

HepatitisSA



***ANNUAL REPORT
2016-17***

Chairperson's Report

In 2016-2017, record numbers of Australians have accessed the hepatitis C direct acting antiviral medicines, and as a result our country is in on track to achieve the World Health Assembly goal of hepatitis C elimination by 2030.

In the latest Monitoring Hepatitis C Treatment Uptake in Australia report available from the Kirby Institute, it was reported that an estimated 32,400 individuals initiated direct acting antiviral treatment for chronic hepatitis C virus (HCV) infection in 2016 (March-December), equating to 14% of the people living with chronic HCV infection in Australia. Over that same period, the Kirby Institute reported that 2,000 South Australians initiated treatment, equating to 17% of those living with chronic hepatitis C in South Australia.

Hepatitis SA has continued to work to inform the South Australian community about the new treatments by developing a range of information resources for people with hepatitis C as well as for GPs and other healthcare workers; facilitating GP training around the new treatments in collaboration with Adelaide specialists; providing community education to a range of groups, including prisoners; as well as partnering with the South Australian viral hepatitis community nurses to provide regular fibroscan clinics at Clean Needle Program sites for easier

access to non-tertiary based treatment services for clients of these services.

Hepatitis SA was also funded by Hepatitis Australia to develop a pilot project aimed at eliminating hepatitis C in a rural area. The subsequent LiverBetterLife Project was developed for Murray Bridge, and was implemented in the latter half of this financial year. The project took a broad, staged approach targeting healthcare workers, the general community, and only at the last stage, people at risk or living with hepatitis C. Treatment data will need to be followed up for 6 months into the next financial year, before we can gauge the efficacy of this project.

This year we have had the opportunity to work with the Chinese, Filipino and Vietnamese communities as part of the Hepatitis B Community Education Projects funded by the Australian Government Department of Health. Later in the year, we were also successful in being funded by Grants SA for the Liver Health Project, to work with the South Asian community. These projects have allowed us to employ a number of bi-cultural/bilingual staff, and I would like to thank Bin, Huong, Letty, Marilyn and Gaurav for guiding us well in our work with their communities.

On the downside, in March 2017, we were notified that in a review of projects funded under the Non-Government

Treatment Grants Program (NGOTGP) by the Australian Government Department of Health, prior to the handing over of administration of the Program to the local Primary Health Networks, that Hepatitis SA's Outreach Hepatitis C Peer Education and Support Project had been re-classified as a capacity building project rather than a direct service to clients, and thus funding would cease as at 30 June 2017. It was sad news indeed to have to wind up a very successful project after 9 years of operation. I would especially like to acknowledge the work of all staff in this project over the past nine years. The high regard in which the project

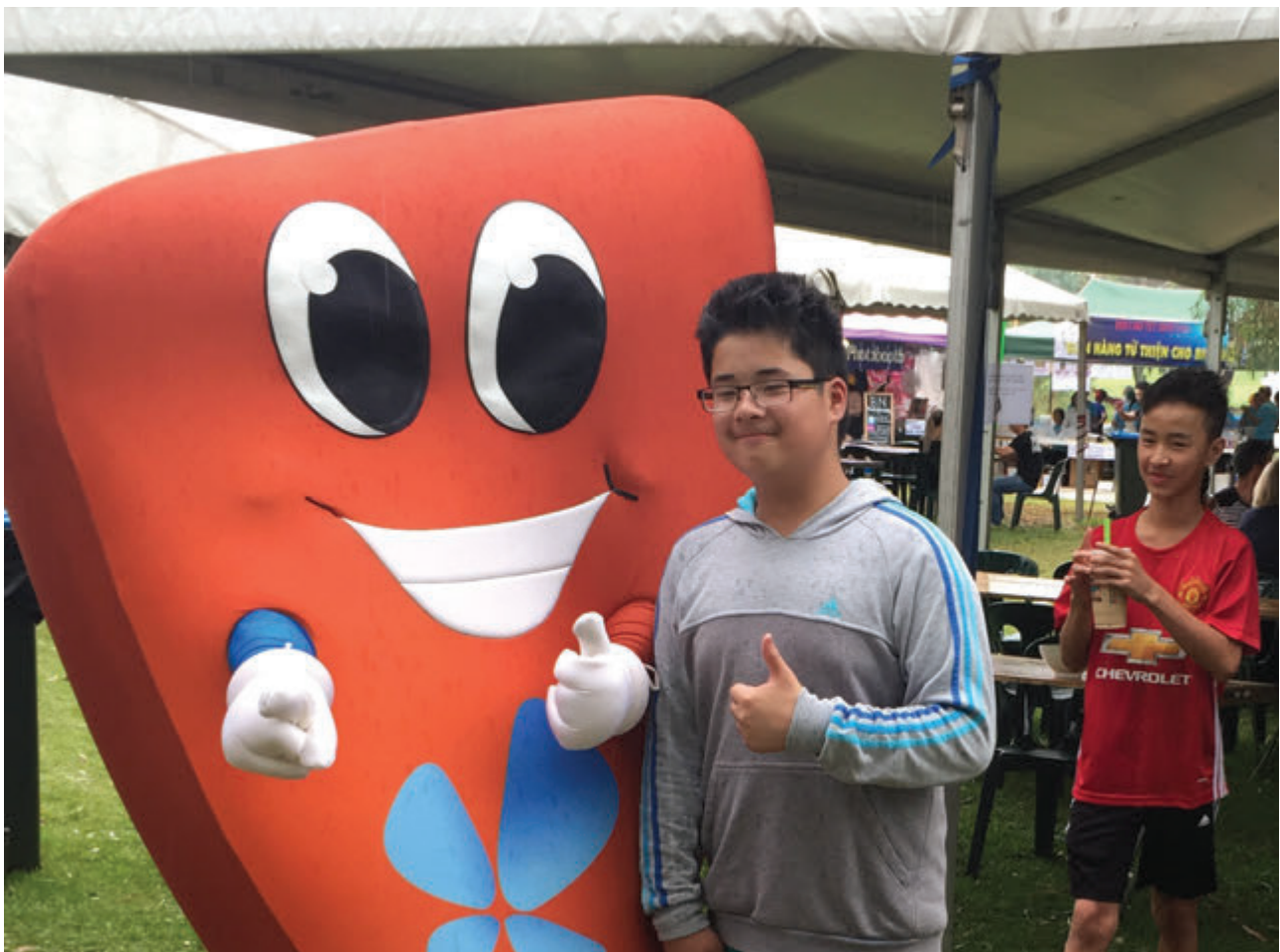
is held by our partner host organisations, and their clients, is a testament to their engagement skills and their commitment to provide greater access to hepatitis C services for some of the most marginalised members of our community.

Thank you to all Hepatitis SA staff and volunteers for your hard work and I congratulate you all on your many achievements during the year. Board member, Nicci Parkin left us this year and I would like to thank her for her valuable contribution to our organisation. I would like to welcome Debbie Perks who joined the Board at our 2016 Annual General Meeting and thank her and the other members of the

Board for their support during the year.

I would like to finish by thanking all our partner organisations who supported our work this year and our main funding administrators, the staff at the STI & BBV Section at SA Department of Health and Ageing, the SA Branch of the Australian Government Department of Health, and Drug and Alcohol Services South Australia.

Arieta Papadelos
Chairperson



CNP Peer Projects Report

The Clean Needle Program (CNP) Peer Project provides an extended range of sterile injecting equipment, including cost recovery items such as tourniquets, sterile water, specialised filters and other services to people who inject drugs. The Project is staffed completely by peers, consisting of a Coordinator, Project Officer and eleven peer educators. As well as distributing sterile equipment, the CNP peer educators deliver information and education on any issues relating to injecting drug use and health, as well as making referrals for clients to a range of health and social services.

Peer educators provide these services through CNP sites that are co-located with agencies that provide general health services to people who inject drugs (PWID), including priority populations such as youth, people from culturally and linguistically diverse communities, homeless people, and Aboriginal and Torres Strait Islanders.

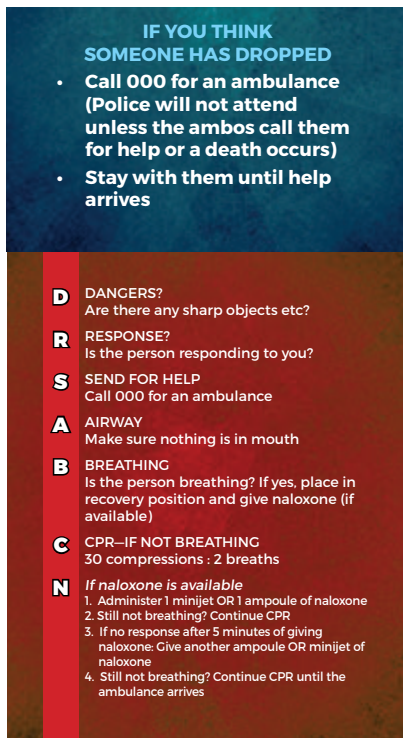
There are three fixed CNP sites which are staffed full time by peer educators at Wonggangga Turtpandi (Port Adelaide), GP Plus Noarlunga and Salisbury Anglicare. In addition to the fixed sites, peer educators also provide services on a sessional basis, generally one day per week, at other high volume CNP sites in order to reach a broader cross-section of the community. Sites which hosted sessional peer educators during the year were Streetlink Youth

Services, Mission Australia Hindmarsh, Nunkuwarrin Yunti, Northern DASSA and Drug Arm, Warradale.

During 2016-2017 there were 15,844 client contacts at fixed sites and 3,121 at sessional sites, with 1,427 referrals made at fixed sites (over 500 more than the previous year) and 310 at sessional sites being made to services such as other CNP outlets, medical practitioners, mental health, legal, accommodation, hepatitis, HIV, and alcohol and other drug services. The team also provide peer education in relation to harm reduction which includes more intensive support for individuals. In this year, there were 2,050 occasions of peer education/information provided at fixed sites and 957 at sessional sites. There were also 187 occasions of intensive support provided to clients at fixed sites and 56 at sessional sites. Intensive support mostly related to safer injecting, drug effects, blood-borne virus (BBV) testing, vein care, mental health, domestic violence, withdrawal/dependence, drug treatment and specialised injecting equipment such as filtering.

Workforce Development & Community Education

The Project Coordinator and Project Officer continued to provide workforce development for the sector in 2016-2017. There were 22 sessions provided to a range of groups including University students, Aboriginal health workers, Clean Needle Program



staff and prison staff. Sessions covered a wide range of topics including equipment use, specialised equipment/cost recovery, prevention of BBV's, stigma/discrimination, performance and image enhancing drugs, methamphetamine, overdose awareness and response, how to engage with PWIDs, common health issues experienced by PWIDs and ways to help reduce potential harms associated with injecting drug use.

We also provided 10 community education sessions, including providing harm reduction and safer injecting practices information for a project within the Adelaide Women's Prison entitled 'Keeping Safe'.

In response to the new hepatitis C treatments, each CNP site has raised awareness and promoted the new regime. Use of blackboards at each site has helped to commence conversations and referrals for the treatment pathways.

Information Resources

During the year, in partnership with DASSA, the team produced the DRS ABC wallet cards to raise awareness of Naloxone, by describing how best to respond to an opioid overdose, using CPR, as well as Naloxone administration information. With the distribution of these cards through CNP sites, the peer educators provided brief intervention conversations to opiate using clients about administering Naloxone effectively and as safely as possible.

The CNP Peer Project Officer also contributed to a resource on alternatives to injecting to reduce BBV transmission and injecting related harm.

Rural Service

Due to difficulties accessing injecting equipment in rural areas, the Project continued to provide *country orders* for clients in need of equipment they cannot access in their region, whether due to confidentiality or lack of the range of equipment required. This service delivered barrels, winged infusion kits, needle tips and wheel filters by coach freight or Australia Post, thus reducing sharing and reusing for the 17 client contacts who used this service during the past year.

Thanks

The CNP Peer Project team would like to thank the community accessing our services, our partner

organisations and the broader team of Hepatitis SA for their support and dedication over another eventful year. Overall, we look forward to a future of improved access and quality of service delivery for our community in SA.

The Project is now in its fourth year with Hepatitis SA. It is running smoothly and is highly effective. We continue to raise awareness of issues affecting the injecting community, including stigma and discrimination. Promotion of our service is a key part of that, which we do not only through the placement of peers within other services, but also being involved in events and submissions and consultation groups wherever possible. Since rolling out the sessional aspect of the Project, understanding and knowledge of what peer education is, amongst the broader sector workforce has increased, and raised the level of respect for peer educators. They are being acknowledged as 'experts in their field' and valued for their unique support and services provided to clients.

I would like to congratulate the team for their many achievements over the past year - Carol, Sue, Kylie, Margie, Mark T, Penni, Justin, Nikkas, Andrea, Bernadette and Mark B

We look forward to another successful year ahead.

Michelle Spudic
Coordinator

Education Program Report

Jenny Grant and Nicole Taylor did an incredible job throughout the 2016-2017 financial year as the changing nature of the team made things presumably erratic. The beginning of the financial year saw Garry Spence join the team, while Shannon Wright was fulfilling a temporary role in the BBV and STI section of SA Health and Tessa Opie was on maternity leave. October 2016 saw the departure of Claire Hose, while November witnessed the return of Shannon and Tess to the team.

Despite these changes, the 2016-2017 financial year was another huge year for the Education Team, with unparalleled statistics for both community and workforce education. In the community sphere, **104** viral hepatitis education sessions were delivered to **2,476** community members.

Participants of community education sessions predominantly included people affected by alcohol and other drug issues,

young people (including those in the juvenile justice system), Aboriginal people, people from culturally and linguistically diverse backgrounds, people affected by mental illness, people experiencing homelessness, and people in custodial settings.

The 2016-2017 year was a particularly good year for working with prisoners due to a concerted effort from Educators in response to the listing of the new HCV DAAs on the PBS, and the commitment of South Australian Prison Health Services to treat prisoners whilst incarcerated.

A particular highlight of our community work this year was a Close the Gap activity at Mobilong Prison. This event attracted a large number of attendees with approximately 80 prisoners present. At the beginning of the session, an Educator provided information about the new hepatitis C treatments. This was followed by a stand-up routine provided by



comedian, Kevin Kropinyeri, who personally knew many of the participants, and had excellent rapport with the audience. These factors significantly contributed to the high attendance, and fostered a positive environment whereby many participants felt comfortable to actively seek a pamphlet about the new treatments at the end of the session.

In summary, a total of **23** group education sessions were provided to **682** prisoners across South Australia in the 2016-2017 financial year. The Education Team, in collaboration with peer educators from the Outreach Hepatitis C Peer Education and Support Project, also attended **4** prison health expos, where a total of **354** men were provided with information about hepatitis C and the

new DAAs.

This year the Education Team also delivered **176** viral hepatitis workforce development sessions to **2,769** participants across a range of workforces.

These included the Clean Needle Program, Pharmacy sector, Aboriginal Health, South Australian Prison Health Services, Cancer Council of SA, SA Forensic Mental Health Services, SA Mental Health Rehabilitation Services, Supported Residential Facility Staff, Community Access and Services SA, African's Women's Federation of SA, and the Filipino Settlement Coordinating Council of SA. Other workforces included Drug and Alcohol Services SA, South Australia Police, Department for Correctional Services, and Metropolitan Fire Service.



Particular workforce highlights included:

- **37** session to **793** SAPOL Officers, across Holden Hill, Western Adelaide, Sturt, Eastern Adelaide, Port Lincoln, and Murray Bridge
- **11** sessions to **228** Department for Correctional Services workers, at Mobilong, Port Augusta, Port Lincoln, and the Correctional Officer Training Program, and
- **23** viral hepatitis education sessions to **780** students of various vocational and professional education providers, such as the University of Adelaide, Flinders University, University of South Australia, TAFE, and the Aboriginal Health Council of SA.

A huge thank you to all of the Educators and Positive Speakers! You all continue to amaze me with your hard work, dedication, and enthusiasm. Thank you, also, for being a pleasure to work with.

Tessa Opie
Education Coordinator



Tet Festival, February 2017

Information & Resources Program Report

In all, over **110,177** resource items were distributed in 2016-2017. Forty-six per cent (46%) of the resources distributed were relevant to both hepatitis B and C; 12% were specifically hepatitis B related and 40% hepatitis C related.

The World Hepatitis Day 2016 campaign saw the distribution of 7,065 items and 27,705 items were distributed during the *LiverBetterLife* hepatitis C treatment awareness campaign in Murray Bridge. The *LiverBetterLife* campaign was a key factor in the significant increase in country areas distribution which increased from 17.86% the year before to 39.38% in 2016-17 (see table on next page).

World Hepatitis Day Highlights

In 2016 the World Hepatitis Alliance launched the global NOhep campaign to eliminate viral hepatitis by 2030.

A highlight of Hepatitis SA's World Hepatitis Day campaign in July 2016 was undoubtedly O'liver's visits to mayors of the following metropolitan Councils: Norwood Payneham & St Peters, Onkaparinga, Charles Sturt, Playford and

Adelaide. The mayors were happy to support the NOhep campaign and the pictures generated significant engagement on social media as they were shared further afield through each local Councils' accounts.

Other highlights were fibroscan clinics at Clean Needle Program sites held in partnership with SA Viral Hepatitis nurses, Quirky Delights at the Adelaide City Library – a cooking demonstration open to the wider community at the wider community and the Hepatitis C Treatment 101 & Masterclass – two workshops organised in partnership with MOSAIC Counselling Service and the Southern Adelaide Local Health Network Viral Hepatitis nurse.

Activities with community & partner organisations

Another major component of the World Hepatitis Day (WHD) campaign was activities with partner organisations and—through small grants—with community groups. We would like to thank Hepatitis Australia for their WHD grant which made it possible for us to engage with more groups this year.

Nineteen groups participated in activities including sports,



Oliver meets the mayors

Resource Distribution by Regions: 2013–2017

Regions	2016-17		2015-16		2014-15		2013-14	
Country	43,389	39.38%	17,330	17.86%	24,054	24.24%	26,114	26.74%
Email only	94	0.09%	56	0.06%	34	0.03%	2197	2.25%
Metro	65,459	59.41%	78,139	80.54%	73,128	73.70%	65,263	66.83%
Overseas or interstate	793	0.72%	1498	1.54%	1,964	1.98%	3,835	3.93%
unknown	442	0.40%	0		41	0.04%	241	0.25%
TOTAL	110,177		97,023		99,221		97,650	

quizzes and lunches. Some activities were funded through Hepatitis SA's small grants and some through the Hepatitis Australia grant. The groups who participated in events were:

The Burundian Community, Bhutanese Didi's, Filipino Australian Samahan, Drug Arm, James Nash House, Big Issue, St Bernards Volleyball Association, Yorke Peninsula Aboriginal Health Service, Adelaide Dragons soccer team, Frahn's Farm, Hutt St Centre, MOSAIC Counselling Service, Nunukuwarrin Yunti, Adelaide Women's Prison, Cadell Training Centre, Sex Industry Network, Streetlink and Westcare.

Online Services

The Information and Resources team actively participated in the national and international #NOhep campaign sharing 935 tweets and posts from our main accounts on Twitter and Facebook. We gained **160** new followers, and received **129,792**

impressions and over **5,180** profile visits on Twitter, and over **32,575** impressions and **1,216** clicks on Facebook.

Twitter page:
twitter.com/hep_sa

Facebook:
facebook.com/HepatitisSA

The Hepatitis SA online library collection is constantly updated, with new resources harvested from reputable national and international sources. Our librarian receives

regular updates from 23 international and 18 national organisations to ensure that our collection reflects new trends in research as well as resource provision for identified target groups. Resources are added on a weekly basis and include reports, books, open-access journal articles, training materials, factsheets, video and audio clips.

The Hepatitis SA website continues to publish regular news and updates, and the front page was redesigned to better promote our

HepSAY | hepatitis news and views from SA

Will South Australians Miss Out on Future Cures?
Cecilia Lim | August 15, 2016 | clinical trials | Hepatitis C treatment | [Read](#)

It is a rare thing that a cure can be found for a chronic disease.

Yet such a thing did happen recently with the revolution in treatments for hepatitis C. The new Direct-Acting Antiviral medicines could cure over 90 per cent of those treated, in 8 to 24 weeks with minimal side effects. Compare this to previous treatment regimens of 24 to 48 weeks, often with severe side effects.

Such breakthroughs would not have been possible in the world. So it is disappointing to hear that the Royal Adelaide hospital, will have no room for clinical trials.

The first HepSAY blog post, August 2016

PAGE FEED
75 RSS 26 Items

OUR SITES
[Hepatitis SA Main Site](#)
[Hepatitis SA Library](#)

RECENT POSTS
Handy Tool Simplifies Management of Hepatitis C Treatment
World Hepatitis Day - a few things to think about during morning tea...
Eat Well to Feel Well - Convenience Food or Convenience Food?
Many Ways for South Australians to Get Hepatitis Information
Need for Hepatitis Support Continues

regular services and improve navigation. A new blog site—HepSAY—launched early in the year provides a platform for publishing more in-depth articles on hepatitis-related issues. Since its deployment a number of articles have been picked up by the international curation platform *Right Relevance*.

Publications

In this year, 64 resource items were produced including:

- Hepatitis SA Community News;
- *New vs Old*, a simple video and booklet showing the differences between new and old hepatitis C treatments;
- A set of hepatitis B infographics (see below);
- A set of hepatitis C treatment posters for prisons, Clean Needle Program sites and liver clinics; and
- Resources for the 'LiverBetterLife - Test. Treat. Cure.' project in

Murray Bridge including branded coffee cups, an information pamphlet, posters, a website, a fact-sheet tear-off pad, branded coasters and a banner.

Diverse language resources

Hepatitis SA also launched four projects working with communities of diverse cultures in 2016-17, funded by the Australian Government Department of Health and Ageing and Grants SA. These projects gave us the opportunity to make our resource materials more diverse. Resources were written in, or translated into, Chinese, Punjabi and Vietnamese. These included pamphlets for mothers-to-be, basic hepatitis C information, and basic hepatitis B facts.

Resource Updates

The listing of new hepatitis C treatment drugs meant almost all hepatitis C related resources which had treatment information



had to be updated. In all, 14 publications were reviewed and updated where needed.

Volunteers

The Information and Resources program started the year with five volunteers and ended with three, as some volunteers moved on to other training opportunities and paid work, and new people came on board.

We would like to thank Debbie, Gaurav, Kamal, Nisha, Ruth, Sandy and Susmita for their contributions during the year.

**Cecilia Lim
Coordinator**

Hepatitis SA Helpline & Support Services Report

The Hepatitis SA Helpline & Support Services Program provides a Monday –Friday, 9-5 telephone information & support service, a free call Prisonsline, in-person information sessions for individuals and their friends/families, as well as two support groups held 4 weekly at Port Adelaide and our Hackney offices. Clients are also provided with written information and appropriate referrals if required.

Volunteers are the backbone of the Helpline service contributing nearly 480 hours during the year. We thank Debra and Jo for providing an outstanding service to clients and their commitment and support is greatly valued. Two long-term volunteers, Will and Louise, left the Helpline team this year. We sincerely thank them both for their long service in providing accurate information and emotional support to those who contacted the Helpline and wish them well in their future endeavours.

Helpline

There were 425 contacts to the Helpline, including 43 email queries. Over 90% were from the primary target groups, with over half making contact for the first time. Most contacts resided in the metropolitan area (82%), 13% from country South Australia, 2 from interstate and 4% from overseas (mainly New Zealand).

The bulk of queries (83%) related to hepatitis C and 11% were regarding hepatitis B. The remaining contacts were about co-infections and other liver disease.

In-Person Information & Support

People who wish to receive information and/or support in person can drop in, or make an appointment at our Hackney offices. There were 67 individuals who utilised this service. All but two enquiries were related to hepatitis C and most lived in the metropolitan area. Forty-six people sought information regarding treatment with 41 considering or about to start treatment and five were on treatment or in the follow-up period. Nine (13.4%) had cirrhosis, two were diagnosed with liver cancer and four contacts were awaiting a liver transplant.

Support groups

Support groups provide a safe and welcoming environment in which to share and explore concerns with people who “get it”. With a mixture of education and support, we endeavour to empower people to build their self-efficacy, motivating patients to communicate and assert themselves effectively in order to obtain the best possible health outcomes.

The Hackney support group was held every fortnight to the end of 2016, and every 4 weeks thereafter. There

were 19 meetings held with 77 attendances, including three people who attended for the first time. Although nearly 60% of all participants were living with cirrhosis, this rose to 75% in those who have achieved a cure, illustrating the continued need for information and support for those living with advanced liver disease and its complications.

In the Port Adelaide support group, there were 12 meetings held with 57 attendees, including six people who attended for the first time. Meetings occurred every 4 weeks at Wonggangga Turtpandi (formerly the Port Adelaide Primary Health Care Centre). Thirty-four people (60%) were living with cirrhosis, seven of whom were experiencing events of decompensation, mainly ascites. Although, all but one had received information on a no-added-salt diet from health care workers, none had an understanding of how to read a food nutritional label to recognise salt content or could identify hidden high salt food products.

Prisonline

Hepatitis SA provides a free call Prisonline to enable prisoners to access information and support regarding viral hepatitis. Forty-one contacts were received over the year. Most contacts (24) were from rural prisons (Port Augusta 14, Mount Gambier 6, Cadell 2, Mobilong 1 and Port

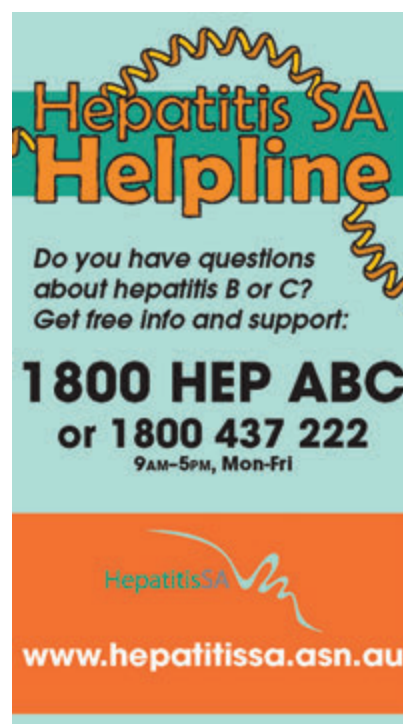
Lincoln 1). The majority of metropolitan contacts were from Yatala (13), with three from the Remand Centre and one from the Adelaide Women's Prison.

Information was the primary reason to contact the service for 23 callers, while 17 sought emotional support, and one called reporting discrimination related to ongoing delays in accessing treatment. Eleven people requested information about the new treatments, with nine considering treatment, and five who were on treatment, or in the follow-up period.

What the clients said about the service they received

- "I'm feeling much happier after talking to you today, I've learned a lot."
- "It's so good you had hep C - not good you had it, but good that you understand what it's like."
- "I was about to give up on ever getting treatment. Thank you for connecting me with the nurse."
- "I am so lucky that my wife spoke to you. Her attitude changed after that and we are now working on this together."
- "Thank you for telling me that you had the treatment—it made all the difference to me that you weren't getting it out of a book."


Deborah Warneke-Arnold
Coordinator



Hepatitis SA Helpline

Do you have questions about hepatitis B or C?
Get free info and support:

1800 HEP ABC
or **1800 437 222**
9AM-5PM, Mon-Fri

HepatitisSA 

www.hepatitissa.asn.au

Outreach Hepatitis C Peer Education & Support Report

The Hep C Peer Educators use their lived experience to engage people with or at risk of hepatitis C, who attend a range of targeted agencies across our community. Over the past year, a total of 1,364 people participated in either one to one or group sessions with the peer educators at 24 *host* agencies, which included government and non-government services, as well as in-patient services and custodial settings.

The peer educators delivered hepatitis C information within all 9 adult custodial settings in this state; providing 21 group sessions for 258 prisoners, 62 individual sessions and also engaged with 248 prisoners at health expos and events.

All peer educators regularly participated in relevant training and sector updates, ensuring that they were able to effectively provide up to date information and support. All of the peer educators have also been cured of hepatitis C.

Throughout the year, the team has continued to promote the availability and efficacy of the HCV direct-

acting antiviral treatments to our clients. We have ensured that those affected by hepatitis C are well equipped to make informed decisions regarding their health, by having a good understanding of hepatitis C, including testing, treatment options and living well. The Hep C Peer Educators have also worked in partnership with viral hepatitis nurses and Drug and Alcohol Services South Australia (DASSA) clinicians to support non-tertiary access points to treatment for various priority population groups such as people in Opioid Substitution Therapy and the homeless.

In response to the commonly held belief identified amongst their clients that HCV treatment was to be avoided due to debilitating side effects, the peer educators created a short video and booklet based on video imagery that simply demonstrated the key differences between the new and old treatments. These resources were well received by clients and host agency staff alike, who agreed that they effectively highlighted the contrasts between the past treatments and



Big Issue Soccer

From the *New vs Old* video project



current direct acting antiviral treatments.

This *New vs Old* resource was also recorded as a community service announcement (CSA), in partnership with Seeds of Affinity Pathways For Women Inc, a service which supports and empowers women transitioning from prison back into the community. The women have been trained in audio production and provide a community radio program called *Radio Seeds* on the WOW FM 100.5 station. The women recorded and produced 2 audio versions of the *New vs Old* resource, one which has since been aired on the *Radio Seeds* program

and the other, a prisoner specific version, has aired during the 3D Radio, *Prison Request Show* which has a large proportion of South Australian prisoners and their families as their listening audience each week.

Apart from these CSAs, a total of 13,537 information resources and promotional items were disseminated by peer educators to their clients over this 12-month period.

Sadly, after 9 years of operation the Outreach Hepatitis C Peer Education & Support Project will no longer be funded under the Non-Government Organisation Treatment

Grants Program (NGOTGP) after June 30 2017, as administration of the NGOTGP transitions from the Australian government to the local primary health networks.

Over these years, there were 12,453 client contacts recorded for this Project, who either were engaged individually or who attended group sessions provided by the Hep C Peer Educators. This number does not include the many thousands of others who have attended community awareness raising events, staffed by the Hep C Peer Educators.

I would like to sincerely thank past and present team members for this impressive amount of work throughout the South Australian community, namely the peer educators, Fred (Peer Mentor extraordinaire), Karan, Dean, Mark B, Penni, Will, Howard, Megan, Alan, Anya, Phil, Yvonne, Mark J, Kevin, Krystal and James, as well as the past Coordinators during the first 6 years of the Project - Lola, Maggie, Mahdi and Bill.

**Lisa Carter
Coordinator**



Murray Bridge Project Report

The Murray Bridge Project, funded by a small grant from Hepatitis Australia, was an in-depth communications and community engagement project focused on improved uptake of hepatitis C diagnostic and treatment services. The Project used a staged, whole of community approach to meet this aim, targeting health and community service workers, particularly General Practitioners; the wider community; and people at risk of, or living with hepatitis C .

We wanted to improve community understanding of liver health issues and hepatitis C , to provide a supportive environment, increase the skills and

confidence of health and community workers to support/manage people with hepatitis C, including GPs prescribing HCV treatments, as well as increasing the proportion of people engaging in clinical care for hepatitis C in the local Murray Bridge area.

Consultation with local service providers and community members

Prior to project implementation, Hepatitis SA undertook considerable consultation with the Murray Bridge Council, various local businesses and workforces regarding overall project implementation .

All organisations consulted thought the project was



a positive and important campaign for the community of Murray Bridge, and people were genuinely interested to learn about it. Many contacts went out of their way to suggest more local networks, promote sessions and encourage their colleagues and clients to get involved.

Workforce Education

See table below.

Community Events/ Education

Educators had awareness raising activities at the Sixth Street Market, Health and Wellbeing Festival, and the Murray Mallee Netball Association Carnival. Education sessions were also provided for Tyndale Christian College the

Independent Learning Centre – FLO Program and Murray Bridge TAFE students, and clients of OARS Community Transitions.

Hepatitis SA provided a BBQ lunch for approximately 100 community members, attending a Salvation Army Fresh Produce Market Day, and provided a ‘Healthy Liver Lunch’ for clients of Tumake Yande, where resources were distributed and casual conversations shared with people about the new hepatitis C treatments.

Hepatitis SA, in partnership with a viral hepatitis nurse, also provided a fibroscan clinic for 9 DASSA clients.

Promotion

The promotion strategy aimed to raise awareness



about the project, provide basic information about hepatitis C and its new treatment to the wider community, and where possible, engage with community groups and individuals.

Promotional items developed and distributed included bookmarks, T shirts, coffee cups, coasters, community posters, project banner for information stalls at community events, fliers

Workforce Education

Healthcare workers (92)	
10	10 General Practitioners
41	Hospital & community health – nurses & allied health
10	Aboriginal staff - Moorundi Aboriginal Community Controlled Health
21	Dentists
10	Pharmacists
Government Services (94)	
53	Police officers
10	Metropolitan Fire service
19	Housing SA
15	Families SA
Community services (52)	
	Headpsace; Jobnet; NEAMI; Lutheran Community Care; Centacare, Salvation Army; Aboriginal Family Support Service, OARS Community Transitions, Tinyeri Children’s Centre , Lakalinjeri Tumbetin Waal (LTW) Rehabilitation Centre, Uniting Communities (including Aboriginal Community Connect)



Promotional LiverBetterLife items featured around town



for letterbox drop, and *living books* at the local library.

Media included: the local paper, Murray Valley Standard editorial and advertisements, radio advertisements and interview, and social media posts, including facebook advertising for quiz to drive people to the website

Apart from the initial introductory story, other stories published in the

Murray Valley Standard included a treatment success story, an interview with local GP who had undertaken prescriber training, and the *Living Books* event at the local public library. These stories were initially in print, and they were also published online in different editions, and shared on the outlets' social media pages as well as the journalist's own page.

A dedicated *LiverBetterLife* website was created to

provide information about the project, information about testing and treatment, a self-assessment tool, information for GPs and a landing page for the Quiz and Lucky Draw. The site can be viewed at www.liverbetterlife.org.au.

More targeted promotion/information resources were also developed for specific groups or agencies such as GP packs, TV advertisement & poster for GP clinics, Fitpack labels, Wallet card – Tips for Managing Medicines to be distributed via pharmacies for people on treatment.

The Project was held in the latter part of the 2016-2017 year, and we hope to track treatment outcomes over the next 6 months. All staff at Hepatitis SA worked on the project, particularly the Education Program and the Information and Resources Program. We would all like to thank the community of Murray Bridge for welcoming us into their community and providing their generous support of our work.

Cecilia Lim, Tess Opie & Shannon Wright



Educators at the Sixth Street Market

Hepatitis B Community Education Projects

Hepatitis SA began work on the Hepatitis B Community Education Projects with the Filipino, Vietnamese and Chinese communities funded by the Australian Government Department of Health and administered by Hepatitis Australia.

For each project, we partnered with a range of community organisations, and community workers from the relevant communities were recruited and trained for each Project.

The Filipino Fiesta in October 2016 was the first community activity and was a wonderful introduction for the Filipino project with around 2,000 people from the Filipino community in attendance, and our presence at the festival was very well received.

The first community education session was held with clients of Filipino Aged Care of SA in December and was very well received. This presentation was promoted through the Filipino community workers, flyers produced, Filipino radio and a Filipino Hepatitis B Education Facebook page, which was created to promote education sessions and share photos from the project activities. 40 community members attended and the presentation generated lots of questions and discussions. Evaluation forms were also made available in Filipino language.

Hepatitis nurse Joanne Morgan from the Royal Adelaide Hospital was in attendance and spoke about



Oliver at the TET Festival



the importance of visiting a GP every 6 – 12 months for those who are living with hepatitis B and reiterated the importance of being tested and treated.

It became apparent during the presentation that many people in the group were not aware of their hepatitis B status and many couldn't remember if they had been vaccinated in the past. It also became obvious that stigma and discrimination were major factors in people not disclosing or speaking about hepatitis B.

All participants were given resources and encouraged to contact Hepatitis SA if further information was

required. It was a successful presentation and one that future presentations can be built on.

Since the first presentation, another 10 hepatitis B community education sessions were organised with a range of Filipino groups, including 3 in the rural areas of Port Lincoln, Murray Bridge and Port Pirie. The 2 community workers, Leticia Cerna and Marilyn Linn have done an excellent job connecting Hepatitis SA staff with the Filipino community throughout the project to date.

The Hepatitis B Community Education Project with the Vietnamese community

officially commenced on 3 January 2017, when the project officer, Huong Nguyen began. Huong is an experienced worker with Community Access Services South Australia, and from the outset the project had great momentum, thanks to Huong's skills and connections

A timetable of activities was then finalised and work began on setting up education sessions.

The first major event was having a stall at the TET Festival (The Vietnamese New Year Festival). This event saw the project workers engage with approximately 200 community members,



many of whom completed a quiz and discussed hepatitis B with the project workers.

Advertisements in the local Vietnamese newspaper were completed, as well as a radio interview on SBS Vietnamese Radio.

10 community education sessions with 222 people participating have also been completed. All sessions have evaluated very well, with high rates of knowledge increase and satisfaction reported.

Huong and another member of the Vietnamese community recorded a radio segment on SBS Vietnamese Radio to inform people about hepatitis B and about the Project.

The first activity with the Chinese community was a fibroscan day at the Chinese Association of South Australia in November. Twenty people were scanned and a lot of conversations generated with viral hepatitis nurses Margery and Jeff.

Building on the experience of that first activity, we were able to organise things even more efficiently at subsequent fibroscan activities which included 32 participants from

the Overseas Chinese Association and another one with the Austral-Asian Chinese Church for 51 participants. Clients from all three hosting organisations have attended hepatitis B information sessions in previous years.

Our bilingual project officer, Chen Bin, through relationship building with TAFESA English language teachers, was able to carry out two information sessions for Chinese students. We had an information table at a square dance group in the city and we were also invited to provide information sessions for clients of Chinese Welfare Services SA.

From the information sessions, it was obvious that there was a high level of interest to be screened for hepatitis B (62% of responses) including those who say they have been tested before. More than half (53%) of people who responded said they were interested to get vaccinated.

From interactions with the community it was clear that one of the main barriers to people seeking testing was language and lack of support in accessing health services. Responding to that,

Bin put in place a culturally supportive pathway for these clients to receive hepatitis B testing and vaccination.

At 30 June the project had provided information sessions to 151 participants, fibro scans to 103 people, hepatitis B screening to 18 individuals and information promotion to 50 people.

Most of the people reached in the wider Chinese community education project are in the older age groups. A second project which started later targets young parents and pregnant women. This and the wider community awareness projects were promoted at a cultural event in Adelaide attended by 650 people. We hope to get the second project off the ground in the coming months and look forward to interesting lessons and outcomes.

Hepatitis SA was also successful in getting funding from Grants SA for a Liver Health Project, working with the South Asian community on increasing their knowledge and awareness of hepatitis B, as well as hepatitis C. Gaurav Preet Singh Batra began working with Hepatitis SA in March to implement this Project.



Fibroscan day, Chinese Association of SA, November 2016

Treasurer's Report

Total revenue for 2016-2017 was \$1,897,272. This was largely made up from grant income, which was the net result of 12 months recurrent funding for the financial year for Hepatitis SA's 4 main grants consisting of \$757,177 for the *SA Viral Hepatitis Prevention and Health Promotion Program*; \$95,939 for the *Viral Hepatitis Workforce Development Project*; \$448,371 for the *Clean Needle Program Peer Education Projects* from SA Health; and \$243,640 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. Other grant income included a total of \$118,203 for the *Hepatitis B Community Education* grants to work with the Chinese, Filipino and Vietnamese communities, from the Australian government and administered by Hepatitis Australia; and 3 other small grants totaling \$23,489, which included two from Hepatitis Australia for the *Murray Bridge Project* and *World Hepatitis Day*; and a small grant from Grants SA for the *Liver Health Project* with the South Asian community.

As well as grant income, other sources of revenue included \$20,016 Social and Community Services supplementation from the Australian Government Department of Health and \$133,930 from SA Health as their contribution to costs for the Equal Remuneration Order; \$13,309 interest; \$14,562 in recoupments, being mainly cost recovery

for information resources distributed interstate, and for the full range of Clean Needle Program equipment distributed in South Australia, and Sundry Income totalling \$28,636 which included donations and fund raising distribution, sponsorship, workcover claim payments and parental leave payments from Centrelink.

Total expenditure for the year was \$1,887,307. The major expense was the Employee Benefits expense of \$1,566,538 comprised of *Salaries and wages* of \$1,352,519 and *On-costs* of \$214,019.

Other large expenses were *Premises Rent and On-costs* of \$105,048, *Office expenses* of \$82,696 as well as *Other expenses* of \$75,023 which were comprised of *Program costs* of \$69,828, and *Other staff costs* of \$5,195.

Motor vehicle expenses were \$22,172, *Travel and accommodation* was \$20,971, and *the Depreciation and amortisation expense* was \$14,859.

For the 2016-2017 financial year, Hepatitis SA had a surplus of \$9,965 resulting in total equity of \$262,675 as at 30 June 2017.

Hepatitis SA would like to thank the STI and BBV Section at the SA Department of Health and Ageing, Drug and Alcohol Services South Australia and the SA State Office of the Australian Government Department of Health, for administering Hepatitis SA's major recurrent funding during the 2016-2017 financial year.

Sam Raven
Treasurer

INDEPENDENT AUDITOR'S REPORT

Hepatitis SA Incorporated

We have audited the accompanying financial report of the **Hepatitis SA Incorporated**, which comprises the Statement of Financial Position as at 30 June 2017, and the Statement of Income and Expenditure 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.

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the **Hepatitis SA Incorporated** as of 30 June 2017, 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 11th September 2017

Hepatitis SA Incorporated

Financial Report

For the Year Ended 30th June 2017

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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 INCOME AND EXPENDITURE
FOR THE YEAR ENDED 30 JUNE 2017

	NOTE	2017 \$	2016 \$
REVENUE	2	1,897,272	1,845,798
EXPENSES			
Employee benefits expense		(1,566,538)	(1,492,417)
Depreciation and Loss on Disposals		(14,859)	(11,902)
Motor Vehicle Expenses		(22,172)	(18,172)
Office expenses		(82,696)	(57,005)
Premises Rent and On Costs		(105,048)	(104,799)
Travel and Accommodation		(20,971)	(27,661)
Other expenses		<u>(75,023)</u>	<u>(72,914)</u>
TOTAL EXPENSES		<u>(1,887,307)</u>	<u>(1,784,870)</u>
SURPLUS FOR THE YEAR	11	<u>9,965</u>	<u>60,928</u>

The above statement of Income and Expenditure should be read in conjunction with accompanying notes

Hepatitis SA Incorporated

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2017

	NOTE	2017 \$	2016 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	1,063,308	674,783
Trade and other receivables	4	1,362	9,526
Other	5	1,269	822
Total current assets		<u>1,065,939</u>	<u>685,131</u>
NON-CURRENT ASSETS			
Plant, Equipment and Motor Vehicles	6	<u>55,633</u>	<u>55,591</u>
Total non-current assets		<u>55,633</u>	<u>55,591</u>
TOTAL ASSETS		<u>1,121,572</u>	<u>740,722</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	7,181	9,288
Employee benefits	8	136,683	117,566
Grants in Advance		303,932	331
Other	9	48,813	46,905
Total current liabilities		<u>496,609</u>	<u>174,090</u>
NON CURRENT LIABILITIES			
Provision for Asset Replacement		10,000	10,000
Employee Benefits	10	<u>352,288</u>	<u>303,922</u>
Total non-current liabilities		<u>362,288</u>	<u>313,922</u>
TOTAL LIABILITIES		<u>858,897</u>	<u>488,012</u>
NET ASSETS		<u>262,675</u>	<u>252,710</u>
EQUITY			
Retained surpluses	11	<u>262,675</u>	<u>252,710</u>
TOTAL MEMBERS EQUITY		<u>262,675</u>	<u>252,710</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 2017

	NOTE	Retained Surplus \$	Total Equity \$
BALANCE AT 1 JULY 2015		191,782	191,782
Surplus for the year		60,928	60,928
		<hr/>	<hr/>
BALANCE AT 30 JUNE 2016		<u>252,710</u>	<u>252,710</u>
BALANCE AT 1 JULY 2016		252,710	252,710
Surplus for the year		9,965	9,965
		<hr/>	<hr/>
BALANCE AT 30 JUNE 2017		<u>262,675</u>	<u>262,675</u>

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

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2017

Note 1. Summary of 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.

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.

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 received by the organisation.

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.

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.

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.

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.

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:

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

An item of plant and equipment is written off 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 For the Year Ended 30 June 2017

Note 1. Summary of 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 cost.

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.

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. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables

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

Note 2. Revenue

	2017	2016
<i>Revenue</i>	\$	\$
Grants Received	1840,765	1,768,301
Interest Income	13,309	9,034
Other Income	43,198	68,463
	<u>1,897,272</u>	<u>1,845,798</u>

Note 3. Current assets - cash and cash equivalents

	2017	2016
	\$	\$
Cash at Bank - Current Account	21,598	23,630
Online Saver	598,289	207,167
Term Deposit	400,000	400,000
Gift Fund	43,171	43,736
Petty Cash	250	250
	<u>1,063,308</u>	<u>674,783</u>

Note 4. Current assets – trade and other receivables

	2017	2016
	\$	\$
Deposits	120	120
Receivables	1,242	2,823
Prepayments	-	6,583
	<u>1,362</u>	<u>9,526</u>

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2017

Note 5. Current assets- other

	2017	2016
	\$	\$
WorkCover Premium Refund	1,269	822
	<u>1,269</u>	<u>822</u>

Note 6. Non-current assets- Plant, Equipment and Motor Vehicles

	2017	2016
	\$	\$
Plant, Equipment and Motor Vehicles- at cost	66,803	189,871
Less: Accumulated depreciation	<u>(11,169)</u>	<u>(134,280)</u>
	<u>55,634</u>	<u>55,591</u>

Note 7. Current liabilities- trade and other payables

	2017	2016
	\$	\$
Creditors	7,181	7,145
Hep Fest Fund Provision	-	2,143
	<u>7,181</u>	<u>9,288</u>

Note 8. Current Liabilities- Employee Benefits

	2017	2016
	\$	\$
Provision for Annual Leave and Sick Leave	<u>136,683</u>	<u>117,566</u>

Note 9. Current liabilities- other

	2017	2016
	\$	\$
PAYG Employee Tax	15,444	12,430
GST Payable	33,369	34,475
	<u>48,813</u>	<u>46,905</u>

Note 10. Non-current liabilities- Employee Benefits

	2017	2016
	\$	\$
Provision for Long Service Leave	153,595	137,282
Provision for Employee Redundancies	198,693	166,640
	<u>352,288</u>	<u>303,922</u>

Note 11. Equity- retained surpluses

	2017	2016
	\$	\$
Retained surpluses at the beginning of the financial year	252,710	191,782
Surplus for the year	9,965	54,517
Retained surpluses at the end of the financial year	<u>262,675</u>	<u>246,299</u>

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2017

Note 12. Key management personnel disclosures

Compensation

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

Note 13. Contingent liabilities

The incorporated association had no contingent liabilities as at 30 June 2017 nor 30 June 2016.

Note 14. Commitments

The incorporated association had no commitments for expenditure as at 30 June 2017 and 30 June 2016.

Note 15. Related party transactions

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 16. Events after the reporting period

No matter or circumstance has arisen since 30 June 2017 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
FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2017**

BOARD REPORT

The Board members submit the financial report of the **Hepatitis SA Incorporated** for the financial year ended 30 June 2017.

The names of the Board members at the date of this report are:

Catherine Ferguson
William Gaston
Ratan Gazmere
Kristen Hicks
Sharon Jennings
Lindsay Krassnitzer
Arieta Papadelos
Kerry Paterson (EO)
Deborah Perks
Samantha Raven
Jeffrey Stewart

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 2017.

- (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.

This report is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:


BOARD MEMBER


BOARD MEMBER

Dated this 21st day of August 2017

