



HepatitisSA

ANNUAL REPORT 2012–2013

An aerial photograph of a city street, showing various buildings, trees, and a road with a car. The image is slightly blurred, giving it a soft, artistic feel. A semi-transparent white box is overlaid on the left side of the image, containing the table of contents.

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Chairperson's Report

Having embraced hepatitis B in our organisation's name and as a key priority in the Hepatitis SA Strategic Plan 2011-2014, it was very heartening this year to receive the first funding from SA Health for hepatitis B service provision. The projects funded were the Statewide Hepatitis B Coordination Project and the Viral Hepatitis Workforce Development Project.

One of the first tasks of the Statewide Hepatitis B Coordination Project was for an environmental scan of hepatitis B activities in South Australia to be undertaken to inform the development of the SA Hepatitis B Action Plan. Hepatitis SA staff members have also been involved on the committee for the development of the SA Hepatitis B Action Plan, and provided feedback on several drafts of the Plan, which is expected to be released late 2013.

Over the year, hepatitis B activities were increasingly being included in all program areas, for example, hepatitis B telephone information and support was available; the Hepatitis SA website was further developed to integrate hepatitis B information and a number of hepatitis B / viral hepatitis community education projects were delivered.

Other significant events for Hepatitis SA this year was being awarded Service Excellence Framework

accreditation in November 2012; as well as the decision by the Board to continue the operation of a Clean Needle Program at our premises following the end of the 12 month trial period in September 2012.

This year, Hepatitis SA supported Hepatitis Australia's campaign, along with the other jurisdictions, to get the new hepatitis C treatment direct acting antivirals, boceprevir and telaprevir, listed on the Pharmaceutical Benefits Scheme, which finally was achieved on April 1. Following this success, Hepatitis SA signed up to the Hepatitis Australia National Advocacy Memorandum of Understanding and staff were represented on the project reference group developing the Hepatitis Australia National Advocacy Agenda.

Apart from the above strategic achievements, the Hepatitis SA Board's business was often concerned with more everyday governance issues including the regular review of the Hepatitis SA risk register, monitoring the finances of the organisation, evaluating the Board's performance and conducting an annual performance appraisal of the Executive Officer, as well as keeping up to date with changes in legislation. During the year one of the most important of these legislative changes was the new Work Health and Safety Act SA 2012, which involved new terminology

and definitions about who is covered by the legislation and who has responsibilities, as well as new requirements for responsible officers to be pro-active about their due diligence obligations.

Another important change in industrial matters concerned the Fair Work Commission making the Equal Remuneration Order in June 2012 to increase the pay rates of the Social and Community Services sector over 8 years. The Hepatitis SA Enterprise Bargaining Agreement (EBA) was then varied this year to accommodate this change, as Hepatitis SA staff are employed under the relevant award affected by the ERO.

Another important reform in the Not-for-Profit (NFP) sector saw the establishment of the Australian Charities and Not-for-Profit Commission (ACNC), and Hepatitis SA was automatically included on the ACNC register that was set up for 56,000 charities / NFPs. This new institution aims to promote public trust in the charities/NFP sector through enhanced access to information about these institutions, as well as over time, to reduce reporting red tape. The ACNC was also interested in developing governance standards and financial regulations for the NFP sector, and during the year I contributed to a consultation re governance principles for NFP boards, facilitated by the Australian Institute of Company Directors.

Another change that occurred at the beginning of the financial year, and overseen by the Board's then Treasurer, Darrien Bromley, was the adoption of the Standard Chart of Accounts in Hepatitis SA's financial accounting practices. Which is why our accounts look a little different to previous years!

Darrien has since left the Board of Hepatitis SA to concentrate on his studies and his own work which involves a great deal of interstate travel. I would very much like to thank Darrien for the great work he did as Treasurer at Hepatitis SA over the past few years. I would also like to especially thank Carol Holly and Lisa Carter for their valued contributions to the Board over many years. Thankfully, both these talented women have only left the Board to take up positions as staff members at Hepatitis SA. I would like to finish by thanking all my other colleagues on the Board for their support this year, the staff and volunteers for their great work, Hepatitis SA's many partner organisations who support our work, including our main funding administrators, the staff at the STI & BBV Section at SA Health and the SA Branch at the Australian Government Department of Health.

Arieta Papadelos



Chair Arieta Papadelos strikes the “three monkeys” poses for World Hepatitis Day in 2012 (see p9 for more details)

Education Report

This year, the Education Team delivered 92 viral hepatitis workforce education sessions to a total of 940 people employed in a broad range of sectors across South Australia, including health care, alcohol and other drug services, mental health services, Aboriginal health, multicultural services, correctional services, sexual health services, youth services, homelessness/housing services, employment services and tertiary education institutions.

In addition to education delivery, 23 comprehensive consultations were undertaken

with other viral hepatitis workforce development providers, at both a state and national level, and an assessment of viral hepatitis workforce training needs for the non-government blood-borne virus (BBV) sector was also conducted. Findings of this report revealed that advanced hepatitis B education, viral hepatitis treatment, and co-infection (i.e. viral hepatitis and HIV) were the workforce training priorities for the sector. This information will be used to guide future workforce development activities.

For the community, a total of

60 viral hepatitis education sessions/activities were delivered by the Education Team to 836 people from a variety of priority population groups, as defined in the South Australian Hepatitis C Action Plan, including people affected by alcohol and other drug use (including people who inject drugs), young people (including those involved in the juvenile justice system), Aboriginal people, people from culturally and linguistically diverse backgrounds (including young unaccompanied refugees), people affected by mental illness, people in custodial settings, as well as people affected directly or indirectly by viral hepatitis. The Education Team also worked with members of the broader community who did not belong to any particular priority population.

Project highlights:

Going Viral: A street art project

This project was undertaken in collaboration with the Australian Refugee Association (ARA), targeting young people from refugee backgrounds. Participants were encouraged to create a piece of 'urban art', using stencils and spray paint, and in doing so learned about hepatitis C.

Clare High School: Hep C, body art and young people

Attended by fifty six year 10 students at Clare High School, this workshop aimed



at increasing the hepatitis C knowledge of young people, including knowledge relating to transmission risks, testing, treatment, stigma and discrimination, information and support services. The workshop was undertaken in collaboration with the owner of the local tattoo and piercing studio, Lines of Fire, with discussions about body modifications focusing on the risks associated with backyard tattoos and piercings.

Hep C and Healthy Living at James Nash House

In response to the reportedly high levels of hepatitis C amongst the forensic patient population at James Nash House, a 3-week project was implemented with patients at the facility. James Nash House is a secure mental health facility designed for the treatment of South Australia's forensic patients. Workshop activities included hepatitis C information, healthy eating and cooking a 'liver friendly' lunch, stress relief, meditation and a professionally instructed yoga session.

Bhutanese Seniors Viral Hepatitis Forum

This forum introduced 80 Bhutanese people over the age of 50 to basic information about viral hepatitis. Using an interpreter, an education session was provided which covered topics including symptoms, transmission risks, testing treatment, disclosure and referral pathways. Importantly, the people who



attended the forum reported that they would share the information they had learned about viral hepatitis with other members of their community.

Women's Circle of Health

A collaborative health promotion through the arts project which has been operating for many years in the Adelaide Women's Prison, again had another successful year.

C TALK

The Education Team continued to deliver the C TALK Program throughout 2012-2013, with a total of 23 presentations by positive speakers provided to health and community workers across South Australia. An additional 6 positive speaker presentations were delivered at community education sessions. Feedback from all sessions was overwhelmingly positive, with all participants indicating that the positive

speakers' presentations were useful to their learning.

The Education Team

There were a number of changes to the Education Team this year with the arrival of Tess and Shannon, and the departures of Dan and Dale. Simona, Ngoc and Imogen also started with the team and finished before the end of the year. We acknowledge the valuable contributions all those who have moved on have made to the work of the Education Team and wish them well in their future endeavours.

Tess Opie

Education Coordinator

Information & Resources Report

The 2012-13 financial year was another busy one for us but with increased emphasis on hepatitis B. The Hepatitis SA website was restructured to incorporate hepatitis B information, as was organisation of information in the resource room.

The Information and Resources program is responsible for:

- Distribution of free printed information to workforce and the wider community.
- Development and maintenance of the Hepatitis SA website and other online services.
- Publishing the quarterly Hepatitis SA Community News.
- Facilitating and supporting other program areas' participation in information stalls at community events.
- Coordinating the annual hepatitis awareness campaign in South Australia
- Developing and updating print resources.
- Maintaining a relevant physical and online library of hepatitis related resources.
- Facilitating media and promotion activities.
- Developing databases and information management tools as requested by other program areas.

Distribution

We distributed over 89,000 resource items, over half of which went to organisations shown in table 1.

The distribution was a

TABLE 1

Organisation Type	Qty received
Hospitals & other general govt health services	10,725
Drug and Alcohol Service	7,797
Corrections & Justice System	6,893
Community Health Service	6,695
Academic & Educational	4,948
Community Service	4,691
Private Health Provider	3,810
Liver Clinic	3,794
Total items sent to the above organisations	49,353

12.45% drop on the 2011-12 distribution of over 105,000 where an unusually large number of resource items were disseminated due to:

- Additional mail outs including: Hepatitis SA Helpline mail out, an additional World Hepatitis Day mail out, Northern metro mail outs and a rural mail out.
- The Chinese ethnic schools My Precious Liver project which handed out over 13,980 items.

Table 2 illustrates the trend of distribution to rural areas. The

20% distribution to rural areas may be considered reasonable in light of the fact that the rural population is around 11% of the total population.

New Resources

New resources developed in 2012-13 include *Get It Right*, a booklet with practical information and strategies for people starting hepatitis C treatment with Boceprevir or Telaprevir which will be used as a companion to our existing treatment tips book, *Treat Yourself Right*. Work was also completed on a helpful hints

TABLE 2

2012-13			2011-12		
Region	Distributed	% total	Region	Distributed	% total
C	19890		C	20207	19%
M	62975	22%	M	81300	77%
O	6359	70%	O	3957	
E	478		total	105464	
total	89702				

C=country M=metro O=interstate/overseas E=email address only

booklet for people living with advanced liver disease. This is expected to go to print in the coming year. New posters and bookmarks were made for World Hepatitis Day 2012 and all resources and signs were also brought up to date with the new organisation name and logo.

Online Services

A survey was conducted for feedback on the Hepatitis SA website in anticipation of a revamp in the coming year. The structure of the main Hepatitis SA website was redesigned to better reflect the inclusion of hepatitis B in our work and this was dovetailed with the introduction of hepatitis B information pages on the site.

The main website, www.hepsa.asn.au, attracted 20,907 visits from 14,924 unique visitors. Downloads in 2012-13 compared to previous years is shown in table 3.

Library and Online Collection

The library maintains and updates its online collection weekly, subscribing to regular Australian and international e-lists and newsletters to harvest the latest relevant resources and news.

Subscribers are kept informed of the latest resources to be added to the catalogue via a monthly alert.

Eleven alerts were sent out to over 200 subscribers in 2012-13. These alerts were forwarded about once every two months, to Hepatitis SA members, many of whom are

not subscribers to the library alerts.

Promotion and Awareness Raising

World Hepatitis Day

We participated in national World Hepatitis Day (WHD) campaign review and planning and provided feedback to Hepatitis Australia on their campaign. In South Australia we had the launches for the C Pix Exhibition, the Eat Well for Your Liver book and the mobile version of K3myliver.org.au. Hepatitis SA also participated in the World Hepatitis Alliance's Three Wise Monkeys Guinness Book of Records event.

Ninety people helped to distribute over 20,000 recipe bookmarks to at least 85 suburbs. As a result 109 copies of Eat Well for Your Liver were sent out to people responding to the bookmark.

Chinese Schools

Information sessions were presented at two Chinese ethnic schools as a follow up on last year's hepatitis B awareness project. Twenty-six people attended the sessions which were held in two of the ethnic schools. Relationships with school organisers were strengthened as a result and more in depth information was provided to members of the community.

Radio Community Service Announcements

Two audio community service announcements (CSAs) were produced to raise awareness about hepatitis C in rural areas and treatment for

TABLE 3

Year	downloads	change
2012-13	25,826	40%
2011-12	18,503	21%
2010-11	15,271	

current users. The CSAs will be aired on a rural community radio station as well as on Aboriginal programs on Radio Adelaide which also sends those programs to other rural community stations.

Students

Information and Resources hosted an intern from Adelaide University for 10 weeks and facilitated the placement of four Year 10 students on a week's work experience. The students went on to distribute information material and promotional items and did a small presentation on hepatitis to their classmates.

Volunteers

Information and Resources volunteers put in a total of 670 hours to the program. We currently have four volunteers, three of whom are part of a placement arrangement with the Migrant Resource Centre SA. We would like to thank the volunteers, Amita, Deo, Menuka and Phil for their contribution.

I would also like to express appreciation to the Information and Resources team for their skill and commitment, and thank them for their hard work throughout the year.

Cecilia Lim

Coordinator, Information and Resources

Hepatitis SA Helpline & Support Services Report

The Hepatitis SA Helpline is a state-wide, confidential telephone information, support and referral service, operating between 9 am to 5pm Monday to Friday. The Hepatitis SA Helpline and in-person services provide people in South Australia with accurate and up to date information and an appropriate level of support regarding viral hepatitis.

Additional support is available by linking clients to peers with experience of specific issues such as preparing for treatment and managing symptoms or side effects. A full time coordinator and a team of fully trained volunteers staff the service.

Volunteers demonstrate a similar level of commitment to their work, as would be expected of paid staff. In 2012-13, volunteers gave 944 hours of dedicated service, not including the many hours taken in ongoing training. Our sincere thanks go to Debra, Will, Louise, Karan, and Michele for their committed work over the last year.

Services provided include:

- Hepatitis SA Helpline
- Information via email
- Prisonline (free call for 10 min)
- In-person/drop-in information and support
- Referrals to other services
- Written resources
- Calming the C (support group-Hepatitis SA, Hackney)

- Calming the C in the North (support group-GP plus, Elizabeth)

During 2012-13 the Hepatitis SA Helpline & Support Services received 627 client contacts; this does not include support group participants. Of these, 315 were first-time contacts. A detailed breakdown of contact sources gives (see graph 1):

- 528 Hepatitis SA Helpline
- 37 Prison line
- 19 Email/letter
- 43 In-person

Most people (82%) contacted the service to receive information on viral hepatitis, 16% sought emotional support and only 10 contacts related to discrimination.

The bulk of contacts were received from the metropolitan area (84%) whilst rural/regional areas made up 14% of contacts. The remaining 2% were from interstate and overseas.

Contacts from the primary target groups accounted for 89% of occasions of service. These include people living with hepatitis C and/or hepatitis B, partners, family or friends of an affected person, health and community workers who call on behalf of an affected person and people who are awaiting a test result or are considered at risk of infection. The remaining 20% of requests for information came from the general public, other health and community workers, employers, teachers and students.

Calls ranged in duration from a few minutes to over an hour in length. Providing information in person is also available to clients who may require more detailed explanations or who wish to come with a friend, support person or require an interpreter.

Clients frequently made contact to gain more detailed information on testing, living well with hepatitis, treatment and side effect management and Hepatitis SA services. See graph 2 below.

Referrals to other services were provided to 289 clients and 129 requested written information targeted towards their individual needs to be sent in the post.

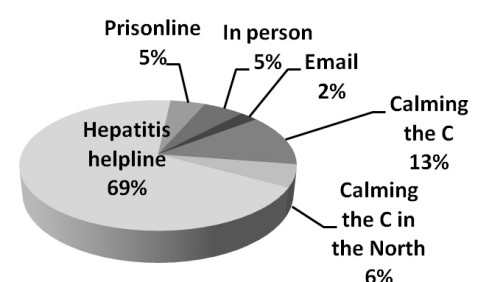
Client satisfaction in all program areas is overwhelmingly positive. Of the 627 contacts, 99.2% expressed satisfaction with the service. Comments were consistently received about the caring, empathy and support shown by the helpline staff.

Quotes from clients included:

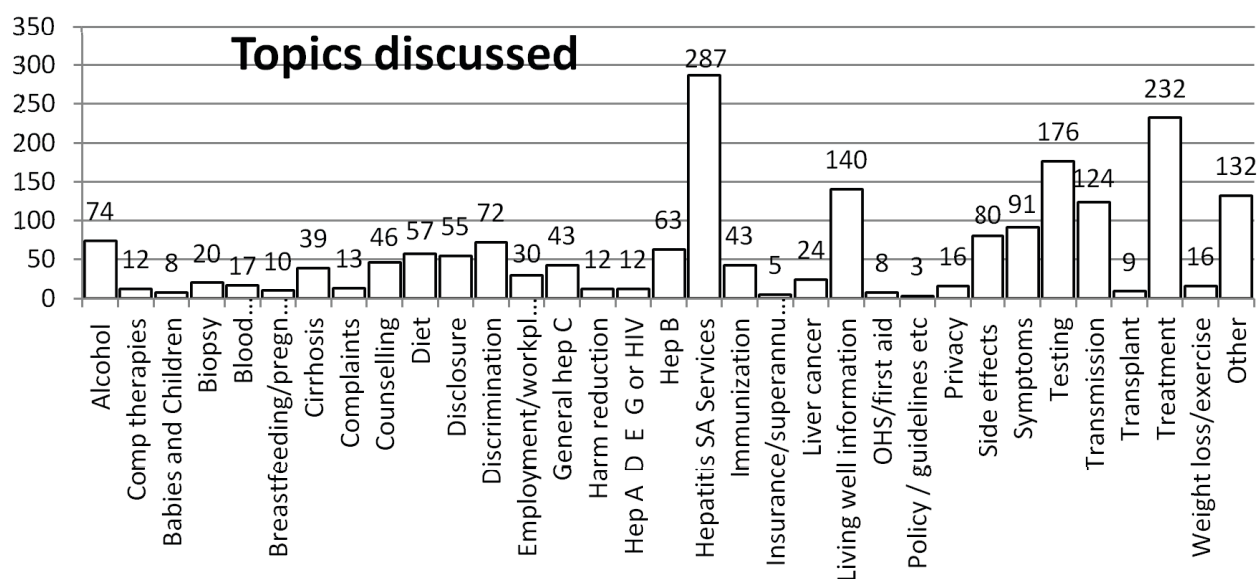
"My fear has gone down considerably since speaking with you".

GRAPH 1

Services people used



GRAPH 2



“You guys have made a massive difference in my life with just 2 phone calls. Thank you”.

“Thank you, you have answered my questions. This is exactly what I wanted”.

Calming the C in Hackney

Calming the C is an informal support group facilitated by Hepatitis SA for over nine years. Each fortnight at Hackney, the group meets over a healthy light lunch and conversation is relaxed and self-directed by the participants. The group has been hugely beneficial for people considering treatment as well as for people on treatment

Several referrals to community nurses have streamlined access to treatment for participants, as have referrals to clinical trial nurses. This year we have also had two regular attendees who have had a liver transplant and are keen to share their experiences and encourage others to consider treatment in a timely manner. The ability to speak to others who have been,

or are on the same journey, normalises people’s experience and provides reassurance. Regular participants are very welcoming and supportive of all new people attending this group.

There were 22 groups held over the year with a total of 99 attendances. Slightly more men than women attended, however, the numbers of women attending increased this year. All but one came from the metropolitan area and eight people attended for the first time.

Calming the C in the North

Eighteen months ago, Hepatitis SA began facilitating a Calming the C in the North support group. This support group meets on the fourth Friday of each month in the Elizabeth GP Plus complex. The Calming the C in the North support group complements the treatment clinics being conducted by the viral hepatitis treatment nurse on Fridays at GP Plus Elizabeth.

People who have completed hepatitis C treatment, who are on hepatitis C treatment and people preparing for treatment regularly attend the group. Some participants have advanced liver disease and are not eligible for treatment but need support with living with hepatitis C; many have been disengaged from the health care system for some time. Although it has taken some time to establish regular clients to this group, it has always been attended by people, most in need of support and information about hepatitis C.

There were 10 groups held with 43 attendances during the year. The gender of the participants were near equal; 23 males, 20 females. All but four people came from the local area.

Deborah Warneke-Arnold

Coordinator, Information and Support

Outreach Hepatitis C Peer Education & Support Report

The Outreach Hepatitis C Peer Education and Support Project trains and supports hepatitis C peer educators, who are placed within Alcohol and other Drug (AOD) agencies and related services to engage with clients of these services about hepatitis C. The peer educators provide hepatitis C information, education, support and referral services for these clients either individually or in groups.

During 2012-2013, 142 group sessions for 803 participants were provided by peer educators, and 485 clients were provided with individual sessions totalling 1,288 clients being provided with hepatitis C peer education by this Project. Of this total, 811 (63%) of participants reported this as their first engagement with a hep C peer educator where as 421 (33%) of contacts were reported to be reengaging with the peer educator and 56 (4%) of contacts did not respond to this question.

The Outreach Hepatitis C Peer Education and Support

Project continued to build strong sector partnerships to facilitate regular placements of hepatitis C peer educators in a range of agencies. This financial year, 21 agencies have hosted a hepatitis C peer educator. Many clients at these agencies have become familiar with the peer educators, and repeat engagement with the hepatitis C peer educators has enabled increased support to clients with accessing and undertaking HCV treatment as well as, improving client knowledge of hepatitis C transmission and harm minimisation strategies.

This year, hepatitis C peer educators regularly attended some rural areas. Peer educators have continued to facilitate 'arts in health' activities at an Aboriginal Sobriety Group AOD rehabilitation centre in a rural area, as well as attending a DASSA AOD rehabilitation service with the Hepatitis SA Rural Educator, and regular visits were also made to two Correctional Services facilities in rural South Australia.

Aboriginal and Torres Strait Islander clients living in Ceduna were also able to access a peer educator who attended the Ceduna Drug and Alcohol Services South Australia (DASSA) Day Centre and Centrecare services in May this year. As well, a peer educator, together with the Hepatitis SA Rural Educator, attended the Port Augusta Prison to facilitate prison peer support training for Aboriginal prisoners.

The Project continued to develop hepatitis C resources appropriate to the target group, and this year the resource development project was to produce an audio recording of the Hepatitis Australia resource, Treatment, Hep C and Me for distribution to project participants who are either considering or undertaking hepatitis C treatment.

At the end of this year, the Project employed a peer mentor, Fred, and five casual peer educators Karan, Will, Penni, Mark, and Dean, after James left during the year. We were also lucky to have a part-time Support Coordinator, Bill Gaston, to assist in the debriefing and professional development of the team for 6 months this year. I would like to thank all my colleagues on the team for 2012- 20123, for their contribution to the ongoing success of this Project.

Maggie McCabe



Peer educators assembled

Statewide Hepatitis B Coordination Project Report

It had been an amazingly busy year for Hepatitis SA's new Hepatitis B coordination program which began in July 2012.

Hepatitis B Environmental Scan

One of the coordinator's first tasks was to complete an environmental scan of hepatitis B services in South Australia. The environmental scan provided an overview of what worked well within the Sexually Transmitted Infection and Blood Borne Virus (STI&BBV) sector and identified the barriers to responses for people who are affected by the hepatitis B virus (HBV). The report would inform the first South Australian Hepatitis B Action Plan.

Many thanks to the members

of the Hepatitis B Steering Committee for their support and encouragement; and I would also like to acknowledge the contributions of Kerry Patterson and Jack Wallace. A copy of the Environmental Scan can be downloaded from the Hepatitis SA website online at bit.ly/hepbenviroscan.

In addition to the environmental scan, the hepatitis B coordination program also worked with Relationship Australia SA's PEACE Multicultural Service on two hepatitis B related projects.

Sudanese Internship Project

This project worked with three Institute of Social Relations interns who were also Sudanese Community Leaders, to assist them with a hepatitis

B education session for their community. The interns had to organize a venue and promote the session to the community. PEACE supplied lunch whilst Hepatitis SA provided the hepatitis B education.

A presentation was developed in consultation with the interns, using simple language and pictures rather than lots of text. Twenty Sudanese people—13 men and 7 women—attended the session.

The evaluation consisted of simple questions asked in the group setting with people calling out the answers. This consideration was due to language and literacy barriers, a less formal approach, and was identified as more culturally appropriate. The questions prompted more robust conversation throughout the presentation.



Sudanese Internship Project:
at the education lunch

Vietnamese Resource Project

This was a project to develop a resource that would encourage the Vietnamese community to access testing, vaccination and/or treatment for hepatitis B. This was done through a Vietnamese poster which provided information about hepatitis B testing.

The poster was launched at the Vietnamese Catholic Community Church on the 16 June. The community event included a basic hepatitis B education session followed by a barbeque lunch. The event was attended by 70 Vietnamese community members and the Vietnamese Catholic Church provided an interpreter for the session.

Along with the dissemination of the posters to the Vietnamese Catholic Church community, they have also been displayed in some Vietnamese restaurants, relevant support services, pharmacies, and GP clinics in suburbs with a high number of Vietnamese residents.

The posters are available from Hepatitis SA or PEACE Multicultural Services.

Other activities

The Statewide Hepatitis B Coordination program was also responsible for delivering hepatitis B education to people in the workforce. Eleven sessions were provided to 112 people who were community health nurses and workers, Aboriginal health workers



as well as drug and alcohol workers.

Viral hepatitis education sessions were provided, together with the education team, to mental health nurses, aboriginal workers, migrant service workers and the African community. A total of 127 people attended these sessions.

The Hepatitis B Coordinator worked with the Information and Resources team to identify, develop, and source new and existing hepatitis B resources to stock our resource library for use in hepatitis B information and education sessions. These resources had been limited but are growing

due to the increased focus on hepatitis B within Hepatitis SA.

The Hepatitis B Coordinator had also participated in network meetings, committees and forums to promote the new project and build relationships with key agencies. These include: the Migration Network, Hoi Sinh, AHCSA STI&BBV Coordination Steering.

It had been a privilege working with the education team, and the broader Hepatitis SA team.

Elaine Lloyd

Statewide Hepatitis B Coordinator

Treasurer's Report

Total revenue for 2012-2013 was \$1,185,279, which was \$29,346 greater than the previous year. This was largely made up from grant income, which was the net result of 12 months recurrent funding for the financial year of \$694,680 for the SA Hepatitis C Prevention and Health Promotion Program; \$79,440 for the Hepatitis C Education and Prevention Rural Expansion Program; \$80,678 for the Statewide Hepatitis B Coordination Project; \$94,914 for the Viral Hepatitis Workforce Development Project from SA Health; and \$212,800 for the Outreach Hepatitis C Peer Education and Support Project from the Non-Government Organisation Treatment Grants Program funded by the Australian Government Department of Health and Ageing.

As well as grant income, other sources of revenue included \$2,274 Social and Community Services supplementation from the Australian Government Department of Health and Ageing as their contribution to costs for the Equal Remuneration Order; \$15,941 interest; \$4,261 in recoupments, being mainly cost recovery of information resources produced, and \$290 in donations.

Total expenditure for the year was \$1,173,289, which was \$44,491 greater than the previous year. The major expense was the Employee Benefits expense of \$912,551 comprised of Salaries and wages of \$822,054; On-costs of \$89,522 and staff support and recruitment costs of \$975. The Employee Benefits expense was \$138,363 greater than last year, which largely reflected additional positions associated with 2 grants the Statewide HBV Coordination Project and the Viral Hepatitis Workforce Development Project; wages increments and other increases, such as the payment of the Equal Remuneration Order to staff.

Other expenses of \$89,746 were mainly comprised of Program costs

of \$39,602, Minor equipment of \$11,878, Staff amenities of \$4,935; Equipment Hire of \$3,434, Insurance \$2,600 and Advertising and promotion of \$2,280 as well as other more minor costs. Other expenses were \$82,829 less than the previous year when program costs included the 2 week South Australian tour of Body Armour by the Ilbjerri Theatre Co-operative; and Consultant costs paid to OARS SA for delivery of hepatitis C education services in SA prisons, which no longer occurred in 2012-2013.

Other large expenses were Premises Rent and On-costs of \$83,112, Office expenses of \$31,196 comprised of postage/freight/courier of \$10,298, printing and stationery of \$9,668, telephone/fax/internet of \$8,670 and computer costs of \$2,560. Motor vehicle expenses were \$20,454, Travel and accommodation \$19,404, and the Depreciation and amortisation expense was \$16,826.

For the 2012-2013 financial year, Hepatitis SA had a surplus of \$11,990 resulting in total equity of \$129,255 as at 30 June 2013.

Hepatitis SA would like to thank the STI and BBV Section at the SA Department of Health and the SA Branch of the Australian Government Department of Health for administering Hepatitis SA's major recurrent funding during the 2012-2013 financial year.

Howard Jillings
Treasurer

INDEPENDENT AUDITOR'S REPORT

Hepatitis SA Incorporated

We have audited the accompanying financial report of the **Hepatitis SA Incorporated**, which comprises the Balance Sheet as at 30 June 2013, and the Income and Expenditure Statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

The **Hepatitis SA Incorporated** are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations). This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on my audit. We conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the **Hepatitis SA Incorporated**, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for my audit opinion.

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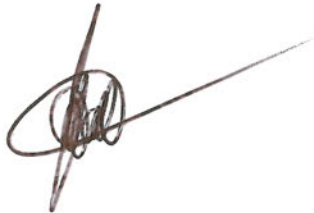
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Auditor's Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of the **Hepatitis SA Incorporated** as of 30 June 2013, and of its financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations).



Peter Hall Chartered Accountant

Dated 15th October 2013

HEPATITIS SA INCORPORATED

FINANCIAL REPORT

For Year Ended 30th June 2013

Peter Hall FCA
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Hepatitis SA Incorporated

Financial Report

30th June 2013

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General information

The financial report covers Hepatitis SA Incorporated as an individual entity. The financial report is presented in Australian dollars, which is Hepatitis SA Incorporated's functional and presentation currency.

The financial report consists of the financial statements, notes to the financial statements and the board members' declaration.

The financial report was authorised for issue by the board members at the Annual General Meeting held in Adelaide.

Hepatitis SA Incorporated
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2013

	NOTE	2013 \$	2012 \$
REVENUE	3	1,185,279	1,155,933
EXPENSES			
Employee benefits expense		(912,551)	(774,188)
Depreciation and amortisation expense		(16,826)	(16,562)
Motor Vehicle Expenses		(20,454)	(14,496)
Office expenses		(31,196)	(54,487)
Premises Rent and On Costs		(83,112)	(77,830)
Travel and Accommodation		(19,404)	(18,660)
Other expenses		<u>(89,746)</u>	<u>(172,575)</u>
TOTAL EXPENSES		(1,173,289)	(1,128,798)
Income tax expenses		<u>-</u>	<u>-</u>
SURPLUS AFTER INCOME TAX EXPENSE FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF HEPATITS SA INCORPORATED	13	11,990	27,135
Other comprehensive income for the year, net tax		<u>-</u>	<u>-</u>
TOTAL COMPREHENSIVE INCOME FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS HEPATITS SA INCORPORATED		<u>11,990</u>	<u>27,135</u>

The above statement of profit and loss and other comprehensive income should be read in conjunction with accompanying notes

Hepatitis SA Incorporated
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2013

	NOTE	2013 \$	2012 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	457,852	306,507
Trade and other receivables	6	6,462	164,366
Other	7	967	677
Total current assets		<u>465,281</u>	<u>471,550</u>
NON-CURRENT ASSETS			
Property, plant and equipment	8	67,416	65,656
Total non-current assets		<u>67,416</u>	<u>65,656</u>
TOTAL ASSETS		<u>532,697</u>	<u>537,206</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	17,112	14,855
Employee benefits	10	83,982	73,746
Grants in Advance		94,961	123,892
Other	11	18,935	34,402
Total current liabilities		<u>214,990</u>	<u>246,895</u>
NON CURRENT LIABILITIES			
Provision for Asset Replacement		10,000	10,000
Provision for Long Service Leave		77,782	75,234
Provision for Redundancy (Employees)	12	100,670	87,812
Total non-current liabilities		<u>188,452</u>	<u>173,046</u>
TOTAL LIABILITIES		<u>403,442</u>	<u>419,941</u>
NET ASSETS		<u>129,255</u>	<u>117,265</u>
EQUITY			
Retained surpluses	13	<u>129,255</u>	<u>117,265</u>
TOTAL EQUITY		<u>129,255</u>	<u>117,265</u>

The above statement of financial position should be read in conjunction with the accompanying notes.

Hepatitis SA Incorporated
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2013

	NOTE	Retained Surplus \$	Total Equity \$
BALANCE AT 1 JULY 2011		90,130	90,130
Surplus after income tax expense for the year		27,135	27,135
Other comprehensive income		-	-
		<hr/>	<hr/>
Total comprehensive income for the year		14,130	14,130
		<hr/>	<hr/>
BALANCE AT 30 JUNE 2012		<u>117,265</u>	<u>117,265</u>
		<hr/>	<hr/>
BALANCE AT 1 JULY 2012		117,265	117,265
Surplus after income tax expense for the year		11,990	11,990
Other comprehensive income		-	-
		<hr/>	<hr/>
Total comprehensive income for the year		-	-
		<hr/>	<hr/>
BALANCE AT 30 JUNE 2013		<u>129,255</u>	<u>129,255</u>
		<hr/>	<hr/>

The above statement of changes should be read in conjunction with the accompanying notes.

Hepatitis SA Incorporated
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2013

	NOTE	2013 \$	2012 \$
Cash Flows from Operating Activities:			
Receipts from customers (inclusive of GST)		162,165	60,566
Payments to suppliers and employees (inclusive of GST)		<u>(1,190,078)</u>	<u>(1,135,215)</u>
		(1,027,913)	(1,074,649)
Interest Received		15,941	16,586
Sundry Income		290	33,338
Grants Received		<u>1,164,787</u>	<u>1,045,443</u>
Net cash from operating activities		<u>153,105</u>	<u>20,718</u>
Cash Flows From Investing Activities			
Payments for property, plant and equipment		<u>(1,760)</u>	<u>(14,625)</u>
Net cash used in investing activities		<u>(1,760)</u>	<u>(14,625)</u>
Net increase in cash and cash equivalents		151,345	6,093
Cash and cash equivalents at the beginning of the financial year		<u>306,507</u>	<u>300,414</u>
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	5	<u><u>457,852</u></u>	<u><u>306,507</u></u>

The above statement of cash flows should be read in conjunction with the accompanying notes.

Hepatitis SA Incorporated

Notes to the financial statements

30 June 2013

Note 1. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New, revised or amending Accounting Standards and Interpretations adopted

The incorporated association has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are mandatory for the current reporting period.

The incorporated association has early adopted AASB 1053 'Application of Tiers of Australian Accounting Standards', AASB 2010-2 'Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements' and later amending Standards, as relevant. No other new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have been early adopted.

Any significant impact on the accounting policies of the incorporated association from the adoption of these Accounting Standards and Interpretations are disclosed below. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the incorporated association.

The following Accounting Standards and Interpretations are most relevant to the incorporated association:

AASB 1053 Application of Tiers of Australian Accounting Standards

The incorporated association has early adopted AASB 1053 from 1 July 2012. This standard establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements, being Tier 1 Australian Accounting Standards and Tier 2 Australian Accounting Standards- Reduced Disclosure Requirements. The incorporated association being classed as Tier 2 continues to apply the full recognition and measurements requirements of Australian Accounting Standards with substantially reduced disclosure in accordance with AASB 2010-2 and later amending Standards, as relevant.

AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements

The incorporated association has early adopted AASB 2010-2 from 1 July 2012. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities in preparing general purpose financial statements. The adoption of these amendments has significantly reduced the incorporated association's disclosure requirements.

AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project- Reduced Disclosure Requirements

AASB 2012-7 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and

AASB 2012-11 Amendments to Australian Accounting Standards- Reduced Disclosure Requirements and Other Amendments

The incorporated association has early adopted AASB 2011-12, AASB 2012-7 and 2012-11 amendments from 1 July 2012, to the extent that they related to other standards already adopted by the incorporated association. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations to significantly reduce the incorporated association's disclosure requirements.

AASB 2011-9 Amendments to Australian Accounting Standards- Presentation of Items of Other Comprehensive Income

The incorporated association has applied AASB 2011-9 amendments from 1 July 2012. The amendments requires grouping together of items within other comprehensive income on the basis of whether they will eventually be 'recycled' to the profit or loss (reclassification adjustments). The change provides clarity about the nature of items presented as other comprehensive income and the related tax presentation. The amendments also introduced the term 'Statement of profit or loss and other comprehensive income' clarifying that there are two discrete sections, the profit or loss section (or separate statement of profit or loss) and other comprehensive income section.

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards- Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board (AASB), legislation the Associations Incorporation Act 2009, the Charitable Fundraising Act 1991 and associated regulations, as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Hepatitis SA Incorporated

Notes to the financial statements

30 June 2013

Note 1. Significant accounting policies (continued)

Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the incorporated association and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Sales revenue

Events, fundraising and raffles are recognised when received or receivable.

Donations

Donations are recognised at the time the pledge is made.

Grants

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income tax

As the incorporated association is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Trade and other receivables

Other receivables are recognised at amortised cost, less any provision for impairment.

Property, plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and AASB1180 equipment (excluding land) over their expected useful lives as follows:

Plant and equipment	3-7 years
Motor vehicles	5-7 years
Office equipment	3-5 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the incorporated association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Hepatitis SA Incorporated

Notes to the financial statements

30 June 2013

Note 1. Significant accounting policies (continued)

Trade and other payables

These amounts represent liabilities for goods and services provided to the incorporated association prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are secured and are usually paid within 30 days of recognition.

Employee Benefits

Wages and salaries and annual leave

Liabilities for wages and salaries, including non-monetary benefits, and annual leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Long service leave

The liability for long service leave is recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least 12 months after the reporting date. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Goods and Services Tax (GST) and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Hepatitis SA Incorporated

Notes to the financial statements

30 June 2013

Note 2. Critical accounting judgments, estimates and assumptions

The preparation of the financial statements requires management to make judgments, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgments and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgments, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgments and estimates will seldom equal the related actual results. The judgments, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets

The incorporated association determines the estimated useful lives and related depreciation and amortization charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortization charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Estimation of useful lives of assets

The incorporated association assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the incorporated association and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs to sell or value-in-use calculations, which incorporate a number of key estimates and assumptions.

Long service leave provision

As discussed in note 1, the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increase through promotion and inflation have been taken into account.

Note 3. Revenue

	2013	2012
	\$	\$
<i>Revenue</i>		
Grants Received	1,164,787	1,045,443
Interest Income	15,941	16,586
Other Income	4,551	93,904
	<u>1,185,279</u>	<u>1,155,933</u>

Note 4. Expenses

Other Expenses includes:

	2013	2012
	\$	\$
Advertising	2,280	1,667
Audit Fees	1,750	1,900
Insurance	2,600	5,152
Memberships and Fees	1,386	1,785

Hepatitis SA Incorporated
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2013

Note 5. Current assets- cash and cash equivalents

	2013	2012
	\$	\$
Cash at Bank - Current Account	22,855	21,579
Online Saver	434,747	284,178
Petty Cash	250	750
	<u>457,852</u>	<u>306,507</u>

Note 6. Current assets- trade and other receivables

	2013	2012
	\$	\$
Receivables	150	158,558
Prepayments	6,312	5,808
	<u>6,462</u>	<u>164,366</u>

Note 7. Current assets- other

	2013	2012
	\$	\$
Gift Fund Account	967	677

Note 8. Non-current assets- property, plant and equipment

	2013	2012
	\$	\$
Plant and equipment- at cost	180,082	179,382
Less: Accumulated depreciation	<u>(112,666)</u>	<u>(113,726)</u>
	<u>67,416</u>	<u>65,656</u>

Hepatitis SA Incorporated
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2013

Note 9. Current liabilities- trade and other payables

	2013	2012
	\$	\$
Creditors	13,261	14,855
Quiznight Fund Provision	3,851	-
	<u>17,112</u>	<u>14,855</u>

Note 10. Current Liabilities- employee benefits

	2013	2012
	\$	\$
Employee Entitlements	<u>83,982</u>	<u>73,746</u>

Note 11. Current liabilities- other

	2013	2012
	\$	\$
Other In Advance	2,143	2,143
GST Payable	<u>16,792</u>	<u>32,259</u>
	<u>18,935</u>	<u>34,402</u>

Note 12. Non-current liabilities- employee benefits

	2013	2012
	\$	\$
Provision for Redundancy	<u>100,669</u>	<u>87,812</u>

Note 13. Equity- retained surpluses

	2013	2012
	\$	\$
Retained surpluses at the beginning of the financial year	117,265	90,130
Surplus after income tax expense for the year	<u>11,990</u>	<u>27,135</u>
Retained surpluses at the end of the financial year	<u>129,255</u>	<u>117,265</u>

Hepatitis SA Incorporated

Notes to the financial statements

30 June 2013

Note 14. Key management personnel disclosures

Compensation

There was no aggregate compensation made to officers and other members of key management personnel of the incorporated..

Note 15. Contingent liabilities

The incorporated association had no contingent liabilities as at 30 June 2013 and 30 June 2012.

Note 16. Commitments

The incorporated association had no commitments for expenditure as at 30 June 2013 and 30 June 2012.

Note 17. Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 14.

Transactions with related parties

There were no transactions with related parties during the current and previous financial year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Note 18. Events after the reporting period

No matter or circumstance has arisen since 30 June 2013 that has significantly affected, or may significantly affect the incorporated association's operations, the results of those operations, or the incorporated association's state of affairs in future financial years.

Hepatitis SA Incorporated

Board Report

30th June 2013

The board members present their report, together with the financial statements, on the incorporation for the year ended 30 June 2013.

Board Members

The following persons were board members of the incorporation during the whole of the financial year and up to the date of this report, unless otherwise stated:

Arieta Papadelos	
Catherine Freguson	
Darrien Bromley	
Carol Holly	
Lisa Carter	
Kerry Paterson	
Jeffrey Stewart	
William Gaston	(Stood Down on 4 February 2013)
Lindsay Krassnitzer	(Elected on 21 November 2012)
Gillian Bridgen	(Elected on 21 November 2012)

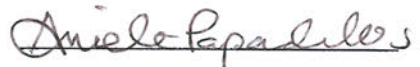
In accordance with Section 35(5) of the Associations Incorporations Act 1985, the Board of the Hepatitis SA Incorporated hereby states that during the financial year ended 30 June 2013:

- (a) (i) No officer of the association;
 - (ii) No firm of which the officer is a member;
 - (iii) No body corporate in which an officer has a substantial financial interest;
- Has received or become entitled to receive a benefit as a result of a contract between the officer, firm or body corporate and the association.
- (b) No officer of the association has received directly or indirectly from the association any payment or other benefit of a pecuniary value.

Signed On Behalf of the Board:



BOARD MEMBER



BOARD MEMBER

On the 14th day of October 2013
Adelaide

