

**AUSTRALIAN INSTITUTE FOR PRIMARY CARE &  
AGEING**

December 2019

# Hepatitis Victoria

## ***HEPReady* AOD Workforce Training Project**

Evaluation report

Suggested citation: Australian Institute for Primary Care & Ageing. (2019). *Hepatitis Victoria: HEPReady AOD Workforce Training Project: Evaluation Report*. Melbourne: La Trobe University

# Contents

1.	EXECUTIVE SUMMARY .....	3
1.1	Key Findings .....	3
1.2	Overview .....	4
1.3	Workshop Planning and Promotion.....	4
1.4	Workshop Delivery.....	4
1.5	Participant Survey .....	5
1.6	Conclusion.....	5
2.	<i>HEPREADY</i> AOD WORKFORCE TRAINING PROJECT .....	6
2.1	Overview .....	6
2.2	Aims and Learning Objectives.....	6
2.3	Target Groups .....	7
2.4	Resources.....	7
2.5	Evaluation.....	8
2.6	Activities.....	8
2.6.1	<i>Project Planning</i> .....	8
2.6.2	<i>Workshop Development</i> .....	8
2.6.3	<i>Promotion/Networking</i> .....	8
2.6.4	<i>Workshop Delivery</i> .....	11
2.6.5	<i>Project Implementation Enablers</i> .....	14
2.7	Participant Survey .....	14
2.7.1	<i>Pre-Training Knowledge and Professional Development</i> .....	14
2.7.2	<i>Post-Training Knowledge, Attitudes and Intentions to Act</i> .....	16
2.8	Conclusions .....	19
3.	APPENDIX 1: PROJECT TASKS AND TIMELINE .....	20
4.	APPENDIX 2: <i>HEPREADY</i> AOD WORKFORCE TRAINING WORKSHOP SURVEYS.....	22
5.	APPENDIX 3: PILOT <i>HEPREADY</i> AOD WORKFORCE TRAINING WORKSHOP SURVEYS.....	24
6.	APPENDIX 4: RESULTS OF THE PILOT PRE-TRAINING SURVEYS.....	26
7.	APPENDIX 5: RESULTS OF THE PILOT POST-TRAINING SURVEYS.....	27

## TABLES

Table 1:	True/False knowledge questions (Pre-training) .....	16
Table 2:	True/False knowledge questions (Post-training).....	17
Table 3:	Attitudinal Statements.....	17
Table 4:	Intentions to Act following training.....	18
Table 5:	Confidence in areas of knowledge.....	26
Table 6:	Self-reported learning needs met.....	27

## FIGURES

Figure 1: <i>HEPReady</i> AOD Workforce Training Flyer 1 .....	9
Figure 2: <i>HEPReady</i> AOD Workforce Training Flyer 2 .....	10
Figure 3: Example slides from <i>HEPReady</i> AOD Workforce Training presentation .....	11
Figure 4: Number of <i>HEPReady</i> AOD Workforce Training workshops delivered per month .....	12
Figure 5: Number of participants at <i>HEPReady</i> AOD Workforce Training workshops .....	12
Figure 6: Workshop duration (in hours) .....	13

# 1. Executive Summary

## 1.1 KEY FINDINGS

- The *HEPReady* AOD Workforce Training project delivered free *HEPReady* workshops to Alcohol and Other Drug (AOD) services in Victoria.
- Extensive networking was undertaken to promote the *HEPReady* AOD Workforce Training workshops.
- Workshops were also promoted through the Hepatitis Victoria website, flyers, targeted advertising in channels relevant to the AOD sector.
- Sessions included information provision, group discussions and role play scenarios and were tailored to suit the needs of different audiences (i.e. face to face onsite session, webinar).
- *HEPReady* AOD Workforce Training was delivered to 522 participants (80 online, 422 in face-to-face workshops) in 53 sessions across metropolitan (32 workshops) and regional (21 workshops) areas. The workshops were delivered to 39 organisations across 47 service sites over an 11-month period from August 2018 to June 2019.
- The number of participants attending workshops ranged from 3 to 80, with most groups involving between 5 and 10 participants.
- Most workshops were booked as a result of networking (36%), followed by email promotion (26%) and cold calling organisations (11%).
- Training was delivered to services across the AOD sector: community based (32%), residential rehabilitation (23%), forensic (15%), hospital based (15%), dual diagnosis (9%), needle syringe program services (4%) and disability support services (2%).
- Surveys were completed by 297 participants from 38 of the 53 workshops, with 167 completing a final version that matched respondents' answers before and after the workshop. The surveys asked questions about knowledge, attitudes, intentions to act on knowledge and information, motivation to attend the training, and general feedback.
- There was a significant increase in accurate knowledge of participants from pre- to post-training sessions, with the mean total knowledge score increasing from 4.4 (SD=1.5) to 5.4 (SD=0.9) out of a possible total of 6.
- Most respondents indicated that, as a result of the workshop they intended to:
  - identify risk factors for hepatitis B and C for individuals (78%)
  - recommend hepatitis testing (85%)
  - recommend vaccinations (85%)
- All participants said they would recommend *HEPReady* AOD Workforce Training to others.

## 1.2 OVERVIEW

The *HEPReady* AOD Workforce Training project delivered free *HEPReady* training to Alcohol and Other Drug (AOD) services in Victoria from funding provided by the Department of Health and Human Services. The funding was allocated to address the priority focus areas for both the Victorian Hepatitis C Strategy 2016-2020 and the Victorian Hepatitis B Strategy 2016-2020.

The *HEPReady* AOD Workforce Training project was designed to build the capacity of the AOD workforce around viral hepatitis and to assist in awareness and appropriate management of these conditions. This included understanding the myths and truths about hepatitis, knowledge of services available, how to refer clients to services, the treatments available, and understanding and managing the stigma associated with hepatitis. The learning objectives of the *HEPReady* AOD Workforce Training were:

- Increased awareness of hepatitis B and hepatitis C prevention, testing, vaccination and management
- Increased knowledge of pathways to care for people living with hepatitis B and hepatitis C
- Build the capacity of the AOD Workforce around viral hepatitis and to assist in the awareness and appropriate management of these conditions
- Provide information on pathways to care for AOD workers working with people with viral hepatitis

Topics covered in the *HEPReady* AOD Workforce Training workshops included:

- An overview of hepatitis including causes, symptoms and progression
- An overview of Hepatitis A, including vaccination
- Hepatitis B (HBV) and hepatitis C (HCV) transmission routes, risk factors (prevention), testing, immunisations and treatment
- Identifying at-risk populations within the community
- Myths surrounding HBV and HCV transmission
- Stigma and discrimination
- Privacy, disclosure and legal obligations
- How to engage in conversation about hepatitis with clients within a harm minimisation framework
- An overview of Hepatitis Victoria's other programs, advocacy and support services relevant to the AOD and community welfare sectors.

## 1.3 WORKSHOP PLANNING AND PROMOTION

The project coordinator undertook in-depth planning prior to the commencement of workshops and collaborated with peak bodies within the AOD sector to ensure that the workshops met the needs of the sector.

The project coordinator undertook extensive networking to promote the *HEPReady* AOD Workforce Training workshops, including identifying AOD sector stakeholders and services for promotional targeting of the workshops/project. The coordinator promoted the *HEPReady* AOD Workforce Training through attendance at events, conferences, meetings, networks and regional forums as well as using online and print formats.

## 1.4 WORKSHOP DELIVERY

The main activity of the project was the facilitation of the interactive and educational *HEPReady* AOD Workforce Training Workshops. *HEPReady* AOD Workforce Training was delivered to 522 participants (80 online, 422 in face-to-face workshops) in 53 sessions across metropolitan (32 workshops) and regional (21

workshops) areas. The number of participants attending workshops ranged from 3 to 80 attendees, although group sizes between 5 and 10 participants tended to be more common. The workshops were delivered to 39 organisations across 47 service sites over an 11-month period from August 2018 to June 2019.

The largest proportion of workshops were booked as a result of networking (36%), emails (26%) and cold calling organisations (11%).

## **1.5 PARTICIPANT SURVEY**

Surveys were completed by participants in 38 of the 53 workshops conducted. Nearly two-thirds of *HEPReady* AOD Workforce Training participants completed an evaluation survey; 167 completed the final version of the survey and 130 completed the pilot version. The surveys asked questions about knowledge, attitudes, intentions to act on knowledge and information, motivation to attend the training, and general feedback.

There was a significant increase in accurate knowledge of participants from pre- to post-training sessions, with the mean total knowledge score increasing from 4.4 (SD=1.5) to 5.4 (SD=0.9) out of a possible total of 6. The survey responses from this sub-sample of respondents demonstrates that the workshops had a significant short-term impact on the participants' acquisition of accurate hepatitis knowledge.

Negative attitudes were not endorsed by most participants. Most respondents disagreed that it is possible to determine a person's hepatitis status by looking at them (95%), that they would not share food with a friend who had hepatitis (87%), or that only people who inject drugs are at risk of hepatitis (96%). It is not possible to determine whether these attitudes were held prior to the workshops or if attitudes changed as a result of the workshops.

The majority of respondents indicated that they had formed an intention to act as a result of participating in the workshop, including:

- Intending to identify risk factors for hepatitis B and C for individuals (78%)
- Intending to recommend hepatitis testing (85%)
- Intending to recommend vaccinations (85%)

Given the low numbers of participants who indicated that they already identified risk factors and recommended testing and vaccinations before the workshop, these findings suggest that the training had a positive influence on participants intentions to act in the future.

Encouragingly, 100% of participants responding to the question indicated they would recommend *HEPReady* AOD Workforce Training to others.

## **1.6 CONCLUSION**

The *HEPReady* AOD Workforce Training project developed and delivered training to the AOD sector in Victoria after successful consultation and promotion of the program. There were 53 workshops delivered through different modes to 552 people from across the AOD sector. Based on the results of the participant survey, the *HEPReady* AOD Workforce Training workshops increased accurate knowledge about hepatitis and led to participants intending to act on this knowledge.

## 2. *HEPReady* AOD Workforce Training Project

### 2.1 OVERVIEW

The *HEPReady* AOD Workforce Training project delivered free *HEPReady* training to Alcohol and Other Drug (AOD) services in Victoria from funding provided by the Department of Health and Human Services. The funding was allocated to address priority focus areas under the Victorian Hepatitis C Strategy 2016-2020 and the Victorian Hepatitis B Strategy 2016-2020. In particular:

- Priority focus areas 2: Victorians are supported to reduce their risk of contracting hepatitis B and C
- Priority focus areas 3: Victorians with hepatitis B and C know their status
- Priority focus areas 4: Victorians with hepatitis B and C have access to best practice evidence-based treatment and care
- Priority focus areas 5: The Victoria workforce has the skills, knowledge and attitudes needed to deliver best practice hepatitis b and C prevention, testing, treatment and care

### 2.2 AIMS AND LEARNING OBJECTIVES

The *HEPReady* AOD Workforce Training project was designed to build the capacity of the AOD workforce around viral hepatitis and to assist in awareness and appropriate management of these conditions. This included understanding the myths and truths about hepatitis, knowledge of services available, how to refer clients to services, the treatments available, and understanding and managing the stigma associated with hepatitis. Specifically, the project aimed to:

- Deliver viral hepatitis training state-wide to AOD workers in a range of settings and services across Victoria, initially focusing on Residential Treatment Services
- Provide information on pathways to care for AOD workers working with people with viral hepatitis

The learning objectives of the *HEPReady* AOD Workforce Training workshops were described as:

- Increased awareness of hepatitis B and hepatitis C prevention, testing, vaccination and management
- Increased knowledge of pathways to care for people living with hepatitis B and hepatitis C
- Build the capacity of the AOD Workforce around viral hepatitis and to assist in the awareness and appropriate management of these conditions
- Provide information on pathways to care for AOD workers working with people with viral hepatitis

Topics covered in the *HEPReady* AOD Workforce Training workshops included:

- An overview of hepatitis including causes, symptoms and progression
- An overview of Hepatitis A, including vaccination
- Hepatitis B (HBV) and hepatitis C (HCV) transmission routes, risk factors (prevention), testing, immunisations and treatment
- Identifying at-risk populations within the community
- Myths surrounding HBV and HCV transmission
- Stigma and discrimination
- Privacy, disclosure and legal obligations
- How to engage in conversation about hepatitis with clients within a harm minimisation framework



- An overview of Hepatitis Victoria's other programs, advocacy and support services relevant to the AOD and community welfare sectors.

## 2.3 TARGET GROUPS

The project primarily targeted AOD staff who worked in AOD Residential Treatment Services, forensic settings and hospitals, community-based AOD treatment services, and Needle and Syringe Programs. It was intended that the program would initially focus on areas where it was assessed that training would have the greatest impact across Victoria.

The following list represents the kinds of organisations, and therefore AOD workforce, that received training through the *HEPReady* AOD Workforce Training project:

- Department of Justice & Regulation
- Barwon Youth, Children and Families
- Rumbalara Aboriginal Co-operative
- Sacred Heart Mission
- Salvation Army (Flagstaff Crisis Services)
- Southern Health Dual Diagnosis
- Primary Care Connect, Shepparton
- Melbourne Safe Injecting Room, NRCH
- Windana Drug and Alcohol Recovery
- Odyssey House
- Stepping Up
- YSAS (Youth Support and Advocacy Service)
- cohealth
- Youth Projects

## 2.4 RESOURCES

Hepatitis Victoria received \$150,000 from the Victorian Department of Health and Human Services to develop and deliver the project, including the use of Hepatitis Victoria staff time for coordinating and implementing the project. The *HEPReady* AOD Workforce Training Project also worked closely with the following Hepatitis Victoria programs and resources:

- Health promotion
- Stigma Response
- Community volunteers
- Communications
- Health Promotion in correctional settings
- Infoline
- *HEPReady* Essentials

The *HEPReady* AOD Workforce Training coordinator collaborated with peak bodies within the AOD sector such as the Victorian Alcohol and Drug Association (VAADA) and the Pennington Institute to ensure that the training program met the specific needs of the AOD sector and its workers. Additional external resources required to develop and deliver the workshops included participating organisations providing a venue and staff time to attend the workshop.

## 2.5 EVALUATION

This evaluation report is based on information provided by Hepatitis Victoria, interviews with project staff, and analysis of data collected by Hepatitis Victoria staff and provided to the evaluation team at La Trobe University.

## 2.6 ACTIVITIES

### 2.6.1 Project Planning

The project commenced in June 2018 with a view to rolling out training in the 2018-2019 financial year. Project planning took place in June-July 2018 and included reviewing existing *HEPReady* Essentials and other training materials to develop the workshop content and promote them to the sector. The initial workshops were delivered and refined in August 2018. The coordinator undertook in-depth planning prior to the commencement of workshops. Appendix 1 provides an overview of the activities undertaken to deliver the project.

### 2.6.2 Workshop Development

The initial phase of developing the workshops involved scoping what resources and education were currently being provided to the AOD sector about hepatitis. The next phase involved reviewing and refining the previous *HEPReady Essentials* training and education materials. Both the face-to-face workplace presentation and the online blended learning materials were reviewed for relevance to the AOD environment. The coordinator then adapted the materials for workshops that ran for approximately 2.5hrs. The workshop delivery format was adapted as required to meet the needs of each group and service. Changes were primarily to the facilitation approach; if a group was small it enabled more in-depth discussions about implications for work practices. The aim of the workshops did not change.

### 2.6.3 Promotion/Networking

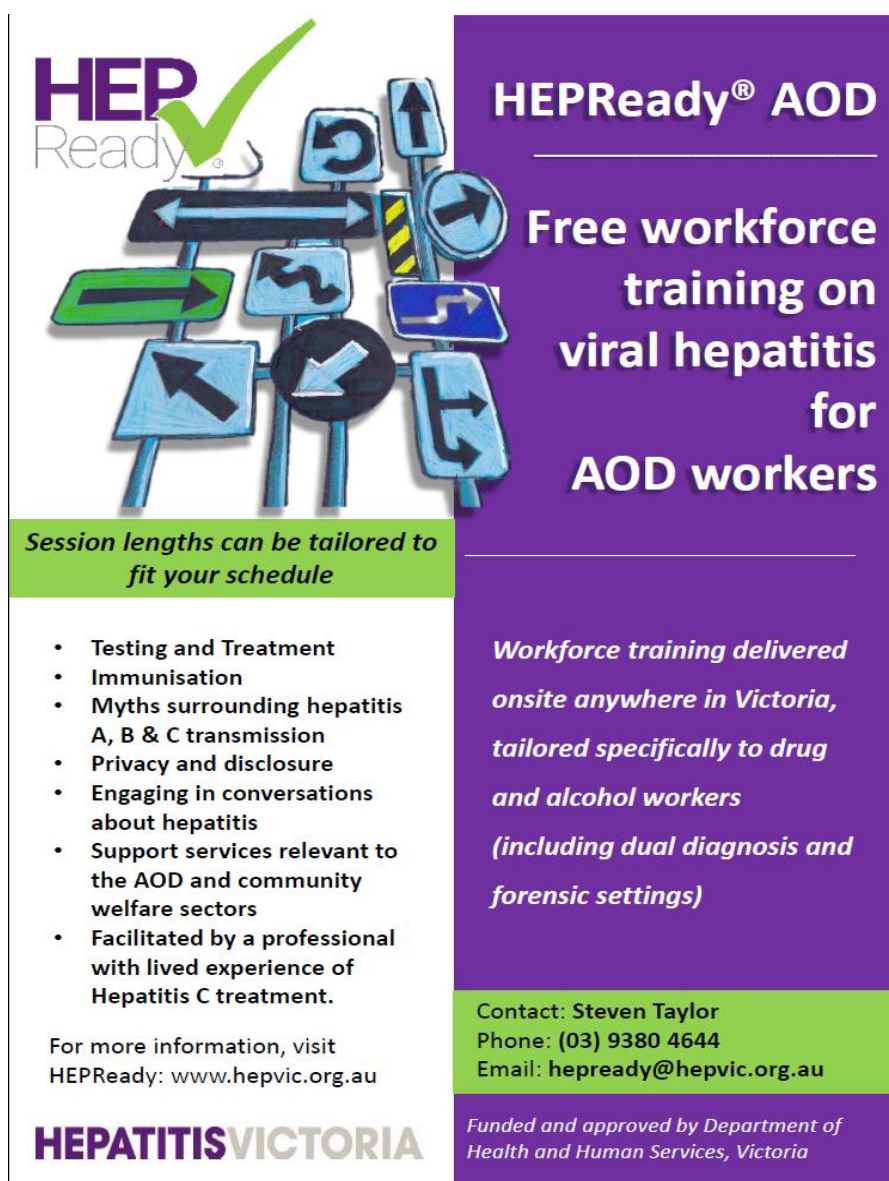
The coordinator undertook extensive networking to promote the *HEPReady* AOD Workforce Training workshops. In particular, considerable time was spent identifying stakeholders in the AOD sector and AOD services for promotional targeting of the workshops/project. The coordinator collaborated with peak bodies within the AOD sector including the Victoria Alcohol and Drug Association (VAADA) and the Pennington Institute to ensure that the workshops met the needs of the sector.

The coordinator maintained a comprehensive contact list of all individuals and organisations they approached to promote *HEPReady* AOD Workforce Training, primarily to keep track of new and potential leads for booking training sessions on an ongoing basis. The contact list recorded contact name, organisation, phone, email, website, street address and notes (i.e. source, dates and times of contacts as well as the outcomes of the contacts (i.e. promotional resources provided, follow-up required, sessions booked). Review of the coordinator's contact list indicated that 119 individuals/organisations were contacted about the workshops.

The coordinator initially contacted individuals and organisations directly, but found this approach to be very time consuming, so changed to sending an email to a distribution list. The revised approach was more effective in generating leads that resulted in a booked education session, particularly in regional areas. The coordinator promoted the *HEPReady* AOD Workforce Training through attendance at events, conferences, meetings, networks and regional forums as well as using online and print formats.

Promotional strategies included:

- Creating a new promotional pdf text and graphic flyers (Figure 1 and **Figure 2**)
  - Adding a *HEPReady* AOD Workforce Training webpage to Hepatitis Victoria's website (with plans to cross-link to the *Responding to Stigma* Video)
- Advertising workshops through newsletters and articles in NSP workers forum, VAADA newsletter, Latrobe BBV newsletter, and others.
- Sector mapping exercise and overall strategic planning to cover four main areas highlighted in the funding grant:
  - Residential Rehabilitation
  - Hospital Based Services
  - Community Based Services
  - Forensic Services



The flyer features a central graphic of various blue and green directional signs (arrows, U-turns, one-way signs) with a large green checkmark above them. The text is arranged in a structured layout with purple and green background sections.

**HEPReady<sup>®</sup> AOD**

**Free workforce training on viral hepatitis for AOD workers**

*Session lengths can be tailored to fit your schedule*

- Testing and Treatment
- Immunisation
- Myths surrounding hepatitis A, B & C transmission
- Privacy and disclosure
- Engaging in conversations about hepatitis
- Support services relevant to the AOD and community welfare sectors
- Facilitated by a professional with lived experience of Hepatitis C treatment.

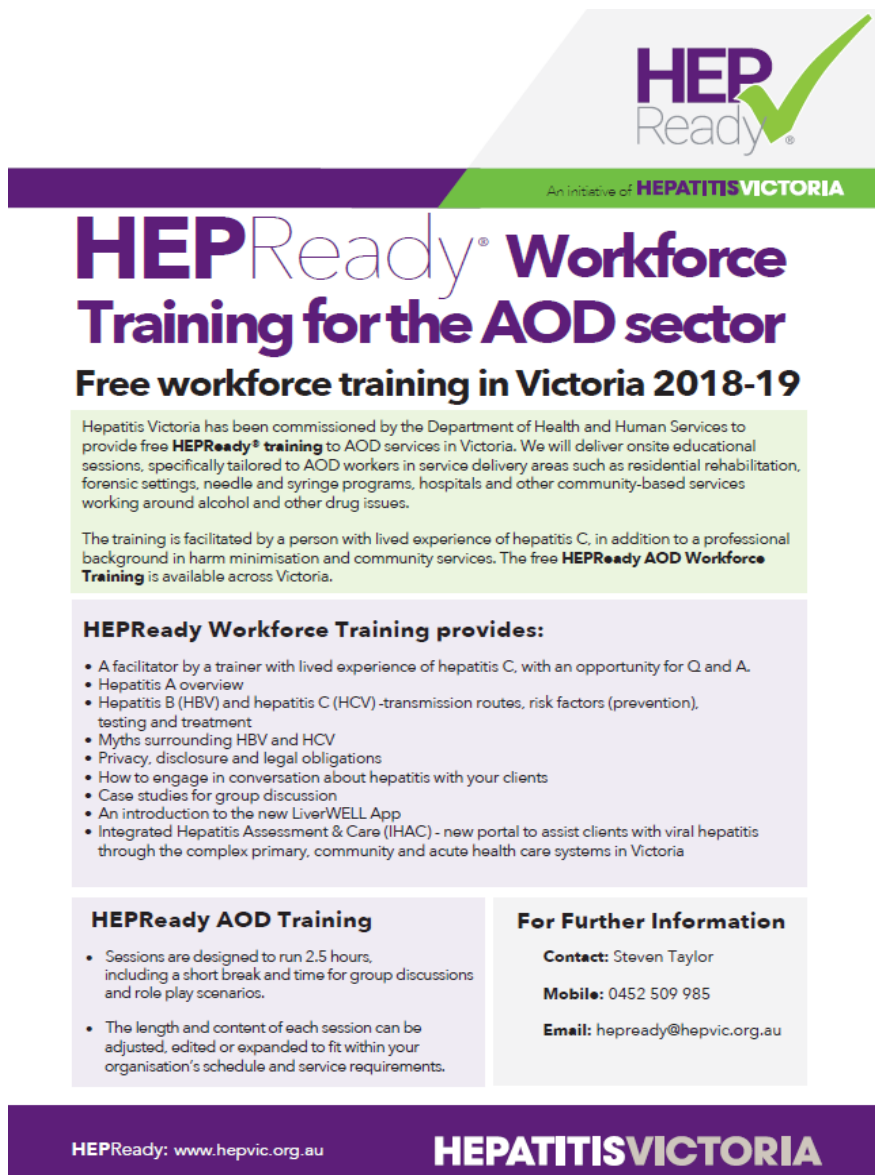
For more information, visit  
HEPReady: [www.hepvic.org.au](http://www.hepvic.org.au)

Contact: Steven Taylor  
Phone: (03) 9380 4644  
Email: [hepready@hepvic.org.au](mailto:hepready@hepvic.org.au)

**HEPATITIS VICTORIA**

*Funded and approved by Department of Health and Human Services, Victoria*

Figure 1: *HEPReady* AOD Workforce Training Flyer 1



The flyer features a purple and green color scheme. At the top right is the 'HEP Ready' logo with a green checkmark. Below it, a green banner reads 'An initiative of HEPATITIS VICTORIA'. The main title is 'HEPReady® Workforce Training for the AOD sector' in large purple and white text, followed by the subtitle 'Free workforce training in Victoria 2018-19'. The central text block explains the training's purpose and facilitation. Below this, a list of training topics is provided. At the bottom, two boxes contain details about the training sessions and contact information for further inquiries. The footer includes the website 'www.hepvic.org.au' and the 'HEPATITIS VICTORIA' logo.

**HEP Ready**  
An initiative of **HEPATITIS VICTORIA**

# HEPReady® Workforce Training for the AOD sector

## Free workforce training in Victoria 2018-19

Hepatitis Victoria has been commissioned by the Department of Health and Human Services to provide free **HEPReady® training** to AOD services in Victoria. We will deliver onsite educational sessions, specifically tailored to AOD workers in service delivery areas such as residential rehabilitation, forensic settings, needle and syringe programs, hospitals and other community-based services working around alcohol and other drug issues.

The training is facilitated by a person with lived experience of hepatitis C, in addition to a professional background in harm minimisation and community services. The free **HEPReady AOD Workforce Training** is available across Victoria.

**HEPReady Workforce Training provides:**

- A facilitator by a trainer with lived experience of hepatitis C, with an opportunity for Q and A.
- Hepatitis A overview
- Hepatitis B (HBV) and hepatitis C (HCV) -transmission routes, risk factors (prevention), testing and treatment
- Myths surrounding HBV and HCV
- Privacy, disclosure and legal obligations
- How to engage in conversation about hepatitis with your clients
- Case studies for group discussion
- An introduction to the new LiverWELL App
- Integrated Hepatitis Assessment & Care (IHAC) - new portal to assist clients with viral hepatitis through the complex primary, community and acute health care systems in Victoria

**HEPReady AOD Training**

- Sessions are designed to run 2.5 hours, including a short break and time for group discussions and role play scenarios.
- The length and content of each session can be adjusted, edited or expanded to fit within your organisation's schedule and service requirements.

**For Further Information**

**Contact:** Steven Taylor  
**Mobile:** 0452 509 985  
**Email:** [hepready@hepvic.org.au](mailto:hepready@hepvic.org.au)

HEPReady: [www.hepvic.org.au](http://www.hepvic.org.au) **HEPATITIS VICTORIA**

Figure 2: *HEPReady* AOD Workforce Training Flyer 2

### 2.6.4 Workshop Delivery

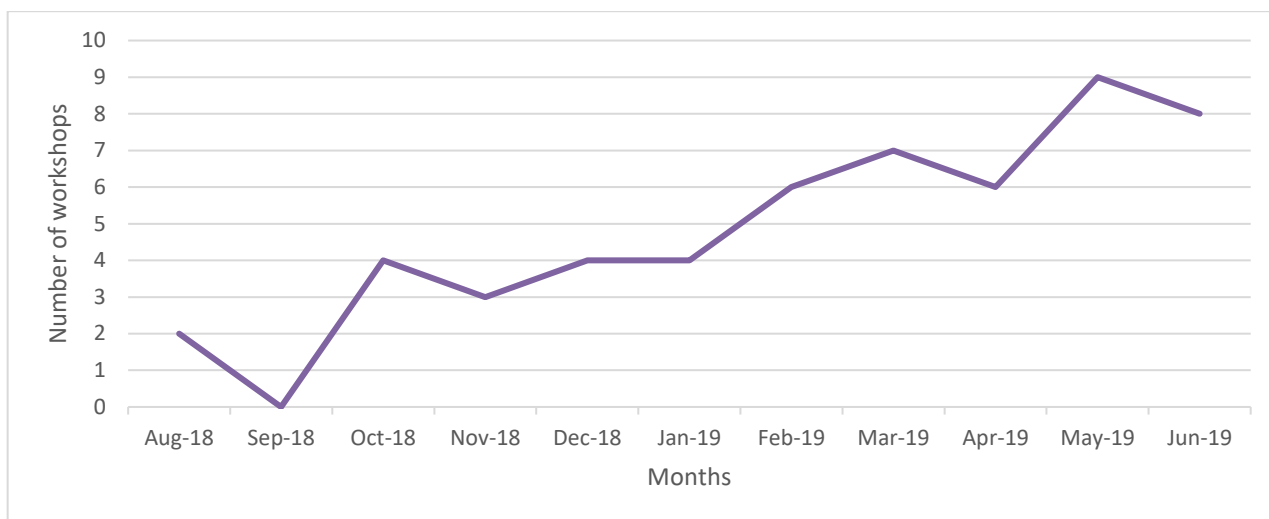
The main activity of the project was the facilitation of interactive and educational workshops for AOD workers (Figure 3). Sessions were designed to run for 2.5 hours, which included information provision, group discussions and role play scenarios. Depending on the requirements of the participating organisations, sessions were tailored in terms of audience, session length and format (i.e. face to face onsite session, webinar).



Figure 3: Example slides from *HEPReady* AOD Workforce Training presentation

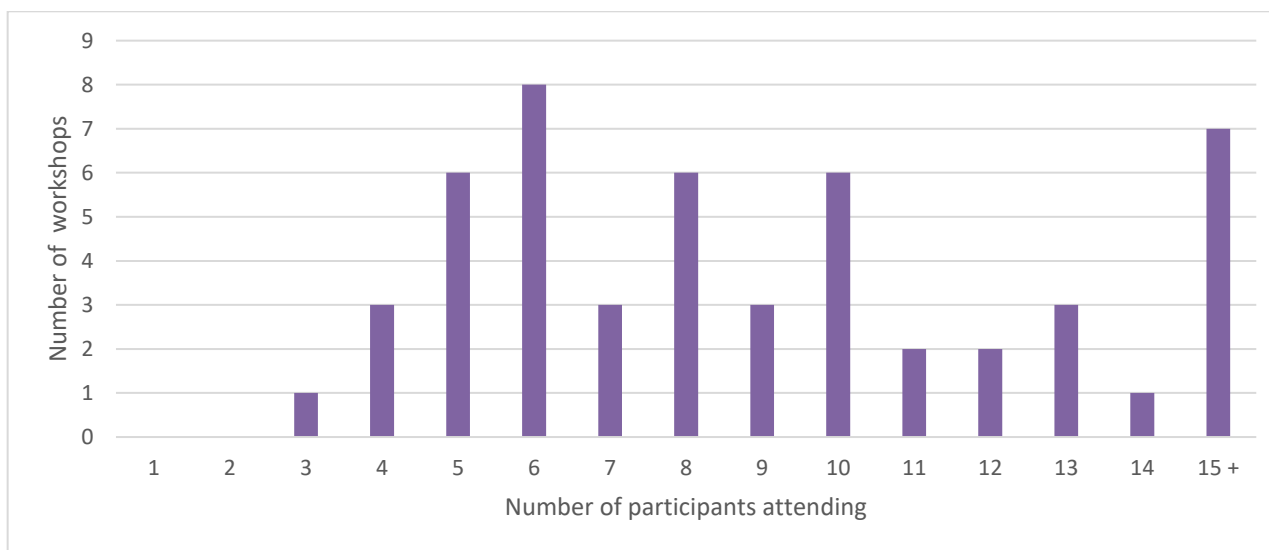
*HEPReady* AOD Workforce Training was delivered to 522 participants (80 online, 422 in face-to-face workshops) in 53 sessions across metropolitan (32 workshops) and regional (21 workshops) areas. The workshops were delivered to 39 organisations across 47 service sites.

The 53 *HEPReady* AOD Workforce Training workshops were delivered over an 11-month period from August 2018 to June 2019. Initially, the number of workshops ranged from 2 to 4 workshops per month. By the end of the project, the coordinator was delivering between 6 to 9 workshops per month (Figure 4). This translates to an average of 2 workshops per week when workshop frequency was at its highest in May and June 2019.



**Figure 4: Number of *HEPReady* AOD Workforce Training workshops delivered per month**

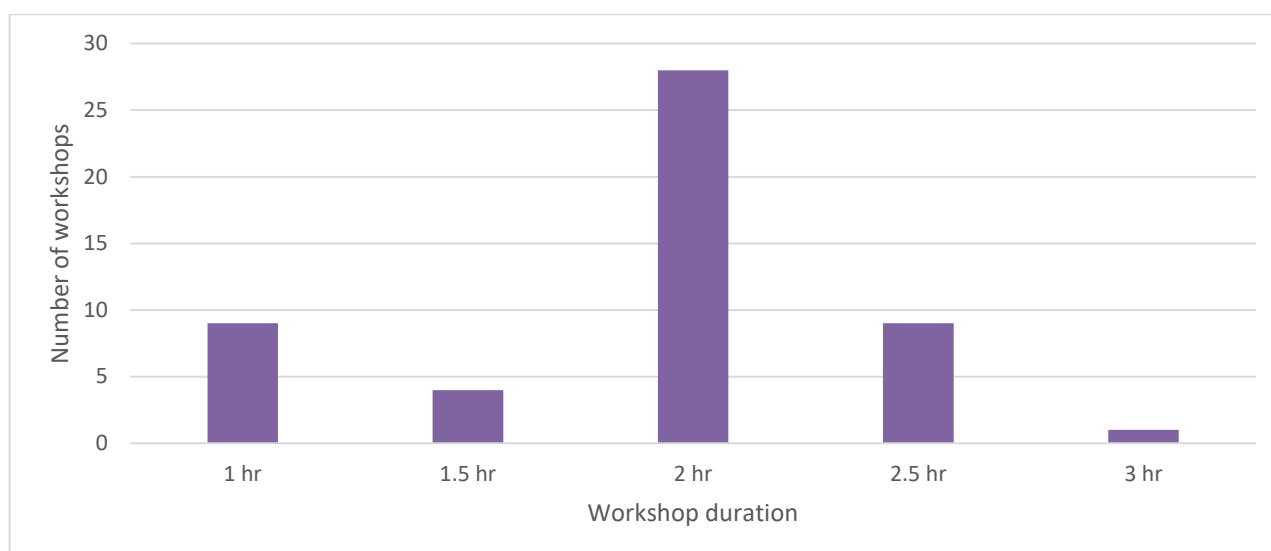
The number of participants attending workshops ranged from 3 to 80 attendees, although group sizes between 5 and 10 participants tended to be more common (Figure 5). Group sizes in excess of 15 participants included 16 (2 workshops), 17, 19, 28 and 80 participants. The number of participants was unknown for two of the workshops.



Note: Number of attendees was reported for 51 of 53 workshops

**Figure 5: Number of participants at *HEPReady* AOD Workforce Training workshops**

The *HEPReady* AOD Workforce Training workshops were designed to be delivered over a 2 to 2.5 hour session. Almost three-quarters of the sessions were of this length. As the sessions were tailored to meet the specific schedule and service delivery requirements of organisations, some workshops were condensed to 1 hour (9 workshops) and 1.5 hours (4 workshops), while one workshop was extended to 3 hours (Figure 6).



**Figure 6: Workshop duration (in hours)**

The project coordinator undertook extensive efforts to promote the *HEPReady* AOD Workforce Training to the sector, with the largest proportion of workshops booked as a result of networking (35.8%), emails (26.4%) and cold calling organisations (11.3%). Other referral sources included promotions by external organisations, word of mouth, and requests for follow-up workshops. The coordinator was contacted by people/organisations who had heard about workshops run elsewhere to ask if a workshop could be run at their organisation (i.e. word of mouth referrals). In addition, some organisations asked the coordinator to run workshops at different service sites. The coordinator captured referral sources with the aim of keeping track of how best to promote the program ongoing/in the future.

Organisations receiving training were from seven service categories:

- community based (32.1%)
- residential rehabilitation (22.6%)
- forensic (15.1%)
- hospital based (15.1%)
- dual diagnosis (9.4%)
- needle syringe program services (3.8%)
- disability support services (1.9%)

In addition to facilitating the workshops, the coordinator undertook the following activities/tasks to enable workshops to be delivered:

- Organised, booked venues and set up rooms prior to workshops
- Organised handouts and resources for workshops
- Registered participants
- Followed up requests from workshop participants – e.g. further information about services available, resources
- Regularly liaised with La Trobe University about the evaluation of the project
- Facilitated an online workshop in collaboration with Turning Point



### 2.6.5 Project Implementation Enablers

The coordinator reported that being flexible, a “self-starter” and problem solver, able to work autonomously, and having effective project management skills enabled implementation of the project. The positive response from the AOD sector and participants promoting the workshops to their colleagues and other services also contributed to the success of the project. The support provided by the La Trobe University evaluators - discussing ways to evaluate workshops, designing the workshop surveys and collating data - was also an enabler.

Additional enablers included:

- AOD sector readiness for training
- Workshops developed specifically for the AOD sector
- No-cost workshops delivered on-site, so the impact on staff time was lessened.
- Tailoring of workshops to meet the needs of the participants and organisation. This included length and content of workshop, flexibility in when workshops were run - e.g. at a staff meeting, lunch time, after hours.
- Facilitator’s experience working with the AOD sector as well as health promotion background and lived experience.
- Interactive nature of the workshops.

## 2.7 PARTICIPANT SURVEY

Surveys completed pre- and post- the education sessions were used to evaluate the short-term impact of the workshops on increasing health and community services’ workforce awareness and accurate knowledge of viral hepatitis (and intentions to act).

Two surveys were used to collect data. The following results are a summary of the responses to questions from the final survey designed specifically for the *HEPReady* AOD Workforce Training workshops by the evaluators (Appendix 1). A pilot evaluation form was completed by participants at the initial workshops (Appendix 2). The results of the pilot surveys cannot be used to meaningfully evaluate the workshops, as they do not ask for information relevant to the intended impacts of the training. A summary of responses to the pilot survey (pre- and post-surveys) is provided in Appendices 3 and 4.

Just over half (57%) of the 522 *HEPReady* AOD Workforce Training participants completed an evaluation survey; 167 completed the final version of the survey and 130 completed the pilot version. Surveys were received from participants in 38 of the 53 workshops conducted.

Not all workshop participants completed an evaluation survey. Non-completion of the surveys was either by choice or due to the nature of the workshop format (i.e. webinar n = 80) making survey completion impractical. It was unclear what other factors affected completion and/or distribution of surveys.

The findings from the final version of the *HEPReady* AOD Workforce Training survey are presented below to demonstrate the short-term impact of the workshops.

### 2.7.1 Pre-Training Knowledge and Professional Development

#### Motivation to attend training

Participants were asked whether there was anything specific they were hoping to learn at the workshop. Content analysis of qualitative responses indicate that respondents hoped to learn about:

- viral hepatitis in general (including differences between A, B and C)



- current treatment (and access to)
- best practice responding to clients with viral hepatitis (including managing hepatitis)
- community support services for people living with hepatitis
- transmission pathways
- harm minimisation
- how to start a conversation with clients about hepatitis

It was evident that many respondents wanted to increase their general information and knowledge about viral hepatitis; this is best exemplified by the responses “Everything and anything!”, “Pretty much everything” and “Update my knowledge”. Many respondents did not articulate specific topics that they hoped to learn about. The more specific responses included “specific drugs to genotype” and “blood-borne viruses and safe injecting practices”.

When asked to describe what motivated them to attend the workshop, respondents reported the following reasons:

- professional development (including personal interest in the topic)
- to be able to provide information and assistance to clients
- encouraged by manager or co-worker
- to gain more knowledge about viral hepatitis

Many respondents acknowledged that they lacked information about viral hepatitis but that this information was important to their role as AOD workers. Some respondents recognised the specific benefits to clients of AOD workers having appropriate knowledge: “important that consumers are encouraged to get treatment” and “large patient population who have Hep C +ve and have difficulty accessing treatment”.

### **Professional Development**

Respondents were asked what publications or websites they look at to find training and professional development opportunities. Respondents reported a wide variety of sources of information.

- Websites included: Clinician’s Health Channel, Eventbrite, Health.gov, healthvic.com, ausmed.com.au, Better Health Channel, Science Direct, Medical News
- Organisations (and associated websites and resources) included: Hepatitis Victoria, Hepatitis Australia, Australian Drug Foundation, Turning Point, Anglicare, Australian Nursing and Midwifery Federation, Australasian Society for HIV Medicine, Harm Reduction Victoria, Headspace, Australian Primary Health Care Nurses Association, Monash Health, North West Mental Health, Foundation House, Spectrum, St Vincent’s Hospital, Australian Psychological Society, Forensicare, Delphi Centre, Orygen, Victorian Alcohol and Drug Association, Quitline, VicHealth, Psychotherapy and Counselling Federation of Australia, Western Health, Australian Counselling Association
- Other resources described included: Journals, Local specialist clinicians, health industry forums

More than half the respondents (53.8%) had not seen or heard any promotional material or awareness raising about hepatitis in their local area prior to the workshop. Conversely 29.7% of respondents had recently seen or heard information about hepatitis, while 16.5% of respondents were unsure.

Respondents had seen information or heard about hepatitis at health clinics, mental health clinics, workplace, billboards, emails, Harm Reduction Victoria, Headspace, Hepatitis C Clinic, Needle Syringe Program, pamphlets, posters, Tonic Health Screen, treatment brochures, and through VAADA.

## Pre-training Knowledge

Participants were asked to indicate whether each of a set of statements was “True” or “False” as an indication of their level of knowledge prior to taking part in the training.

A total knowledge score was created by summing responses to six questions (excluding g), giving a possible score between 0 and 6. The mean total score was 4.2 (standard deviation=1.5). The median (score that divides the sample into two halves) was 4 and mode (most common response) was 5.

**Table 1: True/False knowledge questions (Pre-training)**

	Total N	True	False	Don't Know
		N (valid %)	N (valid %)	N (valid %)
a. There is a vaccine for hepatitis C	164	71 (43.3%)	<b>72 (43.9%)</b>	21 (12.8%)
b. People with hepatitis may feel well even though liver damage is happening	166	<b>140 (84.3%)</b>	2 (1.2%)	24 (14.5%)
c. Hepatitis B can be transmitted from a mother to her baby	166	<b>106 (63.9%)</b>	11 (6.6%)	49 (29.5%)
d. Hepatitis cannot be transmitted through sharing razors and tooth brushes	165	27 (16.4%)	<b>111 (67.3%)</b>	27 (16.4%)
e. Hepatitis B can be sexually transmitted	164	<b>106 (64.6%)</b>	21 (12.8%)	37 (22.6%)
f. Sharing or reusing injecting equipment is a risk factor for Hepatitis C	166	<b>156 (94.0%)</b>	0	10 (6.0%)
g. Hepatitis B can be treated (and often cured) (but not cured)*	165	76 (46.1%)	43 (26.1%)	46 (27.9%)

Note: Correct answer is bolded for each question.

\* Surveys varied in the wording of this question from a) pre to post session questionnaires in the same session and b) between sessions. One version of the wording made the correct answer “False”. Therefore, it was not possible to compare responses directly and this question has been excluded from the analyses of overall knowledge.

## 2.7.2 Post-Training Knowledge, Attitudes and Intentions to Act

### Knowledge Questions

Participants were asked to indicate whether each of a set of statements was “True” or “False” as an indication of their level of knowledge after taking part in the training.

The mean for the total knowledge score (created by summing responses to six questions (excluding g)) was 5.4 (standard deviation=0.9). The median (score that divides the sample into two halves) was 6 and mode (most common response) was 6. Paired t-tests indicated the post-workshop knowledge score was significantly higher than the pre-workshop score ( $t(154) = -9.696, p < 0.001$ ).

Thus, the survey responses from this sub-sample of respondents demonstrates that the workshops had a significant short-term impact on the participants acquisition of accurate hepatitis knowledge.

**Table 2: True/False knowledge questions (Post-training)**

	Total N	True	False	Don't Know
		N (valid %)	N (valid %)	N (valid %)
a. There is a vaccine for hepatitis C	156	47 (30.1%)	<b>108 (69.2%)</b>	1 (0.6%)
b. Hepatitis B can be sexually transmitted	154	<b>145 (94.2%)</b>	8 (5.2%)	1 (0.6%)
c. Hepatitis B can be transmitted from a mother to her baby	157	<b>153 (97.5%)</b>	3 (1.9%)	1 (0.6%)
d. People with hepatitis may feel well even though liver damage is happening	154	<b>146 (94.8%)</b>	2 (1.3%)	6 (3.9%)
e. Hepatitis cannot be transmitted through sharing razors and tooth brushes	158	12 (7.6%)	<b>144 (91.1%)</b>	2 (1.3%)
f. Sharing or reusing injecting equipment is a risk factor for Hepatitis C	158	<b>156 (98.7%)</b>	2 (1.3%)	-
g. Hepatitis B can be treated (and often cured)(but not cured)*	156	91 (58.3%)	61 (39.1%)	4 (2.6%)

Note: Correct answer was bolded for each question.

\* Surveys varied in the wording of this question from a) pre to post session questionnaires in the same session and b) between sessions. One version of the wording made the correct answer “False”. Therefore, it was not possible to compare responses directly and this question has been excluded from the analyses of overall knowledge.

### Attitudes

Most respondents disagreed (“strongly disagreed” or “disagreed” = 95.4%) that it is possible to determine a person’s hepatitis status by looking at them. Similarly, 87.0% of respondents disagreed that they would not share food with a friend who had hepatitis. Overwhelmingly, respondents disagreed that only people who inject drugs are at risk of hepatitis (96.1%). These findings suggest participants did not hold stigmatising attitudes towards individuals with hepatitis. It is not possible to determine whether these attitudes were held prior to the workshops or if the attitudes were changed as a result of the workshops.

**Table 3: Attitudinal Statements**

	Total N	Mean (SD)	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	Don't Know
			N (valid %)	N (valid %)	N (valid %)	N (valid %)	N
a. You can tell by looking at someone if they have hepatitis	152	1.46 (0.63)	91 (59.9%)	54 (35.5%)	5 (3.3%)	2 (1.3%)	3
b. I would not share food with a friend who has hepatitis	154	1.64 (0.81)	82 (53.2%)	52 (33.8%)	14 (9.1%)	6 (3.9%)	4
c. Only people who inject drugs are at risk of hepatitis	157	1.34 (0.62)	112 (71.3%)	39 (24.8%)	3 (1.9%)	3 (1.9%)	1

### Intention to Act

Over three quarters of respondents indicated that they had formed an intention to act as a result of participating in the workshop, including:

- Intending to identify risk factors for hepatitis B and C for individuals (77.6%)
- Intending to recommend hepatitis testing (84.6%)

- Intending to recommend vaccinations (84.8%)

Given the low numbers of participants who indicated that they already identify risk factors and recommend testing and vaccinations, these findings suggest that the workshops had a positive influence on participants' intentions to act in the future.

**Table 4: Intentions to Act following training**

	Total N	Mean (SD)	Very unlikely (1)	Somewhat likely (2)	Very likely (3)	Already doing
			N (valid %)	N (valid %)	N (valid %)	N
a. Identify risk factors for hepatitis B and C for your clients/at risk groups	147	2.74 (0.51)	5 (3.4%)	28 (19.0%)	114 (77.6%)	9
b. Recommend hepatitis testing to at risk groups	149	2.83 (0.43)	3 (2.0%)	20 (13.4%)	126 (84.6%)	7
c. Recommend hepatitis B vaccinations to at risk groups	145	2.83 (0.43)	3 (2.1%)	19 (13.1%)	123 (84.8%)	11

### Feedback on workshops

Many respondents reported that they liked all aspects of the workshop. Overwhelmingly, respondents commented on the presenter and their style of delivery. Respondents saw the presenter as engaging, articulate, personable, open and honest (particularly about their personal experiences) and knowledgeable.

Specific aspects of the workshop that respondents liked included:

- Group discussion
- "Cards"
- Game (played at end of workshop)
- Lived experience of the presenter (including stories and personal anecdotes)
- Stigma information
- Fact sheet
- Scenarios
- Slides

### Ideas for improvement

Although feedback indicated that most respondents were pleased with the workshop as it was presented, the following improvements to the workshops were suggested:

- Provision of hard copies of the slide presentation (prior to or at the conclusion of the workshop)
- Inclusion of case studies
- Longer session
- Greater frequency of workshop or refresher courses
- Making some slides easier to read

### **Workshop commendation**

All participants who responded to the question said they would recommend *HEPReady* AOD Workforce Training to others.

## **2.8 CONCLUSIONS**

In summary, the results of the surveys suggest that the *HEPReady* AOD Workforce Training workshops had positive short-term impacts on participants' acquisition of accurate knowledge about hepatitis, and influenced their intentions to act in the future. It also seems that participants held attitudes that did not promote stigma towards people living with, or at risk of, hepatitis.

### 3. Appendix 1: Project Tasks and Timeline

MONTH	STAGE/PHASE	TASKS
June 2018	Project commencement	<ul style="list-style-type: none"> <li>• Hepatitis Victoria Induction and Orientation</li> <li>• Networking (ongoing)</li> <li>• Attendance at forums and seminars</li> <li>• Mapping of potential client organisations</li> </ul>
July 2018	Research Planning	<ul style="list-style-type: none"> <li>• Training on existing <i>HEPReady</i> Essentials material</li> <li>• Rehearsing <i>HEPReady</i> Essentials</li> <li>• Recruitment/assignment of volunteer assistance</li> <li>• Fact finding interviews with former social work colleagues</li> <li>• Individual meetings</li> </ul>
August 2018	Planning Material Preparation Drafting of AOD presentation	<ul style="list-style-type: none"> <li>• Cold calling (other) potential partner and contributor organisations</li> <li>• Meeting with stakeholders VAADA and Pennington Institute</li> <li>• Formation of focus group/s</li> <li>• Development of clear promotional campaign</li> <li>• Assessment of integration with existing Hepatitis Victoria staff and resources</li> <li>• Begin drafting an adapted <i>HEPReady</i> Essentials course, for AOD workforce</li> <li>• Development of evaluation tools, in consultation with external evaluators</li> <li>• Project development/strategic plan completion and submission</li> <li>• Graphic design</li> <li>• Blended learning courseware materials creation/adaptation</li> <li>• Beginning of promotional efforts (Video online, email, newsletter, media release)</li> <li>• Approach Medically Supervised Injecting Room (MSIR)</li> <li>• Creation of evaluation tools and reporting</li> <li>• Internal review</li> </ul>
September 2018	Metro Rollout of Training Promotion (ongoing)	<ul style="list-style-type: none"> <li>• Commencement of AOD training workshops</li> <li>• Evaluation commences (data/feedback collection)</li> <li>• Scheduling of regional program delivery with stakeholders/clients</li> <li>• Plan travel for state-wide coverage, region by region</li> </ul>
October 2018	Metro Training Delivery Regional Promotion	<ul style="list-style-type: none"> <li>• Evaluation (ongoing)</li> <li>• Focus group meeting</li> </ul>
November 2018	Regional Rollout of training (Metro delivery continues)	<ul style="list-style-type: none"> <li>• Evaluation (ongoing)</li> <li>• Reference group meeting (internal)</li> </ul>
December 2018	Mid-point assessment, 2019 planning, ongoing training delivery	<ul style="list-style-type: none"> <li>• Evaluation (ongoing)</li> <li>• Budget</li> <li>• External reference group (as required)</li> </ul>
January 2019	Ongoing metro and regional training delivery	<ul style="list-style-type: none"> <li>• Evaluation (ongoing)</li> <li>• Refinement of program</li> <li>• Mid-term Following up with client organisations</li> </ul>

<b>MONTH</b>	<b>STAGE/PHASE</b>	<b>TASKS</b>
February 2019	Ongoing metro and regional training delivery	<ul style="list-style-type: none"> <li>• Evaluation (ongoing)</li> </ul>
March 2019	Ongoing metro and regional training delivery	<ul style="list-style-type: none"> <li>• Training</li> <li>• Evaluation (ongoing)</li> </ul>
April 2019	Ongoing metro and regional training delivery	<ul style="list-style-type: none"> <li>• Training</li> <li>• Evaluation (ongoing)</li> </ul>
May 2019	Ongoing metro and regional training delivery	<ul style="list-style-type: none"> <li>• Training</li> <li>• Evaluation (ongoing)</li> <li>• Begin preparation of final report (due July 2019)</li> </ul>
June 2019	Ongoing refinement and evaluation	<ul style="list-style-type: none"> <li>• Report (towards finalised)</li> </ul>
July 2019	Final Report	<ul style="list-style-type: none"> <li>• Report delivered</li> </ul>

## 4. Appendix 2: HEPReady AOD Workforce Training Workshop Surveys

THESE QUESTIONS SHOULD BE COMPLETED **BEFORE** THE WORKSHOP

*Thank you for attending today’s workshop. Please answer the following questions to help us evaluate this training’s effectiveness. Your answers will remain confidential and you won’t be identified in any reports that are written.*

Your name: \_\_\_\_\_

Your organisation: \_\_\_\_\_

Profession/Position: \_\_\_\_\_

**Is there anything specific you are hoping to learn today?**

\_\_\_\_\_

**Please describe what motivated you to attend this workshop.**

\_\_\_\_\_

**QUIZ YOURSELF** Please indicate if you think the following statements are true or false.

	True	False	Don’t know
<b>a.</b> There is a vaccine for hepatitis C			
<b>b.</b> People with hepatitis may feel well even though liver damage is happening			
<b>c.</b> Hepatitis B can be transmitted from a mother to her baby			
<b>d.</b> Hepatitis B can be treated			
<b>e.</b> Hepatitis cannot be transmitted through sharing razors and tooth brushes			
<b>f.</b> Hepatitis B can be sexually transmitted			
<b>g.</b> Sharing or reusing injecting equipment is a risk factor for Hepatitis C			

**1.** What publications or websites do you look at to source training and professional development opportunities, if any?

\_\_\_\_\_

**2.** Have you seen or heard any promotional material or awareness raising about hepatitis in the area recently?

YES  No  Not Sure

**If Yes, what was it and where did you see it?**

\_\_\_\_\_

**THANK YOU**



THESE QUESTIONS SHOULD BE COMPLETED **AFTER** THE WORKSHOP

**1. Please indicate if the following statements are true or false.**

	True	False	Don't know
a. There is a vaccine for hepatitis C			
b. Hepatitis B can be sexually transmitted			
c. Hepatitis B can be transmitted from a mother to her baby			
d. People with hepatitis may feel well even though liver damage is happening			
e. Hepatitis cannot be transmitted through sharing razors and tooth brushes			
f. Sharing or reusing injecting equipment is a risk factor for Hepatitis C			
g. Hepatitis B can be treated			

**2. Please indicate the extent to which you agree or disagree with these statements.**

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a. You can tell by looking at someone if they have hepatitis					
b. I would not share food with a friend who has hepatitis					
c. Only people who inject drugs are at risk of hepatitis					

**3. As a result of today's workshop, how likely is it that you will do the following things?**

	Very Likely	Somewhat Likely	Very Unlikely	Already am
a. identify risk factors for hepatitis B and C for your clients/ at risk groups				
b. Recommend hepatitis testing to at risk groups				
c. Recommend hepatitis B vaccinations to at risk groups				

**4. What did you like about the workshop?**

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**5. What could we have done better?**

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**6. Would you recommend this workshop to others?**

YES  NO

**7. TESTIMONIAL: Do you give us permission to use your written comments in promotional material? (without identifying you)**

YES  NO

*Thank you for taking the time to answer these questions. Your feedback is valuable.*

## 5. Appendix 3: Pilot HEPReady AOD Workforce Training Workshop Surveys

### HEPReady® Test your knowledge!

How confident are you in your knowledge of the following:	Not very confident	Somewhat	Very confident
Transmission of hepatitis A, B & C			
Vaccination for hepatitis (priority populations)			
The types of testing procedures for hepatitis A, B & C i.e., blood test etc.			
The types of treatment for hepatitis A, B & C			
The discrimination people living with viral hepatitis experience			
Integrated Hepatitis Assessment and Care (IHAC) pathways			
Speaking with clients about their hepatitis status/their risk of living with viral hepatitis			
Privacy laws in this area.			

Is there anything else you are hoping to learn about today?

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NAME:

ORGANISATION:

EMAIL:

PHONE:

## HEPReady® AOD Workforce Training Evaluation and Feedback

Please rate to what degree your learning needs and learning objectives of the program have been met.	Not met	Partially met	Entirely met
Please rate to what degree this activity is relevant to your practice.			
1. Explain the different ways viral hepatitis A, B & C are transmitted.			
2. Identify priority populations for hepatitis A, B & C			
3. An understanding of the testing process for hepatitis B & C			
4. Discuss vaccination and/or treatment for hepatitis A, B & C			
5. Describe the ethical and legal issues relating to privacy, stigma and discrimination.			
6. Conduct sensitive conversations with clients about viral hepatitis.			
7. Explain Integrated Hepatitis Assessment and Care pathways.			

If you have answered “not met” to any above, please tell us how we can improve course content and presentation?

---

What aspect of the course did you like the most?

---

What suggestions would you like to make to improve this course?

---

Would you recommend this HEPReady AOD course to others? Yes  No

### TESTIMONIAL

Please make further comments about the course – why you thought it was helpful. We would like to use these comments in marketing and promotional materials.

---

Do you give us permission to use? Yes  No

If Yes, please provide details on the other side of this form. We will check your statement with you before any use.

## 6. Appendix 4: Results of the Pilot Pre-Training Surveys

### 1. How confident are you in your knowledge of the following:

Table 5: Confidence in areas of knowledge

	Total N	Mean (SD)	Not very confident (1)	Somewhat confident (2)	Very confident (3)
			N (valid %)	N (valid %)	N (valid %)
Transmission of hepatitis A, B & C	122	1.83 (0.64)	37 (30.3%)	69 (56.6%)	16 (13.1%)
Vaccination for hepatitis	119	1.62 (0.65)	56 (47.1%)	52 (43.7%)	11 (9.2%)
Types of testing for hepatitis A, B & C	122	1.67 (0.60)	48 (39.3%)	66 (54.1%)	8 (6.6%)
Types of treatment for hepatitis A, B & C	122	1.54 (0.63)	65 (53.3%)	48 (39.3%)	9 (7.4%)
Discrimination of people living with viral hepatitis	122	1.87 (0.70)	39 (32.0%)	60 (49.2%)	23 (18.9%)
Integrated Hepatitis Assessment and Care (IHAC) pathways	122	1.47 (0.61)	72 (59.0%)	43 (35.2%)	7 (5.7%)
Speaking with clients about their hepatitis	122	1.58 (0.69)	65 (53.3%)	43 (35.2%)	14 (11.5%)
Privacy laws in this area	120	1.52 (0.65)	68 (56.7%)	42 (35.0%)	10 (8.3%)

### 2. Is there anything else you're hoping to learn about today?

Specific topics that respondents reported they were hoping to learn included:

- Differences between hepatitis A, B and C
- Treatment approaches (and barriers to treatment) and referral pathways
- Harm minimisation
- Stigma and discrimination
- Transmission pathways
- Safe practices in working with clients living with hepatitis
- Tools, resources and supports
- Latest research about viral hepatitis

## 7. Appendix 5: Results of the Pilot Post-Training Surveys

### 1. Please rate to what degree your learning needs have been met.

Table 6: Self-reported learning needs met

	Total N	Mean (SD)	Not Met	Partially Met	Entirely Met
			N (valid %)	N (valid %)	N (valid %)
Explain different ways viral hep A, B & C are transmitted	122	2.97 (0.18)	0	4 (3.3%)	118 (96.7%)
Identify priority populations for hep A, B & C	121	2.93 (0.26)	0	9 (7.4%)	112 (92.6%)
Have an understanding of testing for hep A, B & C	121	2.92 (0.28)	0	10 (8.3%)	111 (91.7%)
Discuss vaccination/treatment for hep A, B & C	121	2.91 (0.29)	0	11 (9.1%)	110 (90.9%)
Describe ethical and legal issues re: privacy/stigma/discrimination	121	2.85 (0.36)	0	18 (15.0%)	102 (85%)
Conduct sensitive conversations with clients about viral hepatitis	120	2.78 (0.44)	1 (0.8%)	25 (20.8%)	94 (78.3%)
Explain Integrated Hepatitis Assessment & Care pathways	119	2.79 (0.41)	0	25 (21%)	94 (79.0%)

### 2. What aspects of the course did you like the most?

Respondents indicated that they like the following specific elements of the course:

- Discussions
- Card games
- Casual nature of delivery
- Engaging presenter
- Lived experience
- Q&A

### 3. What suggestions would you like to make to improve this course?

Respondents provided the following suggestions to improve the course:

- Length of session
- Greater depth about having sensitive conversations with clients
- Information about correct language to use
- Health and treatment promoting videos

### 4. How did you find out about this course?

Respondents reported that they found out about the course through their workplace.

### 5. Would you recommend this HEPReady Essentials course to others?

Of the 115 respondents who answered this question, 99.1% (n=114) would recommend the HEPReady Essential course to others.