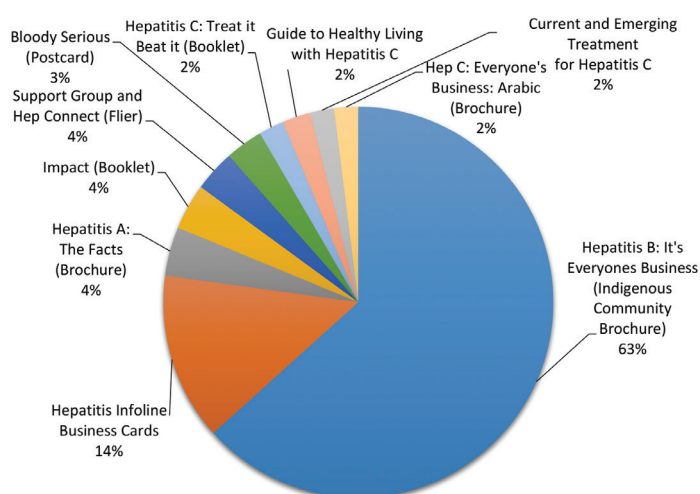


Ongoing operational achievements

Health Promotion

- Delivered 170 training and education sessions in rural and metropolitan areas, including to priority populations, reaching 3,656 people.
 - > 12 Aboriginal and/or Torres Strait islander sessions
 - > 46 sessions were delivered to Community and Education groups (including members of the general public, GPs, and other health organisations)
 - > 3 sessions delivered to culturally and linguistically diverse groups
 - > 53 prison education sessions
 - > 56 young people sessions
- Distributed 46,044 hard copy information and education resources.
- Involved over 300 young people and 23 schools in the 2014 *Street Shot* program.
- 13 World Hepatitis Day Grants awarded for 2014.
- Conducted hepatitis B awareness program in Aboriginal and Torres Strait Islander communities

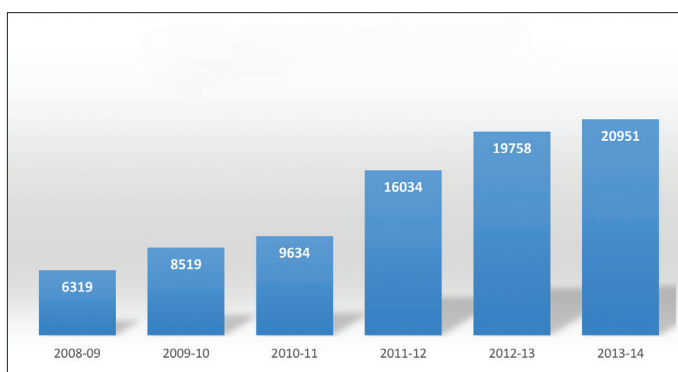
Resources distributed



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.

Visitors to Hepatitis Victoria website



THIS IS BLOODY SERIOUS!

Profile:

Bloody Serious Facts Training

Bloody Serious Facts is an introductory workshop designed for drug and alcohol workers, nurses, NSP workers, community health staff, students of health professions, prison staff, welfare workers and anyone else working with people who are at risk of, or affected by hepatitis C.

The training is run in partnership with Harm Reduction Victoria and St Vincent's Hospital and provides a comprehensive overview of many of the issues surrounding hepatitis C. There are three components of the training, presented by each of the partner organisations. A person with lived experience of hepatitis C also provides their personal perspective.

Objectives

To provide participants with:

- The basic facts of hepatitis C, including transmission, prevention, disclosure and discrimination
- An insight into some of the challenges facing many people living with hepatitis C
- An understanding of diagnosis and treatment options for people with hepatitis C
- The impact and meaning of hepatitis C for people who inject drugs.
- An understanding of the concept of Harm Minimisation
- Clarity on the detail required to maximise Safer Injecting Practices

Outcomes

Four *Bloody Serious Facts* training workshops were offered in the previous 12 months. All sessions were fully booked with a maximum of 15 participants.



Independent Auditor's Report

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 30th June 2014, and the income statement, statement of changes in equity and cash flow statement for the year then ended.

Committee's responsibility for the Financial Report

The Committee 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 management'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 meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These 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 misstatement.

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 risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's 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 Management's financial reporting requirement. 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 other 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.

Auditor's opinion

In our opinion the financial report of HEPATITIS VICTORIA INC

- (a) gives a true and fair view of HEPATITIS VICTORIA INC's financial position as at 30th June 2014 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.

Lionel R. Arnold



J L COLLYER & PARTNERS

1 September 2014

Hepatitis Victoria Inc Financial Statements for the year ending June 30, 2014

Balance sheet as at June 2014

	Note	2014 \$	2013 \$
Current Assets			
Cash at Bank		539,062	396,215
Total Current Assets		539,062	396,215
Non-Current Assets			
Property, Plant and Equipment	2	29,792	19,014
Total Non-Current Assets		29,792	19,014
Total Assets		568,854	415,229
Current Liabilities			
Trade and Other Payables	3	36,905	43,543
Income received in advance	4	225,031	177,627
Provisions	5	79,184	63,032
Total Current Liabilities		341,120	284,202
Total Liabilities		341,120	284,202
Net Assets		227,734	131,027
Members' Funds			
Retained Earnings		227,734	131,027
Total Members' Funds		227,734	131,027

Hepatitis Victoria Inc Income Statement for the year ending June 30, 2014

Revenue/Expenditure

	Note	2014 \$	2013 \$
Revenue			
Members Fees - Organisations & Professional		3,502	2,282
Donations		1,016	812
Interest Received		12,568	11,445
Fees For Service		1,919	553
Other Income		1,374	190
Reimbursements		37	538
Sponsorship		2,132	909
Grants - Dept. of Health Core		1,049,163	927,761
Grants - Dept. Of Health Integrated Care(CDSM)		63,041	46,229
Grants - Various		54,633	45,401
Grants - Web Health		-	47,000
Profit on Sale of Non-current Assets		-	3,155
		1,189,385	1,086,275
Expenditure			
Aboriginal Grant Scheme		334	11,881
Advertising & Promotions		21,067	7,921
AGM Costs		6,054	672
Amenities		1,930	2,495
Audit Fees		2,064	1,788
Awareness Week Costs		-	41
Bank Charges		586	558
Cleaning		4,152	4,976

	2014	2013
	\$	\$
Communication Project costs	21,266	26,110
Computer Software & Maintenance	25,897	24,495
Consultancy Fees	3,337	15,950
Course Costs	300	-
Depreciation	6,463	3,646
Employee EAP Costs	1,862	8,743
Employee Finalisation	14,680	-
Equipment	1,554	642
Financial Services	1,623	2,275
Fringe Benefits Tax	10,392	7,947
Insurance	5,724	6,536
Interest Paid	1	(1)
Internet Costs	1,161	2,397
Meeting Costs	516	2,951
Motor Vehicle Expenses	27,188	31,305
Newsletter	20,190	8,763
Provision for LSL/Annual Leave	4,034	14,318
Postage	7,999	8,263
Printing & Stationery	16,519	17,025
Recycling	447	94
Rent & Utilities	73,918	74,097
Repairs & Maintenance	289	996
Salaries	668,311	680,979
Security Costs	1,160	484
Provision for Sick & Maternity Leave	7,072	(11,641)
Staff Development	13,215	858

Revenue/Expenditure cont.

Storage	2,737	-
Street Shot Program	9,190	6,434
Support Groups	585	912
Subscriptions & Publications	720	1,390
Sundry Expenses	(32)	990
Superannuation Contributions	59,736	57,088
Telephone	14,694	15,692
Travel & Accommodation	8,650	7,064
Volunteer Costs	2,215	1,550
Website Upgrade	30	-
Workcover	18,868	16,839
Workshops and Conferences	3,979	6,871
	1,092,677	1,072,394
Operating Surplus	96,708	13,881

Statement of Changes in Equity for the year ended 30 June 2014

Retained Earnings at the beginning of the financial year	131,026	117,146
Surplus attributable to members 13,881		96,708
Retained earnings at 30 JUNE 2014	227,734	131,027

Notes to the Financial Statements for the year ending June 30, 2014

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report that has been prepared in accordance with the Australian Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the reporting requirements of the Associations Incorporations Act (Victoria).

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The following is a summary of the material accounting policies adopted by the Association in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

(b) Income Tax

Hepatitis Victoria Inc. is exempt from income tax by virtue of Section 50-45 of the Income Tax Assessment Act.

(c) Property, Plant and Equipment

Each class of property, plant & equipment is carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all property, plant and equipment is depreciated over the useful lives of the assets to the Association commencing from the time the asset is held ready for use.

The carrying amount of plant and equipment is reviewed annually by Hepatitis Victoria Inc. to ensure it is not in excess of the recoverable amount of those assets. The recoverable amount is assessed on the basis of the expected net cash flows, which will be received from the assets' employment and subsequent disposal. The expected net cash flows have not been discounted to present values in determining recoverable amounts. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

(d) Revenue and Other Income

Revenue is brought to account when received and to the extent that it relates to the subsequent period it is disclosed as a liability.

Grant Income

Grant income received, other than for specific purposes, is brought to account for the period to which the grant relates.

Deferred Income

Unspent grant income received in relation to specific projects and events is not brought to account as revenue in the current year but deferred as a liability in the financial statements until spent for the purpose received.

Capital Grants

Grant income received relating to the purchase of capital items is shown as Unamortised Capital Grant and brought to account over the expected life of the asset in proportion to the related depreciation charge.

Interest Revenue

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Donations

Donation income is recognized when the entity obtains control over the funds, which is generally at the time of receipt.

(e) Employee Benefits

Provision is made for Hepatitis Victoria Inc.'s liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements.

(f) Provisions

Provisions are recognized when Hepatitis Victoria Inc. has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

(g) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the assets and liabilities statement are shown inclusive of GST.

(h) Economic Dependence

Hepatitis Victoria Inc. is dependent on the Department of Health for the majority of its revenue used to operate the business. At the date of this report the Board of Management has no reason to believe the Department will not continue to support the entity.

	2014	2013
	\$	\$
2. Property, Plant & Equipment		
Office Furniture & Equipment	217,839	200,598
Less Accumulated Depreciation	188,047	181,584
	29,792	19,014
3. Trade and Other Payables		
Current		
Trade Creditors	5,751	14,649
PAYG Withholding	4,594	6,087
GST payable	26,560	22,808
	36,905	43,543
4. Amounts received in advance		
Grant in Advance	225,031	177,627
	225,031	177,627
5. Provisions		
Current		
Provision for Audit Fees	1,876	1,870
Provision for Annual Leave	36,224	31,921
Provision for Long Service Leave	7,342	7,612
Provision for Sick & Maternity Leave	28,716	21,270
Provision For Superannuation	5,026	359
	79,184	63,032

Statement by the Committee as at 30 June 2014

The Board has determined that Hepatitis Victoria Inc. 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 statements.

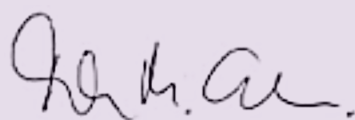
In the opinion of the Board, the financial report as set out on pages 2 to 10:

1. Presents a true and fair view of the financial position of Hepatitis 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 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:



President



Treasurer

Dated this 9 September 2014

Thank you to our supporters:

- Department of Health
- Hepatitis Australia
- Andrews Foundation
- J L Collyer & Partners
- Corrs Chambers Westgarth Lawyers
- Australian Chinese Medical Association
- Merck Sharpe and Dohme
- Telematics Trust
- AbbVie
- City of Maribyrnong
- Sportco
- CoHealth

We would also like to thank all our individual members for their support over the year, along with all our organisational members



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