

Qualitative Report

*A report of activities funded by ACT Health for
Hepatitis C Programs*

2009 - 2010



Produced by ACT Hepatitis Resource Centre Inc

as a requirement of the Service Funding Agreement (2007 – 2009) with ACT Health

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Hepatitis C in Australia

(Extracted from the Third National Hepatitis C Strategy 2010 – 2013, pages 3 – 6)

Hepatitis C is a significant public health problem and one of the most commonly reported notified diseases in Australia. At the end of 2008, there were an estimated 284,000 people who had been exposed to Hepatitis C with 212,000 estimated to have chronic Hepatitis C. An estimated 10,000 new infections occur annually, and this figure has declined since 2001

Hepatitis C is a BBV predominantly transmitted through sharing injecting equipment, which accounts for approximately 90 per cent of new infections and 80 per cent of existing infections. Transmission can also occur:

- through non-sterile tattooing and body piercing
- through non-sterile medical or dental procedures, particularly in countries of high Hepatitis C prevalence.
- from mother to infant during delivery if the mother has detectable Hepatitis C virus in her blood •
- in occupational settings through needle-stick injuries and accidental exposures to infected blood or blood products
- through transfusion of infected blood or blood products in Australia before 1990.

The prevalence of Hepatitis C is disproportionately higher among people in custodial settings given the high prevalence of multiple risk factors, including previous infection with Hepatitis C, a high rate of imprisonment for drug-related crime, unsafe injecting drug use and unsterile tattooing and body piercing activities.

It is estimated that 22 000 Aboriginal and Torres Strait Islander peoples have been exposed to the Hepatitis C virus, of which 16 000 live with chronic Hepatitis C.⁶ Aboriginal and Torres Strait Islander peoples constitute 2.4 per cent of the Australian population yet make up 8.3 per cent of the Australian population living with Hepatitis C.

While Hepatitis C is not classified as an STI, there is a risk of Hepatitis C transmission if the blood of one person enters the bloodstream of another person during sexual intercourse. Men who have sex with men and who also have HIV have a higher proportion of Hepatitis C transmission through sexual exposure compared to all people with the Hepatitis C infection. Around 75 per cent of people exposed to Hepatitis C develop chronic infection, defined as the presence of the Hepatitis C virus in the bloodstream for longer than six months. The remaining 25 per cent will spontaneously clear the infection, but will continue to have detectable antibodies.

Clearance of the Hepatitis C virus does not lead to immunity and Hepatitis C re-infection can occur following re-exposure. As a result of current therapies it is possible for many people to be cleared of Hepatitis C infection. This is regarded by many as being cured and is defined as: the absence of Hepatitis C virus in the blood, or sustained virological response, six months after treatment

completion. The most significant predictor of cure is genotype. People with genotype 2 or 3 require 24 weeks of treatment and have an 80 per cent chance of cure, while those with genotype 1 require 48 weeks of treatment and have a 50 per cent chance of cure. This increases to around 65 per cent in people with genotype 1 and early liver disease. Hepatitis C treatment can have debilitating side effects and people require ongoing support during and after therapy regardless of the outcome.

The introduction of pegylated interferon and the removal of liver biopsy as criteria for accessing subsidised treatment resulted in immediate increases in the uptake of therapy, but the number of people commencing therapy still remains low (around 3500 per year). People with Hepatitis C need to be aware of the dramatic improvements to treatment efficacy over the past decade and that they can access treatment without structural health system barriers. Improving access to clinical and community support organisations is critical for helping people with Hepatitis C make healthy lifestyle choices and improve their physical, emotional and social wellbeing.

Hepatocellular carcinoma is a recognised feature of advanced Hepatitis C and is associated with its own considerable physical and social morbidities. A key challenge for the Australian response to Hepatitis C is to further reduce transmission. This requires ongoing commitment to prevention strategies using harm-reduction approaches. Acknowledging the social ramifications of Hepatitis C infection, particularly the stigma and discrimination associated with it and the barriers it creates to individuals accessing prevention education, care, support and treatment, underpins all of the activities outlined in this Third National Hepatitis C Strategy 2010–2013.

The partnership approach is fundamental to this strategy. Collaborative efforts involving all levels of government, community-based organisations (including peer-based ones), the medical and nursing workforce, research and scientific communities and people with or at risk of Hepatitis C are required for an effective national response. The partnership approach is especially important given that many people with or at risk of Hepatitis C are marginalised.

Priority populations

People most affected by Hepatitis C are often best placed to respond to its impacts. The importance of continued cooperation and participation of those living with, at risk of, and affected by Hepatitis C is recognised. Shared efforts to prevent further transmission and to provide quality treatment care and support to those living with Hepatitis C is integral to this strategy. The priority population groups identified in this strategy are people:

- with Hepatitis C
- who inject drugs
- in custodial settings
- from culturally and linguistically diverse (CALD) backgrounds
- with Hepatitis C with co-morbidities

These priority groups are not mutually exclusive. Many individual members of one may also be a member of another.

Service Funding Agreement Output Requirement Summary 2007 - 2009

SCHEDULE 2A: MINIMISING THE PERSONAL AND SOCIAL IMPACTS OF HEPATITIS C

OUTPUT 1

Information and Education

A service which provides information and education on Hepatitis C issues to people with Hepatitis C infection, people at risk, the general public and service providers.

- Education and /or training for people with HCV and "at risk" groups; other service providers; and school and community groups
- Number of HCV resources distributed for period
- Provision of telephone information line
- Development and updating of web resources

OUTPUT 2

a). Advocacy

A service to advocate for and to facilitate self advocacy by people living with Hepatitis C on an individual and group basis.

b). Health Maintenance

A range of services to assist people with Hepatitis C infection to "live well" including treatment information; health maintenance (diet and nutrition); and health promotion.

- 2 health maintenance projects per annum
- Number of locally and nationally produced health maintenance resources distributed
- Number of clients
- Hours of services

c). Treatment Information and Referral services

A service which contributes to an increase in access to treatment for people with Hepatitis C infection.

SCHEDULE 2B: REDUCTION IN TRANSMISSION

a). Public Awareness

Maintain community awareness of the need for prevention activities and the availability of information, education and support for people at risk of infection or those already affected.

- Coordination of Hepatitis C Awareness Week in the ACT.
- Number of HepLine advertisements.
- Number of general advertisements.
- Number of published/broadcasted media releases/editorials.

b). School-Based Education Programs

Develop, implement and manage school (college) and tertiary based education targeting the 15-25 year age group, including resources for teaching staff.

- Hours and number of school and university education sessions provided
- Number of participants for school-based education sessions;

c). Needs Based Education Programs

Develop, implement and deliver needs based education to target those at risk of infection and transmission in the injecting drug user (IDU) and rehabilitation communities, professionals in community and health care settings, workers and inmates in correctional institutions, youth centres and other places of persons at risk.

- IDU and rehabilitation communities
- Community and health care professionals
- Workers and inmates in correctional institutions
- Youth centres

Priority Groups

In the Service Funding Agreement 2007 – 2009 which reflected the National and ACT Strategies for that period the following groups were identified as priority populations for the Centre's services:

- Individuals at risk of infection of Hepatitis C;
- Individuals who have acquired Hepatitis C;
- Individuals in need of ongoing assistance in the management of chronic Hepatitis C;
- High school students aged 15-18 years;
- Health, community and education services/professionals;
- Workers and inmates in correctional institutions; and
- The general community.

Hepatitis C Service Delivery Matrix

The ACT Hepatitis Resource Centre (the Centre) provides a comprehensive suite of services to prevent the transmission of Hepatitis C in the ACT and a program of support to help minimise the personal and social impact.

During the 2009 – 2010 all Outputs were achieved as planned. Because the Centre takes a holistic approach to its Health promotion activities some events and projects meet the criteria of more than one Output. For example the Counselling and Support program is a Health Maintenance project and also addresses the Advocacy and the Treatment & Information Outputs. In addition, a counselling session may also include one-on-one education about a certain area of harm minimisation, pre and post-test counselling or adjustment issues. The matrix on this page demonstrates this effect.

Reflecting the holistic health promotion approach of the, this matrix shows how the Centre projects and campaigns address more than one service agreement requirements.

Table 1. Describes how projects and campaigns address more than one output requirement.

2009 - 2010 PROJECTS & CAMPAIGNS	ACT HEALTH SERVICE AGREEMENT REQUIREMENTS						
	Output 2: Minimising the personal and social impacts of Hepatitis C				Output 2: Reduction in transmission		
	a. Information & Education	b. Advocacy	c. Health Maintenance	d. Treatment Information & Referral	a. Public Awareness	b. School Based Programs	c. Needs Based Programs
Advertising & Media	*				*		
Advocacy Service	*	*		*	*		*
Awareness Week Events	*	*	*	*	*	*	*
CaSH Network	*	*					*
Counselling & Support Service		*	*	*			
Discrimination & BBV Education Session	*						*
GP Awareness Campaign							
Health Promotion Events	*		*	*	*	*	*
Hepatitis B & Doughnuts	*						*
Lesson Learned ACT: Research & Projects (Mini Conference)	*						*
Peer Education - IDU & Rehabilitation Communities	*		*	*			*
Prison Health is Public Health Seminar	*				*		
Prisoner HCV Prevention & Health Maintenance Program			*	*			*
Resource Development & Distribution program	*		*	*	*	*	*
Telephone Information Service	*	*	*	*	*		
Treatment Access Radio Campaign	*			*	*		
Treatment Information & Support Program	*	*	*	*			
Web Information Campaign	*		*	*	*		
Workforce Development Services	*						*
Young People at Risk Project	*		*			*	*
Young People HCV Awareness (Education Facilities)	*		*			*	

Selected Accomplishments

The ACT Hepatitis Resource Centre delivered a comprehensive suite services and activities during the 2009 – 2010 reporting period. Using a community development approach each service was designed to address a local need for priority populations. The most notable achievements are:

- ✓ Highlighted the issue of prisoner health and the need for harm minimisation programs in the Alexander Maconochie Centre by holding the very well received ***Prison Health is Public Health Seminar***. The seminar was attended by 100 people including politicians, policy makers, community and health professionals and attracted broad media discussion and coverage throughout the Region.
- ✓ Provision of regular ***Hepatitis C Education and Health Maintenance Services to prisoners in the Alexander Maconochie Centre***. In addition, a peer education program is underway where the Unit Delegates deliver Hepatitis C prevention information to new inmates as part of the induction process.
- ✓ Successfully piloted a mini-conference to showcase local Hepatitis research and projects. ***The Lesson Learned ACT: Research & Projects*** was attended by 26 health and community workers from the local region. Majority of attendees have requested that the conference be an annual event.
- ✓ ***Increased referrals and strengthened the partnership with Health Professionals at the Canberra Hospital***. Outcomes from these partnerships include guest speakers for workforce development sessions, greater involvement by professionals in the CaSH Network, better interaction and support for clients, professional input for publications.
- ✓ ***Celebrated three and half years of facilitating the CaSH Network***. Successfully bringing together people who are working with people affected by Hepatitis C to exchange ideas, improve referral pathways and keep abreast of Hepatitis issues at the local level. The CaSH network has been pivotal in identifying the Hepatitis workforce development needs of members and ensuring prisoners and other marginalised people undergoing treatment for Hepatitis C are appropriately informed and supported.
- ✓ ***Developed new partnerships with key public health stakeholders*** that enrich the capacity of the Centre to effect change at the policy and professional levels. In particular the Public Health Association of Australia who is an active partner in publicising the need for a needle and syringe program in the AMC and the ACT Division of General Practice who is a partner in reaching and educating GPs.
- ✓ ***Increased access to counselling and support for people with Hepatitis C***; feedback from clients' show that counselling and support services are imperative in addressing the personal and health maintenance needs of the broad populations of people with Hepatitis C.
- ✓ ***Delivered over 200 hours of prevention education to "people at risk"*** including people who inject drugs and young people in Detox, Rehabilitation Centres, Youth Centres and Youth Refuges, and Supported Accommodation services. The Centre also provided one on one information and support for people who inject drugs seeking information about treatment.

Imagine what could be done if the ACT Hepatitis Resource Centre had more than 2.5 equivalent fulltime staff members on their team!

Emerging issues at the local level

Improving communications with AOD sector organisations.

The AOD Executive Directors (ED) Group in the ACT recently alleged that the Centre was discriminating against people who inject drugs; did not consult with peers in the development of their programs; and inferred that the Centre did not provide services to people at risk. Whilst the allegations were unfounded the Centre was alerted to the fact that ED Group members were not aware of the Centres' current service provision and sometimes even unaware of the Centres services to their own organisations. The Centre invited the ED Group to a presentation and discussion of current Centre services. During the presentation the ED Group reported that they had a misunderstanding of the Centre's capacity and scope. The Centre now sees this situation as an opportunity to highlight Centre servicing and improve communications with the AOD sector and ensure that other organisations delivering services to affected people are also aware of the Centre's programs and capacity.

Action: The Centre is undertaking a mapping project to identify the Hepatitis service delivery requirements of the AOD and other sectors. The Centre will invite organisations servicing Hepatitis C priority groups to develop and formalise partnerships to better address the Hepatitis C education and support needs of affected people. This process will map existing Hepatitis service provision, provide support for the professional development of community sector workers and determine the Hepatitis information and resource requirements of participating organisations. The project will also include a formal evaluation process and set the standard for best practice community partnerships in the ACT.

High incidence of Hepatitis C in the AMC

Prisoners are a major focus for Centre education programs given the disproportionately higher than average incidence of Hepatitis C in custodial settings. The Centre is currently providing Hepatitis education services to the AMC and other Correctional services in the ACT. However whilst Prisoner education is an urgent matter other priority groups such as young people and workforce development programs have to be put on hold as Centre resourcing does not stretch to address the needs of ALL priority groups at this time. The ACT region needs a dedicated Hepatitis Health Promotion Officer to ensure that the prison population is informed and empowered to deal with their HCV (and HBV) issues inside and out. A prison NSP may or may not be realised, and even if implemented prevention and health maintenance education will still be required to ensure a holistic approach to harm minimisation.

Action: Seek funding for a Hepatitis Health Promotion Officer (HHPO) to work closely with key stakeholders in the planning, delivery and evaluation of Hepatitis prevention education services to ACT Correctional Services with key emphasis on the Alexander Maconochie Centre (AMC). The HHPO will represent the ACT Hepatitis Resource Centre on relevant committees and working groups

and will adopt a collaborative approach and actively participate in addressing the incidence and impact of Hepatitis C in the ACT prison system.

Young people remain a major risk group for contracting Hepatitis C

People who are new to injecting are a high priority population for Hepatitis C prevention initiatives. While research results vary somewhat, the median age of initiation to injecting drug use is age 17 to 18 years. Young people have a greater dependence on others for administering their first injection and obtaining injecting equipment. There is a high risk of contracting Hepatitis C shortly after the onset of injecting and therefore essential that people new to injecting:

- *have access to education about Hepatitis C*
- *understand the routes of transmission and the high risk of Hepatitis C associated with injecting compared to other modes of drug administration*
- *are supported to develop skills to prevent exposure to Hepatitis C*
- *have access to sterile injecting equipment to reduce their risk of acquiring Hepatitis C.*

Young people are also at risk of Hepatitis C and other BBVs and STIs because of risk taking behaviour and lack of understanding about the routes of transmission and the possible consequences of their actions. People can also be placed at risk of contracting Hepatitis C and other BBVs through unsafe piercing and tattooing. As piercing and tattooing is common in young people, it is important that they understand how Hepatitis C and other BBVs can be transmitted (DOHA, Third National Hepatitis C Strategy 2010 – 2013).

As noted in the Third National Hepatitis C Strategy young people are a particularly vulnerable group and research proposes that they need Hepatitis awareness training prior to their first risky behavioural event. The Centre has provided education on a regular basis to Achievement Centres and Health Promotion events in ACT High Schools and Colleges. In addition Youth Centres and Refuges are provided with education sessions as required. However the Centre does not have the resources to continue prison education and support programs as well as a consistent prevention program for young people. Both groups are a priority and both a growing demand on Centre servicing.

Action: *When resources become available continue school education programs; and work closely with organisations delivering services to young people at risk to provide early Hepatitis C prevention interventions.*

People ageing with Hepatitis C

Our society has a rapidly ageing population and often people are diagnosed, or begin to experience Hepatitis C related health effects, in later life. It is important for people with Hepatitis C are able to access support services in a safe and confidential environment free from stigma and discrimination. Some people don't even know they have HCV as there are no acute symptoms. The majority of people accessing information at the Hepatitis Resource Centre are aged between 40 – 60 years of age. These people are part of our aging population, and as the "baby boomers" start to retire and become sufferers of age related conditions, it is predicted that many new cases of HCV will be identified. Recently, through requests for advocacy from people over fifty with HCV, the Centre identified that staff in residential and outreach Aged care settings have a very low level of understanding and knowledge of Hepatitis issues including transmission and treatment.

Action: The Centre will seek funding from relevant funding bodies to conduct a Training Needs Analysis of people working in Aged Care and Home Caring services.

More requests for Hepatitis B information & support services

- **Education, information and support services for people affected by Hepatitis B.** Hepatitis B is an identified need for servicing in the National Hepatitis B Strategy and the Centre is already providing information and support to affected people as well as organising Hepatitis B workforce development events to health and community professionals. However the Centre is cognizant of the need to maintain the quality of these services and provide best practice in the area of HBV as well as for HCV.
- **An *Education and information service for unvaccinated adults at risk.*** The Hepatitis B vaccine is a routine part of childhood vaccination program however adults at risk are generally not aware of this prevention method. Vaccination plays a very pivotal role in the prevention of Hepatitis B. This area seems to be addressed only on an *ad hoc* and *as needed* basis in most organisations working with people at risk; a more co-ordinated and consistent approach is required.
- **Co-morbidity issues.** People with co-morbidities are a priority in both the National Hepatitis B and C strategies. In addition to co-morbidity of HIV, HCV and/or HBV, Hepatitis awareness programs for people with mental illness are a growing need. People with mental illness have a high incidence of Hepatitis and suffer a double dose of stigma and discrimination.

There is scope and argument to have a combined approach to preventing and decreasing the impact of Hepatitis B & C in the ACT. The Centre is ready to provide Hepatitis B servicing alongside their current Hepatitis C programs. However, funding is required to adequately up-skill staff and provide best practice resources for effective health promotion services.

Action: Continue with current level of service provision for people affected by Hepatitis and seek funds to incorporate Hepatitis B information, education and support services into current programming. When resources allow undertake a mapping of ACT Hepatitis services to for advocacy and referral purposes.

Project & Campaign Summaries

Advertising & Articles

Target Group:	<ul style="list-style-type: none">• People with Hepatitis C and their family and friends• General population of the ACT Region
Time Frame:	Ongoing
Context:	<p>Incidences of HCV continue to increase and so too the stigma and discrimination surrounding the disease. People with HCV are reluctant to disclose their condition and increasingly turn to the Internet for information. The Centre budget does not provide for media advertising that reaches effectively reaches affected people. The Centre relies on free advertising avenues and referrals from other agencies.</p>
Aims:	<p>To ensure people in the ACT are informed about Hepatitis C issues and provided with up-to-date information about Hepatitis C and have access to support services available at the ACT Hepatitis Resource Centre.</p>
Key Stakeholders & Partners:	<ul style="list-style-type: none">• Services working with people with or at risk of Hepatitis C• General community• The Canberra Times and the Chronicle
Implementation:	<ul style="list-style-type: none">• Service delivery information was placed on free sites• Fact sheets on website are reviewed and updated on regular basis• Support programs and upcoming events are advertised on website and other free outlets• Information packages are distributed to callers• Paid advertising places were purchased in the Chronicle to advertise the Support Groups and one general service advertisement was also placed.
Outcomes	<ul style="list-style-type: none">✓ 3 letters to the editor were published in the Canberra Times✓ Paid advertisements were placed as previously mentioned
Evaluation:	<p>Advertising and media response is a continuing frustration for the Centre. The Centre retains a low profile “not by choice but by necessity” as funds are needed elsewhere to deliver direct services to people at risk of and with Hepatitis C. Advertising in the local media is expensive and the Centre exceeded its advertising budget very quickly during the reporting period.</p> <p>Whilst staffing levels do not allow time to address media opportunities a partnership with Hepatitis Australia (HA) this year has meant that the Centre was able to address emerging issues in local media through letters to the editor. However the staff member at HA who was supporting this function has left the organisation and the Centre now does not have the capacity to continue this exercise.</p> <p>A designated Communications position at the Centre is a high priority for an active and timely media and public relations response that would ordinarily be standard operating procedures for key organisations such as the Centre.</p>

Advocacy Service

Target Group: People with Hepatitis C

Time Frame: July 2009 – June 2010

Service description:

Strategic Advocacy

The Centre advocates on key issues to relevant government and non-government bodies to reduce the transmission and minimise the personal and social impacts of Hepatitis C. In this regard the Executive Officer raises relevant issues affecting people with Hepatitis C as a member of SHAHRD, the Hepatitis Australia Board, Infection Control Committee at the Canberra Hospital, and is a member of ACT Health Consumers Association, ACT Corrections Coalition, and attends other forums and meetings throughout the year.

Individual Advocacy

The Centre advocates and facilitates self-advocacy for individuals affected by Hepatitis C. This year advocacy services were provided on behalf of eleven clients including:

Medical Services

- Clients not understanding medical information provided by GPs
- Client not receiving correct and timely information from GP regarding HBV
- Personnel Carers not wanting to provide care for person with HBV and HCV
- Client wanting treatment whilst on methadone and in early recovery

Discrimination

- Client experiencing ill treatment in the Canberra Hospital
- Client publically vilified in own neighbourhood

Welfare and benefits

- Client not receiving correct benefit

Housing Issue

- Client reported being physically abused by neighbours

Advocacy Actions

- Liaising with medical personnel re HBV and HCV on status and explaining results and recommendations to clients in everyday language
- Liaison with Canberra Hospital & other medical support services
- Attending and advocating for client in Emergency Department
- Coached client in self-advocacy skills
- Acted as Subject Matter Expert in case conference of 15 professionals
- Provided information and advised clients rights and available actions
- Provided advice on training policy
- Provided training to Carer organisation staff
- Liaison and supporting client on visits to the Liver clinic
- Coaching in self-advocacy skills
- Educating client re rights and responsibilities
- Supporting client through Health Complaints and Discrimination complaints process
- Liaised on behalf of client and supported client through the complaint process
- Liaised with Centrelink and Housing
- Advocated for extension of energy bills

- Support letter written

Canberra and Surrounds Hepatitis (CaSH) Network

- Target Group:** Health and community professionals with an interest in Hepatitis related issues working in Canberra and surrounds
- Time frame:** July 2009 – June 2010
- Context:** The CaSH Network has been operating for over 3 years. It was conceived by sector workers as a means of strengthening partnerships and streamlining service provision through the sharing of Hepatitis information and resources. The CaSH Network is also seen as a vehicle for ongoing sector team building where the development of trusting partnerships enhance sector development (Edmonson, 1999)
- Aims:**
- Increase members lobbying strength
 - Create a forum and email list for more effective sharing of information about Hep C across the area
 - Develop and improve referral pathways in the area
 - Voice and resolve issues affecting the Hep C community
 - Aid in staff capacity building
 - Identify issues of concern and seek additional support from relevant bodies
 - Raise consciousness of wider community
 - Increase capacity of health care workers to deal appropriately with Hepatitis C positive clients.
- Key Stakeholders / Partnerships:**
- Greater Southern Area Health Service
 - Canberra Sexual Health Clinic
 - Canberra Hospital Liver Clinic
 - Haemophilia Foundation
 - Aids Action Council
 - ACT Office of Chief Health Officer
 - Inside- out Program
 - Interchange General Practice
 - The Junction Youth health Service
- Implementation:**
- 4 meetings were held during the reporting period
 - 2 CaSH newsletters focusing on Hepatitis B and Youth were produced and distributed to the Network
- Outcomes:**
- Members report improved cohesion between attending services
 - Exchange of ideas and information between organisations
 - Resources were developed in response to member needs
 - Newsletters were produced and distributed to member organisations
 - Referral pathways have been improved between organisations
 - Gaps in individual client service have been identified and addressed
 - A workforce development need for HBV knowledge was identified by members and a seminar was facilitated by Anne Blunn from the Liver Clinic to 20 attendees
- Evaluation:** Membership has not changed very much since the CaSH network was initiated over three years ago. The same people attend each meeting and whilst they report satisfaction with the network an increase in membership would add a more dynamic element to the sector. The Centre will encourage other organisations and professionals working at the coalface of Hepatitis servicing in the ACT to join the CaSH network throughout the next funding year.
- The CaSH Network could be more effective if the Centre had adequate resourcing to provide the time and expertise to strengthen this component of its partnership model.

References:

Roche, A.M. (2002). *Workforce Development: Our National Dilemma*. In A.M. Roche, J. McDonald (Eds) *Catching Clouds: Exploring Diversity in Workforce Development for the Alcohol and Other Drug Field*, Adelaide: National Centre for Education and Training on Addiction (NCETA), p7-16.

Counselling & Support Service

- Target Group:** People with Hepatitis C, and their family and friends.
- Time Frame:** July 2009 – June 2010
- Context:** Counselling in a Health promotion environment is a process of assisting people to make the kinds of changes necessary to enhance their physical health and psychological wellbeing (Gorin et al, 2006). People affected by Hepatitis C represent a wide range of people from all walks of life, culture and status and thus present with a wide range of issues and concerns, primarily underpinned by the notion of improving their health. Counselling based on health promotion principles tailors interventions to empower the client to achieve their individual health goals (Gorin et al, 2006). The Centre provides information and support in all phases of Hepatitis' natural history including diagnosis, treatment, health maintenance and lifestyle change.
- A major area of the Centre support program focuses on people undertaking treatment. Treatment for HCV can be a long and arduous prospect for many people. Client's report that treatment affects their working life and impacts exponentially on their relationships. Whilst the TCH offers an effective medical service to people seeking treatment there is no psycho-social support outside of the hospital setting. People undertaking treatment are generally not offered a second treatment round and flexible ongoing psycho-social support is required to ensure that people taking up treatment have access to support when they require it.
- Aims:** To provide confidential, safe, timely and relevant support services to people affected by Hepatitis C.
- Key Stakeholders & Partners:**
- TCH, Gastroenterology Unit
 - People with Hepatitis C
- Implementation:** Currently the Centre offers access to counselling and support by appointment 4 days a week, either in-house or at a location that is comfortable to the client. In addition, the Counsellor regularly visits the Liver Clinic, Ainslie Village, takes an active role in the Community Hubs run by Communities @ Work and visits clients in other organisations as requested.
- Referrals to the service come primary through outreach activities and internally from people accessing the Telephone Information line. A total of 107 hours of counselling and support was provided to 27 individuals during the 2009 - 2010 period. It is expected that this number of people using the Counselling service will increase significantly in the next reporting period i.e. during July 2010 there were 17 new contacts for this service.
- Evaluation:** The Centre is not directly funded for Counselling or Treatment Support and in the past has only provided an adhoc approach when time and resources allowed. Towards the end of the 2009 – 2010 year, a small amount of additional funding enabled the recruitment of a Counsellor. This consistent supportive presence has led to an increase in people accessing the service. Due to funding of the "It's easy being Green" program which commenced on the 1st July 2010, a redistribution of funding has enabled this vital service to grow and it can now be offered until 2013. If ongoing financial support is not available in 2013 the service will cease.

Reference: Sherri Sheinfeld Gorin, PhD, Joan Arnold, PhD, RN *Health Promotion in Practice*, 2006.

Health Promotion Events

Context: Health promotion events challenge the Centre to come up with innovative activities to engage people in conversations about Hepatitis C. This year the Centre attended 3 Health Promotion events as follows:

	Youth Week 10 th April – 18 th April	SHAG Week 4 th May – 8 th May	Drug Action Week 19 th June - 26 th June
Time Frame:			
Target Group:	Young people	Young people in educational settings	Young people and people who inject drugs
Aims:	Raise awareness of Hepatitis C focusing on risk behaviours, safety and treatment options.	Ensure that CIT students and staff have up-to-date information about Hepatitis C	Increase the HCV awareness of risk associated with drugs and alcohol
Key Stakeholders & Partners:	<ul style="list-style-type: none"> Youth Coalition Bimberi Detention Centre Youth Specific Community Services 	Canberra Institute of Technology	<ul style="list-style-type: none"> ACT Youth Coalition Samaritan House Arcadia Karralika
Implementation:	<ul style="list-style-type: none"> HCV badge making Health Promotion Display 	<ul style="list-style-type: none"> Health Promotion display re safe tattoo practice Distribution of resources Badge making 	Education sessions at Detox and rehab centres
Resources Developed and/or Distributed:	200 youth focussed resources were distributed and 200 HCV message badges were made	Total of 180 HCV resources were distributed and 250 HCV message badges were made at the event.	Total of 462 resources were distributed.
Outcomes:	<ul style="list-style-type: none"> Badge Making provided a relaxed and fun environment to approach the subject of Hepatitis. Young people responded very well while engaged in this activity and ask lots of question. 	<ul style="list-style-type: none"> 280 people attending the stall over 3 day's period majority of these being female 70%. The response from target group was positive and a lot of questions were asked and a lot of myths were dispelled. CIT Student Association who invited the ACTHRC to attend next year 	<ul style="list-style-type: none"> Face-to-face contact was made with 64 people Health Promotion display at the Drug and Alcohol Week Launch.
Evaluation:	The badge making activity is very popular with schools and colleges who actively seek the ACTHRC attendance at their events. However due to the limited staffing of the Centre it often means that invitations have to be declined.	<ul style="list-style-type: none"> Overall students and staff displayed limited knowledge of Hepatitis A, B & C prevention. The majority of students were female 70%. Very positive response from international students. CIT SA invited the Centre attend again next year Teachers invited the Centre run sessions for courses in the CIT. 	Strengthening of partnerships evidenced from feedback from staff and continued books for prevention sessions

Hepatitis Awareness Week Campaign 2010

Context: National Hepatitis Awareness Week is an initiative of Hepatitis Australia. The week is coordinated nationally by Hepatitis Australia with the support of state and territory Hepatitis organisations. This year six diverse activities were conducted by the Centre as part of the ACT campaign. A total of 7,040 were distributed throughout the week.

Activity 1: Lessons Learned ACT: Projects and Research	
Time Frame:	14 th May
Target Group:	Health, AOD and community workers
Aims:	Highlight and share local Hepatitis research projects and learning to improve partnerships and synergies
Partners:	<ul style="list-style-type: none"> • AIDS Action Council • ANU Research Units • CAHMA • DIRECTIONS • Greater Southern Area Health • Pharmacy Guild
Implementation:	<ul style="list-style-type: none"> • Mini Conference at University House • Invited speakers presented recent local Hepatitis research and shared lessons learned from implementing Hepatitis programs in the ACT region. • ACTHRC Hepatitis Health Promotion Display at the entry
Outcomes	<ul style="list-style-type: none"> • 26 people attended the event • Chief Justice Refshauge launched Awareness Week and the event • 8 presenters shared their research and program experiences • Lots of networking and establishment of new relationships between services
Evaluation	13 people completed the online feedback via Survey Monkey showing a majority of positive responses with participants proposing the conference as an annual event.

Activity 2. Chat and Visual Displays	
Time Frame:	14 th – 21 st May
Target Group:	<ul style="list-style-type: none"> • The general population • Sector workers • CALD & ATSI people • People who inject drugs • Youth & other people at risk
Aims:	Raise awareness of Hepatitis, testing and treatment options
Partners:	<ul style="list-style-type: none"> • Canberra Recovery Service • Karralika • Arcadia House • Winnunga Nimmityjah • ACT ADP Withdrawal Unit • Opioid Treatment Program
Implementation:	<ul style="list-style-type: none"> • Display of Hepatitis information established for the week and a worker present at allocated times to liaise with interested parties
Outcomes	<ul style="list-style-type: none"> • Clients and staff able to access THE CENTRE worker and receive/refresh knowledge of Hepatitis and THE CENTRE services • All resources distributed at each venue
Evaluation	<ul style="list-style-type: none"> • Positive verbal feedback to attending staff from workers and clients

More Awareness week activity summaries on next page...

Activity 3: Pilot - 'It's Easy being Green' at Work Lunch	
Time Frame:	19 th May
Target Group:	ACT Govt. Health Professionals
Aims:	Raise awareness of quick and easy ways to increase dietary vegetable intake
Partners:	<ul style="list-style-type: none"> • ACT Population Health & Health Promotion staff
Implementation:	<ul style="list-style-type: none"> • A Pilot demonstration workshop was presented to health staff for evaluation
Outcomes	<ul style="list-style-type: none"> • A hearty and healthy lunch was enjoyed by all • The Centre received formal feedback from staff attending
Evaluation	<ul style="list-style-type: none"> • Delivery considered fun and effective way to learn and practice and feedback about process and inclusions has been incorporated into practice

Activity 4. Health Promotion Displays	
Time Frame	14 th – 21 st May
Target Group	<ul style="list-style-type: none"> • The general population • Health and Community workers • People with Hepatitis C & B • People who inject drugs • Youth, and other people at risk
Aims	<ul style="list-style-type: none"> • Raise awareness of Hepatitis, testing and treatment options
Key Stakeholders and Partners	<ul style="list-style-type: none"> • The Canberra Hospital • Calvary Hospital • ACT Library Services • ADP Opioid Treatment Service • Youth Centres • ACT Colleges/ University's and CIT's
Implementation	<ul style="list-style-type: none"> • Hepatitis Health Promotion Display established for the week • Resources available for interested parties to take
Outcomes	<ul style="list-style-type: none"> • Opportunistic distribution of Hepatitis and THE CENTRE service information. • All resources distributed at each venue
Evaluation	<ul style="list-style-type: none"> • Positive verbal feedback to staff and general public • Spontaneous group presentation in one of the libraries

Activity 5 Badge Making Workshops - Health Promotion Education Activity	
Time Frame	14 th – 21 st May
Target Group	<ul style="list-style-type: none"> • Youth, and other people at risk • Health and Community workers • Educators
Aims	<ul style="list-style-type: none"> • Raise awareness of HCV focusing on risk behaviours, safety and treatment options
Key Stakeholders and Partners	<ul style="list-style-type: none"> • Wanniasa Achievement Centre; Campbell Achievement Centre; Canberra Achievement Centre; Connect 10; Lake Ginninderra College; U-Turn • CIT at Reid, Woden and Bruce.
Implementation	<ul style="list-style-type: none"> • Informal workshop environment whilst badge making
Evaluation	<ul style="list-style-type: none"> • Positive verbal feedback from staff and clients to Centre staff

Activity 6. "Visual Display, Chat and Eat"	
Time Frame	20 May 2010
Target Group	<ul style="list-style-type: none"> • Health and Community workers • People with Hepatitis C & B • People who inject drugs
Aims	<ul style="list-style-type: none"> • Increase the awareness of risk associated with drugs and alcohol and HCV
Partner:	<ul style="list-style-type: none"> • ACT Alcohol and Drug Program (ADP) Opioid Treatment Program(OTP)
Implementation	<ul style="list-style-type: none"> • The Centre counsellor provided healthy snack food, Hepatitis resources and was available to chat at Opioid Treatment program dosing site
Outcomes	<ul style="list-style-type: none"> • Over 50 people visited the display and enjoyed a healthy snack.
Evaluation	<ul style="list-style-type: none"> • Positive verbal feedback from staff and clients requesting making it a regular event

Lesson Learned ACT: Research and Projects Pilot Mini-Conference

Target Group:	Health, AOD and community workers in the ACT region
Time Frame:	14th May 2010
Context:	<p>The Centre was looking for a vehicle to connect with local organisations delivering innovative Hepatitis projects and research as it is keenly aware of its limited capacity to engage with all sector stakeholders. The Centre is personally aware of the time limitations on sector workers to build partnerships and relevant links with other Hepatitis services. This situation sometimes results in duplication of services, inability to identify service gaps and most importantly share resources and lessons that may enhance consumer outcomes. Hence the Centre decided to trial a mini conference where they could connect with local workers in an open learning environment.</p>
Aims:	Highlight and share local Hepatitis research projects and learning to improve partnerships and synergies
Key Stakeholders & Partners:	<ul style="list-style-type: none">• AIDS Action Council• DIRECTIONS• CAHMA• ANU Research Units• Greater Southern Area Health Service
Implementation:	<p>The Centre decided at short notice to pilot a one day event to share and showcase Hepatitis projects by key local organisations.</p> <ul style="list-style-type: none">• Organisations were contacted and asked to present• Invitation flyers were distributed to stakeholder organisations through sector email lists and direct mail• The Mini Conference was held at University House and a buffet lunch was provided• Invited speakers presented recent local Hepatitis research and projects and shared their achievements and issues regarding Hepatitis projects in the ACT region• Hepatitis Health Promotion Display
Resources Developed and/or Distributed	An information pack was available for all guests containing resources and research and project handouts.
Outcomes	<ul style="list-style-type: none">• 26 people attended the event• Chief Justice Refshauge launched Awareness Week and the event• 8 presenters shared their research and program experiences• Lots of networking and establishment of new relationships between services
Evaluation:	<p>13 people completed the online feedback via Survey Monkey showing a majority of positive responses with participants proposing the conference as an annual event.</p> <p>Unfortunately a local organisation took offence at a researcher mentioning "medically acquired" as a form of HCV transmission. The organisation involved their partner AOD organisations and as a group used this and other ungrounded complaints to start a campaign upon the Centre which has damaged the morale of the Centres' team.</p>

Liaisons & Representations

Over 150 meetings and representational events were attended by staff during the 2009 - 2010 reporting period. Consultations with partners and stakeholders were conducted to develop training courses and co-ordinate joint projects including the following:

- Liaison with Companion House to develop HBV and HCV staff training and investigate opportunities for outreach education.
- ACT Correctional Officers workforce development session planning and delivery with AIDS Action Council
- ACT Health Consumers Association for Advocacy Training and build partnership for joint advocacy project to change Vilification legislation to include people with chronic conditions which is only included under the Tasmania law.
- Development of workforce develop sessions for Home Help Association staff and input into development of internal policy and session planning for HBV and HCV.
- HIV Network meetings to stay abreast of treatment and health maintenance for people with co-infection.
- The Liver Clinic at TCH ongoing contact regarding referrals, support and information for people undergoing treatment. In addition the Liver Nurse assists the Centre with SME duties and staff development.
- ACT Division of General practice is a strong partner and supporter of the Centre. The Division is key in connecting with GPs in the area and has provided professional development opportunities for Centre staff.
- Creative Ageing Seminar, DOHA was attended by both Centre counsellors to learn how Art is used as a method for assisting people to cope with depressive symptoms often accompanying chronic conditions such as Hepatitis C.
- SHAHRD Committee membership and liaison to advocate on behalf of people affected by Hepatitis C and other hepatitides in the local area.
- Consumer advocate representation on the Infection Control Committee, TCH
- ACT Health, Health Promotion Branch sponsored attendance for the Health promotion Co-ordinator at the National Hepatitis Health Promotion Conference. The health Promotion Branch also provides specialist advice for a newly funded program encouraging people at risk of long term liver disease to eat for vegetables and fruit.
- Consultation with the Sex Worker Outreach Program (SWOP) to design and develop a HCV Treatment Information brochure for sex workers in the ACT.

The National Hepatitis C Health Promotion Conference was attended by two staff members who shared their new knowledge with the Centre team.

The Public Health Association of Australia's team have been a huge support and willing partner in raising the profile of prisoner health in the AMC.

Opioid Treatment Service at the Canberra Hospital is a constant partner for Awareness Week activities and provides drug treatment advice the counsellor.

Peer Education: IDU and Rehabilitation Communities Prevention Campaign

Priority Group: People who use licit and illicit drugs

Time frame: 2009 – 2010

Context: Alcohol is the most widely used drug in Australia and its misuse continues to cause significant harm and enormous cost to the community, especially for those affected by the Hepatitis C virus (HCV). This year the Centre introduced the impact of alcohol into all education modules particularly for groups where alcohol is an issue for their health. Research shows that fibrosis is significantly associated with age and alcohol consumption for people with HCV, and people who drink heavily are more likely to suffer serious liver injury (Schiff et al, 2003). Studies (Pessione et al, 1998) also suggest that even low alcohol intake increases viremia and hepatic fibrosis for people with HCV, and that total abstinence should be recommended for affected people (Westin et al, 2002).

The Centre has also reintroduced visits to Detox Centres where the majority of patients are undergoing alcohol withdrawal. This decision is underpinned by research estimating that one-third of alcoholics with clinical symptoms of liver disease have been infected with HCV, which is four times the rate of HCV infection found in alcoholics who do not have liver disease (Westin et al, 2002).

Aims:

- Provide current HCV information to people attending Detox and Rehabilitation centres in the ACT so they can make safe and healthy lifestyle choices
- To promote the ACT Hepatitis Resource Centre services and develops referral pathways.

Key Stakeholders / Partnerships:

- Arcadia Detox programme
- Karralika residential rehabilitation
- Ted Noffs Foundation
- Canberra Recovery Centre
- Directions ACT
- CAHMA
- WIRRED
- Alcohol and Drug Programme, The Canberra Hospital (TCH)
- Lowanna

Resources developed & Distributed Total number of resources distributed to participants in Detox and rehabilitation Centres = 2,500

Implementation:

- Fortnightly education sessions to Arcadia and TCH Alcohol and Drug Programme
- Educational session every 6 weeks to Karralika and Canberra Recovery Centre.
- Sessions on request to Ted Noffs Foundation and WIRRED

Outcomes:

- 114 female and 279 male clients attended Hepatitis education sessions facilitated by the Centre during their stay in Detox and Rehabilitation centres
- Relationships were developed between all stakeholders and this has led to referrals for individual support and information services to clients with HCV

Evaluation:

- Evaluation forms from participating organisations show a high level of satisfaction with the HCV and lifestyle information presented to clients
- More clients are disclosing co-infection with HAV and HBV
- Misinformation in the AOD sector that is being passed on to the client group. For example: Hepatitis can be passed on from sharing utensils
- Participating clients are often in early stages of withdrawal from drugs and alcohol however they respond in a positive and interested manner asking questions and completing activities
- Participants state they will visit their GP to have HCV testing and ask for HBV vaccination as high priorities

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Westin, J., Lagging, L. M., Spak, F., Aires, N., Svensson, E., Lindh, M., Dhillon, A. P., Norkrans, G., Wejstål, R. (2002) Moderate alcohol intake increases fibrosis progression in untreated patients with Hepatitis C virus infection, *Journal of Viral Hepatitis*, Vol. 9 No. 3, pp 235 – 241

Prison Prevention Program: Workers and Inmates in Correctional Settings

Target Group:	Men and Women prisoners at the Alexander Maconochie Centre
Time frame:	July 2009 – June 2010
Context:	<p>It is estimated that Hepatitis C prevalence in the prison setting is in the range of 40 to 60%. Approximately 93% of the prison population are male, but Hepatitis C prevalence in female prisoners is between 50 and 70%. The significantly higher prevalence of Hepatitis C amongst female inmates reflects the fact that females are more likely to be convicted of drug related crimes. Overall, the Hepatitis C prevalence in custodial settings is significantly higher than the prevalence of the approximately 1% of the general population. Research indicates that the prevalence of injecting drug use in custodial setting is very high. It is estimated that while in custody approximately 25% of inmates continue to inject in extremely hazardous circumstances.</p> <p>The high proportion of people entering prison for drug related offences and the risk of unsafe injecting drug use within custodial settings, means that prisoners are at high risk of Hepatitis C transmission. Other high risk behaviours common in custodial settings include body piercing, tattooing, sharing hair clippers, injury, self-harm, fighting and assaults. The Centre is committed to reducing the incident of HCV in the prison setting.</p>
Aims:	<ul style="list-style-type: none">• To prevent the spread of Hepatitis C in AMC.• To promote testing, treatment and health maintenance for prisoners while in custody.• To promote ongoing support for prisoners exiting prison whilst on HCV treatment.• To actively peruse ongoing Liver Health Promotion through building partnership with Hume Health Centre and AMC staff and with prisoners.
Partners:	<ul style="list-style-type: none">• Hume Health Centre and the ACT Liver Clinic• AMC Prisoner Services Management, staff and prisoners• ACT Corrective Service Probation and Parole staff and parolees.
Resources developed & Distributed	<ul style="list-style-type: none">• A total of 1048 various resources including 130 Induction Packs were distributed to prisoner during the report period.• A new Hepatitis brochure was designed especially for prisoners at the AMC
Implementation:	<ul style="list-style-type: none">• Community development approach to consult with partners and develop activities• Conduct weekly Information Sessions rotating through all units, i.e. Women, Sentence 1&2, Remand 1&2, Crisis Support Unit and Management unit.• Weekly face to face support sessions for people thinking about or undergoing treatment.• Participate in AMC Health Expo for prisoners.
Outcomes:	<ul style="list-style-type: none">• 26 female and 120 male clients attended Hepatitis education or information session facilitated by the ACTHRC during the reporting period.• Relationships were developed between all stakeholders and this has led to referrals for individual support and information services to clients with HCV.
Evaluation:	<ul style="list-style-type: none">• Prisoners report that the Induction Pack is well received especially the printed HCV information pack of cards.• More prisoners are requesting testing as a result of the ACTHRC promotion of and participation in referral pathways.• Prisoner delegate at Remand 1 unit suggested delegates become peer educators providing each new prisoner with HCV information on arrival to the unit. This idea has been welcomed by AMC management and is being actioned.• Initial barriers to providing education services have been overcome and access to prisoners in the yard is now possible. This has been accomplished by building appropriate relationships within the Hume Health Centre and Prisoner Services Manager.• 'Liver Healthy Life' message is being introduced through a smoking cessation program in partnership with ACTHRC and Hume Health Centre at the request of AMC Prisoner Services Manager. Smoking is particularly harmful for people with Hepatitis C and other liver conditions.

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Prison Health is Public Health Forum II

Target Group:	The General Public, Sector Workers and Policy Makers
Time frame:	22nd June 2010
Context:	<p>The ACT Hepatitis Resource Centre (the Centre), in association with the Public Health Association of Australia (PHAA), hosted a lunchtime seminar and forum on <i>Hepatitis C, prisoners and our community</i> in Canberra, ahead of Drug Action Week.</p> <p>It is important that the health issues affecting prisoners be kept in the public consciousness especially in light of the 'Evaluation of Drug Policies and Services and their subsequent effects on Prisoners and Staff within the Alexander Maconochie Centre' being undertaken by the Burnet Institute. In particular, rates of injecting drug use among prisoners and the availability of clean injecting equipment need to be considered in the prison context. The seminar and forum provided community members with an opportunity to learn more and ask questions about these issues.</p> <p>"It is important for policy makers and the community to understand that public health issues affecting prisoners also affect the general community. Most prisoners spend relatively short periods of time behind bars and then return to their families and communities. Rates of Hepatitis C among prisoners therefore impact on our ability to reduce the spread of Hepatitis C in the broader community," explained Mr Moore.</p>
Aims:	<ul style="list-style-type: none">• Raise public awareness of the impact that prisoner health can have on the community.• Keep the issue of a Needle Exchange Program within Alexander Maconochie Centre as a Public Health Measure in the public arena.• Influence policy and the current Evaluation of Drug Policies and Services and their subsequent effects on Prisoners and Staff within the Alexander Maconochie Centre' being undertaken by the Burnet Institute.
Key Stakeholders & Partnerships:	<ul style="list-style-type: none">• The Public Health Association of Australia (PHAA)• Local Media• Guest Speakers
Resources Distributed	<ul style="list-style-type: none">• A Hepatitis Health Promotion Display was exhibited at entry to the event• 80 resource packs containing sample Prisoner information brochures, research articles about prisoner health, and a Centre Services brochure and Resource order form were distributed• In addition, 25 new Hepatitis Australia Resources and 10 Hepatitis Review Magazines were distributed.
Implementation:	<ul style="list-style-type: none">• The Seminar was held from 12 noon – 2 pm at the Legislative Assembly Building.• The event was opened by Michael Moore Chief Executive Officer (CEO) of the PHAA.• The program included a presentation by Professor Geoff Farrell, an eminent Hepatologist currently working at The Canberra Hospital, followed by a panel forum discussion led by Mr. Moore with Professor Geoff Farrell, Stuart Loveday, President of Hepatitis Australia, Rebecca Winter, Research Officer at the Burnet Institute and Wayne Capper, Prisoner Health Advocate.• A light buffet luncheon was provided.
Outcomes:	<ul style="list-style-type: none">• Approximately 100 people attended the forum• Media coverage raised awareness to people in the ACT community through print, radio and TV media outlets.
Evaluation:	<p>41 attendees completed an Evaluation form and show an overwhelmingly positive response to the Prison Health is Public Health Forum 2010:</p> <ul style="list-style-type: none">• Speaker choice was applauded by those attending and completing evaluation.• All evaluations stated responders would attend again.• The time frame was both appreciated and criticised. Whilst many were able to attend in their lunch hour(s), many would have appreciated the opportunity to explore the issues further i.e. a 'workshop' be held for a further 1-2 hours after the panel, for those interested in further information and discussion.

Resource Development & Distribution

This year a total of **17,742 resources** were distributed to partners and stakeholders including many new outlets that were not previously serviced including the Rape Crisis Centre, SWOP (Sex Workers Outreach Program), NSP Phillip Health Centre, The Salvation Army Oasis Program and SUPS (Substance use in Pregnancy Support Program) at the Canberra Hospital.

During the second half of the year the distribution of resources tripled due to events such as Youth Week Expo, Hepatitis Awareness Week, CIT SHAG (Sexual Health Awareness and Guidance) Week, Ainslie Village BBQ Day and the Pharmacy Guild HCV Training Seminar.

New Resources

- AMC Prisoner Induction packs which contains 6 resources and are given to new inmates
- Treatment information and prevention information for prisoners
- Hepatitis B Fact Sheet
- Fact Sheet for GPs containing referral and pre and post-test counselling checklist
- Updating of Pregnancy & Beyond ready for launch in October 2010
- Treatment Info Brochure for sex workers

STAKEHOLDER/PARTNER	PRIORITY GROUP	SERVICE AREA	CAMPAIGN	Resource No:
ACTDGP	Health Workers	Treatment Information & referral	Treatment Access	350
AMC	Prisoners	Needs Based Education	Prisoner Prevention & Health Maintenance	780
	Prisoners	Needs Based Education	AMC Health Service Expo	361
	General Public	Public Awareness	Prisoner Prevention & Health Maintenance	158
	Prisoners	Treatment Information & Referral	Prisoner Prevention & Health Maintenance	111
HUME HEALTH CENTRE	Prisoners	Needs Based Education	Prisoner Prevention & Health Maintenance	94
	Health Workers	Needs Based Education	Workforce Development	2
PROBATION AND PAROLE DEPT	Prisoners	Needs Based Education	Prisoner Prevention & Health Maintenance	60
BIMBERI YOUNG PEOPLE DETENTION	Prisoners	Needs Based education	Bimberri Open Day	275
ALFRED DEAKIN HIGH	Young People	School Based Education	Health Expo Day	167
CAMPBELL HIGH SCHOOL	Young People	School Based Education	Achievement Centre Education Sessions	134
	Young People	School Based Education	Awareness Week	12
	Young People	School Based Education	Achievement Centre Education Sessions	497
	Young People	School Based Education	Awareness Week	10
LAKE GINNINDERRA COLLEGE	Young People	School Based Education	Connect 10 Education Sessions	207
	Young People	School Based Education	Health Expo Day	132
	Young People	School Based Education	Awareness Week	8
	Young People	School Based Education	Healthy Choice Festival	28
	Young People	School Based Education	Awareness Week	12
NARRABUNDAH COLLEGE	Young People	School Based Education	Peer Education	52
	Young People	School Based Education	Awareness Week	10
TELOPEA HIGH SCHOOL	Young People	School Based Education	School Expo Day	240
WANNIASSA HIGH SCHOOL	Young People	School Based Education	Achievement Centre Education Sessions	144
CIT REID	Young People	School Based Education	Orientation Week	255
	Young People	School Based Education	Orientation Week	222
CIT BRUCE	Young People	School Based Education	SHAG Week	183
	Young People	School Based Education	SHAG Week	164
CIT WODEN	Young People	School Based Education	SHAG Week	191
	Young People	School Based Education	Awareness Week	364
CANBERRA CHEERLEADING GROUP	Young People	Needs Based Education	Education Session	10
LANYON YOUNG PEOPLE CENTRE	Young People	Needs Based Education	Centres Safe Tattooing Program	30
LOWANA	Young People	Needs Based Education	Education Sessions	185
TUGGERANONG YOUNG PEOPLE CENTRE	Young People	Needs Based Education	Wellbeing Day	264
U TURN	Young People	Needs Based Education	Education Session	26
THE JUNCTION	Young People	Needs Based Education		299
YOUNG PEOPLE COALITION	Young People	Needs Based Education	Young People Week Expo	40
YMCA	Young ladies	Needs Based Education	Young Mothers Project	187
GUGAN GALWAN YOUNG PEOPLE SERVICE	ATSI	Needs Based Education	Education Session	60
GUGAN GALWAN YOUNG PEOPLE SERVICE	ATSI	Needs Based Education	Open Day	57
UNIVERSITY OF CANBERRA	Young People	School Based Education	Awareness Week	120
ARCADIA	PWID	Needs Based Education	Education Sessions	713
KARRALIKA	PWID	Needs Based Education	Education Sessions	252
	PWID	Needs Based Education	Awareness Week	220
TCH DETOX UNIT	Detox	Need Based Education	Education Sessions	374
TCH OTS	PWID	Needs Based Education	Awareness Week	220
	PWID	Need Based Education	Information	82
SUPS PROGRAM	PWID	Need Based Education	Information	160
NSP PHILLIP HEALTH CENTRE	PWID	Needs Based Education	Information	65
THE CANBERRA RECOVERY CENTRE	People with Hepatitis C	Needs Based Education	Education Sessions	128
	People with Hepatitis C	Needs Based Education	Awareness Week	220
AIDS ACTION COUNCIL	People with Hepatitis C & PWID	Needs Based Education	Spring out Fair	143
AINSLIE VILLAGE	People with Hepatitis C	Needs Based Education	BBQ Day	322
RAPE CRISIS CENTRE	People with Hepatitis C	Needs Based Education	Information	70
SAMARITAN HOUSE	People with Hepatitis C & PWID	Needs Based Education	Education Sessions	152
WINNINGA	People with Hepatitis C	Needs Based Education	Community Day	1281
	People with Hepatitis C	Needs Based Education	Awareness Week	220
SWOP	People with Hepatitis C & PWID	Needs Based Education	Information	885
SALVATION ARMY – Oasis Bridge Program	People with Hepatitis C	Needs Based Education	Information	111
THE CANBERRA HOSPITAL	General Public & Health Workers	Public Awareness	Awareness Week	580
CALVARY HOSPITAL	General Public & Health Workers	Public Awareness	Awareness Week	220
ACT LIBRARIES	General Public	Public Awareness	Awareness Week	1320
NORTHSIDE COMMUNITY SERVICES	People with Hepatitis C	Information & Referral	Awareness Week	10
	People with Hepatitis C	Information & referral	Health Expo Day	161
CATHOLIC UNIVERSITY	Sector Workers	Needs Based Education	Co morbidity Interagency Day	110
DIRECTIONS	PWID	Needs Based Education	Directions Interagency Day	19
AFP	GLOs	Needs Based Education	Workforce Development	125
PHARMACY GUILD	Health Workers	Needs Based Education	HCV Training Seminar	410
YOUTH COALITION	Sector Workers	Needs Based Education	Bus Tour	51
CaSH	Sector Workers	Needs Based Education	Hepatitis B Seminar	60
CANBERRA GPS	Health Workers	Needs Based Education	General Mail out	384
INDIVIDUALS	People with Hepatitis C			85
INTERCHANGE GENERAL PRACTICE	People with Hepatitis C		Information	160
TCH LIVER CLINIC	People with Hepatitis C		Information	115

Stakeholders & Partnerships - "At a Glance"

The Centre works closely with organisations across sectors. This reflects the scope of the Service Funding Agreement and the broad cross-section of people affected by Hepatitis C. Due to limited resources the Centre takes a strategic approach in the delivery of its services. This year the focus has been on addressing the incidence of Hepatitis C in prisons. Consequently a large proportion of staffing hours has been targeted to building an effective working relationship with the stakeholders at the AMC. This refocussing of Centre serving has meant that other priority areas are not receiving the same energy that they received prior to the opening of the prison. For example the education Sector would like more education sessions and health promotion events for young people but the Centre has less staffing hours this year to spend on this client group. Recently, there have been rumblings from the Peer Harm Minimisation area that the Centre is not providing adequate services to injecting drug users another area of priority! The Centre is continually adjusting its focus and approach to get the "best bang for the buck" unfortunately the need far outweighs the current capacity. However the Centre still manages to provide a range of comprehensive services to a number of high priority groups as the table below indicates:

The following table shows primary stakeholders for the 2009 to 2010 period; the services provided and for which priority group (see legend below for colour code)

STAKEHOLDER	INFORMATION & RESOURCING	PUBLIC AWARENESS	PREVENTION ACTIVITIES	HEALTH PROMOTION EVENTS	WORKFORCE DEVELOPMENT	HEALTH MAINTENANCE	TREATMENT ACCESS
ACT Division of General Prac.							
ACT Health (Funding Body)							
ACT Public Libraries							
AIDS Action Council, PLWHA							
Ainslie Village							
Alexander Maconochie Centre							
Australian Federal Police							
Calvary Hospital							
Canberra Recovery							
Canberra Times							
Capital Radio							
CaSH Network Members							
CIT - Bruce							
CIT - Civic							
CIT - Woden							
Colleges							
Companion House							
DIRECTIONS - Maysoon Program.							
DIRECTIONS - Althea Clinic							
DIRECTIONS - Arcadia House							
DIRECTIONS - Inside Out Program.							
Great Southern Area Health							
Gugan Gulwan Youth Centre							
High Schools							
Home Help							
Hume Health Centre							
Karrilka Rehabilitation Centre							
Men's Centre							
Northside Community Service							
Samaritan House							
TCH, Detox							
TCH, Liver Clinic							
TCH, Opioid Treatment Service							
The Canberra Hospital (TCH)							
The Chronicle							
The Connection							
The Junction							
U-Turn, Youth Centre							
Winnunga Health Service							
WIRRED							
Woden Community Service							
Youth Coalition							
YWCA							

Legend: Priority Groups

Red	People with Hepatitis C.
Blue	People who inject drugs, noting specifically: • Aboriginal and Torres Strait Islander people who inject drugs. • People at risk of Hepatitis C infection as new or potential injectors.
Green	People in custodial settings.
Yellow	Young people.
Purple	People from culturally and linguistically diverse backgrounds.
Orange	People with Hepatitis C with co-morbidities.
Pink	Service Providers
Grey	General Population

Telephone Information Service

Priority Group:	People with Hepatitis C
Time Frame:	July 2008 – June 2009
Aims:	To provide people in the ACT region with up-to-date and relevant information about Hepatitis C and other hepatitisides.
Implementation:	The Telephone Information Service is provided through the general operations of the Centre and the following demographic data is based on calls to the Centre during regular business hours. The Centre also promotes the NSW Helpline as an alternative information service to local people who may want more privacy (speaking to someone who might be able to identify them is a concern for some people) and these statistics are not readily available at this time.
Outcomes:	74 individuals contacted the Centre seeking Hepatitis information and this led to 195 separate contacts equalling 230 hours of service.

Demographics

Client Group

The vast majority of services were delivered to people who are Hepatitis C positive with other groups receiving services as indicated:

Hepatitis C positive	57%	Friend/relative	20%
Hepatitis B +ve	4%	Health/comm wkr	7%
At risk of Hepatitis	4%	Other	8%

Age

85% of clients were over 25 years of age which is reflective of the age of people with Hepatitis C. As 'young people' are a priority group for Hepatitis services in the ACT it would be an appropriate goal for the Centre to increase the number of young people accessing these services to more than the current 15%.

Gender

46% of services were delivered to women and 54% to men. Nationally many more men than women have Hepatitis C but women have much more efficient health seeking behaviours than men.

Location

As would be expected the majority of clients seen were from the ACT (80%) and immediately surrounding NSW (9%). Other Interstate (8%) and overseas (3%) clients were seen as well.

Referral

The majority of clients are self-referred (35%) to THE CENTRE. 14% found the contact information on the website and 4% used the phone book. Media campaigns informed 7% of referrals.

It is heartening to see referrals from GP's (3%) and community services (4%). The Liver Clinic (12%), Alexander Maconochie Centre (3%) and DIRECTIONS (8%) and 10% of referrals come from "other" sources.

Enquiry type

The enquiries received are wide ranging and are listed below. Most enquiries are about Hepatitis C testing, transmission and treatment.

Hepatitis C	26%	Hepatitis B	3%
Transmission/ testing	11%	Support	14%
Stigma/ Discrimination	6%	Treatment	15%
Suicide/depression	6%	Advocacy	3%
Drug & Alcohol	4%	Referral	3%
Nutrition	3%	Vocational support	2%
Relationship Issues	2%	Health Coaching	2%

TREATMENT ACCESS CAMPAIGN

Priority Group: People with Hepatitis C

Time Frame: July 2009 – June 2010

Context: “Increasing the number of people accessing and completing treatment through the ACT and Region Hepatitis Service” is a major priority in the Clinical Treatment and Management of the Hepatitis C Virus (HCV) as stated on page 29 of the ACT Health’s HIV/AIDS, Hepatitis C & Sexually Transmissible Infections: A Strategic Framework for the ACT 2007 – 2012.

Treatment information and access is a major issue for many people with Hepatitis C. Many people with HCV report that they do not get enough information from their treating physicians and often no information at all. They report a general lack of confidence in the medical profession in relation to HCV information and support and state that the information they receive is unclear and does not provide answers to their questions. In addition, people with HCV say that they are not sure where to go and how to receive treatment. In addition, if treatment is not advised they are ill informed about how to maintain their health.

Aim: Improve access to HCV treatment for people with Hepatitis C using three pronged approach of information, group and individual support underpinned by a radio awareness campaign.

Implementation & Evaluation:

Treatment Information & Referral

The Centre provides treatment information in all of its campaigns and events. 15% of calls to the office were for treatment information and over 2,000 Treatment Information brochures were distributed during the reporting period through health promotion events, mail-outs to caller of the information line, and distributed to interested people attending education sessions. The new treatment access campaign has led to more referrals from the ACT Liver Clinic and more people seeking treatment decision making support from the centres’ counsellor. The ground work during the reporting period has already led to 12 people seeking treatment information during July and August 2010.

Treatment Support Group

Treatment for HCV is a long and arduous prospect for many people. Many people report that the treatment affects their working life and impacts exponentially on their relationships. Whilst the TCH offers an effective medical service to people seeking treatment there is no psycho-social support outside of the hospital setting. This means that people without adequate and timely social support may find completing treatment. People undertaking treatment are generally not offered a second treatment round and flexible ongoing psycho-social support is required to ensure that people taking up treatment have access to support when they require it.

To assist people make informed treatment decisions and connect with others undergoing treatment, ACT Health provided funding to trial a Treatment Support Group. Groups were advertised and attracted enquiries from affected people. So far 4 groups have been held and have been attended by 9 participants. An evaluation of the trial will be available at the end of the funding period December 2010.

Treatment Access Radio Campaign – Take 2!

The economic impact of HCV in Australia has been assessed by several studies and shown to be high. It is also worth noting that Hepatitis C is the number one reason for liver transplants in Australia with some specialists predicting imminent shortages. It was also shown that treating patients with HCV in the short term may save money and lives despite the cost of therapy and relatively low likelihood of sustained viral eradication.

Alarming HCV is a much bigger epidemic than HIV/AIDS and yet there is little public awareness about this disease or focus on the associated issues such as potential risks, precautions, testing and the availability of treatment. Currently, the Centre receives funding from ACT Health for a Treatment Information and Referral Service which does not include funding for a public awareness media campaign. However the Centre has been funded for a second round of radio advertising to complement its *Treatment Information and Referral Service* to encourage local people affected by HCV to seek testing and assessment for treatment.

Aim: Raise awareness of testing and treatment to people affected by Hepatitis C

Key Stakeholders & Partners:

- ACT Health
- Radio Station 106.3
- Production studio staff in Wagga
- People with Hepatitis C consulted in campaign development and production

Implementation:

1. Liaison with production staff re ideas and 106.3 re scheduling
2. Production of radio advertisement
3. Advertisement was run throughout year with emphasis on Hepatitis Awareness Week.

Outcome:

- 30% of caller to the Centre's Information and Support services were result of this radio campaign
- Feedback from sector workers was positive; everybody seemed to have heard the advertisement!

Evaluation: The radio advertisement which has had excellent reviews for radio professionals and clients, was conceptualised and written by a client of the Centre and the producer disclosed as a being Hepatitis C positive person when he congratulated the Centre on an innovative campaign. After a telephone counselling session he said that he would now consider treatment.

Radio station FM106.3 was a good vehicle to deliver the campaign message to age group 25 – 45 years. However, response rates dwindled half way through the campaign and a new advertisement was produced and the responses again died off towards the end of the campaign so the original advert was run again. Next time the Centre has funding for a Radio campaign it will rotate the advertisements to maintain and attract new interest and include other radio stations with a higher age range audiences such as 2CC to reach more people who might be affected by HCV... and who may not know it!

Website Information – www.Hepatitisresourcecentre.com.au

- Target Group:**
- People with Hepatitis C and their family and friends
 - General population of the ACT Region
 - Health and community workers
 - Other interested people
- Time Frame:** 2009 - 2010
- Context:** Incidences of HCV continue to increase and so too the stigma and discrimination surrounding the disease. People with Hepatitis C are reluctant to disclose their condition and research finds that they are less likely to seek health information from GP's and increasingly turn to the Internet for information.
- Aims:**
- Ensure people in the ACT have access to current information about HCV
 - Provide timely and relevant local information
 - Advertise local support services
 - Provide links to other HCV related sites and services
- Key Stakeholders & Partners:**
- NSW Hepatitis C Council (for Fact Sheets Information)
 - Hepatitis Australia and State Hepatitis Councils
 - Services working with people with or at risk of Hepatitis C
 - General communities
- Implementation:**
- Fact sheets on website are reviewed and updated on regular basis
 - Support programs and upcoming events are advertised on website
 - Hits were monitored when possible (limited by staffing capacity)

Outcomes:

Unique Visitors

Funding Year	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2008 - 2009	160	153	132	132	144	193	215	235	268	164	215	178
2009 - 2010	177	160	179	164	176	234	213	324	256	265	357	402

Hits

Funding Year	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2008 - 2009	6457	6620	5843	3915	3978	4336	5040	6007	6629	5519	9408	7499
2009 - 2010	5902	5430	5769	5014	4034	3098	4076	5980	6309	6534	8903	7832

Evaluation: The Centres' website shows an increase in unique visitors and hits for this year.

To provide useful information to our community, the Centre is currently working to update local details on the Website and upload locally produced brochures and fact sheets. This is an ongoing issue as website development requires special skills and staffing hours that are generally not available. Therefore the Centre has to outsource updates and again is limited by its budget.

The Centres' capacity limits the attention that can be focused on web development. This means that while consumers can access sound basic information on the Centre site, the information is static and therefore not conducive to regular revisits. The proposed Communications and Public Affairs position that has been identified as a missing element in the Centres team would provide the added capacity required to keep website information up to date and keep consumers informed with timely and accurate Hepatitis news.

The Centre would also like to expand its web services to include a social networking campaign to reach young people. Again, a Communications/Public Affairs person on the team would address this shortfall.

Workforce Development Services

Target Group: Health and community workers

Time Frame: July 2009 – June 2010

Context: The Centre chooses a Workforce Development approach to build the capacity of workers in the sector to employ knowledge and skills regarding Hepatitis C with their clients. The term workforce development is defined as a means of working with both individual and organisational learning needs which build on existing knowledge, skills and work practices. It entails supporting and resourcing workers and organisations to do their work (NSW Health, 2001). This is upheld by Roche (2002), who highlights both the importance of training and education for workers in the AOD field.

The United Nations defines capacity building as *"the process by which individuals, organisations, institutions and societies develop abilities (individually and collectively) to perform functions, to solve problems and to set objectives"* (Dept. Indigenous Affairs, 2006).

Aims:

1. Provide people in the ACT region with up-to-date and relevant information about Hepatitis C and other hepatitises.
2. Build the capacity of workers in the sector by providing them with timely and relevant information about Hepatitis so they in turn can empower priority groups.

Key Stakeholders & Partners:

- Corrections ACT
- Organisations requesting and/or attending education sessions & seminars
- Human Rights Commission
- TCH, Gastroenterology Unit
- Individual sector workers utilising Hepatitis Sector Professional Supervision scheme
- ACT Division of General Practice

Implementation:

- Development and trial of Hepatitis Professional Supervision scheme. Professional supervision is a new service to people working with people affected by HCV and incorporating HCV education, practice ethics, boundaries, stigma & discrimination, and intervention techniques.
- Development and advertising of sessions and seminars
- Development and distribution of informational resource for GPs
- Negotiations with subject matter experts and guest presenters
- Facilitation of workshops and seminars

Outcomes: 37 hours of workforce development to 118 workers in the reporting period.

- 3 X CaSH Network Meetings – 7 hrs.
- 12 X Individual Professional Supervision Sessions – 18 hrs.
- 1 X HCV session to Personal Carers (Home Help) – 2.5 hrs.
- Discrimination & BBVs Seminar – 1.5 hrs.
- Information stall at the Co-Morbidity Interagency Open Day – 2 hrs.
- 2 X Sessions to Correctional Officer – 6 hrs.
- Hepatitis B and Doughnuts Seminar – 2 hrs.

GP were provided with HCV Fact Sheet [containing referral and pre and post-test counselling checklist](#).

Evaluation: Feedback from participants for all services produced an average rating of 8/10

References:
Department of Indigenous Affairs (2006) *Capacity Building*. <http://www.dia.wa.gov.au/Policies/Communities/Why.asp>. (Accessed 5th May 2004)
New South Wales Health Department (2001) *A framework for capacity building to improve health*. New South Wales Health Department, New South Wales.
Roche, A.M. (2002) *Workforce Development: Our National Dilemma*. In A.M. Roche, J. McDonald (Eds) *Catching Clouds: Exploring Diversity in Workforce Development for the Alcohol and Other Drug Field*. Adelaide: National Centre for Education and Training on Addiction (NCETA), p7-16.

Young People at Risk: Prevention Campaign

- Target Group:** Young people under 25 years of age
- Time Frame:** July 2008 – June 2009
- Context:** Evidence suggests young people are significantly at risk of HCV infection and need to be informed about Hepatitis C and other BBVs prior to exposure of risky behaviours. Injectors aged under 25 years, and who have been injecting for less than 3 years (NCHECR, 2007). Among diagnoses of newly acquired HCV in 2006, people aged under 20 years accounted for 13.4 per cent of total numbers of diagnoses, and people aged under 30 years accounted for 59.6 per cent (NCHECR, 2007). Mode of transmission in these cases is however unclear.
- Dolan and Niven (2005) observed that young people have a heightened vulnerability to BBV infection as a consequence of various factors including lack of access to BBV information and prevention services, and that it is crucial that the barriers that young people face in accessing these services are recognised by youth health services and HIV prevention programmes.
- Maher et al. (2006) identified that there is a small window of opportunity for prevention efforts to reach new injectors. The authors estimate that the mean time for HCV seroconversion from the onset of injecting was 1.6 years. In their study on transition and initiation into injecting drug use, Treloar et al. (2003) reported that 82.1 per cent of their sample of 176 injectors indicated that they obtained their sterile injecting equipment from an NSP, hospital or automatic dispensing/vending machine. However, it ought to be noted also that only 27.7 per cent indicated that they accessed the equipment themselves; the majority (72.4%) reported that sterile injecting equipment was obtained from another person or their partner, or did not respond to the question (Treloar et al., 2003).
- Aims:** To prevent the transmission of Hepatitis C amongst young people at risk by providing education about HCV and safe practise well before exposure to risk.
- Partners:**
- Canberra Youth Centres: Gugan Galwan, U-Turn Belconnen, Gungahlin, Youth in the City, Lanyon, Woden, and Tuggeranong.
 - Lowanna Youth Refuge.
 - Northside Community Services
- Implementation:** Sessions for young people may include:
- ✓ Badge making and talking about what images in relation to prevention of HCV
 - ✓ Watching a DVD and discussions about a HCV topic
 - ✓ Art and games referring to prevention, transmission and/or liver health
 - ✓ Blood Spill activities
 - Youth Service Expo events at Canberra High Schools, Youth Services, Bimberi and other community functions.
- Outcomes:**
- Often asked to speak with youth at risk on an individual level and this is generally as a mentor or counsellor.
 - Participating Young Peoples response to the Badge Making Workshop and the Health Promotion messages is always enthusiastic and very positive.
- Evaluation:**
- Participating Young People say they are more confident in their knowledge of Hepatitis and transmission risks associated with unsafe tattooing practices, fighting, sharing of personal hygiene and illicit drug use equipment and will not discriminate.
 - This program is popular with young people and youth workers however due to the limited resources of the Centre the continuation and expansion of this campaign is at risk

Young People HCV Awareness & Prevention Campaign: Educational Settings

Target Group: Young people in educational settings

Time Frame: July 2009 – June 2010

Context: Raising the awareness of Canberra's young people about Hepatitis C is a priority. It is estimated that 1 in 5 new Hepatitis C infections are among 15 –19 year olds. Research shows that while 5% of young people in high schools have piercings or tattoos, over 80% report they will in the future. Knowledge and awareness about blood borne infections and the consequences of sharing tattoo and piercing equipment will enable young people to make safe and healthy choices for their future.

Aim: To reduce the transmission of Hepatitis C amongst young people in the ACT:

- Engage youth at risk in activities to raise awareness of Hepatitis C transmission & prevention.
- Provide opportunity for young people to ask question and enter into discussion about Hepatitis within a non-threatening and creative environment.
- Ensure that young people are provided with up-to-date information about Hepatitis A, B, and C.

Partners:

- ACT Secondary School - Achievement Centres: Canberra High School, Campbell High School, Wanniasa High School, Alfred Deakin High School, Narrabundah College, Dickson College and Lake Ginninderra College.

Implementation:

- Regular liaison and piloting of new design Hepatitis C awareness education sessions.
- 2 education sessions were delivered each semester to all Achievement Centres.

Outcomes: 64.5 hours of education to 1701 young people in school settings was provided during the reporting period.

Date	Education Facility	Session Hours	Number of Students	Resources Distributed
10/11/2009	Campbell Hill Achievement Centre	1.50	14	15
19/11/2009	Alfred Deakin High School	1.00	10	20
1/11/2009	Telopea High School Expo	3.00	500	140
7/12/2009	Alfred Deakin High School	6.00	130	130
10/12/2009	Wanniasa High Achievement Centre	1.00	8	10
11/02/2010	Canberra High Achievement Centre	1.00	13	11
11/03/2010	Canberra High Achievement Centre	1.00	11	15
10/03/2010	Ginninderra College Health Day Expo	3.00	250	120
25/03/2010	Ginninderra College Connect 10	1.00	10	40
1/04/2010	Canberra High Achievement Centre	1.50	6	20
3/05/2010	Campbell Hill Achievement Centre	1.50	7	50
4/05/2010	CIT Reid	5.00	70	179
5/05/2010	CIT Bruce	5.00	70	180
6/05/2010	CIT Phillip	5.00	60	178
13/05/2010	Ginninderra College Connect 10	1.00	10	71
18/05/2010	Canberra High Achievement Centre	1.50	7	35
25/05/2010	Wanniasa High Achievement Centre	1.50	4	25
TOTAL		64.50	1701	1838

Evaluation:

- After an initial pilot program all School Achievement Centres have invited the Centre to facilitate prevention education session on a regular basis
- Evaluation forms from participating schools show a high level of satisfaction with presentations and activities.
- Hepatitis Awareness has been incorporated into the tested curriculum of some Achievement Centres. Teachers report that students have picked up on incorrect Hepatitis information by teachers and interestingly students excel in the Hepatitis part of their curriculum testing

For more details about this report please contact

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