

hepatitis*wa*

► ANNUAL GENERAL REPORT 2013/2014



The purpose of HepatitisWA is to respond effectively to the needs of people affected by hepatitis, and to enhance community awareness, health and wellbeing through information dissemination, education, support and advocacy in relation to hepatitis.

The vision of HepatitisWA is to provide leadership in developing a world where people affected by hepatitis are able to maximise their health and wellbeing and where hepatitis will be eliminated.

The aims of HepatitisWA are to:

- * Minimise the personal and social impact for people affected by hepatitis.
- * Provide an information service about viral hepatitis.
- * Assist in preventing the transmission of hepatitis.
- * Promote community awareness of hepatitis.
- * Contribute to community, state and national hepatitis prevention initiatives.
- * Influence public health policy and practice, and law in relation to hepatitis.

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FROM THE CHAIRPERSON

September 2014

Another year has passed and HepatitisWA continues to work to keep all those affected up to date with all the new developments especially in the area of treatment. Significant improvements in hepatitis C treatment in the form of new drug therapies have occurred over the past few years and interferon free treatments specifically targeting genotype-one are proving to be effective with a more than 80% success rate, a vast improvement from the estimated 50% success in the past. Nevertheless, the new treatments are extremely expensive costing in the vicinity of \$85,000 for a complete course. This cost is obviously out of reach for the majority of people and we are working with Hepatitis Australia to lobby the government to cover the cost of hepatitis C treatment through the

Pharmaceutical Benefits Scheme. This lobbying will continue to be a focus as each new drug is developed and approved for use in Australia. In the meantime hepatitis C transmission continues to occur albeit at lower rates than those recorded in the past. The vast majority of new infections are the result of unsafe injecting and harm reduction programs such as needle and syringe programs and prevention education remain critical in the battle to control this on-going epidemic. This is especially important in prisons where the prevalence of hepatitis C is particularly high and risk factors for transmission are common. HepatitisWA continues to contribute to prison education with its HIP HOP program and we continue to support the introduction of needle and syringe programs in prison to prevent the spread

of blood borne viruses. Hepatitis C treatment programs in prisons continue to develop and despite on-going barriers more prisoners are successfully completing treatment. The future interferon free treatments of shorter duration and fewer side effects will enable treatment in prison to expand, hopefully reducing the overall prevalence of hepatitis C and thus reducing the risk of transmission.

Chronic hepatitis B continues to cause concern given its association with liver cancer. HepatitisWA is working to expand its hepatitis B program and continues to encourage all people to take advantage of hepatitis B universal vaccination programs available to all in Australia.

“

I applaud the work that HepatitisWA staff and management continue to achieve and thank the Board of Management for its leadership and guidance which brings me to an announcement. This is my final 'From the Chair' report; my time as Chair of the HepatitisWA Board has come to an end and at the 2014 Annual General Meeting I will be stepping down after a decade in the Chair. I have thoroughly enjoyed my time as Chair and have been ably supported by all staff and other members of the Board. This brings me to another resignation from the Board: after more than 13 years Maria Kroon, 'treasurer extraordinaire' is also stepping down. In addition to her role as treasurer Maria has been an active volunteer with HepatitisWA dedicating countless hours to the organisation. I wish to take this opportunity to thank Maria for her dedication and service to HepatitisWA over many years. In true Maria fashion she will remain a volunteer with the organisation so her familiar face will still be seen in our Northbridge office.

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So, for the final time I end this annual report From the Chair. I leave the Board in the capable hands of on-going Board members and the organisation in the capable hands of the management and staff. I wish all members, Board members and staff all the best for the future and I am confident that HepatitisWA will continue to provide essential support services, prevention education and workforce development in the years to come.

FAREWELL,



Dr Susan Carruthers
Chairperson



EXECUTIVE DIRECTOR'S REPORT

This year started with HepatitisWA moving to new premises in Aberdeen Street, Northbridge. The new premises were outfitted to meet our needs and will accommodate the expansion of the organisation across the next decade. With the transition we initially lost approximately fifty percent of our Needle and Syringe Program clients, however client numbers have slowly recovered during the first half of 2014. With the support of the West Australian Substance Users Association (WASUA) we have maintained our fortnightly limited clinic service which has seen a steady increase in demand.

In the later part of 2013 we increased our managerial capacity with the introduction of a Community Services Project Manager position. We were fortunate to recruit Ms Sally Rowell to

the position as Sally brings with her seventeen years experience in the Blood Borne Virus Sector. Early 2014 saw a transition for some long standing staff, however we have been able to recruit excellent new staff and have re-established a strong team.

Highlights for the period included a workforce development trip to the Kimberley which encompassed both Broome and Derby; and also two visits to the Pilbara. The first trip to the Pilbara, included Karratha, Roebourne and Port Hedland, the purpose of which was to introduce HepatitisWA to a range of services, and to gain a better understanding of the landscape to prepare for a return trip which occurred in June. On the second visit a range of workshops were held in Karratha and

Port Hedland targeting pharmacies, hospital staff, youth and local council services, as well as needle and syringe services.

One of the positive outcomes of the visits to the Kimberley and the Pilbara has been a commitment by service providers to establish local networks to enable service providers to engage in ongoing dialogue regarding blood borne viruses, harm reduction and needle and syringe services, to seek solutions to localised challenges. In response to this, HepatitisWA has established a working group with the Aboriginal Health Council and the Drug and Alcohol Office to explore how we might collectively support and enhance service delivery in the Pilbara.

Earlier this year HepatitisWA sought permission to adopt the community awareness campaign 'C the person not the disease' developed by Hepatitis NSW. We have adapted the campaign to suit our needs and target audiences, and have negotiated appropriate advertising to maximise our reach into the community. The campaign will be launched in July 2014 and target health professionals and the general community.

HepatitisWA has continued to have a presence on a range of local and national committees to contribute to the response to hepatitis C and B. In an effort to enhance localised partnerships, HepatitisWA, the West Australian AIDS Council, the West Australian Substance Users Association, Sexual and Reproductive Health WA and Magenta/SWOPWA, have established the 'Western Australian Sexual Health and

Blood Borne Virus Alliance'. The objectives of the Alliance are to:

1. Enhance a collaborative environment across the sector, and with allied services, to improve service delivery and provide better outcomes for clients.
2. Promote and participate in appropriate research.
3. Provide advocacy on agreed relevant issues.

The Board of HepatitisWA has strengthened its membership and has undertaken governance training through WACOSS. HepatitisWA has undertaken an external review of occupational health and safety matters resulting in upgrading our relevant policies and procedures. With the successful introduction of the Community Services Project Managers position, all project position descriptions have been reviewed and/or revised, and all internal policies and

procedures have similarly been reviewed.

As the reporting period draws to a close we have successfully repositioned the organisation with the move to new premises, we have enhanced existing collaborative partnerships and established new relationships with neighbouring services and agencies. All projects are fully staffed and morale in the organisation is high.

HepatitisWA is well placed to continue our work into the future. I take this opportunity to thank all staff past and present for their excellent work; and the Board and our funding bodies for their continued support.

Yours faithfully

Frank F Farmer

Executive Director





TREASURER'S REPORT ◀

It has been a busy year financially for HepatitisWA, after a long search, it finally relocated to bigger premises at 134 Aberdeen St, Northbridge in September 2013 with a 5 year, + 5 year option lease. Provision had been made for the move and purchase of a new IT server. The new premises required a complete fit-out. The owner paid \$40,000 towards the fit-out and agreed to a rent free period of 4 months. This allowed the fit-out to take place rent free and ensured that no double rent was paid. OFP Builders assisted by obtaining free "as new" desks, chairs and workstation screens. All furniture at 184

Beaufort Street, purchased in 08/09 with a lotteries grant, was donated to NFP's and charities, all of whom were very thankful and happy to pick it up. The relocation to Aberdeen Street went very smoothly and came in under budget at a net cost of \$92,804 after provisions, and was paid from reserves.

Grants that rolled over to the 2014/2015 year totalled \$123,477 — this comprised of \$111,771 from Core Funding, \$4,321 from the Vending Machine project and \$7,383 from Community Grants. The Core Funding surplus reflected several of the positions vacant at times

during the year. Since April 2014 there has been a full complement of staff.

I have completed the maximum tenure allowed in the constitution as Treasurer of HepatitisWA. It has been both pleasing and exciting to see the progress of the organisation, and contribute to the efficient financial operations.

I look forward to continuing my relationship in my existing role as a volunteer for HepatitisWA.

MARIA

Treasurer

BALANCE SHEET

30TH JUNE 2014

Assets		
Current Assets		
Cash On Hand		
Cheque Account	\$381,726.19	
Term Dep Bank Gtee 134Aberdeen	\$30,477.36	
Total Cash On Hand	<u>\$412,203.55</u>	
Receivables	\$12,134.00	
Total Current Assets	<u>\$424,337.55</u>	
Total Assets		<u>\$424,337.55</u>
Liabilities		
Current Liabilities		
Trade Creditors		\$10,601.46
Volunteers expense		\$1,050.00
GST Liabilities		
GST Payable Control	\$38,327.00	
GST Input Tax Credit	<u>-\$10,067.74</u>	
Total GST Liabilities		<u>\$28,259.26</u>
Payroll Liabilities		
PAYG Tax Withheld		\$7,210.99
Employer Superannuation Paybl		\$4,092.33
Workcover		\$3,013.41
Super Sal Sac contributions		\$600.00
Staff Entitlements		\$41,407.61
Other Liabilities		
Maintenance		\$7,230.09
Grants paid in advance		\$5,390.00
Grants rolled over		\$123,477.87
IT Provision		<u>\$3,000.00</u>
Total Liabilities		<u>\$235,333.02</u>
Net Assets		<u>\$189,004.53</u>
Equity		
Retained Earnings	\$212,866.89	
Current Year Surplus/Deficit	-\$60,707.36	
Opening Balance	<u>\$36,845.00</u>	
Total Equity		<u>\$189,004.53</u>



PROFIT & LOSS STATEMENT

JULY 2013 THROUGH JUNE 2014

INCOME	
Memberships	\$505.00
Bank Interest	\$10,684.89
Donations	\$13.00
Misc Income	\$40,000.00
NSP	\$1,023.80
Reimbursements/refunds	\$4,516.80
Sponsorship	\$8,785.00
FUNDING INCOME	\$1,097,498.91
Total INCOME	<u>\$1,163,027.40</u>
 Gross Profit	 <u>\$1,163,027.40</u>
Expenses	
Operating Expenses	\$396,428.48
Employment Expenses	\$655,283.02
Travel Expenses	\$48,545.39
Total Expenses	<u>\$1,100,256.89</u>
Operating Profit	<u>\$62,770.51</u>
 Net Surplus / (Deficit)	 <u>\$62,770.51</u>

VIVIANNE

Administration & Finance Manager



CERTIFICATE OF AUDIT

1 July 2013 -30 June 2014



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Northbridge

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Lakelands WA 6180

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I certify that in my opinion, the attached financial statements of Hepatitiswa Inc for the period **1st July 2013 to 30 June 2014** (comprising of the statement of Financial Performance, Statement of Financial Position, Statement of Cash flows and the Notes to the Financial Statements, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia), are based on proper accounts and present fairly the true financial position of Hepatitiswa Inc and its financial performance and its cash flows for the year ended 30 June 2014

There is no material indebtedness or any other material contingent liability that is not disclosed in these accounts. There has been no change in the affairs of the Hepatitiswa since the date to which these accounts relate which may have an adverse effect on Hepatitiswa.

AUDITOR

Signature:

signed copy held in office

Full Name:

Richard J Taylor

Membership:

B.Comm. CPA

Date

16th July 2014



PROJECT MANAGER ◀

I can't quite believe that I have been at HepatitisWA for nearly 8 months. The time really has gone so fast and whilst there have been some challenges along the way, I can honestly say that I have really enjoyed my time here.

Whilst I have been in the Sexual Health and Blood-borne virus sector for nearly 20 years I have had to brush up on my knowledge relating to viral hepatitis. I must thank all the staff of the agency for being so generous with their knowledge and time in helping me to get up to speed. I am certainly no expert but I do feel more confident in the area.

As I mentioned there have been a few challenges along the way which have included the departure of a couple of staff. It is inevitable that when there is new management the organisation will go through some changes. Whilst farewelling staff can be unsettling for a period of time we have been very lucky to secure the services of some great people who bring with them new ideas and skills. It is also an opportunity for other staff members to be rejuvenated and reinvigorated about their work. Even though we have been short staffed at times we have managed to meet our commitments to the Health Department and the Department of Corrections.

I must thank the staff who have really gone out of their way to ensure that we have met those commitments with a minimum of fuss. One of my main focuses over the past 8 months has been to review the policies and procedures of the organisation ensuring that they are up-to-date and in-line with our requirements.

I have also spent time working with staff on their work plans for the year ahead and ensuring that they are skilled-up to meet the requirements of those work plans. As our work becomes more and more evidence and outcomes based we have been lucky enough to



engage trainers from The Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) to provide training on planning and evaluation methods. This training has provided the staff with a good grounding of collecting evidence and outcomes based evaluation.

We have made some changes to our Information and Support Services portfolio to have a greater focus on prisons which is identified as a priority target group in the Fourth National Hepatitis C Strategy.

Whilst we do already have a significant presence in prisons through our HIP HOP program, we are now exploring how as an agency we may be able to support

prisoners around the uptake of hepatitis C treatments. The very low numbers of prisoners currently on treatments has become a priority area for us and we will be working with the prison health services to look at ways of increasing these numbers.

We are also looking at the very long waiting lists that exist in the public hospital liver clinics for people living with hepatitis C, and ways in which our agency may be able to increase our support which potentially can decrease these waiting lists and increase the number of people going on to treatment.

Another significant change that has taken place is within our Youth Program which is now the Health Promotion Project.

Broadening the scope of the project from only youth to people who inject drugs, Aboriginal peoples and people from Culturally and Linguistically Diverse populations. This again reflects the requirements of the new National strategy.

So to finish, it has been a very busy but satisfying 8 months and I am very hopeful that we have some exciting and important projects starting up in the future, ones that the staff and I are looking forward with great enthusiasm to developing.

Cheers.

SALLY

Community Services Manager

► NEEDLE & SYRINGE PROGRAM

The NSP has been quieter in the last year than in previous years. This could be attributed to our change in premises in late 2013. Numbers significantly dropped off following this move, and reduced to half the average amount for a few months. Client numbers and the number of fitpacks going out have slowly increased and are now close to Beaufort St figures which is encouraging. We have seen regular Beaufort St clients returning after not seeing them for a few months, and we have seen an increase in new clients, and also an increase in younger clients possibly coming from surrounding services such as Passages, Magenta, and Ruah community services. We have started recording any brief intervention/education sessions that occur with clients in the NSP. This happens very

regularly and is a good reflection of the effort made to engage with clients in a meaningful way. Feedback from clients is that they are very happy with our service, and feel very comfortable entering the premises. Most of the informal education sessions that we have with our clients is about hepatitis C, general health and drug trends. An initiative that has been very successful and provides an opportunity to engage with clients is the introduction of fruit in the NSP. On a weekly basis we have fruit donated by Foodbank, which we have available for clients when they come in. This gives our volunteers an opportunity to start a conversation with clients by offering them some fruit to take with them. It's greatly received by many of our clients and for some it may be the first food they have had for the day.

There have been an increased number of

informal referrals made in the NSP this year, with many being referred to our Support Services and our Clinical Services. HepatitisWA with the generous assistance of the WASUA nurse provide fortnightly clinical services for people who want to be vaccinated against hepatitis B or may be seeking BBV and STI testing. The number of clients accessing our clinical services has increased since moving to the new premises. This service is mainly promoted through our NSP, through agencies within the surrounding area and also through our presentations delivered to clients in rehab centres and prison.

We carried out many health promotion initiatives in the NSP during the year, many keeping in-line with international and national health promotion campaigns. Some of these included;

Mental Health week, Overdose Awareness, World AIDS day, nutrition, Men's health week, Drug action week, and of course Hepatitis Awareness Week. Informative resources, promotional items, and healthy food were available in the NSP, and volunteers were encouraged to engage with clients regarding the health topic.

The number of calls on the Helpline service also decreased following our move, they did however, increase significantly in the beginning of 2014. The most popular topic discussed was hepatitis C treatment, possibly due to all the media surrounding the pegylated Interferon-free treatments that were under review at the time. Many referrals were made to other HepatitisWA services such as support services, and our clinical service.

Two recruitments were carried out for the Volunteer program during the last 12 months. We recruited 15 volunteers for the August 2013 intake and 14 for the March 2015 intake. We have been able to staff the NSP and Helpline services relatively well, although many volunteers have not been able to commit to our program for more than a few months due to changes in university timetables, finding full time employment or due to personal issues. The next volunteer training course will be held at the end of August 2014, and we have managed to recruit some more 'mature aged', retired volunteers who may be able to offer more commitment and reliability.

During June 2014 we trained two of our very capable volunteers to do public speaking. The training went

over the course of two afternoons and covered general public speaking tips, including how to cater for specific groups that HepatitisWA may be asked to deliver to, and also a practical component on the second day. Consequently, these volunteers are in the process of shadowing and co-facilitating workshops with the Workforce Development Officer and the Health Promotions Officer to build their confidence with the idea that they will eventually deliver sessions on their own. This will provide the agency with more opportunity for talks to be delivered. This training will be offered to the next group of volunteers also in the coming months.

NADIA

NSP/Volunteer Coordinator





INFORMATION & SUPPORT



Information and Support services has once more had a very productive year. There was an average of 7 education sessions per month provided over the past 12 months to approximately 923 participants. The majority of participants were either at high risk of contracting hepatitis C or people living with hepatitis C. These presentations were mainly delivered at residential alcohol and other drug facilities including Serenity Lodge, Palmerston Farm, the Cyrenian Therapeutic Program, Bridge House and Harry Hunter's, Hill Street and Next Step Detoxification Unit. Presentations are designed to inform and encourage

people affected by hepatitis B and/or C, to link in with GP or specialist assessment.

Presentations have regularly presented the opportunity for clients to briefly engage with HepatitisWA's services. Appropriate resources were provided at all information sessions. Due to the reshuffling of programs, from April 2014, these presentations no longer came under this program and have moved to the Health Promotions program.

One-to-one interactions with clients continue to occur regularly and there have been 365 interactions this year, with the majority of those

being telephone interactions. We are pleased to note that there is an increase in new client contact and this meets earlier aspiration that new client interactions would increase over time. Discussions around current treatment, side effects, symptoms and support continue to dominate during interactions, with many enquiries being made about the availability of the new treatments. About 80% of interactions have been with people living with hepatitis C and 10% living with hepatitis B. The remainder of interactions have been with 'persons affected' by either hepatitis B or C including family/partners



of people living with viral hepatitis.

Over the past 12 months we have facilitated HepatitisWA support group meetings for people living with chronic viral hepatitis. The group is a peer-based group and allows for participants to come and go as their needs require. Currently attendance is between five to seven members per meeting. The support group has been well received by clients and promises to continue to grow and develop over time.

Prisons have always been acknowledged as having high numbers of people with hepatitis C due to the large volume of people who are incarcerated for drug related crimes. It is also acknowledged that unsafe injecting practices occur

in prison and with no access to sterile injecting equipment there is an increased risk of prisoners contracting hepatitis C. The uptake of hepatitis C treatments is very low by prisoners and this has been of concern to HepatitisWA for some time. We have acknowledged that there are a number of issues which make it difficult for prisoners to access treatments and so in April of this year discussions commenced with the Department of Corrective Services and Health Services within Casuarina to look at the possibility of our agency delivering a pilot project which would provide support to prisoners whilst on hepatitis C treatments. This idea has been well received in principle by the department and medical services. We are currently still in discussions with the prisons to look at what format this pilot

project would take and in which prison we would best be suited to deliver it.

Our positive relationship continues with all three liver clinics in the metropolitan area with us maintaining strong relationship with the staff at these services. Continued investment is required to streamline referral pathway and strengthen existing relationship with the liver clinic to ensure that HepatitisWA continues to be a preferred referral option for patients of the clinics.

AMINEH

Support Services

► WORKFORCE DEVELOPMENT

During July 2013 to June 2014 there was a consistent demand for workforce development amongst a wide range of different workforce groups.

As usual, the main workforce group targeted were groups directly engaging with our priority populations, such as alcohol and other drugs (AOD), mental health, and Needle Syringe Program (NSP) workers. HepatitisWA was quite successful at accessing these

groups, with a stable demand for training amongst AOD workgroups, and a slight increase in training amongst the mental health and NSP workforce groups. The feedback we received from our AOD and mental health workshops indicate that the information these professionals are wanting is accurate and includes information relating to the advancing hepatitis C treatments. I would anticipate a further increase in demand for training in the next 12 months stemming

from the need for AOD and mental health groups to become more familiar with the next wave of hepatitis C treatments. We will of course use this motivation for training as a mechanism for enhancing knowledge and confidence in discussing other issues related to viral hepatitis.

There was a slight decrease in the number of workforce development opportunities conducted with medical practitioners and allied health workforce



groups. However, HepatitisWA continues to be re-invited to some significant training opportunities on a yearly basis, such as the Gastroenterology nurse's annual training update at Sir Charlie Gardener Hospital's liver clinic, and a presentation to 2nd year medical students at Notre Dame University. In the coming year we will be promoting our services to more primary medical workforce groups.

There has been a surprisingly steady increase in the demand for training amongst 'other' workforce groups. This is primarily workforce groups who are likely to come into contact with the various body fluids that hepatitis viruses are transmitted through. We market these workshop as focusing on Occupation Health and Safety (OHS), such as managing sharps and body fluid spills and staff

vaccination procedure. We do also use these workshops as an opportunity for us to demonstrate the importance of workforce groups utilising standard precautions within the workplace. This is used to highlight the potential for discrimination and its impact on people living with viral hepatitis. The increase in demand for these workshops is largely influenced by our organisation being deemed a preferred and recommended provider of training following improvement notices issued by Worksafe. It is anticipated this trend will continue into the next year.

HepatitisWA has continued to provide training to a range of pharmacy workforce groups related to pharmacy NSP enhancement. This includes a number of community pharmacy NSP enhancement workshops (both regional and metropolitan), annual

invitations to present to pharmacy students at UWA and Curtin University, and ongoing training throughout the year with pharmacy assistants through the Meditrain Pharmacy Assistant course. HepatitisWA has maintained its partnership with the Pharmaceutical Society of WA throughout 2014, and continues to offer Continual Professional Development (CPD) points to pharmacists and pharmacy interns who attend our educational workshops. HepatitisWA has also maintained its partnership with ASP Healthcare, and continues to produce promotional stickers that are applied by ASP Healthcare free of charge to all Fitpack products sold in WA pharmacies.

MATT

Workforce Development





MULTICULTURAL SERVICES ◀

This program has had a very productive and busy year with a number of key achievements. Even though we have had a change of staff in this program there has still been a large volume of work undertaken.

During Hepatitis Awareness Week we were able to get a number of articles published and broadcast through Culturally and Linguistically Diverse (CaLD) media. These media outlets included the Cantonese, Mandarin, Anglo-Burmese and Thai radio programs and the China Times.

We were fortunate in being

invited to attend and provide exhibition tables at a number of events during the year including at the Australasian Refugee Health Conference, Rural HealthWest Conference, Australasian – Asian Association Family Day, and the Central Institute of Technology and University Orientation Days. This is a great opportunity for us to raise our agencies profile to a range of people from CaLD backgrounds who potentially could be living with hepatitis B or at risk of contracting the virus. We would like to take this opportunity to thank Family Planning of WA and the Australian Society of HIV Medicine (ASHM) for

partnering with us to attend some of these events.

The former Project Officer undertook a visit to the Kalgoorlie region to consult with service providers around what services are available to CaLD persons relating to viral hepatitis. This visit coincided with the delivery of a hepatitis B update to GPs in partnership with ASHM. It was also an opportunity to provide some training to a number of community organisations, services and community members. Access to testing and treatments for viral hepatitis in regional areas continues to be an issue for people who are not



permanent residents of Australia.

Two other GP updates on viral hepatitis were conducted in partnership with ASHM, one in the metropolitan region and one in Bunbury. HepatitisWA also partnered with GILEAD pharmaceuticals to present another GP update on hepatitis B in the metropolitan area.

A series of six information sessions were conducted at Boogurlarri Community Centre with a range of people from CaLD backgrounds including: Kiswahili, Afghani, Malaysian, Cambodian, Chinese and Burmese. Along with us providing education and information to these communities it was also a great opportunity for these communities to

provide feedback to us, with the best way of providing training and information sessions that will be not only culturally appropriate, but also provide the best learning opportunities.

The Project Officer has had the opportunity to be involved in representing HepatitisWA on a number of committees and groups at both a state and local level. This has included being a part of the steering group for the on-line training in Cultural Competency in Sexual Health. This representation provides us with the opportunity to ensure that viral hepatitis remains on the agenda and that we are able to continue advocating for access and treatment for viral

hepatitis for CaLD communities.

We are very pleased to announce that a DVD that has been in the making for some time has finally been produced and is being distributed. The DVD has been produced in four languages: English, Burmese, Chin and Karen, and has been produced to encourage CaLD communities and other groups to develop knowledge, attitudes and skills to get tested, choose healthy lifestyles, promote healthy environments and create safer communities around viral hepatitis.

AMANDA

Multicultural Services

► HEALTH PROMOTION PROJECT

During the year there have been a number of changes to this program, which has included a staff change, moving from only being youth focused to broadening the focus to also include other target populations as identified within the National Hepatitis C strategy, including those living with hepatitis C, Aboriginal and Torres Strait Islander peoples, young injectors and/or new

initiates to injecting. There has also been a change of title for the program from Youth Services to Health Promotion.

During Hepatitis Awareness Week we ran a 'Phone Shot' competition and online exhibition for young people, with the focus being on increasing awareness of issues associated with viral hepatitis including risk taking, prevention and harm reduction. HepatitisWA worked

with youth agencies and young people to produce pieces of art, which depicted health messages via the medium of digital camera photography. The competition and exhibition was open to young people residing in WA aged between 12 and 21. The images that they took were displayed on the HepatitisWA Facebook page and people were encouraged to vote for their favourite shot.



A large number of my work comprises of education sessions delivered in Alcohol & Drug services. HepatitisWA have reoccurring bookings at many service providers and I have focused on maintaining these positive relationships.

The education sessions continue to be relevant to the target group, although it has been recognised that many clients are repeating training sessions either concurrently; in a detox/ withdrawal unit followed by rehab, or in different facilities such as prison. This issue can easily be addressed by varying the style of presentation and delivery, which will likely be an ongoing area for professional development.

HepatitisWA has a consistent presence in the Youth sector, though this has been

identified as an area for future expansion. Requests from schools for classroom education sessions or health expos are common and provide opportunity for valuable interaction with young people on relevant areas which typically include body art and the blood rule. A resource is being developed for school leavers who may be considering body art, especially overseas.

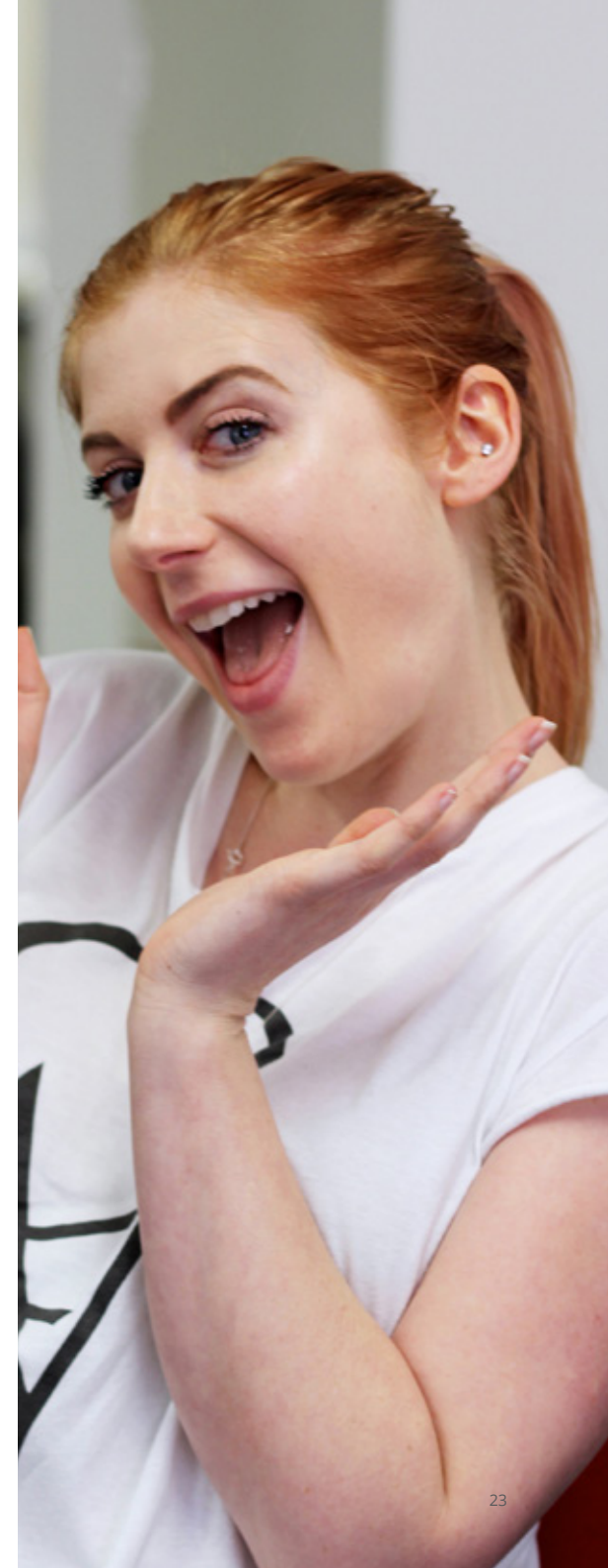
Basketball continues to be an area of interest for youth and provides an area of opportunity to become involved in community events at youth service centres. HepatitisWA has participated in several events in conjunction with WA Police, various PCYC and local community organisations. Using the 'Play the blood rule' campaign merchandise and

the airbrush tattoo machine enables the blood awareness messages to be delivered in an age appropriate and interesting way.

One of the areas that we are exploring is looking at what opportunities are available to be involved with young people exiting the juvenile justice system. I have been working with Outcare to develop a collaborative approach and look forward to reporting on the progress of this in the next report.

BRENNA

Health Promotions



MARKETING REPORT

HepatitisWA has marketed our brand and profile this year through the development and dissemination of resources through community events, email promotions, social media, web communications and commissioning paid advertising. We have reached over 60,000 people through various marketing strategies this year.

Resource Management System

HepatitisWA has commissioned a software programming company to produce a customized resource management and ordering system. The company was commissioned in June of 2013, and the system was officially implemented in March of 2014. The system has since been utilised by staff to track and manage resources, while providing a 100% online automated ordering system

to the public. For ordering resources, people can visit the HepatitisWA website at www.hepatitiswa.com.au/resources and order multiple resource items online. Their order is then emailed as a packing slip, and fulfilled by volunteers each day. Staff members can login to the system and replenish the stock of items and produce reports on the dissemination of resources. As we utilize the system, we are still ironing-out the kinks and finding out more ways to efficiently and effectively use it, while adding improvements over time.

Resource Development and Dissemination

HepatitisWA has developed over 20 new resource items during the year, producing an excess of 100,000 items in total, and distributing more than 20,000 (physical and digital) resources into the community. These included brochures, factsheets, magazines and paid print advertisements.



Handing out these resources gives HepatitisWA staff and volunteers the opportunity to interact, educate and provide information on viral hepatitis to community members. It is also a perfect opportunity to raise our agency profile.

Website

Our official HepatitisWA website at www.hepatitiswa.com.au, continues to be routinely updated with events and notices under 'Noticeboard'. We have received a healthy number of hits on our website with the number of visitors being over 44,000 this year. The majority of people found our website via the "Google" search engine and by typing in the key words "Hepatitis WA" which would indicate that our agency profile is well known in Western Australia. We will be revising our website over the next year, giving it a good clean and optimising our content, while exploring Search Engine Optimisation (SEO) and Search Engine Marketing (SEM) strategies with the aim of yielding better results into the future.

FELICIA

Marketing & Resources

60K

People
reached

100K

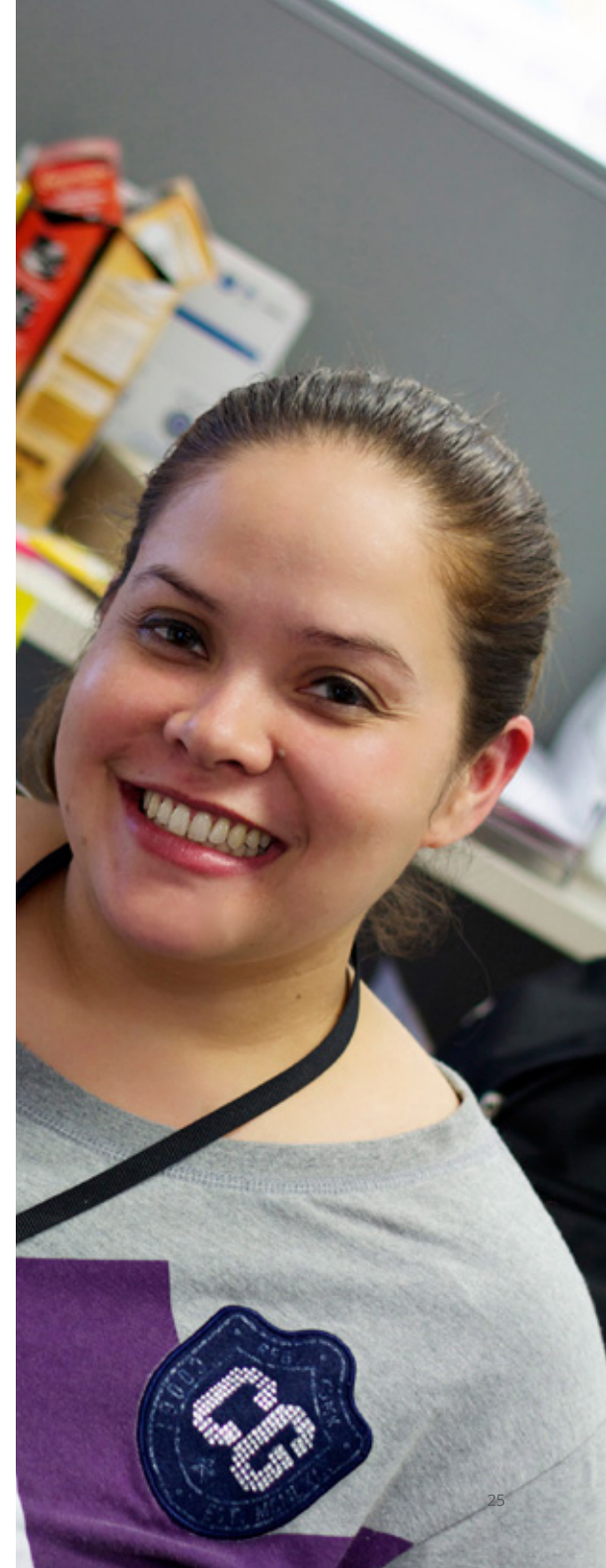
Resources
produced

20K

Resources
distributed

44K

Website
visits



hepatitis*wa*

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