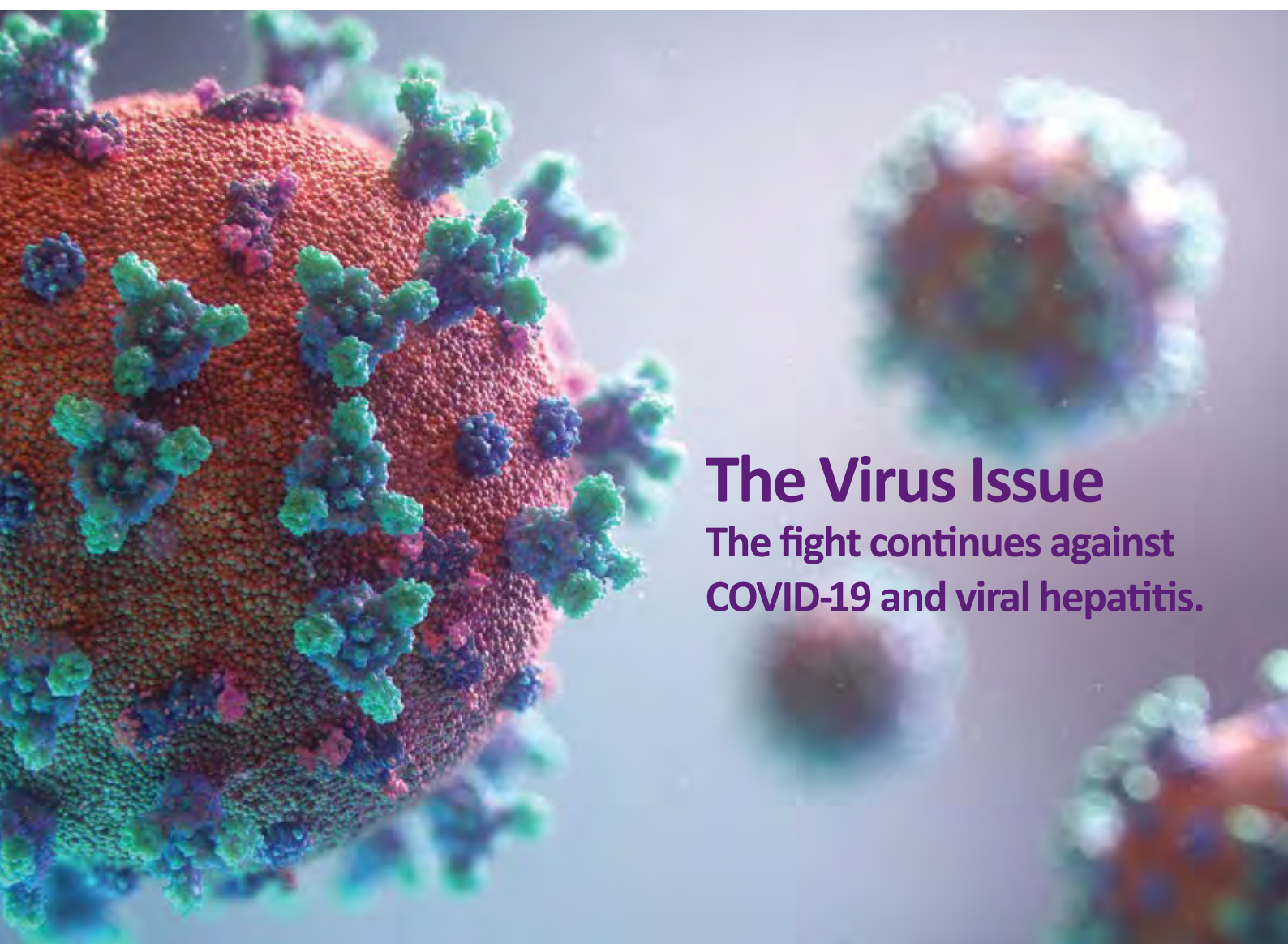


December 2021

# Good Liver



## The Virus Issue

The fight continues against COVID-19 and viral hepatitis.



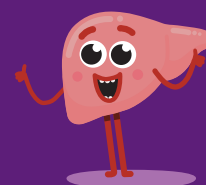
World Hepatitis Day  
#HepCan'tWait

"Even in the current COVID-19 crisis we can't wait to act on viral hepatitis".



New podcasts

The rise of non-alcoholic drinks.  
Families living with blood-borne viruses.  
Non-dependent alcohol use and the brain.



O'Liver stars again in  
Living Well Campaigns



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- 3 **Communiqué**  
From the desk of the CEO
- 4 **De-livering the news**
- 6 **How working with communities became crucial during COVID-19**
- 7 **Raising awareness across our regions**
- 8 **Digital transformations**
- 10 **Reimagining our work**
- 11 **StreetShot**  
Creative perspectives on viral hepatitis
- 12 **The National Drug Strategy Survey results**
- 13 **Podcast and interview with Amy Pennay**
- 14 **Introducing our Recognition Award winners**
- 16 **New Healthy Living Guide for young people**
- 17 **New Healthy Living Guide alcohol and other drugs**
- 18 **Podcast and interview with Assoc. Prof. Christy E Newman**
- 20 **A new home for LiverWELL**
- 21 **Podcast and interview with Fiona Martyn**
- 22 **Aboriginal Healthy Living Guide and Reflect Reconciliation Action Plan**
- 24 **Liver health campaigns**
- 25 **Questions and Answers with Kate Sievert**
- 26 **Services listing**

*Good Liver* is produced by LiverWELL®, with support from the Victorian Government. The opinions and language expressed in this magazine are not necessarily those of LiverWELL® or the Victorian Department of Health.

## Reader response

Your feedback about any articles in *Good Liver* is welcome. Email: [admin@liverwell.org.au](mailto:admin@liverwell.org.au)

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# Communiqué

From the desk of the Chief Executive Officer



Although we have endured another year of restrictions placed upon us by the COVID-19 pandemic and a series of lockdowns, I have been both surprised and impressed at the response to this, both by our organisation, our partners, and by our resilient communities.

We have all been affected by the pandemic in some way, and while the overall response has been comprehensive, it's readily apparent that there are parallels to the response to viral hepatitis. Access to information for all our communities is vital, as are strategies to collaborate with these diverse populations. Prioritising testing and treatment, addressing stigma and discrimination, and further investment in research are all essential and achievable. I hope that the lessons we learn from COVID-19 can help bring about positive outcomes in the treatment of viral hepatitis.

A number of exciting developments have occurred at LiverWELL which I'm pleased to share.

Our brand transition from Hepatitis Victoria to LiverWELL continues. Our new website, launched in late 2020, has increased access by our communities and stakeholders to liver health information. Language translations have been added to the site in Arabic, Burmese, Simplified Chinese, Dari, Dinka, Filipino, Hakha Chin, Hindi, Karen, Khmer, Thai, Vietnamese and Urdu, and additional translated language content is currently being added.

## A new LiverWELL website was launched in late 2020, which has increased access to liver health information by our communities and stakeholders.

A wide range of stakeholders engaged in our formal consultation process early in 2020, and I am greatly appreciative of the insights contributed, allowing us to maximise our impact in liver health. These contributions now inform our program of strategic projects and we will communicate the results over the next year.

One of the key messages that emerged was that telling the stories of those with lived experience of liver disease is a powerful means of portraying the impact on the lives of these people and their families. A Liver Awareness Month campaign across October highlights these stories, in podcasts, articles and videos which can be seen on our website.

## ...telling the stories of those with lived experience of liver disease is a powerful means of portraying the impact on the lives of these people and their families.

The LiverWELL app has been redeveloped and relaunched. This app is a useful tool to support those managing their liver health, and for practitioners who help their patients in navigating sometimes complex health care systems. The number of app users continues to steadily grow, both in Australia and overseas.

With a goal of raising awareness of liver health and fatty liver, a major

communications campaign took place across June-August on social media, and radio across metro and country Victoria. The campaign reached 831,000 people on social media and 76% of radio listeners, with more than 10,000 people then seeking information on fatty liver from our website.

## With a goal of raising awareness of liver health and fatty liver, a major communications campaign took place across July-August.

Our Priority Populations team has had a very productive year, collaborating with CALD communities to deliver information and resources on viral hepatitis and liver health in a range of languages and settings – events, in-person and online. I am grateful to the communities that have partnered with us to facilitate access to information and support for their members.

Providing resources that are tailored to the needs of our audiences is essential, and over the year, three vibrant Healthy Living Guides were added to our range of resources: for Aboriginal Communities; the Alcohol and Other Drugs sector; and the Youth sector. In the development of the Aboriginal Guide we collaborated with both an Indigenous consultant and a designer, to ensure its appeal to those in Aboriginal Communities.

## Providing resources that are tailored to the needs of our audiences is essential.

This will be my last issue of *Good Liver*, as I am stepping down after nearly 10 years as CEO of Hepatitis Victoria and then LiverWELL. It's been a time of great change and growth. I wish to thank the various Board members, staff, volunteers, interns, partners and stakeholders for their commitment and support over this time and I wish you well for the future.



# De-Livering the news



## New Hep Services Directory

A new resource and directory has been developed to assist people in the west of Melbourne to easily find information on prevention and treatment services in Brimbank and surrounds.

Designed as an interactive map, the directory can be searched by service name or location as well as filtered for specific services. Tabs link to relevant factsheets which can be printed and users can compile their own list of relevant services.

See the Directory at:

<https://liverwell.org.au/liver-conditions/hep-services-directory/>

## LiverWELL - movers and changers!

After 21 years in Sydney Road, Brunswick, the LiverWELL office relocated to Level 1 at 15 Gracie Street in North Melbourne earlier this year. The new premises has a bright open plan with large windows, which has been a hit with staff. If you have not yet been to the new office, please do drop in! Please note our office phone number has changed: 03 9274 9796 but the LiverLine number remains the same: 1800 703 003.

As part of our rebranding process from Hepatitis Victoria to LiverWELL, please note that our web address is [liverwell.org.au](https://liverwell.org.au) and our email addresses have changed over to: [admin@liverwell.org.au](mailto:admin@liverwell.org.au)

## Language translations on the LiverWELL website

The liver health content on the LiverWELL website has for the first time been translated and is now available in 13 languages: Arabic, Burmese, Chinese, Dari, Dinka, Filipino, Hakha Chin, Hindi, Karen, Khmer, Thai, Urdu and Vietnamese, with links to resources in these languages. More translations will be added soon in Bahasa Indonesian, Somali, Swahili and Tongan.

See the videos and language pages:

<https://liverwell.org.au/language-translations/>



## Staying informed on COVID-19 vaccines

As COVID-19 vaccines and boosters continue to be rolled out across Australia, those with hepatitis and liver conditions are still seeking information - is there specific information to be aware of, and are vaccines safe for them?

Gastroenterologists have stated that the COVID-19 vaccines are safe, effective and recommended for people living with liver disease, and that people with advanced liver disease, auto-immune hepatitis, or post liver transplant should talk to their doctor about their individual circumstances.

The Gastroenterological Society of Australia (GESA) have advised that the Pfizer, Moderna and AstraZeneca vaccinations have all been shown to prevent severe infection and hospitalisation after completing the recommended doses.

An mRNA vaccine (Pfizer/Moderna) is advised if you are pregnant or planning a pregnancy, and also approved and recommended for children aged 12-18.

Boosters can be given six months after the second dose, so people are advised to seek advice about upcoming booster vaccines. The Gastroenterological Society of Australia advised in November that for those who are severely immunocompromised, the TGA has provisionally approved a booster dose of the Pfizer vaccine.

Keep up to date with information on COVID-19 vaccines on the LiverWELL website: <https://liverwell.org.au/your-liver/coronavirus/>





## Reaching out to our Communities, with translated Hep B videos

In our continued efforts to ensure no one is left behind in our diverse communities, a *Living Well With Hep B* animated book video series has been released to raise awareness about Hepatitis B in four different scenarios: cooking, pregnancy, marriage, and sports, providing viewers with a good understanding of hepatitis B, transmission, blood tests and vaccination, as well as healthy liver advice. These videos are now available in Arabic, Burmese, Mandarin Chinese, Filipino, Thai, Khmer and Vietnamese in addition to English.



## The economic cost of Liver Cancer

Liver cancer is the fastest growing cause of cancer related deaths in Australia, costing \$4.8 billion to Australians in 2019-20.

A report commissioned by the Liver Foundation found the most common type of liver cancer, hepatocellular carcinoma (HCC), killed at least 1,070 men and 396 women in 2019-20, making it the fastest growing cause of cancer-related death in Australia.

In 2019, 2559 people were diagnosed with Liver Cancer in Australia. The healthcare cost for each person diagnosed is more expensive

than breast cancer coming in at \$31,775 per person. A cost comparable to that of bowel cancer.

Liver Cancer disproportionately affects people of Aboriginal and Torres Strait Islander communities, where it is the third most common cause of cancer-related death.

The leading cause of liver cancer in Australia is hepatitis C, followed by alcohol consumption and hepatitis B.



## Vietnamese Wellness Forum is a great success

An enthusiastic group of members of the Vietnamese Community came together in April to find out about liver disease and hear experts on the topic at the Vietnamese Wellness Forum. A collaboration between LiverWELL and the Australian Vietnamese Foundation, the event brought together about 200 people (with more attending via livestream) to discuss wellbeing, liver health, and COVID-19.

It was an extraordinary demonstration of a community demonstrating leadership to respond to the challenges it is experiencing in a positive, inclusive manner.

Many well-known GPs and specialists among the Vietnamese community attended the forum, such as Gastroenterologist Thai Hong, Psychiatrist Tung Nguyen, Dr Pham Phuc Nhan and Dr Phan Dinh Hiep.

Three important topics were the themes of the event: Mental Health, Liver Health and the COVID-19 vaccine.

The Liver Health panel was coordinated by Linda Nguyen, Vietnamese Community Educator from LiverWELL, and was a great success. Gastroenterologist Thai Hong, along with Linda and a liver transplant patient, discussed liver disease and liver health.

# How working with communities became crucial during COVID-19

**Nafisa Yussf,**

Community Researcher and Project Manager, The Doherty Institute.

I am a Community Researcher and Project Manager at the [World Health Organization Collaborating Centre for Viral Hepatitis](#). My background is in community engagement, public health and research, predominately working with culturally and linguistically diverse communities.

From March 2020, I worked on the COVID-19 response in various community engagement roles with culturally and linguistically diverse communities living in the hard lockdown towers in Flemington and North Melbourne. I also worked at [The Royal Melbourne Hospital's \(RMH\)](#) virtual ward, which was the model for the statewide COVID+ Pathways, a program for assessment and management of COVID-19 patients.

In addition, I worked with the [Victorian Department of Health](#) as a Community Engagement Adviser, providing advice on culturally safe community engagement strategies.

Overall, this new global pandemic has heightened pre-existing inequities in our healthcare system and society. We witnessed this in a number of ways, most starkly in the correlation between the higher prevalence of COVID-19 in areas that experience ongoing income, education, housing, over-policing, employment and health disparities.

Our elderly people, non-English speaking communities, people with disability, international students and migrant workers, people with cancer or other chronic disease, have experienced added unique barriers during these difficult times.

Initially, we saw many challenges. These included communities not receiving basic essentials in a timely manner, the lack of culturally appropriate food and crisis relief as well as appropriate, translated health messages.

There were also misconceptions, conspiracy theories and stigma associated with COVID-19 that were enhanced by inadequate social and mental health support.

There was also confusion regarding public health messaging, for example the differences between 'isolation' and 'quarantine'.

However, I do believe that community engagement and public health messages have improved during the course of the pandemic.

COVID-19 has taught us a great deal in a very short time. Most importantly that community voices must be at the forefront of decision making in public health strategies.

To ensure meaningful community engagement, it is critical that we think outside the box of who is actually a 'community leader' and that we do not default to the loudest voices. We know sometimes

the loudest voices may not necessarily represent communities.

We also need leaders who recognise the importance of community engagement and person-centred care. I was able to contribute to the COVID-19 response because my colleagues at [The Doherty Institute](#) and the RMH understand and value the importance of community engagement.

There is an essential need for meaningful and effective community engagement – this needs to be a priority for decision makers. In order to achieve sustainable and equitable public health outcomes, we need to work in collaboration with communities – this means building and sustaining trust and co-designing and co-delivering initiatives with communities in all levels of the response.

Communities are creative and resourceful. A clear example of this was when the hard lockdown initially occurred and information was not readily available, community members translated key health messages and restriction requirements within 24 hours into many languages.

Many of the communities in the hard lockdown relied on other community members to provide them continuous support to keep them safe. Meaningful community engagement should be a priority before compliance and enforcement.

Our systems, processes and practices require cultural safety, localised person-centred care and trauma-informed approaches to effectively respond to the needs of communities.

In order to achieve this, we need all Victorians represented in all levels of the response. If our systems and practices are not designed by the people it is meant to serve, then they will ultimately fail our communities.

Prioritising effective communication with communities, including timely and accurate public health messages with precise translations, synergy, coordination and integration in all levels of the response are also paramount.

Linking communities with appropriate primary care, mental health practitioners and social and cultural services is crucial to the health and wellbeing of individuals and communities.

I would like to acknowledge the people who have lost their lives and those who have lost loved ones. It has been an incredibly life-changing year for many of us. All Victorians have done an incredible job during these difficult times. Their resilience, support for one another and willingness to adhere to public health messages is a testament to where we are today.





Collaboration with the Philippine Association of Geelong

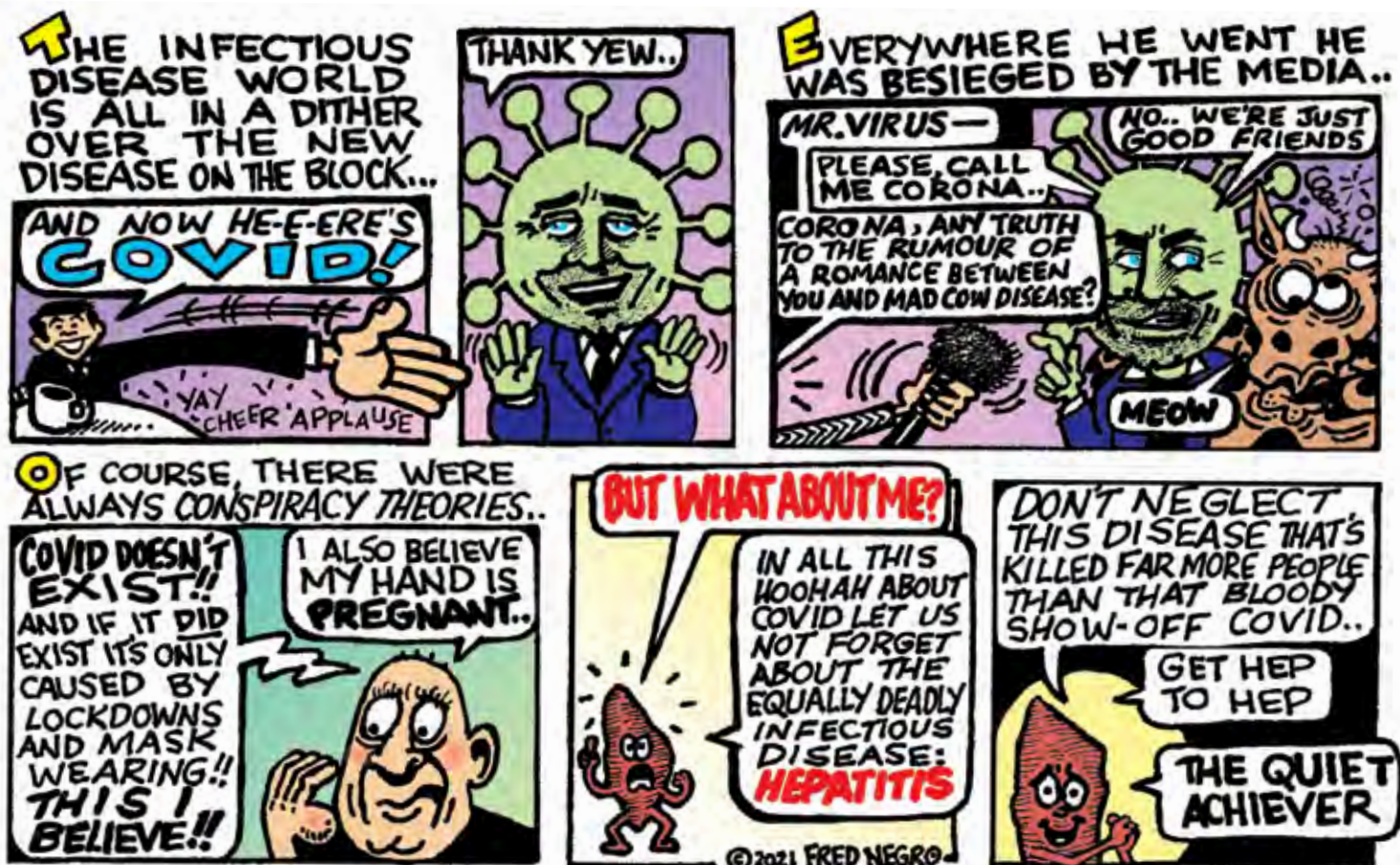
## Raising awareness across our regions

LiverWELL's Multicultural Community Educators have been kept busy raising awareness about the importance of hepatitis B blood tests, vaccination and treatment through educational sessions, short talks, and distributing education resources to at least 600 people in Cambodian, Filipino and Vietnamese communities in the Greater Dandenong, Cranbourne, Kingston, Maribyrnong and Geelong regions.

These sessions and talks were provided by our Priority Population team in collaboration with various community organisations: Unified

Filipino Elderly Association, Philippine Association of Geelong, Cambodian Association of Victoria, Australian Vietnamese Women's Association and the Wat Khmer Melbourne, Wat Monirangsi and Wat Buddharangsi Buddhist pagodas.

The team also reached out to more than 2,700 Cambodian people on a community Facebook page (SK Media) to raise awareness of the importance of the COVID-19 vaccine for people living with chronic liver disease.





# Digital transformation

## The LiverWELL website and app

A digital transformation has taken place at LiverWELL over the past year, with the launch of a new website in late 2020 and a re-launch of the app in 2021.

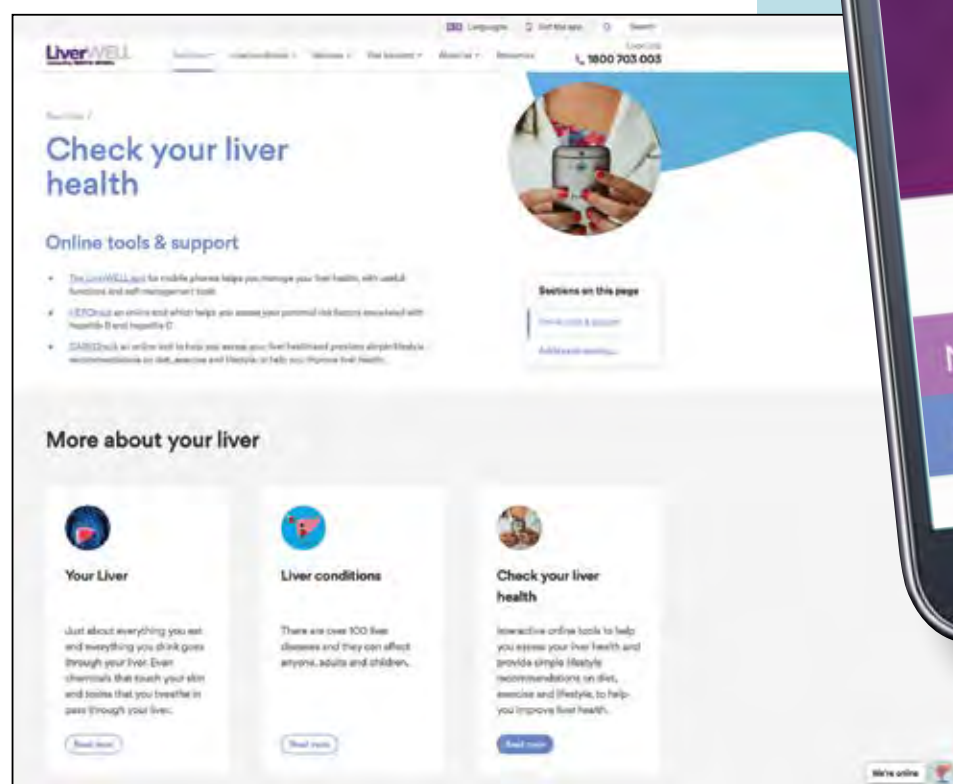
### The LiverWELL website

As a way of reaching out to our many communities, translated content on liver health has been added to the website in 13 languages: **Arabic, Burmese, Simplified Chinese, Dari, Dinka, Filipino, Hakha Chin, Hindi, Karen, Khmer, Thai, Urdu and Vietnamese**, with four more languages soon to be added: **Bahasa Indonesian, Somali, Swahili and Tongan**. Animated videos on Living Well with hepatitis B in eight languages can also be viewed on the site.

The website, which combines the content of two previous sites, includes lots of information on our Living Well domains – Eating Well, Feeling Well, being Drink Aware, and Getting Active; as well as colourful Healthy Living Guides for the Aboriginal community, the AOD sector, and for Youth.

A Hepatitis Services Directory with searchable interactive map has more recently been added to the site, which includes fact sheets in **Arabic, English and Vietnamese**.

Explore the LiverWELL website at [liverwell.org.au](https://liverwell.org.au)



### The LiverWELL app

The app was moved to a new platform and re-launched in May after being refreshed with added functions and languages. It can be navigated in **English, Arabic, Burmese, Simplified Chinese, Thai and Vietnamese**.

Designed with input from both users and health professionals, this free app is of assistance for people living with viral hepatitis and other liver conditions. It helps people improve their liver health, navigate the sometimes complex steps involved in ongoing



More about the app:  
[liverwell.org.au/get-the-app](https://liverwell.org.au/get-the-app)

care, and stay engaged with healthcare professionals. A range of complimentary resources have been created for healthcare teams, to help support their patients in using the app.

Continual improvements are being made to both the website and the app, and over the coming months, keep an eye out for a new section on lifestyle coaching, for those with liver conditions or looking to improve their liver health.

As well as dedicated users in Australia, the app has gained a worldwide audience and is now being used in many countries across the world.

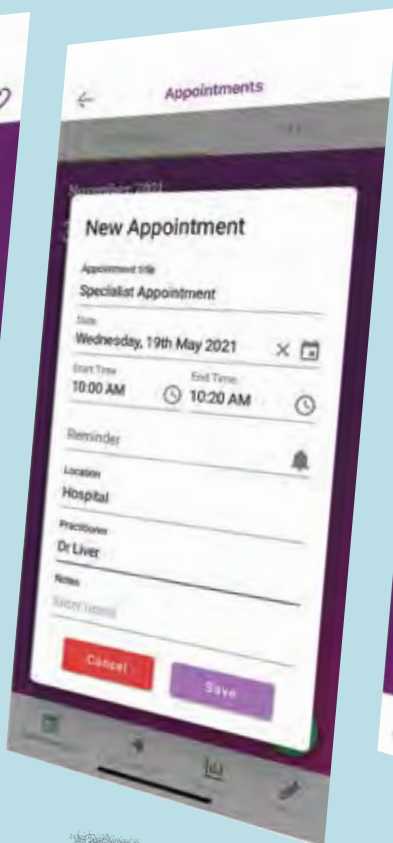
*"For people living with viral hepatitis or other liver conditions, understanding and managing their healthcare can be challenging. Finding appropriate resources and information to support self-management can also be difficult. Tools such as the **LiverWELL app** can really help people keep track of their health care, get advice and information, and assist them to stay in control and stay healthy."*

- Professor Benjamin Cowie, Royal Melbourne Hospital.

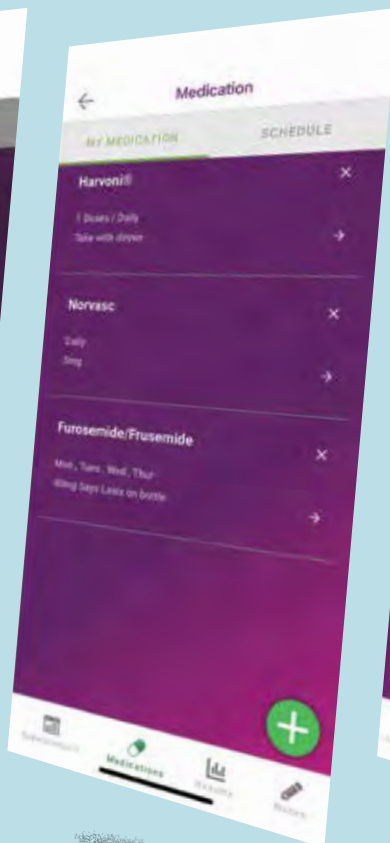
**Navigate app in several languages**



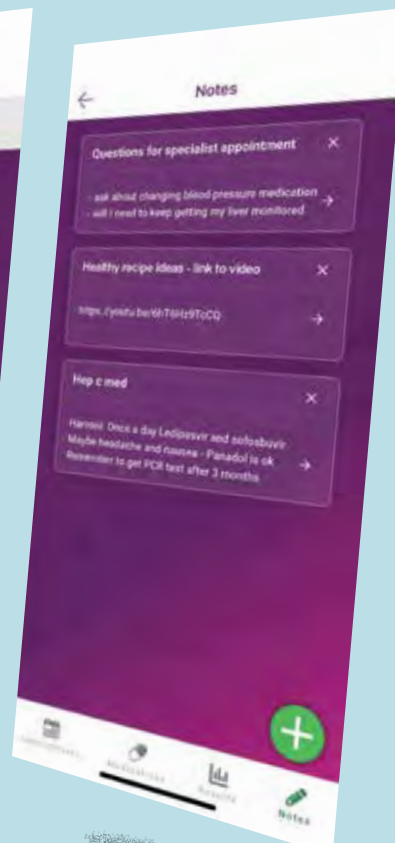
**Record your appointments**



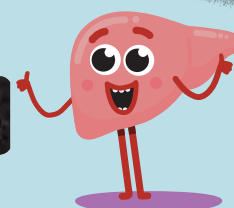
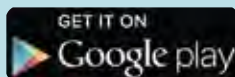
**Schedule your medication**



**Links to useful information**

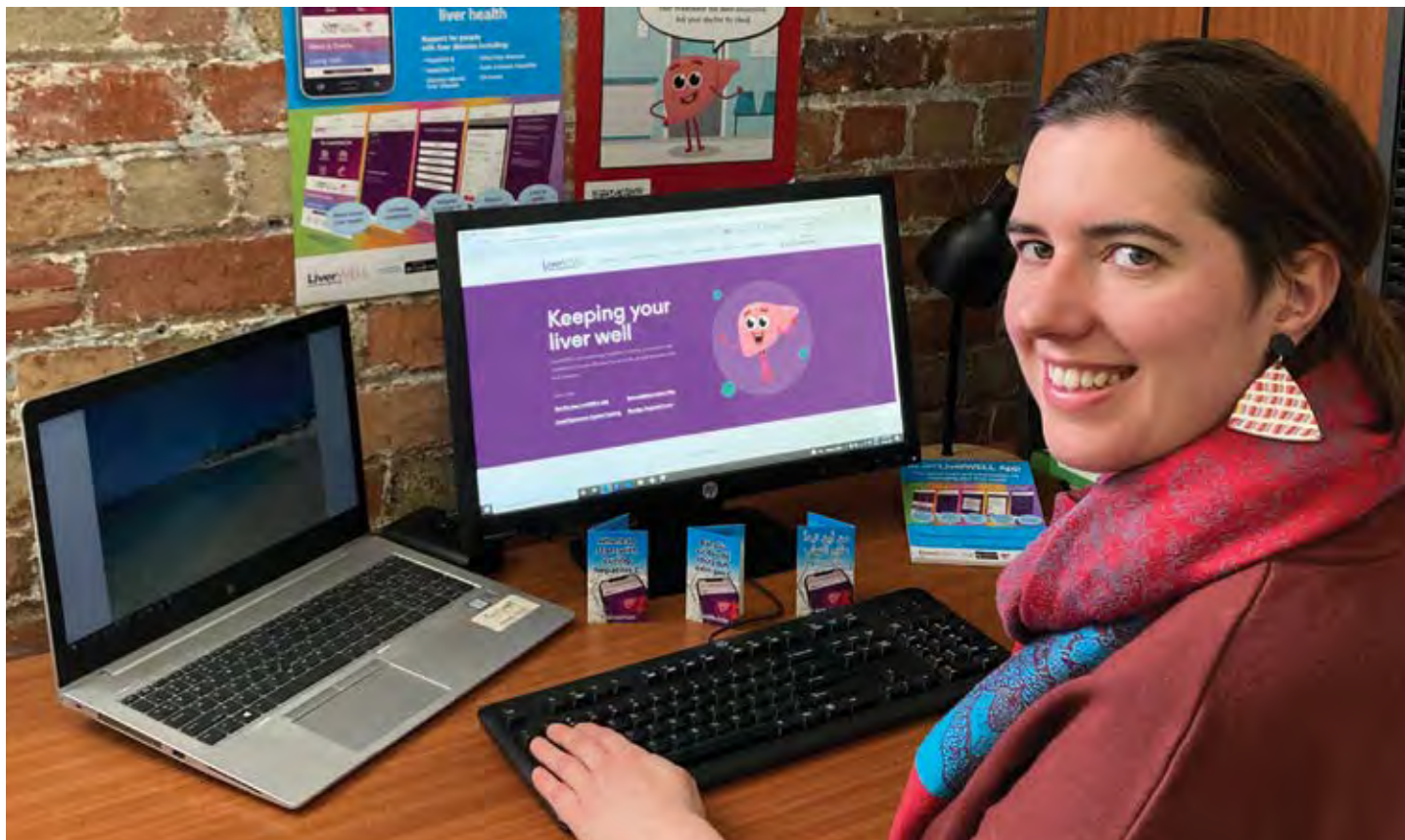


Download the free **LiverWELL app** (look for the icon with O'Liver, the Liver Character) from the Apple Store or Google Play.





# Reimagining our work during COVID-19



The impact of COVID-19 on our health promotion work necessitated some significant shifts in our thinking and activities, that revealed some surprises – and in many instances led to improved and beneficial outcomes.

Traditionally, our events and activities were held in person. Restrictions to this format provided an opportunity for us to seek feedback on what support we could offer. As a result, we provided support for organisations to hold their own events to share information and initiate conversations with clients in spaces that may not have been possible before.

Online communications campaigns for occasions like World Liver Day and World Hepatitis Day have now become standard. Partnering with organisations to support their local or online activities has proved successful and in both 2020 and 2021 our World Hepatitis Day campaign included

distributing awareness-raising merchandise and support for events and activities by our partner organisations.

**Having to do this differently presented an opportunity to reach new audiences and add value to our communities in new ways.**

An increasing focus on digital delivery of education had a surprisingly positive outcome for our Streetshot and HEPReady Programs. Delivering online education sessions among some culturally and linguistically diverse communities was more convenient for people who were unable or preferred not to travel to attend.

This was also apparent across our social media channels. Campaigns for CALD communities and on liver health had a significant following and engagement. A social media health promotion campaign

with simple messaging on hepatitis B facts, vaccinations, prevention, treatment and myths reached over 128,000 people.

Regional forums in Shepparton and Gippsland were quickly pivoted to an online format when sudden lockdowns changed our plans. While this changed the style of event, attendees appreciated the opportunity to learn and share information online.

Across our organisation, our health promotion focus required flexibility in our thinking and reorientation of resources. Having to do this differently presented an opportunity to reach new audiences and add value to our communities in new ways.



# StreetShot

Creative perspectives on viral hepatitis



StreetShot invites young people to collaborate on creative arts projects, photography, artwork and video to visually represent their perspective on the dangers, fears, risks and the power of knowledge of viral hepatitis.

Thanks to everyone who took part this year during COVID-19 pandemic, and congratulations to the talented people behind the winning entries.

## Winning artwork by an individual

*Here lies O-Liver* by Taylah Collier

"O-Liver is a play on words which represents the headstone within a gravesite of livers who did not make it. The painting is a grave representing a dead liver, and the bottles and cans scattered around it represent the alcohol that killed it. Poor O-Liver didn't stand a chance and rests alone, in the night, in a liver cemetery. Poor, oh poor, O-Liver..."



## Winning photo by a group

*Reach Out* by VCAL Foundation Youth Program (South West TAFE)

"Reach Out For Support – we want to encourage individuals who have contracted hepatitis to know that there are many support networks available and they need to feel okay to reach out. Reach out to family, friends, health professionals, LiverWELL, Counsellors, Hepatitis Australia...Reach Out."



## Winning video submitted by a group

*The Liver Song* by Lauren Williams and Ria Singh

"We wanted to start the conversation about viral hepatitis through a fun digestible song. It's ok to make mistakes in life, but don't forget to protect your liver along your journey. Hopefully it will stick in people's minds while informing them about some of the alarming statistics from the LiverWELL website."

# The National Drug Strategy Survey results

Australians are drinking less, but...

## How does Alcohol Impact Liver Health?

The liver is one of the largest organs in the body and is responsible for breaking down alcohol. Alcohol is associated with Fatty Liver Disease, Alcoholic Hepatitis, Alcoholic Cirrhosis and liver cancer.

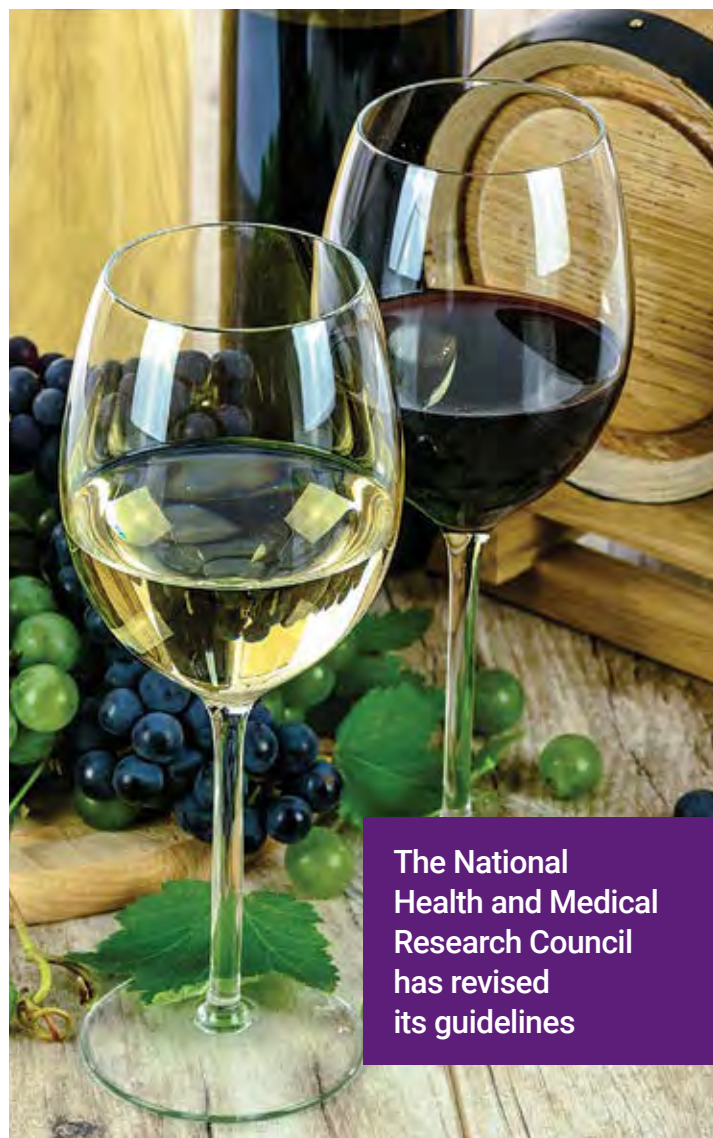
## The Good News:

The National Drug Strategy Household Survey, recently released, found that Australians were drinking less than ever.

Between 2016 and 2019 the proportion of ex drinkers rose to nearly 9% of Australians. Consumers are switching to non-alcoholic beverages citing health reasons such as weight loss and avoiding hangovers.

## The Bad News:

Despite the trend for Australians to be reducing their alcohol overall, the proportion of people engaging in risky drinking hasn't changed in 2019.



The National Health and Medical Research Council has revised its guidelines

**1 in 4 people drink at risky levels on a single occasion at least monthly, and 1 in 6 exceed the lifetime risk guidelines.**

1 in 4 people drank at risky levels on a single occasion at least monthly, and 1 in 6 exceeded the lifetime risk guidelines.

The National Health and Medical Research Council (NHMRC) has recently revised Australian guidelines to reduce alcohol related harm.

## What are the revised Australian alcohol guidelines?

These are the Australian guidelines to reduce health risks from drinking alcohol, as published by the National Health and Medical Research Council (2020).

**Guideline 1:** To reduce the risk of harm from alcohol-related disease or injury, healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day.

***The less you drink, the lower your risk of harm from alcohol.***

Guideline 1 does not describe a "risk-free" level of drinking. As a general rule, the less alcohol a person chooses to drink, the lower their risk of alcohol-related harm. Drinking within the levels outlined in guideline 1 keeps the lifetime risk of dying from an alcohol-related disease or injury to below 1 in 100 for healthy men and women.

**Guideline 2:** To reduce the risk of injury and other harms to health, children and people under 18 years of age should not drink alcohol.

### Guideline 3:

- To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.
- For women who are breastfeeding, not drinking alcohol is safest for their baby.



# Podcast and interview with Dr. Amy Pennay

Dr. Pennay speaks to LiverWELL about her research on drinking practices



**Dr Pennay has an Honours degree in Criminology and was awarded her PhD through the National Drug Research Institute, Curtin University of Technology. It examined the social, cultural and economic contexts of alcohol and 'party drug' use in Melbourne, with a focus on risk environments and the implications for prevention.**

## So, can you tell us what inspired your research?

A lot of my research has focussed on drinking practices and particularly heavy drinking practices. My colleague Dr Michael Livingston and I noticed a trend about 7 or 8 years ago in epidemiological data that indicated that adolescents and also young adults had been drinking less progressively since about the early 2000's and that trend was getting steeper. And it is still ongoing today; it hasn't plateaued at all. This is happening around the world.

Things like changes in leisure time, more time on digital technology meaning people are less likely to be out drinking with friends, and changes in school-based education and parenting. There have been significant changes in family relationships; young people stay at home for longer, parents are having less children, parents are changing their parenting style, they're surveilling their children more in terms of keeping in touch with them when they're out of the house. So parenting is definitely one of the strongest factors, but more generally we've found that young people are changing the way they "do" young adulthood now. Alcohol is less cool, but instead they're focussing on the future, doing well at school, doing well at university, making money because it's a competitive job market.

Young people are worried about their future and alcohol is one of those things that might put them behind the other kids or the people they're competing with for jobs and economic security. They're also more worried about climate change and equality and social issues. They're a more mature generation in some senses, but they're also staying at home for longer which may mean they start drinking heavily at a later age. It used to be around 18 that people would start drinking heavily. Perhaps we're seeing a shift towards people starting to drink heavily in their mid-twenties. We need to do a bit more research.

## Australia has a stereotype for heavy drinking culture, do you feel that this is true?

I think quite often there's this Australian drinking culture that's talked about. Maybe that was the case at some point. I don't like homogenising an entire nation in terms of drinking culture because when we look at the data, there are light drinkers, there are heavy drinkers, there are people who drink when they go to the football, there are people who don't. I have an issue with the term "drinking culture" as applying to a whole nation. There are so many factors and I think the idea of a national drinking culture, we can put to bed now.

## What are the greater impacts and implications of people choosing to drink less?

At a basic public health level earlier alcohol consumption is associated with heavier later alcohol consumption. We're expecting to see less people become heavy drinkers because we know those patterns from previous epidemiological data. That could have some long-term benefits in reduced burdens on the health-care system. Most of the harms from alcohol come from the less reported issues such as liver problems, cirrhosis and heart disease. The acute harms from alcohol and young people tend to get more press, but it's really a very small proportion of alcohol-related harm.

The other really interesting thing I'm noticing is these sober-curious movements popping up everywhere where young people are pursuing alternate lifestyle activities such as physical activity and healthier lifestyle options.

And the other thing we won't see for a while is the impact on brain function and concentration. We'll have to wait and see, I guess.

## What's your takeaway message?

I think not always believing the hype, young people get a really bad rap in public discourse and the media. They are making more sensible decisions. There's better education out there so people are able to take that education, think about how it affects them and act accordingly.

Alcohol is pleasurable and has many social benefits for people when consumed in moderation, so some young people are reporting decreases in drug use and alcohol use. They are also reporting being less happy than previous generations. There's a lot of nuance as well. We've got to remember that alcohol in small amounts is not that harmful, and getting together with your friends is really important.



**Listen here** ▶

<https://liverwell.org.au/drinking-behaviour-dr-amy-pennay/>



# Introducing our Recognition Award winners

Each year at our AGM in October, LiverWELL recognises individuals and organisations who have made outstanding contributions to the lives of those who are living with viral hepatitis and liver disease.

We greatly value the contributions of our annual award winners for the **Mark Farmer Memorial Award**, the **Organisational Collaboration Award** and the **Individual Contribution Award**.

## Mark Farmer Award

Winner: **Jules Cassidy**.

Jules has made a significant contribution to LiverWELL and the broader community by sharing her own story and lived experience of viral hepatitis. Her advocacy has been particularly helpful in raising awareness and challenging the stigma of viral hepatitis in regional communities, leading to improved care and management for those in need. Jules has been a wonderful addition to many of our health promotion events, and has shown us all the meaningful impact an individual can have in the community through the sharing of personal knowledge and experiences.



Award winners: Richard Lim and Korb Sao with the award. Pisith Prak (below).



## Organisational Collaboration Award

Winner: **SK Media Inc.**

SK Media plays a significant role in raising awareness on liver health and viral hepatitis in Cambodian communities both in Australia and internationally.

Every week, SK Media promotes health messaging to over a hundred thousand followers through SK Health Time, with appearances from Councillor and pharmacist, Richard Lim, and Cambodian medical doctor, Mr Pisith Prak.

SK Media, and its leader Mr Korb Sao, are valued collaborators with LiverWELL's Priority Populations team, assisting to engage the Cambodian community through livestream talks, interviews, and promoting our educational videos.

## Individual Contribution Award

Winner: **Dr David Hiep Phan**

David has contributed immensely to LiverWELL's work with the Vietnamese community. Through events such as the Wellness Forum and his very popular Facebook livestreams, Dr David has opened up the discussion about liver health and viral hepatitis in the Vietnamese community alongside LiverWELL's Priority Populations team.



## Individual Contribution Award

Winner: **Associate Professor Paul Gow**

Paul has made an outstanding contribution to raising awareness of liver disease through his work as a liver specialist and ongoing collaboration with LiverWELL. With his support, LiverWELL was able to expand our remit and reach new audiences through his participation in a communications campaign that promoted awareness of liver diseases, particularly fatty liver disease.

Paul is also a LiverWELL Hep Hero, recognised for his commitment to improving liver health and providing clinical input into broadening our liver health remit.



Read our Annual Report 2021 [here](https://liverwell.org.au/wp-content/uploads/2021/10/LiverWELL-Annual-Report-2020-2021-final-web-version.pdf) ▶

<https://liverwell.org.au/wp-content/uploads/2021/10/LiverWELL-Annual-Report-2020-2021-final-web-version.pdf>



Watch the Recognition Awards Speeches [here](https://liverwell.org.au/2021-agm-and-recognition-awards/) ▶

<https://liverwell.org.au/2021-agm-and-recognition-awards/>

## LiverWELL announces changes to the Board and welcomes our new Board members.

Maria Marshall takes up the reins as our new Board President and we thank outgoing president Frank Carlus for his dedication to the role over the past 6 years. Maria is a partner in a Melbourne law firm, working mainly in the planning and environment field, and has experience in navigating the health system as a carer of someone with advanced liver disease.

Darren O'Connor-Price joins as Treasurer, as we farewell and thank Kieran Donoghue. As a fellow of CPA Australia and the Institute of Public Accountants, Darren has over 30 years of experience in Public Health in various finance, accounting and senior management roles.

We also welcome Kiryu Yap, a medical doctor and scientist with an interest in liver disease; and Daniel Wong, a public service executive with extensive experience across health and human services and criminal justice, and a keen interest in community health.

See more about our Board at <https://liverwell.org.au/about-us/our-people/>



# New Healthy Living Guide

For Young People

## Eat Well

*Make healthy eating fun and simple for you, family and friends!*



Eating well and good nutrition are important steps in supporting healthy growth and development. It can also decrease the risk of liver disease.

**Balanced diet**  
Eat from all the food groups: whole grain cereals, fruits, vegetables, proteins like eggs, lean meat, beans and fish.

**Substitute**  
Substitute sugar/sweeteners with honey or maple syrup. Replace white rice with brown rice or cauliflower rice.

**Be creative**  
Try... plant-based food, vegetarian, vegan and plant-based recipes and healthy recipes from other cultures.

**Avoid foods that are:**  
High in salt, sugar and oil.



Have tips for others or wanting to see how others keep their liver healthy?

Have a look and share your video/photo with us!





For more information, visit **LiverWELL**  
[liverwell.org.au/your-liver/living-well/](http://liverwell.org.au/your-liver/living-well/)

Check out our **Eating Well: A LiverWELL Lifestyle Guide** for tasty and easy liver friendly recipes!

**Youth Central**  
[youthcentral.vic.gov.au/advice-for-life/health](http://youthcentral.vic.gov.au/advice-for-life/health)

Or call us

# LiverLine

1800 703 003

## Healthy Living Guide

*for young people*

*The four domains of healthy living*

- Eat Well** 
- Drink Aware** 
- Get Active** 
- Feeling Well** 

Liver disease affects 1 in 4 Australians. Living well while you're young helps to keep your liver healthy!

Your liver has around 500 different jobs that keep your body working at its best.

# LiverWELL

Young people may feel that their liver will take care of itself. But even young livers need good care, and early awareness of this can help young people to develop healthy attitudes to food, drink, exercise and good mental health.

LiverWELL has produced the *Healthy Living Guide for Young People*, which provides tailored information about liver health and a healthy lifestyle, especially designed for young people. This vibrant resource comes in the form of a brochure and a poster for young people to share and display as a reminder to keep their liver healthy, increasing awareness about liver health among young people. Young people are also invited and encouraged to take part in developing LiverWELL's suite of informational social media posts through sharing their own videos and photos on how they keep their liver healthy.

The *Healthy Living Guide for Young People* is also translated into Simplified Chinese.

Visit the [Resources page](#) on our website to get a free copy of the *Healthy Living Guide for Young People*.



Read/Download - [here](#) ▶

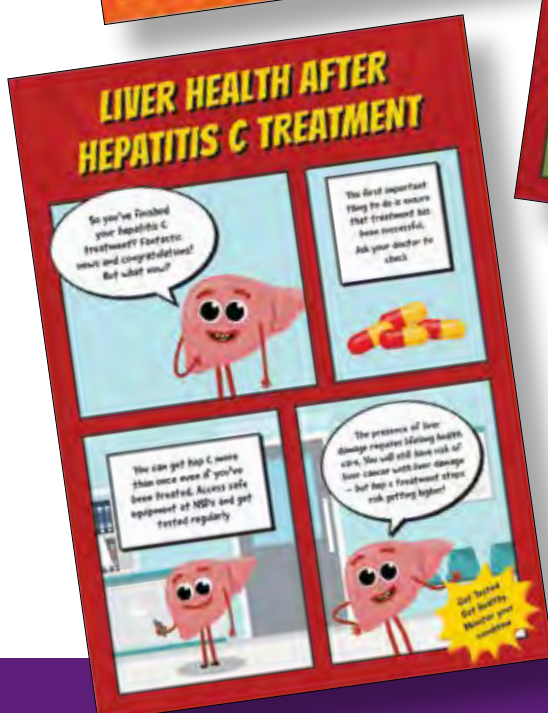
<https://liverwell.org.au/wp-content/uploads/2021/08/Youth-Healthy-Living-Brochure.pdf>



# New Healthy Living Guide

## Alcohol and Other Drugs

The use of alcohol and other drugs can have significant effects on liver health and drug-induced liver injury can be a common side-effect. Injury can occur with misuse of medications, recreational drugs, alternative medicines and nutritional supplements. To increase awareness of this, a *Healthy Living Guide* has been developed especially for those with AOD issues. The guide has been produced in a comic strip format, featuring our liver character O'Liver, providing information for eating well, getting active, feeling well, being drink aware, drugs and hepatitis C treatment, and how the liver can be injured by drugs and alcohol.



Posters and stickers can be ordered via the Resources page.



Read - here ►

<https://liverwell.org.au/services/community-programs/drug-alcohol/aod-healthy-living/>



# Podcast and interview with Associate Professor Christy E. Newman

## My Health, Our Family. The experiences of families living in Australia with hepatitis B and/or hepatitis C.

Christy Newman is a social researcher of health, gender and sexuality at the UNSW Centre for Social Research in Health. Her research explores the diverse ways in which health is practiced today in the context of changing approaches to forming and taking care of relationships, families, and communities, with a focus on sexuality and gender diverse communities, and those living with the social impacts of HIV and viral hepatitis stigma.

Here Christy discusses her research project called *'My Health, Our Family'*.

'Blood-borne viruses' is the term that we use to describe three viruses in particular: HIV, hepatitis C and hepatitis B. The other term that we use in the areas that I work is 'sexually transmissible infections', and sometimes blood-borne viruses are also sexually transmissible.

So HIV in particular fits both of those categories, but 'blood-borne' is the category that gets used internationally for those three. One of the things that links all three of those are the different forms of social stigma that get associated with the transmission practices associated with those particular viruses, but also ideas around living with those viruses, including options for treatment and care.

So that's one of the things that is important to bring into this discussion. The term 'serodiscordant' is another term, which comes from health literature. It's mainly used in the context of HIV to describe a relationship between two people with different viral statuses, so one person is living with the virus and another person



Christy Newman  
Social researcher

"It speaks to how powerful those relationships remain socially for us, despite all of the changes that we've seen in the way that 'family' gets valued today."

who is not. And usually it gets used in relation to people in intimate partnerships or relationships, particularly sexual relationships, where there is considered to be a risk of transmission.

I work in the Centre for Social Research in Health which has always been interested in the social dynamics essential to

understanding and responding effectively to prevent the transmission of blood-borne viruses, in particular.

We were very lucky to be funded by the Australian Research Council with a Discovery Project grant. The wonderful thing about a discovery project is - you can probably tell from the name - it can be

really exploratory and we needed to be quite ambitious in what we wanted to achieve. I'm a qualitative researcher, which means I'm all about capturing people's stories, I like to go in depth into people's experiences, to capture the stories from as diverse a range of families as we could find.

We interviewed 61 people who either had their own experience of a diagnosis of one or more of those blood-borne viruses, or they're a family member of somebody affected. We also interviewed 20, I think, stakeholders, working in blood-borne viruses care, family policy, and other clinical aspects of this topic area.

within families about who gets to hold that information, how they manage it, and what that story means about the family.

We heard stories of families that were really profoundly affected (by diagnosis), a lot of shock, some blame and rejection, but we also heard incredible stories of families who were really rallying around to provide support in emotional forms, in practical, and financial, all kinds of different forms and that was really wonderful.

I should clarify that we didn't define 'family'. People defined that for themselves. We didn't have any expectation that it needed to be defined around biology or family of origin

I think the takeaway from this study is recognising that blood-borne viruses are described by many people who are affected, as beyond the individual, as a family affair, as something that was really a shared concern. And I think we can take heart from that, because it means that for people who are directly affected, it's not just up to them to manage things themselves. They are embedded within social networks.

We also know that families of course, are not positive in structures or relationships for everybody. They can be sites of incredible hurt and harm. So we're not being naive here about families always being a good thing. But we don't want to assume that families are going to reject, or are going to be unable to understand. We heard story after story of people who had no connection with blood-borne viruses before a loved one was diagnosed, then diving in and learning what they needed to learn and then taking that on and becoming educators in their own communities. And I think that's just incredibly inspiring.

“One of the things that links all three of those are the different forms of social stigma that get associated with the transmission practices associated with those particular viruses, but also ideas around living with those viruses, including options for treatment and care.”

We ended up with a huge amount of qualitative data, stories of all kinds, and an incredible diversity in the kinds of stories that people were telling us, with ages ranging from 15 to 89. We had all genders, all sexualities, incredible cultural diversity as well. And a lot of difference in terms of how recently people had been diagnosed as well. So we got to have a sense of different experiences over time.

I would say that there's really useful stories and insights there about how disclosure is managed in particular among families. How families responded to a disclosure, but also what families do with that information afterwards, like who they will talk to, what the kind of agreements are

or even particular kinds of family relationships within those narratives. So indeed, people were very diverse in the definitions of who counted as family for them.

But we will say that even among people who defined key partners and friends and colleagues and neighbors - and even beloved animals - as part of their families, the stories often fell back into thinking about family of origin and biological relationships. It speaks to how powerful those relationships remain socially for us, despite all of the changes that we've seen in the way that 'family' gets valued today.



Read [here](#) ▶

[www.unsw.edu.au/arts-design-architecture/our-research/research-centres-institutes/centre-social-research-health/our-projects/my-health-our-family](http://www.unsw.edu.au/arts-design-architecture/our-research/research-centres-institutes/centre-social-research-health/our-projects/my-health-our-family)



Listen [here](#) ▶

<https://liverwell.org.au/podcast-families-living-with-blood-borne-viruses-with-associate-professor-christy-e-newman/>



# A new home for LiverWELL

A “Welcome” to our new premises



During Volunteer Week in May – and between lockdowns – we held a “Welcome” to our new premises, having moved office premises to North Melbourne after many years in Brunswick. We heard about new achievements and developments at LiverWELL and unveiled a work purchased from The Torch as part of our recently endorsed Reconciliation Action Plan. It was wonderful to personally meet up again with partners, collaborators and volunteers and to thank them.

We also thanked those involved in our stakeholder engagement project conducted earlier this year. Participants were generous with their time and insights, and this has informed our understanding of how we can maximise our impact and better partner with others to increase positive outcomes in liver health. This has contributed to a program of strategic projects and we will continue to communicate on the resulting outcomes.



# Podcast and interview with Fiona Martyn

## Research into alcohol and the brain

**Galway Neuroscience Centre PhD student, Fiona Martyn, from the Clinical Neuroimaging Laboratory, National University of Ireland, on why there needs to be more research into alcohol and the brain.**

### What kind of physical changes does alcohol could cause in the brain?

A lot of what you might find is effects on frontal areas of the brain called executive function, things that control higher level planning working memory and emotional regulation and inhibition.

When we're thinking about other areas like parietal or occipital areas, the middle and the back areas of the brain, we're thinking about areas responsible for sensory information: touch, smell, and sight. Particularly visual areas are at the back, identifying postures and gestures from other people.

There's a study I really like where participants were given alcohol and then had their brains imaged, they were given alcohol or a placebo, they didn't know which it was and these people weren't considered to be addicted or dependent, they were described as healthy social drinkers, and they were infused with alcohol until they were at the legal limit in the U.S. After being infused with alcohol to that intoxicated level, it was found that reward areas of their brain were more active when they were intoxicated than when they had the placebo. Researchers also found that reward areas were linked to how much those people enjoyed being drunk. Alcohol activated those reward areas and made them feel like they wanted more alcohol.

During that study, the researchers also presented the participants with different faces with different emotions, and found that when they were intoxicated people weren't able to react in a typical way to fearful faces, so they didn't perceive them as fearful.

And part of this study was to look at why we find alcohol rewarding and they thought from these results that possibly one of these rewarding aspects of alcohol is that it relaxes us, and we don't perceive fear in the manner that we normally would.

So that study was really interesting to me because consuming alcohol increases our desire to consume alcohol and find it pleasurable.

I think in terms of what does that mean and why does that matter, it means we are actively engaging in behaviours that change how we

will experience the world around us, and we are potentially impacting our brain health.

There just isn't as much information about alcohol use in terms of the impact on the brain. Most people I was working with were also engaging in alcohol use, they weren't addicted to it, it was so hard to find information about how that might be impacting their brain and how it might be interacting with other substance use.

I would like to see us develop this research and maybe running some more studies on larger groups of people so we can generalise it more and create more public health policy statements and education for clinical use.

It's a small but significant group of people who are addicted, but there's a large group of people who could be drinking harmfully that we don't know enough about. I would like to bring that into the public policy arena so we can construct better guidelines. Safer drinking guidelines aren't a challenge, you can drink below it. You can drink that (amount) in one day, and that is potentially worse for your brain. I'd like more clarity in policy, but this requires funding.

I think there are studies that have shown we've been drinking more in lockdown, and there's potentially more funding in terms of alcohol use, to look at where our brain health is going.



**Access Podcast - [Click here](https://liverwell.org.au/impact-of-alcohol-on-the-brain-for-non-dependent-drinkers/)**

<https://liverwell.org.au/impact-of-alcohol-on-the-brain-for-non-dependent-drinkers/>



# Aboriginal Healthy Living Guide and Reflect Reconciliation Action Plan



## HEALTHY LIVING GUIDE FOR THE ABORIGINAL COMMUNITY

-  Eating Well
-  Getting Active
-  Feeling Well
-  Drink Aware

**Helping you care for  
your liver and your mob**

**LiverWELL**  
Incorporating Hepatitis Victoria

This resource links to Living Well Guides at  
<http://www.liverwell.org.au/livingwell/>

LiverWELL Incorporating Hepatitis Victoria

## REFLECT

**RECONCILIATION ACTION PLAN**

May 2021 to May 2022



**LiverWELL**  
Incorporating Hepatitis Victoria

Image by Anthony Greenhouse/Alamy

## A Healthy Living Guide for the Aboriginal Community

A tailored resource to promote healthy living with a focus on liver health for Aboriginal communities was first proposed in 2019. Through discussions with representatives from health organisations and services for Aboriginal and Torres Strait Islander people, and activities such as art workshops, LiverWELL saw this idea take shape. The importance of engaging with Aboriginal and Torres Strait Islander people on such a project was essential.

When face-to-face activities were not possible due to COVID-19 restrictions, LiverWELL sought cultural and artistic advice from respected Aboriginal health worker and artist Peter Waples-Crowe to progress the development of the guide. The resulting resource, tailored for Aboriginal and Torres Strait Islander people, complements other resources on the LiverWELL website, with focus domains of Eating Well, Feeling Well, Getting Active and Drink Aware.

The resource is enhanced with images from Indigenous artists supported by the Torch Program (a program well known in Victoria for its provision of arts, cultural and vocational support for Indigenous offenders and ex-offenders) and was professionally designed by Indigenous graphic designer Sean Miller. The resulting resource is accessible online from the LiverWELL website, and hard copies have been recently printed.

LiverWELL is grateful for the input and guidance from community members and workers, to Peter Waples-Crowe for his cultural guidance and artistic advice in developing the resource, to The Torch for facilitating licences for the beautiful artwork images, and to Sean Miller for his tasteful graphic design.

The resource has capacity to be a living document, through future activities with Aboriginal and Torres Strait Islander people and services, and users of the guide are encouraged to share their stories on social media. Involvement from Aboriginal and Torres Strait Islander people has been key to the success of this guide and we hope these communities enjoy using it.

"Viral hepatitis is still an issue for the Victorian Aboriginal Community. This guide is about keeping ourselves well, and when we keep ourselves well, we improve our liver health", says Peter Waples-Crowe, Ngarigu.



**Read our *Aboriginal Healthy Living Guide* - [click here](https://liverwell.org.au/services/community-programs/aboriginal-and-torres-strait-islander/)**

<https://liverwell.org.au/services/community-programs/aboriginal-and-torres-strait-islander/>

## Reflect Reconciliation Action Plan

LiverWELL is proud to share its Reflect Reconciliation Action Plan (RAP), endorsed by Reconciliation Australia for 2021/2022.

LiverWELL CEO Melanie Eagle said "LiverWELL is committed to an ongoing collaboration with Aboriginal Communities, acknowledging the disproportionate health burden carried by Aboriginal and Torres Strait Islander peoples regarding viral hepatitis and liver disease.

Our Reflect Reconciliation Action Plan demonstrates our commitment to reconciliation and we will implement it through consulting with Aboriginal Communities and organisations and being a supportive and respectful partner, working toward better health outcomes."

LiverWELL has embraced the opportunity to develop a Reflect Reconciliation Action Plan. Our organisation's vision for reconciliation respects and recognises the unique perspective of the First Peoples of the lands where we operate. Our work is informed by the disproportionate health burden carried by Aboriginal and Torres Strait Islander peoples regarding viral hepatitis and liver disease.

We are committed to reconciliation and aim to implement our RAP by seeking to consult with Aboriginal and Torres Strait Islander Health and community organisations and other bodies representing the interests of Aboriginal and Torres Strait Islander peoples, and be a supportive and effective partner. Through this we strive to achieve better health outcomes for Aboriginal and Torres Strait Islander people regarding viral hepatitis and liver health.

To achieve this we are committed to the values of Respect, Participation, Diversity, Excellence, Integrity, Innovation, Impact and Collaboration.



**Read our *Reflect Reconciliation Action Plan* - [click here](https://liverwell.org.au/services/community-programs/aboriginal-and-torres-strait-islander/)**

<https://liverwell.org.au/services/community-programs/aboriginal-and-torres-strait-islander/>

**Artwork:** Shifty Crane by Keith, Gunaikurnai/Moreno people.



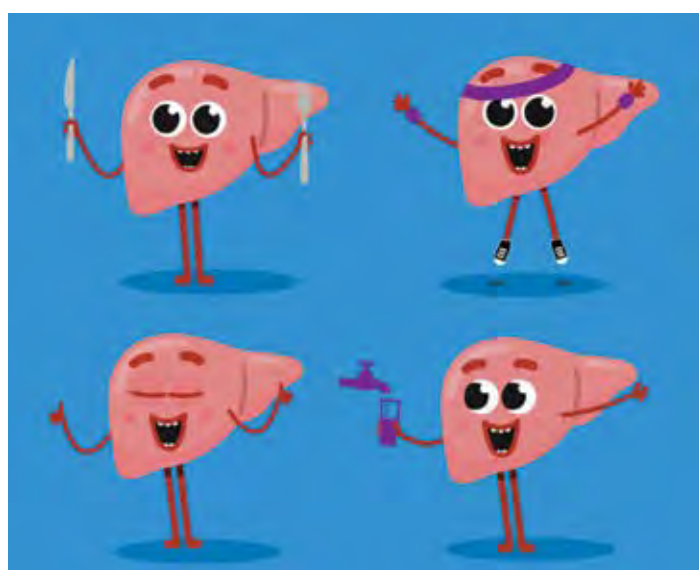
# Liver Health Campaigns

## Be Kind To Your Liver

Over the past year, LiverWELL conducted a number of exciting campaigns to raise awareness around many aspects of liver health.

Our much-loved liver character O'liver came to life in a series of animations which featured in a Living Well campaign in December-January around our four domains – Eating Well, Feeling Well, being Drink Aware and Getting Active. These animations were translated into multiple languages and promoted on social media.

O'liver made an encore performance for **#BeKindToYourLiver** on World Liver Day on April 19.



## World Hepatitis Day

World Hepatitis Day on July 28 featured the global campaign from the World Hepatitis Alliance **#HepCan'tWait**. This day is one of nine urgent international health days highlighted by the World Health Organization and partners across the globe.



It highlights that clocks are ticking and we can't wait - urgent action is needed by governments, health workers and the community to prevent deaths from viral hepatitis through eliminating hepatitis B and C by 2030. We need to continue to raise awareness and reduce the stigma and discrimination of these conditions which affect close to 500,000 Australians.

Our own campaign took place across web, e-newsletter and social media and support was also provided to partner organisations to conduct their own **#HepCan'tWait** activities.

## Fatty Liver Disease

In July-August a major Liver Health communications campaign raised awareness of **fatty liver disease** on every radio network across Victoria and on social media, where the campaign on FaceBook alone reached over 831,000 users.

Gastroenterologist Dr Paul Gow became the voice of authority on our radio ads, encouraging people to get their liver checked.



## Liver Awareness Month

Our October campaign reached over 19,000 people across social media, web, HEPChat, video and podcast platforms. It recognised the importance of liver health and the causes of liver disease, with weekly stories, podcasts and articles about liver disease – hepatitis B and C, liver cancer, fatty liver, and autoimmune liver disease.

Lived experience was highlighted, and David, Jen, Swati, Mandy and Chloe shared their personal stories. We were moved by how they dealt with diagnosis, the changes and challenges they have faced, their spirit of survival, and what they have learned along the way.

See more about our campaigns:

<https://liverwell.org.au/get-involved/campaigns/>

# Questions and Answers with Kate Sievert

## Improving hepatitis B care



**Kate Sievert worked in the field of viral hepatitis and blood-borne viruses on research, health promotion and advocacy, and with Hepatitis Victoria from 2016 - 2018. Her focus was on participation and equity for people living with hepatitis B and C.**

**Kate is currently a PhD candidate at Deakin University.**

### Q Please tell us about the research you've done

**A** LiverWELL (then Hepatitis Victoria) had been awarded a series of grants to work on chronic hepatitis B community education and my research was to look at coordinating care among a network of organisations in the west of Melbourne who work with communities affected by hepatitis B.

I was talking with GP Dr Nicole Allard, who works closely with LiverWELL, the Doherty Institute and cohealth in Footscray, about some of the issues that come up in the west. Western Health (Footscray) is a huge hospital that has an enormous catchment area with lots of people in it. There was an issue with long waiting lists at the liver clinic and we wanted to look at how we could develop a better sense of coordinated care with GPs (General Practitioners).

We worked with the Gastroenterology team at Western Health about a project where we gave referring GPs an education letter

for patients who had not attended their initial assessment with the clinic twice. The letter explained that their patient could be managed in more convenient ways.

### Q Were there some challenges that came along with that?

**A** Challenges and unexpected answers. A lot of the GPs that we were sending letters to had not seen those patients in a long time and in some cases had moved on to other clinics. And the reason for that ties into our unintended finding - the median waiting time for the hospital liver clinic was over a year.

Which opens a whole new conversation about how we're leaving patients on long waiting lists. By the time they are sent a clinic appointment letter they might have moved to a new house or might not even know (or remember) what that appointment was for.

### Q Do you see this is something that can be addressed by GPs?

**A** Absolutely. GPs and primary care in general have a huge role to play in chronic hepatitis B. I think GPs have an integral role in being able to manage and educate their patients as well as talking to them about medication and doing the kind of routine monitoring that's involved with hepatitis B. This has been a recognised priority in the 3rd National Hepatitis B strategy.

A lot of people who have hepatitis B are going to their doctors once every six to twelve months and it's just a matter of getting a blood test done and getting those levels checked to make sure they haven't moved into another phase of the virus. GPs can play that intermediary role.

If we can see more GPs doing that routine hepatitis management, it could alleviate the burden that exists in public hospital care. Public hospitals may see that their waiting lists are reduced because they won't have this whole spectrum of patients waiting

to see their specialists when they have not gotten to the stage where things (for patients) are complicated.

But that does mean that GPs may need to train and upskill to prescribe the medications for hepatitis B. And a lot of GPs simply are not confident in managing different phases of the virus. GPs play a role, but so do organisations like LiverWELL who can organise to get GPs involved with training and link them up with services who do that training.

### Q What is your takeaway message?

**A** My takeaway message is that currently we're seeing a very siloed approach to care for chronic hepatitis B, and that coordinated care would bring better outcomes for patients, reduce a lot of the double-ups and introduce efficiencies into the system.

Hospitals are very burdened by huge waitlists, and under-resourced financially, so it is a win-win for everybody if we can achieve that coordinated care.

Finally, I don't want it to come across like we're blaming anybody, hospitals have legitimate issues with resources and time management. GPs are often not aware that they can play such an integral role. The population who are affected by hepatitis B who are not coming to their appointments - there are many reasons. Navigating the Australian health system can be complicated for people living with hepatitis B, given many are born overseas and may have lots of competing priorities like finding housing and work.

The point is that if we can raise awareness that there are alternative pathways and if there are ways we can make this easier, it's a win-win for everybody.



**Read - here ▶**

<https://www.publish.csiro.au/ah/AH19135>



# Services listing

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

## Key:

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

## Statewide Support Services

**Alfred – HIV: Hepatitis; STI Education & Resource Centre**  
Statewide Resource Centre on HIV/AIDS, Hepatitis & Sexually transmissible infections.

8 Moubay Street  
Contact: (03) 9076 6993  
**See clinic entries under Prahran**

**Cancer Council Victoria – Living with Cancer Education Program**  
Contact: (03)13 11 20  
Programs across Melbourne and Victoria

**Direct Line**  
1800 888 236  
[www.directline.org.au](http://www.directline.org.au)  
24/7 Victorian confidential help line for referral, support, drug counselling & programs

### Drug Info

Level 12, 607 Bourke Street  
Drug Info Line  
Contact: 1300 85 85 84  
<https://adf.org.au/contact-us/>

### Health Complaints Commissioner

Level 26, 570 Bourke Street  
Contact: 1300 582 113

### Carlton

**Melbourne Sexual Health Centre**  
580 Swanston Street,  
Contact: (03) 9341 6200



### Needle Syringe Programs

Find NSPs statewide  
<https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/aod-prevention-harm-reduction/needle-and-syringe-program>



### North Melbourne

**Harm Reduction Victoria (HRV) and Pharmacotherapy Advocacy Mediation and Support (PAMS)**  
128 Peel Street, North Melbourne  
Contact: (03) 9329 1500



### Richmond

**Support after Suicide**  
26 Church Street  
Contact: (03) 9421 7640  
Fax: (03) 9421 7698  
<https://jss.org.au/what-we-do/mental-health-and-wellbeing/support-after-suicide/>  
Resources, Individual and group counselling  
Support groups for young people and adults bereaved by suicide

### Southbank

**Living Positive Victoria**  
Suite 1/111 Coventry Street  
Contact: (03) 9863 8733

### Thorne Harbour Health

(Former Victorian AIDS Council)  
615 St Kilda Road  
Contact: (03) 9865 6700



### St Kilda

**Resourcing Health & Education in the Sex industry (RhED)**  
Contact: 1800 458 752  
[www.sexworker.org.au](http://www.sexworker.org.au)  
[sexworker@sexworker.org.au](mailto:sexworker@sexworker.org.au)

**Victorian AIDS Council**  
615 St Kilda Road  
Contact: (03) 9865 6700

## North Western PHN:

### Altona Meadows

**IPC Health**  
330 Queens Street  
Contact: (03) 8368 3000



Dietitian, Exercise Physiologist,  
Closing the Gap Program

### Meadows Medical Centre

311 Queen Street  
Contact: (03) 9369 4266



Dietitian, Closing The Gap program

### Broadmeadows

**DPV Health**  
(Former Dianella Community Health)  
42–48 Coleraine Street  
Contact: 1300 234 263



Dietitian Exercise Physiology-  
Closing The Gap Program  
Refugee Asylum Seeker Health  
Program – LGBTQI program

### Braybrook

**cohealth, Braybrook Community Centre**  
107–139 Churchill Avenue  
Contact: (03) 9448 5507



Dietitian, Aboriginal and Torres  
Strait Services, Refugee Asylum  
Seeker Services

### Brunswick

**Merri Health**  
11 Glenlyon Road  
Contact: 1300 637 744



Dietitian, Gym/Exercise

### Brunswick West

**Cabrini Asylum Centre and Health Hub**  
First Floor 503 Sydney Road  
Contact: (03) 8388 7874  
Fax: (03) 9380 8760  
Clinical enquiries and referrals



### Coburg

**Merri Community Health Services**  
93 Bell Street  
Contact: 1300 637 744



Dietitian Gym/Exercise links

### Uniting Care

(Former Re Gen)  
26 Jessie Street  
Contact: (03) 9386 2876



### Collingwood

**Cohealth Innerspace Primary Support Service**  
4 Johnston Street  
Contact: (03) 9448 5530



### Cohealth

365 Hoddle Street  
Contact: 03 9448 5528



### Craigieburn

**Anglicare Victoria**  
59 Craigieburn Road  
Contact: (03) 9483 2401



### Deer Park

**IPC Refugee Health Program**  
106 Station Road  
Contact: (03) 9219 7142

## Essendon

### Moonee Ponds Specialist Centre

1003 Mt Alexander Road, Essendon  
Contact: 03 9372 0372



## Fitzroy

### cohealth Fitzroy

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



### St Vincent's Hospital

41 Victoria Parade  
Contact: (03) 9231 2111

### Outpatients Liver Clinic

Contact (03) 9231 3475



Dietitian  
Aboriginal & Torres Strait Islander  
Health + Access programs  
– Chinese Access Support  
Program Mandarin & Cantonese

### Victorian Aboriginal Health Service

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



Dietitian, Wellbeing program/links

## Fitzroy North

Northside Clinic  
370 St Georges Road  
Contact (03) 9485 7700



LGBTQI

## Footscray

### cohealth

78 Paisley Street  
Contact: (03) 9448 5502



Dietitian, Exercise Links,  
Refugee Asylum Seeker Health –  
Closing The Gap Program

## HealthWorks

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



Refugee Asylum Seeker Health

## Sia Medical

190 Barkly Street  
Contact: (03) 8538 811



Dietitian, Links to  
other clinics. Liver Specialists  
at Burwood & Essendon

## Gisborne

### Macedon Ranges Health

5 Neal Street  
Contact: (03) 5428 0300



Dietitian, exercise physiology links

### Neal Street Medical Clinic

5 Neal Street  
Contact: (03) 5483 3333



## Hoppers Crossing

Utopia Refugee and  
Asylum Seeker Health  
5 Alexandra Ave  
Contact: (03) 8001 3049



For refugees, their family and  
Asylum seekers. Some services  
for non-refugees

## Kensington

### cohealth

12 Gower Street  
Contact: (03) 8378 1600



Refugee Asylum Seeker Health  
Closing the Gap Program

## Laverton

### cohealth

95 Station Road  
Contact: (03) 9448 5534



Dietitian, Aboriginal & Torres Strait  
Islander Program. Refugee Asylum  
Seeker program.

## Melbourne

### Living Room, Youth Projects

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



### Medical Hub & RMIT

Student Services  
(for students only)  
Building 8, Level 3,  
368-374 Swanston Street,  
Contact: (03) 9999 2778



LGBTQI.

## Melton

### Djerriwarrh Health Services

195 Barries Road  
Contact: (03) 8746 1100



### Melton Health

195 – 209 Barries Road  
Contact: (03) 9747 7600  
Dietitian, nutrition and exercise  
program Aboriginal Program/workers

### Moonee Ponds

### Dr Froomes

Suite 4, level 1/8 Eddy Street  
Contact: (03) 9331 3833  
Fax: (03) 9331 3133



## Northcote

### Your Community Health

42 Separation Street  
Contact: (03) 8470 1111



Dietitian, Exercise links  
Aboriginal & Torres Strait Islander  
Access. Refugee and Asylum  
Seeker Access. Trans and Gender  
Diverse Health Access

## Parkville

### Royal Melbourne Hospital

300 Gratton Street  
Liver Clinic - Hepatitis, advanced  
liver disease and cirrhosis  
Switchboard: (03) 9342 7000  
Outpatients Referral  
Fax: (03) 9342 7212

### Victorian Infectious Diseases Department (VIDS)

OPD Ninth Floor  
(03) 9342 4234  
Outpatients (03) 9342 7393  
Fax: (03) 9342 7277  
Refugee Clinic Tuesday mornings  
Contact: VIDS Via RMH  
switchboard (03) 9342 7000



## Preston

### Preston Anglicare

42 Mary Street  
Contact: (03) 8470 9999



### Victorian Aboriginal Health Services

238-250 Plenty Road  
Contact: (03) 9403 3300



Dietitian, Exercise programs.

### Your Community Health

300 Bell Street  
Contact: (03) 8470 1111  
(03) 8470 6710



Nutrition, Exercise links  
Aboriginal & Torres Strait Islander,  
Refugee & Asylum Seeker  
Trans and Gender Diverse Health

## Reservoir East

### Your Community Health

125 Blake Street  
Contact: (03) 8470 1111



Nutrition, Exercise links  
Aboriginal & Torres Strait Islander,  
Refugee & Asylum Seeker  
Trans and Gender Diverse Health

## Richmond

### North Richmond Community Health

23 Lennox Street  
Contact: (03) 9418 9800



Automated dispensing machine  
for syringes 24/7



**Multicultural Health & Support Services** (HIV, hepatitis and sexually transmissible infections) <http://nrch.com.au>



Automated Dispensing Machine for syringes 24/7

### Premier Gastroenterology

The Epworth Centre  
Suite 7.6 / 32 Erin Street  
Contact: (03) 9428 9908  
Fax: (03) 8582 6797  
(GP Referrals required)



### Turning Point Alcohol and Drug Centre

110 Church Street  
VIC 3121  
Contact: (03) 8413 8413



### St. Albans

#### IPC Health

1 Andrea Street  
Contact: (03) 9296 1200



Dietitian. Exercise program living well program. Aboriginal health and health worker.

### Sunbury

#### Sunbury Cobur Community Health Centre

12–28 Macedon Street  
Contact: (03) 9744 4455



Dietitian. Exercise, Aboriginal engagement  
Gender specific Groups- Men's Health Men's groups, Women's Support group

### Werribee

#### Anglicare Victoria

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



## Eastern Melbourne PHN:

### Bayswater

#### Anglicare Victoria

666 Mountain Highway  
Contact: (03) 9721 3688  
Shore Intake Contact:  
1300 00 7873



### Box Hill

#### Carrington Health

Ground floor, 43 Carrington Road  
CLEAR Liver Care Clinic  
Contact: (03) 8843 2317  
Fax: (03) 9890 2220



Dietitian, exercise links

#### Box Hill Hospital - Eastern Health

8 Arnold Street  
(Specialist Outpatient Clinics)  
Liver Clinic, Hepatitis Clinic,  
Gastroenterology Clinic  
Contact: (03) 9895 3352  
1300 342 255 (General)



Dietitian

### Caulfield South

#### Caulfield Endoscopy

544 Hawthorn Road  
Contact: (03) 9595 6666  
Fax: (03) 9595 6611



### East Melbourne

#### Melbourne GI & Endoscopy

130-132 Grey Street  
Contact: (03) 9417 5306  
Fax: (03) 8677 9625



### Eltham.

#### Healthability

917 Main Road  
Contact: (03) 9430 9100



Exercise links

### Ferntree Gully

#### EACH Ltd

1063 Burwood Highway  
Contact: 1300 003 224  
Dietitian, Exercise physiology, Aboriginal Health and Well Being Team Refugee Health.



### Upper Ferntree Gully

#### Angliss Hospital

Albert Street,  
Contact: 1300 342 255  
Specialist (Outpatient)  
Clinic inquiries  
Contact: (03) 9764 6118

### Hawthorn

#### Wellbeing at Swinburne University Health Services

(For Students Only)  
Level 4, George Swinburne Building,  
34 Wakefield Street  
Contact: (03) 9214 8483



Dietitian

### Heidelberg

#### Austin Liver Clinic

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

#### Rapid access clinic



### Northern Hospital

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



### Heidelberg West

#### Banyule Community Health Service – NSP

21 Alamein Road  
Contact: (03) 9450 2000



#### Austin Hepatitis C Rapid Access Clinic

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



Dietitian, First nations health.  
Himilo & Community Connect – Somali

### Lilydale

#### Inspiro Community Health

17 Clarke Street  
Contact: (03) 9738 8801



Dietitian, Aboriginal Programs

### Nunawading

#### Nunawading Clinic

176 Springvale Road  
Contact: (03) 9878 9191



### Ringwood

#### EACH Ltd

46 Warrandyte Road  
Contact: 1300 003 224



See Ringwood East entry

### Ringwood East

#### EACH Ltd

75 Patterson Street  
Contact: (03) 1300 003 224



Dietitian, Exercise physiology.  
Aboriginal Health and Well Being Team.  
Refugee Health Clinic  
Contact: (03) 9837 3999,  
Fax: (03) 9879 6356

#### Warrandyte Road Clinic

44 Warrandyte Rd,  
Contact: (03) 9870 9000



## South Eastern Melbourne PHN:

### Clayton

#### Monash Medical Centre

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



Dietitian, Aboriginal health,  
Refugee Asylum Seeker Health

#### Monash University Health and Wellbeing Clayton

(For students only)  
21 Chancellors Walk, Ground Floor  
Contact (03): 9905 3175



Dietitian, LGBTQI support  
**Caulfield** - Building B, Level 1,  
Contact: (03)9903 1177  
Peninsula Building U,  
Level 1, Room U1.39  
Contact: (03) 9904 4615

## Cheltenham

### Ultra Health Care

Bulk Billing Medical Centre  
1160 Nepean Hwy  
Contact: (03) 9584 8433

  Dietitian

## Cranbourne

### Monash Health Community

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

  Dietitian

## Dandenong

### Asylum Seeker Resource Centre

179 Lonsdale Street  
Medical Clinic & Pharmaceuticals  
Contact: (03) 8772 1380

### Community Access Partnership (CAP)

Monash Health Primary Drug  
and Alcohol Services  
84 Foster Street  
Contact: (03) 9792 7630, or  
1800 642 287

### Refugee Health Service

122 Thomas Street  
Contact: (03) 9792 8100  
Referrals required.

## Frankston

### Anglicare Victoria

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

### Frankston Healthcare

Shop 4 / 40-42 Young Street  
Contact: (03) 9770 0023  
Fax: (03) 9770 0014

  Dietitian

## Hastings

### Hastings Community Health Service

185 High Street  
Contact: (03) 5971 9100

## Pakenham

### Monash Health Community

**Pakenham Health Centre**  
Henty Way (top of the hill)  
Contact: (03) 5941 0500

## Prahran

### Alfred Hospital Infectious Diseases Unit

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

See also Statewide entry

### Prahran Market Clinic

Mezzanine level, Prahran Central,  
Cnr Chapel Street & Commercial  
Contact: 03 9514 0888

   LGBTQI

### Star Health

240 Malvern Road  
Contact: (03) 9525 1300

Aboriginal services

## Rosebud

### Southern Peninsula Community Support and Information Centre

878 Point Nepean Road  
Contact: (03) 5986 1285



## South Melbourne

### Star Health Group

341 Coventry Street  
Contact: (03) 9525 1300

Dietitian, (Aboriginal services and  
Pathology available varied hours)

## Springvale

### Monash Health Community

1/55 Buckingham Avenue  
Greater Dandenong  
Community Health Service  
Contact: (03) 8558 9000  
Referrals and counselling  
Contact: 1300 342 273  
Wednesday Liver Clinic  
Fax (03) 9594 6250

Aboriginal health

## St. Kilda


### Star Health

22-28 Fitzroy Street  
Contact: (03) 9525 1300

### Salvation Army Health Information Exchange/ Crisis Centre

29 Grey Street  
Contact: (03) 9536 7703

 - 24 hours

### Access Health

31 Grey Street  
Contact: (03) 9536 7780

   (  with referral)

### FIRST STEP

42 Carlisle Street  
Contact: (03) 9537 3177  
Healthy Liver Clinic (A, B and C)

## Gippsland PHN:

## Bairnsdale

### Advantage HealthPoint

46-56 Nicholson Street,  
Contact: (03) 5152 3500

## Churchill

### Latrobe Community Health Service

68 Macleod Street  
Contact: 1800 242 696

## Lakes Entrance

### Gippsland Lakes Community Health Centre

18–28 Jemmeson Street,  
Contact: (03) 5155 8300

## Leongatha

### Gippsland Southern Health Services

Leongatha Hospital  
66 Koonwarra Road  
Contact: (03) 5667 5555

## Leongatha Healthcare

14 and 64 Koonwarra Road  
Contact: (03) 5662 2201  
(03) 5662 4604

    (with small  
annual fee)

## Moe

### Latrobe Community Health Service

42–44 Fowler Street, Moe  
Contact: 1800 242 696

## Morwell

### Latrobe Community Health Services

81–87 Buckley Street  
Contact: 1800 242 696

## Nova Nowa

### Nova Nowa Community Health

6 Bridge Street  
Contact: (03) 5155 7294

## Orbost


### Orbost Regional Health - Multi Service Site

104–107 Boundary Road  
Contact: (03) 5154 6666

 referred to Bairnsdale

### Orbost Medical Clinic

Contact: (03) 5154 6777  
 Dietitian, Exercise classes.  
Aboriginal Liaison workers

## Rosedale

### Rosedale Community Health Centre

2–8 Cansick Street  
Contact: (03) 5199 2333

## Sale

### Central Gippsland Health Service Division of Community Care

Palmerston Street  
Contact: (03) 5143 8800  
52 McArthur Street  
Contact: 1800 242 696





## San Remo

### Bass Coast Community Services

1 Back Beach Road  
Contact: (03) 5671 9200



## Traralgon

### Latrobe Community Health Services

Cnr. Princes Highway and Seymour Street  
Contact: 1800 242 696



## Warragul

### West Gippsland Healthcare Group Community Services Division

31–35 Gladstone Street  
Contact: (03) 5624 3500



## Wonthaggi

### Bass Coast Health

235–237 Graham Street  
Contact: (03) 5671 3333



## Yarram

### Yarram and District Health Service

50 Bland Street  
Contact: (03) 5182 0270

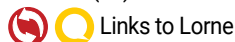


## Western Victoria PHN:

## Apollo Bay

### Apollo Bay Hospital

75 McLachlan Street  
Contact: (03) 5237 8500



## Ballarat

### Ballarat Hospital

1 Drummond street  
North Ballarat  
Gastroenterology Clinics  
Referral required  
Contact: 03 5320 4221



Links to Hepatitis C Education Program

## Belmont

### Barwon Health

Belmont Community Health Centre  
1–17 Reynolds Road  
Contact: (03) 4215 6800



Dietitian

## Colac

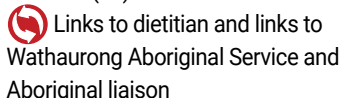
### Kardinia Health

2-18 Colac Road  
Contact: (03) 5202 9333



## Colac Area Health

2–28 Connor Street  
Contact: (03) 5232 5100

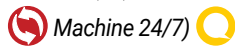


Links to dietitian and links to Wathaurong Aboriginal Service and Aboriginal liaison

## Corio

### Corio Community Health

2 Gellibrand Street  
Contact: (03) 4215 7100



*Machine 24/7*  
Dietitian and senior exercise classes.

## Daylesford

### Springs Medical Centre

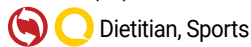
10 Hospital Street  
Contact: (03) 5348 2227



## Drysdale

### Bellarine Community Health

21–23 Palmerstone Street  
Contact: (03) 5251 4640



Dietitian, Sports Physiologist

## Geelong North

### Wathaurong Aboriginal Service

62 Morgan Street  
Contact: (03) 5277 0044



Men's, women's and children's programs

## Horsham

### Wimmera Health Care Group

83 Baillie Street  
Contact: (03) 5381 9111



Dietitian, Exercise links  
Aboriginal Liaison Wimmera region

## Alan Wolff Medical Centre (former Wimmera Medical Centre)

6-12 Read Street  
Contact: 5381 9167  
Please add Medical icon  
Liver Clinic every 2 months

## Lara

### You Yangs Medical Clinic

45 Walkers Road  
Contact: (03) 5282 2999



Dietitian

## Lucas

### Ballarat Community Health Centre & NSP

12 Lilburne Street  
Contact: (03) 5338 4500



Liver Clinic, Dietitian, Exercise Physiology/programs

Refugee & Immigrant program – Transgender & Diverse Clinic

## Maryborough

### Maryborough District Health Service

75–87 Clarendon Street  
Contact: (03) 5461 0400



## Portarlington

### Bellarine Community Health

39 Fenwick Street  
Contact: (03) 5258 6140



Dietitian, Exercise Physiologist, Exercise groups

## Portland

### Portland District Health

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



Dietitian, Exercise Physiologist

### Early Intervention Chronic Disease RN

Contact: (03) 5522 1410  
Referrals from GP or other health professional



Contact: (03) 5521 0350  
2 Roberts Street, Hamilton  
Contact: (03) 5551 8450

## DWECH - Dhauwurd-Wurrung Elderly & Community Health Service.

Aboriginal Community Organisation  
18 Wellington Road  
Contact: (03) 5521 7535



Dietitian, Exercise Links

## Sebastopol

### Ballarat Community Health Centre

260 Vickers Street  
Contact: (03) 5338 4585



Dietitian,

Exercise Physiology/programs

## Stawell

### Grampians Community Health

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



## Torquay

### Torquay Community Health Centre & NSP

100 Surf Coast Highway  
Contact: (03) 4215 7800



Dietitian

## Warrnambool

### Brophy Family and Youth Services

210 Timor Street  
Contact: (03) 5561 8888



For persons aged 12 –27

## WRAD Centre & Handbury Medical suites Western Region Alcohol & Drug Centre Inc

172 Merri Street  
Contact: 1300 009 723



Please add Also has Youth Specific Programs 18 – 26

## Wendouree

### Ballarat Community Health Centre

1104 Howitt Street  
Contact: (03) 5338 4585



## Murray North Western PHN:

### Albury

#### Albury Community Health

596 Smollett Street

Contact: (02) 6058 1800



Dietitian & Exercise links.

Aboriginal Health & Liaison.

Services available to people in NE Victoria

### Bendigo

#### Bendigo Community Health Service

171 Hargreaves Street

Contact: (03) 5406 1200



Dietitian, exercise physiology, Refugee RN program Blood-Borne Viruses clinic

#### Bendigo & District Aboriginal Co-op

119 Prouses Road

Contact: (03) 5442 4947



#### Bendigo Primary Care Centre

123 Arnold Street

Contact: (03) 5441 8622



Nutritionist, Sports Physiology

### Castlemaine

#### Castlemaine District Community Health

13 Mostyn Street

Contact: (03) 5479 1000



Exercise Physiology

### Eaglehawk

#### Bendigo Community Health Services

3 Seymour Street

Contact: (03) 5406 1200



Dietitian, exercise physiology

### Echuca

#### Echuca Regional Health

226 Service Street

Contact: (03) 5485 5000



#### Medical Consulting Suites

##### AOD & Social Services

17 Francis Street

Contact: (03) 5485 5864

Echuca Primary Care

Contact: (03) 5485 5864



Dietitian, Aboriginal Liaison Officer

### Kangaroo Flat

#### Bendigo Community Health Services

13 Helm Street

Contact: (03) 5406 1200



### Kyneton

#### Cobaw Community Health Service

47 High Street

Contact: (03) 5421 1666



Dietitian, exercise links. LGBTQA

### Mildura

#### Sunraysia Community Health Service

137 Thirteenth Street

Contact: (03) 5022 5444



Dietitian, Exercise Physiologist, Exercise Groups. Aboriginal Health Promotions & Chronic Care

### North Bendigo

#### Bendigo & District Aboriginal Co-op

119 Prouses Road

Contact: (03) 5442 4947



Some services available to all community – medical and AOD.

### Sunbury

#### Vineyard Medical Centre

2-6 Sussex Court

Contact: (03) 9216 5600



Dietitian, Physio/clinical Exercise.

## Murray North Eastern PHN:

### Alexandra

#### Alexandra Community Health Services

12 Cooper Street

Contact: (03) 5772 0900



### Benalla

#### Benalla Health

45/63 Coster Street

Contact: (03) 5761 4222



Dietitian

### Cobram

#### Cobram District Health

24-32 Broadway Street

Contact: (03) 5871 0777



Dietitian

### Euroa

#### Euroa Health

36 Kennedy Street

Contact: (03) 5795 0200



### Mansfield

#### Mansfield District Hospital

53 Highbury Street

Contact: (03) 5775 8800

Web: <http://mdh.org.au/>



Dietitian

### Myrtleford

#### Gateway Health

32 Smith Street

Contact: (03) 5731 3500



Links Dietitian, Exercise program

### Shepparton

#### Primary Care Connect

399 Wyndham Street

Contact: (03) 5823 3200



### Shepparton Medical Centre

49 Graham Street

Contact: 03 5823 3100



Exercise physiologist. Refugee Health

### Wangaratta

#### Gateway Health

45-47 Mackay Street

Contact: (03) 5723 2000



### Wodonga

#### Gateway Health

155 High Street

Contact: (02) 6022 8888



### Wyndham House Clinic

96 Maude Street, Shepparton,

Contact: (03) 5820 3400



Dietitian

### Yea

#### Yea and District Memorial Hospital

45 Station Street

Contact: (03) 5736 0400



Dietitian





# Sidney Vo is living with a liver condition and is asking for your help

Widespread stigma and discrimination still exists from people who do not understand hepatitis B and other liver conditions. The fact is that only 7% of people living with hepatitis B in Australia are getting treated, while the other 93% of people are hiding. Perhaps because of stigma and discrimination they do not want to tell doctors or others they have hepatitis B.

Sidney appealed a Federal Government decision, based on her hepatitis B status, that would have meant that she and her 12-year-old son Billy had to leave Australia. Her case was widely publicised, including an online petition of over 30,000 signatures supporting her case.

"It's not fair that people get discriminated against, it wasn't our choice as we didn't choose to have this disease – I call it an ailment - it's not serious if we take care of it, and what we need is more people to take the test", says Sidney.

To combat liver disease "we need funding for education and research to challenge stigma, change attitudes and change lives", Sidney says.

Read more inspiring stories by our [HEP Heroes](#) and [donate](#) now to help change the lives of people with liver disease. Your donation is tax-deductible.

Donate: <https://liverwell.org.au/get-involved/donate/>

## Your donations make a difference!

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

I would like to donate the following amount:

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

I have enclosed my cheque/money order/cash or

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

Type of card: Visa/MasterCard

Name on Card

Card number:

Expiry Date

All donations of \$2 or more are tax deductible.

If you do not receive your receipt promptly, then please call LiverWELL on 03 9274 9796, or email: [admin@liverwell.org.au](mailto:admin@liverwell.org.au)

Please send my receipt to:

Name

Address

Suburb/City

Postcode

State

Send to: LiverWELL

15 Gracie Street

North Melbourne, Victoria 3051