

Annual Report 2012-2013

Celebrating 21 years
Our journey, our people, our future



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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Fast facts

Hepatitis B

- There are more than **350 million people worldwide** living with chronic hepatitis B.
- Over **200,000 Australians** are living with chronic hepatitis B, and more than one third are undiagnosed.
- Approximately **55,000 Victorians** are living with chronic hepatitis B.
- Untreated chronic hepatitis B can lead to **cirrhosis and liver cancer for up to 25%** of people with the virus.
- Less than **3% of people** in Australia with hepatitis B are currently **receiving antiviral treatment**.
- Without intervention, it has been estimated that by 2017 the incidence of **liver cancer** in Australia attributable to hepatitis B will be **three times that seen in 2008**.
- Chronic hepatitis B is the **second biggest cause of cancer worldwide** (after tobacco) and has been estimated by the WHO to be the **10th leading cause of death** worldwide.

Hepatitis C

- An estimated **170 million people worldwide** are living with chronic hepatitis C.
- Over **230,000 Australians (1% of the population)** are estimated to have chronic hepatitis C.
- Approximately **65,000 Victorians** are living with chronic hepatitis C.
- It's estimated that **40,000 - 50,000 Australians** living with chronic hepatitis C **don't know it**.
- Less than **2% of people with hepatitis C seek treatment** each year.
- Around **48,000 Australians** with chronic hepatitis C have **moderate liver disease**, and around **6000 people** are living with hepatitis C-related **cirrhosis**.
- Hepatitis C is the **leading cause of liver transplants** in Australia.
- In Australia, annual deaths from hepatitis C are rising and have **surpassed deaths from HIV/AIDS**.

This is
Bloody serious!

Hepatitis Victoria Board

Peter Higgs (President)

Peter has a MA in Asian and International Studies at Victoria University and a PhD with the Department of Epidemiology and Preventive Medicine at Monash University. He works at the National Centre in HIV Epidemiology and Clinical Research at the University of NSW.

Jen Johnson (Vice President)

Jen is the Blood Borne Virus (BBV) Program Coordinator at the Australian Research Centre in Sex, Health and Society. She has worked in the area of BBVs for the last 15 years in a wide range of education, support, training and prevention settings. Jen holds a Bachelor of Arts in Community Development.

Pam Woods

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.

Kieran Donoghue (Treasurer)

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.

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.

Tarone van Niekerk

Tarone has a MA in Communications and is a member of IABC (Victorian Chapter). She has more than 10 years' experience as a communications professional with experience in both the government and non-for-profit sectors.

Sonke Tremper

Soenke is a team manager at General Practice Victoria with a focus on chronic diseases and Aboriginal health programs. He is currently undertaking a Masters of Public 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.

Jenny Kelsall

Jenny has worked with people who inject drugs for the past 20 years including in the Epidemiology and Social Research Unit and the Centre for Harm Reduction at the Burnet Institute. She is currently the Executive Officer at Harm Reduction Victoria - formerly VIVAIDS - the Drug User Organisation for Victoria.

Catina Eyres

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

Rosemary McKenzie

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

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 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.

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 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

President's Report



2013 has been an enormously exciting year in the development of Hepatitis Victoria. There are a number of achievements from this year that I want to highlight in my final term as Board President.

With significant funding support from the Department of Health for all our programs over 2012-2013 we have developed a visionary strategic plan based on comprehensive stakeholder, Board and staff input. This is driving new directions for us as an organisation.

Importantly we have over the year increased and diversified our funding to a level that means that about 10% of our current income is now external to the Department of Health.

Through the year we have maintained the secretariat function for the Victorian Hepatitis B Alliance and established a very successful hepatitis B lobbying campaign which has resulted in meetings with the Minister for Health, Parliamentary Secretary, the Chair of the Victorian Multicultural Commission and a broad range of other elected members of parliament and senior level bureaucrats across both the Health and Justice departments. This has raised awareness on the need to do more in this aspect of viral hepatitis.

Importantly we have built a higher profile of consumer involvement through events such as Cheers Volunteers, supporting the Happy Livers band and establishing Hep Connect a peer based support group.

Our work has also included increased advocacy around the listing of hepatitis C new treatments, including the Werribee Round table discussion, which involved community advocates as well as the South Western Melbourne Medicare Local, St Vincent's Hospital and Healthworks the primary health care centre for people who inject drugs in Footscray.

In April we welcomed the PBS listing of Boceprevir and Telaprevir two drugs that increase the sustained virological response and shorten the treatment duration in both treatment-naïve and treatment-experienced patients.

This year has also seen the development of a more sophisticated electronic communications strategy so we can broaden our reach. This has included a new eBulletin and at least twice daily Facebook and Twitter postings. We now have over 1,000 people following us on Facebook and 300 on Twitter. Both channels have become an important way in which maintain our contact with members.

This year also marked Hepatitis Victoria's 21st year of operation and we have used this as an opportunity to focus our campaigns on the people behind the virus, including commencing our ambassadors program called 'Hepatitis Heroes'.

The Board itself has continued to function well and I thank all those who have served over the past 12 months. The depth of skills enables the organisation to be in a great position to advocate for those living with and affected by viral hepatitis across the State.

I wish the new Board members a prosperous year ahead, as well as thanking all those involved over the past 12 months. I especially want to make mention of the Board members retiring this year. For the past six years Jenny Kelsall has been represented the interests of people who inject drugs and her passion and commitment has gone a long way to improving the lives of people who are living with hepatitis C in Victoria. Also Jen Johnson and Tarone van Niekerk who have both made important contributions to the running of the organisation in their time on the Board.

On behalf of the Board I would also like to acknowledge the tireless efforts of the CEO Melanie Eagle who has made tremendous progress over the past year both locally and nationally through her work with Hepatitis Australia.

Peter Higgs

President

CEO's Report



Hepatitis Victoria has taken many exciting steps forward during 2012-2013. All of these are grounded firmly in our respect for the dignity of those affected by viral hepatitis, and our dedication to improving their well-being while also reducing the prevalence of hepatitis across the state.

In December 2012, Hepatitis Victoria formally adopted the 2013-2017 Strategic Plan, setting out a clear vision and pathway for the next four and a half years. As part of our end of financial year reporting, a Report Card was prepared to update our members and supporters on our progress and outline the focus for the coming year.

The Report Card revealed many highlights and achievements for the year including:

- Joined lobbying efforts across Australia and the successful listing hepatitis C treatment on the PBS.
- Started the Victorian hepatitis B lobbying campaign contacting over 130 key decision makers.
- Delivered over 230 education sessions and answered 830 Infoline calls.
- Piloted our first online chronic disease self-management course (Going Viral).
- Distributed 28,300 information and education resources.
- Secured ongoing funding for the next four years, a first for Hepatitis Victoria.
- Increased funding from non-government sources from 3% to 10%.
- Secured funding for a positive speakers bureau and development of a mobile phone application.
- Received the highest number of Street Shot entries, with over 170 images from 17 schools.
- Hosted and supported multiple World Hepatitis Day events across the State.
- Produced a plain language hepatitis B brochure and poster used for training with Aboriginal health workers.

In addition to our strategic and operational achievements we also celebrated our 21st year of operation.

To mark the occasion we are emphasising the people who have helped get us here and those who will take us forward.

Some of the ways we have done this include:

- Adopted a new logo and tagline which not only celebrates 21 years, but also acknowledges our history and points to our path ahead – all connected by our people.
- Hosted a Cheers Volunteers event during National Volunteers Week to thank our supporters and congratulate our volunteer nominated for the Minister for Health's Volunteer Awards.
- Involved the affected community in our Street Shot photography project by inviting them to participate in the education sessions and judging panel.
- Included positive speakers at our World Hepatitis Day events and offered speakers at other supported events.

Our efforts are a combination of refining what already works, and also being bold and innovative so we can reach new audiences. For example, as part of our client services we continued to host monthly support group sessions, with 132 attendees throughout the year. This was in addition to the 830 Infoline calls we answered, the 74 email enquiries and 32 face to face consultations.

But in addition we expanded the support through the new HepConnect service which provides an opportunity for people with hepatitis C to mutually discuss their experience with a trained peer volunteer over the telephone. This year we also piloted our first online hepatitis C chronic disease self-management course – Going Viral. This uses new online learning modules and chat functions to deliver six-week courses, thereby making it easier for people to engage. These and other initiatives are outlined in the pages that follow.

But while we have done much, there is still so much more to do. As you can see in the 'fast facts' provided in this report, approximately 120,000 Victorians are living with chronic hepatitis B and C both of which are the major contributor to liver cancer – which itself is increasing faster than any other cause of cancer death in our community. More resources are needed not only for health care, but to raise awareness, prevent transmission, get people to be tested and treated, increase workforce capacity and support those already affected.

Meanwhile, I thank all those that have made it possible to achieve what we have done. Our funders and supporters, the staff of Hepatitis Victoria for their efforts and dedication, our enthusiastic and growing numbers of volunteers, and finally the Board for its wise counsel and generosity.

Melanie Eagle

CEO

Pathway 1:

Respond to emerging needs and new knowledge

Our commitment

- Advocate for hepatitis B funding from government.
- Advocate for Pharmaceutical Benefits Scheme (PBS) listing of new hepatitis C treatments.
- Review all programs for their capacity to work with hepatitis B.
- Pilot Chronic Disease Self Management course for hepatitis B.
- Monitor progress of ACT Needle Syringe Program (NSP) in prison program.
- Institute risk management program for organisation.

Our achievements

- Commenced hepatitis B lobbying campaign writing to over 130 politicians and meeting with Ministers and decision makers.
- Following extensive lobbying, hepatitis C treatment listed on the PBS in February 2013.
- Conducted a roundtable in the western suburbs on new treatments.
- Commenced lobbying for NSP and hepatitis C treatment programs in Victorian prisons.
- Secured funding for a Vietnamese hepatitis B support group and commenced working within the Vietnamese community to establish the group.

Our year ahead

- Continuing our hepatitis B campaigning to secure funding.
- Continue to promote and educate consumers and health professionals about the new hepatitis C treatments.
- Awareness campaigns for testing, vaccinations, treatment and monitoring, catering to the needs of different populations.
- Campaign to adopt learnings from ACT NSP program.
- Develop a quarterly breakfast seminar series for health care professionals and community workers.
- Establish a hepatitis B support group in the Vietnamese community and develop supporting resources.

Continue to campaign,
raise awareness
and educate





Project Profile: *HEPATITIS ROUNDTABLE*

Rallying together to make change.

About the roundtable

In February 2013 representatives from Hepatitis Victoria, the St Vincent's Hepatitis Clinic at Werribee Hospital, General Practice Victoria and community advocates met at Werribee Hospital to discuss the need to improve treatment options for people living with hepatitis C in Western Melbourne.

The expert panel gathered to discuss concerns at the delays in listing the new drugs, Telaprevir and Boceprevir, under the PBS and rising hepatitis rates in Western Melbourne.

At the roundtable it was agreed that to lift the low treatment rates for hepatitis C, access to new therapies was imperative and any delay in their listing would be detrimental to the community.

Objectives

- To discuss viral hepatitis as an urgent health concern needing immediate action to prevent new infections and to prevent the rising burden of cirrhosis and liver cancer.
- To join national lobbying efforts to increase access to treatment and bring Australia in line with more than 25 countries that have already subsidised the new Direct Acting Antiviral treatment medications.

Outcomes

Following the roundtable and extensive lobbying efforts by similar organisations across Australia, the Federal Government announced it would provide \$220 million over five years to subsidise Boceprevir and Telaprevir on the PBS in order to increase hepatitis C treatment rates.

Without these subsidies patients would have to pay up to \$78,000 a year for these medicines.

The subsidised treatment will significantly cut the need for liver transplants, with the potential to cure up to 75 per cent of patients with genotype 1 hepatitis C, which represents about half the people with hepatitis C in Australia.

It is anticipated that over coming years around 9,000 cases of liver damage will be prevented because of the listing of the Direct Acting Antivirals. That in turn translates into 2,400 fewer cases of liver cancer.

Pathway 2:

Grow the resource base

Our commitment

- Develop policy and protocols for non-government funds.
- Establish alternative funding management system.
- Scope and pilot fee for service workforce development.
- Develop membership strategy for 1/7/13 implementation.
- Scope potential funding from pharmaceutical companies.
- Develop volunteers strategy and protocols.
- Develop community participation policy and register.
- Scope potential for counselling service.

Our achievements

- Secured ongoing and increased core government funding, the largest funding Hepatitis Victoria has ever received.
- Increased funding from non-core sources from 3% to 10% for 2013-14 and adopted a policy to ensure the ethical management.
- Commenced a membership drive, increasing organisational memberships ten fold.
- Completed a volunteers training manual.

Our year ahead

- Finalise our Fundraising Strategy to continue to seek alternate funding sources.
- Increase the profile of the organisation to attract donors and sponsors.
- Implement fee for service workforce development initiative.
- Transition fixed term staffing positions to more secure ongoing contracts.
- Continue to increase membership through members events and forums.
- Develop and conduct volunteer induction and training programs.

Develop volunteer
induction and
fundraising and
membership strategies





Project Profile: *CHEERS VOLUNTEERS*

National Volunteer Week - Building our volunteer involvement

About National Volunteer Week

On Wednesday 15 June 2013 an event called 'Cheers Volunteers' was held to congratulate a Hepatitis Victoria volunteer who was nominated for the Minister for Health's Volunteer Awards.

Hepatitis Victoria was pleased to nominate Graeme Ashton for the Minister's awards for his contribution to the work of Hepatitis Victoria for the past 12 months, going above and beyond in all aspects of his volunteering work.

Cheers Volunteers was held to thank Graeme, as well as our 30 active Hepatitis Victoria volunteers, staff and Board members.

Objectives

- To formally mark National Volunteer Week and congratulate our nominee for the Minister's Volunteer Awards.
- To recognise the efforts of our volunteers and thank our supporters for their contributions throughout the year.

Outcomes

As part of marking our 21st year of operation, we have been celebrating the people who have helped shape the organisation, past and present.

During the Cheers Volunteers event attendees were asked to share their wishes for the organisation's future, which was developed into a video. A webpage was created for our volunteers and their stories — www.hepvic.org.au/21years.

Our Support Group Band, The Happy Livers, performed their first public show and feedback from the event was overwhelming positive.

Volunteer Highlights

- At Hepatitis Victoria we have over 30 active volunteers who regularly assist us with our resources, events and various programs.
- Our volunteers have helped mail out over 8,600 letters and magazines.
- Each year our volunteers generously worked around 1,000 hours.



Pathway 3:

Attack stigma and discrimination

Our commitment

- Confirm vision and values in public presentation of Hepatitis Victoria.
- Develop public speakers program for hepatitis B and C.
- Scope potential initiative with Human Rights and Equal Opportunity Commission.
- Research responses to stigmatising language and imagery.
- Embed cultural competency across organisation and drive cultural change.
- Develop a Hepatitis Victoria reconciliation action plan.

Our achievements

- Significantly increased the number of referrals for positive speakers training.
- Public speakers incorporated into training and education programs.
- Commenced scoping a Hepatitis Victoria Public Speakers Bureau and participated in the Hepatitis Australia pilot of a hepatitis B public speakers bureau.
- Cultural Competency Plan implemented across the organisation.
- Developed a Reconciliation Action Plan for submission to Reconciliation Australia.

Embed cultural competency across organisation and drive cultural change

Our year ahead

- Establish a 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.
- Endorsement of the Reconciliation Action Plan and embed across the organisation.





Project Profile: *CULTURAL COMPETENCY PLAN*

Embedding cultural knowledge and values

About the Cultural Competency Plan

During 2011-2012 Hepatitis Victoria commissioned the Centre for Culture, Ethnicity and Health to undertake a cultural assessment of the organisation and make recommendations for future actions.

As a result a Cultural Competency Implementation Plan was produced outlining a number of actions to embed cultural competent practices in the organisation, as well as identifying specific tasks that will be undertaken during 2012-13 to realize this commitment.

Objectives

- To plan for and improve service delivery to people from Cultural and Linguistically Diverse (CALD) backgrounds by addressing our values, governance, planning, evaluation, infrastructure, staff development and services.
- To ensure we value diversity, manage the dynamics of difference, acquire and institutionalise cultural knowledge, and adapt to the diversity and cultural contexts of the people we support.

Outcomes

Following consultation with staff and Board members, the Hepatitis Victoria Cultural Competency Plan was officially adopted and embedded across the organisation. This includes being reflected in our values, projects, working arrangements and staffing.

Specific actions taken include:

- Encouraged the undertaking of cultural awareness and health literacy training.
- Appointed a position to the Board to represent the interest of culturally diverse people.
- Adopted a Working with Interpreters Policy along with a Development of Written Information Policy.

Pathway 4:

Collaborate, partner and engage with others

Our commitment

- Develop affected community participation policy and mechanisms.
- Develop protocols and priorities for partnerships.
- Foster ongoing relations with priority collaborators such as (Cancer Council Victoria, Victorian Aboriginal Community Controlled Health Organisation, Country Awareness Network, etc.).
- Initiate collaboration opportunities for high HBV locations.
- Scope potential relationships with local government.
- Identify potential arising from Melbourne World AIDS conference.

Our achievements

- Increased community involvement through Cheers Volunteers Event, Happy Livers Band, Hep Connect service and positive speakers program.
- Recruited the organisation's first community participation project officer, to develop a community participation framework.
- Participated in forming and co-chairing the Hepatitis Australia's Steering Committee for World AIDS 2014 conference.
- Developed working relationships with Medicare Locals, including a filming project on the lived experiences and involvement in World Hepatitis Day activities.
- Partnered with VACCHO and VAHS a hep B awareness program for the Aboriginal Community and health professionals.

Our year ahead

- Continue to build relationships and explore new partnerships with other chronic conditions (events, fundraising, shared service etc).
- Adopt a Community Participation Policy and Strategy.
- Continue to involve the community by celebrating our 21st year of operation - sharing personal stories, events and education.
- Collaborate with Medicare Locals and Local Governments in high prevalence areas.

Foster ongoing relationships with priority collaborators



Project Profile: *YARNING ABOUT HEP B*

A partnership approach to developing culturally appropriate awareness campaigns



About Yarning about Hep B

Yarning About Hep B was a partnership project with VACCHO, community health organisations and community members to raise awareness about hepatitis B in the Victorian Aboriginal and/or Torres Strait Islander communities, and to educate health professionals who work with the community about hepatitis B.

Partners

- Hepatitis Australia - who funded the initiative in response to a submission from Hepatitis Victoria
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Victorian Aboriginal Health Service (VAHS)
- Njernda Aboriginal Corporation (Echuca)
- Murray Valley Aboriginal Co-operative (Robinvale)
- Bunurong Aboriginal Health Service (Dandenong)
- Lakes Entrance Aboriginal Health Service
- Goolum Goolum Aboriginal Co-operative (Horsham)
- Coomealla Health Aboriginal Corporation (Dareton NSW)

Objectives

- To strengthen and enhance the partnership between Hepatitis Victoria, VACCHO, its member services and other key community organisations
- To develop culturally appropriate resources providing information on hepatitis B, its diagnosis and management
- To provide awareness and education about hepatitis B to health workers, community workers and practice managers working in Aboriginal Community Controlled Health Organisations in Victoria
- To evaluate the effectiveness of the resources and education program

Outcomes

The program delivered four awareness forums, a poster highlighting the need for community members to get tested and a plain language brochure. The key messages contained in the poster and brochure were:

- B active
- B tested
- B vaccinated
- B well

Specifically the program delivered

- 5,000 copies of the 'Hep B – its everyone's business' brochure were printed and have been distributed through the 28 community controlled Aboriginal Health Services in Victoria and partner organisations.
- The brochure was reproduced in the June 2013 issue of Hepatitis Victoria's Good Liver magazine. Over 2,500 copies were distributed.
- Four Hepatitis B Awareness Forums were held with 27 health and community workers attending.
- A Project Advisory Committee was established to ensure the resources produced delivered best practice evidence based messages and information.
- The partner organisations VACCHO and VAHS provided specialist advice on healthy lifestyle messages and cultural expertise that were incorporated into the resources.

Pathway 5:

Increase awareness and impact

Our commitment

- Increase capacity to utilise new communications channels.
- Develop an app for iPhone/pad re consumer experience.
- Student involvement in developing youth-focussed app.
- Develop working relationships with media.
- Advocate for State hepatitis strategies and action plans.
- Develop strategic communications plan.
- Promote our expertise through forums, networks, seminars.
- Pilot the provision of a chronic disease self management through online means.
- Campaign for access to treatment in prisons.
- Develop hepatitis champions strategy.
- Review and improve ways to measure and convey impact.
- Establish new peer support mechanisms (e.g. HepConnect).
- Develop statewide consumer advocacy program.

Our achievements

- Piloted our first Hep C Going Viral course - a six week online hep C chronic disease self management program.
- Established Facebook and Twitter accounts, attracting over 1000 followers and sharing over 250 posts.
- Reviewed our existing communications channels, including a website review and electronic communications strategy (HepChat).
- Partnered with RMIT University to design mobile phone application and secured funding to develop.
- Established the Hep Connect service providing peer to peer support for hep C.
- Increased the availability of Bloody Serious Facts hepatitis awareness training.
- Secured funding for the implementation of a Hepatitis Champions program.
- Collaborated with the Burnett Institute to advocate around prison treatment and testing.

Our year ahead

- 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.

Increase capacity
to utilise new
communications channels





CASE STUDY

Project Profile: *GOING VIRAL*

Using new technologies to expand our reach

About going viral

In June 2012, Hepatitis Victoria was successful in securing a Health Conditions Support grant from the Department of Health to create an on line peer-based self-management course.

Hep C: Going Viral is a six week online group program with a focus on health education around hepatitis C, and learning the skills for setting goals around health and well-being.

The online groups are made up of between 5 and 10 people, and consisted of a weekly one hour online (typed) chat session with the whole group, plus modules for participants to work on in their own time.

Objectives

- To improve participants' understanding of modifiable lifestyle factors that will impact on the progression of hepatitis C and how to manage these factors.
- To improve participants' understanding of hepatitis C treatment, providing the opportunity for informed decision making and planning around undertaking treatment.
- To empower people who are going to undertake treatment with Pegylated Interferon and Ribavirin to actively manage the side effects of treatment, thus improving adherence to treatment and decreasing distress.
- To assist people with hepatitis C who have not been successful in treatment to cope, make healthy lifestyle choices, and manage symptoms.

Outcomes

During April-May 2013 we piloted the first series of courses, running four separate courses and with 20 people participating.

An extensive evaluation of the program was conducted and some of the key findings included:

- Seven men took part in the group, and 13 women, with most participants falling in the 40-55 age range.
- Although designed to support people in regional and rural locations, 14 participants were from metropolitan areas, and 6 from rural or regional areas.
- When asked about why they were interested in doing an online group (rather than face to face group) participants said:
 - "I work and have kids so can't come to a face to face group".
 - "Mobility issues and lack of money for transport".
 - "I live in country Victoria".
 - "It is easier to be honest and open online".

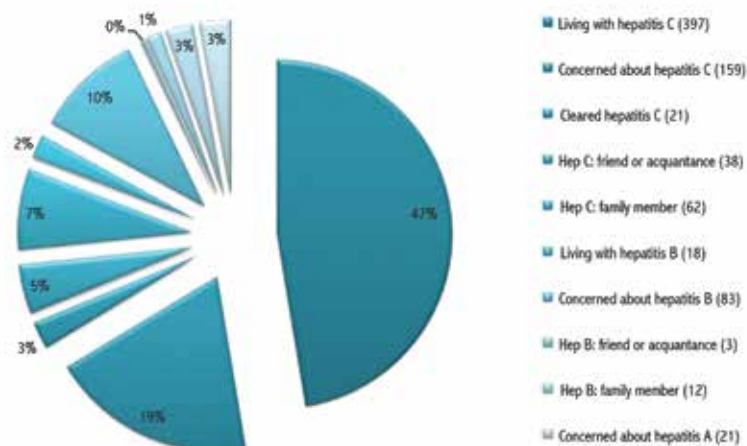
Ongoing operational achievements

Health Promotion

- Delivered 232 training and education sessions in rural and metropolitan areas, including:
 - 67 young people sessions
 - 48 prison education sessions
 - 32 Aboriginal and/or Torres Strait Islander sessions
 - 38 Take Control health management sessions
- Distributed 28,300 information and education resources.
- Involved over 300 young people and 19 schools and youth organisations in the 2013 Street Shot program.
- Seven World Hepatitis Day Grants awarded for 2013 WHD.
- Pilot educational program for Aboriginal women prisoners.
- Distributed Hepatitis Infoline Posters for Aboriginal communities and the general public.

Infoline Charts

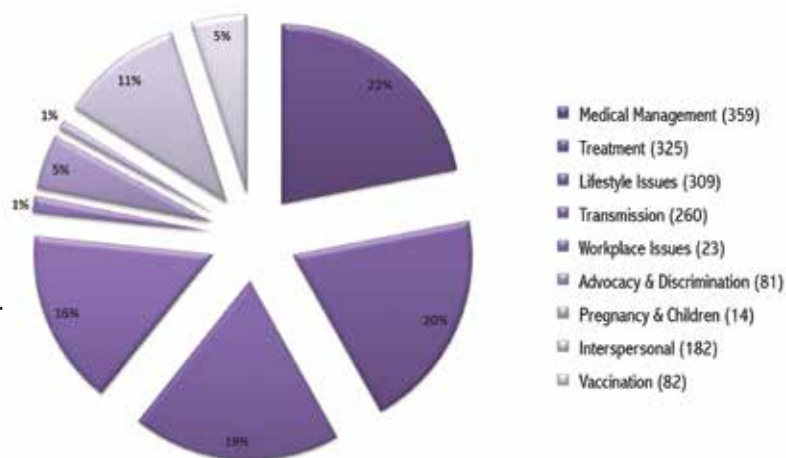
Contacts relationship to viral hepatitis



Client services

- Answered 830 Infoline calls.
- Assisted 132 people through our Support Group.
- Provided advice and information to 74 people via email and 32 face-to-face consultations.

Contacts Concerns



Community awareness

- Attracted 19,9758 visitors to the Hepatitis Victoria website.
- Gained 1000 Facebook followers and over 300 Twitter followers.
- Distributed 28,522 e-bulletins to our subscribers.

Finance and Governance

- Established a Finance Committee and converted the budget to operate on program budgeting principles.



Project Profile: *HEP CONNECT PROGRAM*

The power of peer-to-peer support

About Hep Connect

Hep Connect provides a service for people living with hepatitis C, their partners, family and/or carers to talk to someone who has real life experience in dealing with the complexities of diagnosis, treatment and post treatment issues

Hep Connect provides an opportunity for people with hepatitis C to mutually discuss their experience with a trained peer volunteer over the telephone. All peer volunteers have experience of living with hepatitis C and have undertaken hepatitis C treatment or are living with cirrhosis.

Hep Connect is a free and confidential service and can be accessed by calling the Hepatitis Infoline 1800 703 003 (free call).

Objectives

The objectives of Hep Connect are to:

- Assist people living with hepatitis C
- Assist people's decision making process around treatment
- Enhance peoples capacity to cope with treatment
- Assist people to manage living with cirrhosis
- Reduce isolation and increase overall hepatitis C support

Outcomes

Every three months we host a training session for new Hep Connect volunteers. The training also gives existing volunteers a chance to catch up, meet the new volunteers and to assist in the training.

Since the launch of the Hep Connect program:

- Eight people have undertaken training and become a Hep Connect volunteers.
- Between them they have answered 44 calls and had one face-to-face consultations

A reoccurring and exciting trend arising from the Hep Connect program is the number of people who have gone on to become public speakers and advocates. Hep Connect provides them with the confidence and experience to talk more openly with others and present their story.

Financial report

Independent Auditor's 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 2013, 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 on 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.

DIRECTORS Chartered Accountants
JANET L. COLLYER FCPA
LIONEL R. ARNOLD CA B.Bus
LIABILITY LIMITED BY A SCHEME APPROVED
RAELENE LAI CPA B.Com
UNDER PROFESSIONAL STANDARDS LEGISLATION

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 2013 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

Balance sheet as at 30 June 2013

	Notes	2013 \$	2012 \$
Current Assets			
Cash at Bank		396,213	265,370
Trade Debtors		-	18,000
Total Current Assets		396,213	283,370
Non-Current Assets			
Property, Plant and Equipment	2	19,014	4,558
Total Non-Current Assets		19,014	4,558
Total Assets		415,227	287,928
Current Liabilities			
Trade and Other Payables	3	43,543	29,213
Income received in advance	4	177,627	81,494
Provisions	5	63,032	60,075
Total Current Liabilities		284,201	170,782
Total Liabilities		284,201	170,782
Net Assets		131,026	117,146
Members' Funds			
Retained Earnings		131,026	117,146
Total Members' Funds		131,026	117,146

Income/expenditure statement for the year ended 30 June 2013

		2013 \$	2012 \$
Income			
Members Fees - Organisations & Professional		2,282	1,302
Donations		812	1,370
Interest Received		11,445	9,739
Fees For Service		553	4,593
Other Income		190	545
Reimbursements		538	2,500
Sponsorship		909	1,545
Grants – Dept. of Health Core		927,761	889,749
Grants - Dept. of Health Integrated Care (CDSM)		46,229	68,244
Grants - Various		45,401	11,088
Grants - Hep B Project		-	20,000
Grants - Web Health		47,000	-
Profit on Sale of Non-current Assets		3,155	-
		1,086,275	1,010,675
Expenditure			
Aboriginal Grant Schemes		11,881	55
AGM Costs		672	2,149
Advertising & Promotions		7,921	18,555
Amenities		2,495	2,065
Awareness Week Costs		41	-
Audit Fees		1,788	1,815
Bank Charges		558	715
Cleaning		4,976	5,038
Communication Project costs		26,110	45,799
Computer Software & Maintenance		24,495	25,829
Consultancy Fees		15,950	10,150
Course Costs		-	32
Depreciation		3,646	7,000
Employee EAP Costs		8,743	2,130
Equipment		642	474
Financial Services		2,275	2,727
Fringe Benefits Tax		7,947	4,092
Provision for LSL/Annual Leave		14,318	(15,895)
Insurance		6,536	5,703

		2013 \$	2012 \$
Interest Paid		(1)	126
Internet Costs		2,397	3,145
Meeting Costs		2,951	4,961
Motor Vehicle Expenses		31,305	31,860
Newsletter		8,763	15,784
Postage		8,263	11,048
Printing & Stationery		17,025	16,857
Recycling		94	1,128
Rent & Utilities		74,097	65,342
Repairs & Maintenance		996	921
Salaries		680,979	590,888
Security Costs		484	530
Provision for Sick & Maternity Leave		(11,641)	17,404
Staff Development		858	1,618
Storage		-	1,366
Street Shot Program		6,434	298
Support Groups		912	488
Subscriptions & Publications		1,390	2,338
Sundry Expenses		990	(161)
Superannuation Contributions		57,088	51,676
Telephone		15,692	14,456
Travel & Accommodation		7,064	13,198
Volunteer Costs		1,550	791
Website Upgrade		-	1,800
Workcover		16,839	11,065
Workshops & Conferences		6,871	2,880
		1,072,394	980,240
Operating Profit		13,881	30,435
Retained Earnings at the beginning of the financial year		117,146	86,711
Profit (Loss) attributable to members		13,881	30,435
Retained Earnings at 30 JUNE 2013		131,026	117,146

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.

		2013 \$	2012 \$
2. Property, Plant & Equipment			
Office Furniture & Equipment		200,598	182,496
Less Accumulated Depreciation		181,584	177,938
		19,014	4,558
3. Trade and Other Payables			
Current			
Trade Creditors		14,649	7,155
PAYG Withholding		6,087	9,347
GST payable		22,808	12,711
		43,543	29,213
4. Amounts received in advance			
Grant in Advance		177,627	81,494
		177,627	81,494
5. Provisions			
Current			
Provision for Audit Fees		1,870	1,950
Provision for Annual Leave		31,921	20,672
Provision for Long Service Leave		7,612	4,542
Provision for Sick & Maternity Leave		21,270	32,910
Provision For Superannuation		359	-
		63,032	60,075

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 20 to 25:

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 day of 30 June 2013



Thank you

Thank you to our supporters:

- ACMI
- SportsCo
- No Vacancy Gallery
- Streat
- Hepatitis Australia
- Department of Health
- Telematics Trust
- Family Planning Victoria,
Mind the Gap project
- The Andrews Foundation

We would also like to thank all our individual members for their support over the year.

Thank you to organisation members:

ACSO COATS	Mediclinic
The Alfred	Melbourne Sexual Health
Anglicare	Moogli Aboriginal Council
Australian Research Centre in Sex Health and Society	Moreland Community Health Service
Ballarat Community Health	North Richmond Community Health Centre
Barwon Health	Plenty Valley Community Health Services
Barwon Youth	Resourcing Health and Education (RhED)
Burnet Institute	Royal Melbourne Hospital
Cabrini Medical Centre	Salvation Army Crisis Centre
Country Awareness Network (CAN)	SHARPS
CROSSROADS	Southern Health Monash Medical centre
Dame Phyllis Frost Centre	Southwest Melbourne Medicare Local
Dental Health Services of Victoria	St Josephs Flexible Learning centre
Dhauwurd-Wurrung Elderly Community citizens Association	St Vincent's Hospital
Eastern Health	Stepping Up Consortium
Ethnic Communities Council of Victoria	Sunbury Community Health
Flagstaff Crisis Accommodation Team leader	Victorian Aboriginal Community Controlled Health Organisation
General Practice Victoria	Victorian AIDS Council
Genesis Medical Centre	Victorian Drug and Alcohol Association
Haemophilia Foundation	Vincent Care
Hanover Welfare Services	Westcare (Salvation Army)
Harm Reduction Victoria	Western Region Health Centre
HealthWorks	Wodonga Regional Health Service
HIV Dental Education Programs	Wombat Housing
Innersouth	Wyndham Health
Innerspace	Youth Projects
La Trobe Community Health	
Lake Tyres Health and Children's services	

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