

Annual Report 2003 – 2004



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1. Board of Management

Chairperson: Dean Wilkins
Vice Chairperson: Position vacant
Secretary: Fred Robertson
Treasurer: Barry Horwood
Ordinary Members: Fiona Bellizi
Catherine Bunting
William Donohue
Leslie Dunbar
Penny Mount
Peter Underwood
David Warneke-Arnold

2. Staff



Danny Gallant
Manager



Deborah Warneke
Metro Educator



Sharon Drage
Community Programs



Leslie Wightman
Rural Education
Officer



Sabine Whittlesea
Administration
Officer
Website
Administrator



Catherine Healy
Hep C Info and
Support Line
Coordinator



Elissa Mortimer
Information and
Resource
Coordinator



Megan Collier
Administration
Officer



Farewelled staff (L-R):
Laurie Schapel, Kristy
Schirmer, Steve
Bobbyk, Janette
Chegwidden

3. Chairperson's report

This report completes my first six month term as chairperson of the Hepatitis C Council of South Australia. In May 2004 the position of the Chairperson became vacant after Helen Johns stepped down from the position, many thanks to Helen for her commitment to the council over many years. I'd also like to thank the Staff, Volunteers and Board members for the strength and commitment demonstrated in their work over the past year. Well Done!

At our last AGM in September 2003, amendments to the Constitution were passed which saw a change in governance from a Management Committee to a Board. This has led to ongoing training for the Board on effective governance which will ensure the proper leadership the Council needs to meet its future goals. Governance is the action of directing an organization, to differentiate the role of the Board from the Manager's role, and to maintain proper accountability. Policy development by the Board is a key role of governance, and as an example one of the Board's first policies was that no alcohol be provided or consumed on the premises of the Hepatitis C Council of South Australia or sponsored events at any time. Why? In the context of being a health promotion agency for people living with or affected by Hepatitis C, it is strongly recommended that people avoid drinking alcohol. Board leadership requires that we set policy in a way that best supports the promotion of health for the community we serve. In doing so, the Board establishes the principles and policies for guiding the organization responsibly and effectively.

Health promotion is the foundation of the Council. Our highest priority is to increase knowledge and understanding about the hepatitis C virus among the hepatitis C affected community and also within the broader community. The Staff and Volunteers strive to support those living with depression, fatigue and the side effects of treatment by imparting knowledge about health maintenance and strategies to improve quality of life.

In the last year the Council has seen several staff changes. The Council said goodbye to Laurie Schapel as Manager and for a period relied on Leslie Wightman, Regional and Rural Educator who took on the role as Acting Manager. I would like to thank Leslie Wightman for taking on the role as acting Manager and motivating the Staff and Volunteers through this time. Well Done. In February of this year the Council welcomed Danny Gallant as Manager.

Throughout this year the Staff, Volunteers and Board Members have showed courage and tenacity in maintaining the Council's service delivery to the affected community, and building on existing partnerships to deliver services across a broader community spectrum.

The Council is represented on various State and National agencies and organizations, thus having a direct input into and influence on policy making. This is essential in maintaining and improving services to those affected by Hepatitis C. By working in supportive and collaborative partnerships with a

broad and diverse group of individuals, agencies and organizations, we can unite in our efforts to identify and address the issues raised by the Hepatitis C affected communities such as discrimination, stigma, misinformation and fear.

As part of the affected community, I am currently participating as the HCV community representative on the South Australia Advisory Committee for HIV, HCV, and Related Diseases (SAACHHARD Committee). SAACHHARD makes recommendations to and advises the Department of Health on issues relating to the Hepatitis C affected community.

The Council's challenge for the future is to deliver a far-reaching, quality service and to continue to build partnerships with those working in the sector to advocate for the Hepatitis C community's future needs. The Council will continue to work strategically and diligently to further the Vision and Mission of the Hepatitis C Council of South Australia Inc. The Strategic Plan 2004-2008, while still in development at this stage, will define the next three years. I can see the opportunity we have for the future with the dedicated Staff, Volunteers and Board Members to continue and expand the Councils activities.

Dean Wilkins, Chairperson



The Board of the Hepatitis C Council of South Australia

4. Manager's report

It is with great pleasure that I submit to you my first annual report of which I hope there will be many to follow. The Hepatitis C Council of South Australia is a vibrant and dynamic workplace with a dedicated Board, Staff and Volunteers. In the past six months I have witnessed the outcomes of providing information, education, and support for people living with hepatitis C and the general community. This has convinced me of the determination the Council has in increasing awareness and impacting broader community values about hepatitis C. The work of the Council continues to be a vital part of the response to Hepatitis C and your ongoing membership supports the work that we do.

The past year has seen changes at the Council that reflect its growth in to the second decade of its existence. We have recently embarked on a strategic directions plan for the period 2004-2008 and it will not be completed until our membership and community are consulted. In this period we are aiming to maximise the potential of the telephone information and support line with a dedicated Coordinator who will assure quality and provide ongoing support for our Volunteer team. We want to plan our resources for hard to reach populations with targeted distribution and innovative strategies that do not rely solely on printed material. The education campaigns will see us make further in-roads with primary and community health professionals and the teachers who are entrusted with educating youth. We will continue to build relationships with those communities who are vulnerable and assist in enabling them to address hepatitis C in culturally appropriate ways. We will endeavour to provide opportunities for our community to participate in the work of the Council through innovative projects that foster skills development. We will involve the community at each step along the way in recognition of the importance of mobilisation as a strategy in affecting change.

The Council continues to work closely with our funding body to deliver the professional services they have auspiced us to provide. The staff of HIV HCV Policy and Programs (HHPP) of the Department of Health provides us with the support required to assist the Council to carry through its mission. In this past year the South Australian Advisory Committee for HIV, HCV and Related Diseases approved the establishment of the first Hepatitis C Sub-Committee. Two staff and a community member represent the Council on this important committee. One of the primary goals of the sub-committee is to advise on the State Strategy for Hepatitis C with the aim to have the document completed in early 2005. A review of HHPP has been sent to the Minister of Health with recommendations that will lend support to the implementation of three year funding cycles beginning July 2005. It is anticipated that ongoing funding for the regional and rural education program will also be secured. We have received small additional funds for the Volunteer's First Aid training, the provision of the BBQ's in the West Parklands and the Mosaic Art community development project for youth. The Council will continue to seek funding opportunities for ongoing and new initiatives and at the time of this report we remain hopeful that three such submissions for projects in 2005 will be successful.

The Staff and Volunteers have inspired me with their capacity to deliver high quality services in a challenging funding environment. Their contributions to the communities affected by hepatitis C and their role in prevention cannot be overlooked. In the past year education staff have worked with health care professionals, service providers and teachers in a variety of settings with a clinical knowledge base that sets a benchmark in the non-government sector. They have increased their impact by initiating and establishing education sessions through workforce and academic networks. They have been successful in building necessary relationships with homeless, youth and Indigenous people through community development projects. They continue to provide high quality information on complex matters related to transmission, natural history and treatment of hepatitis C including a renewed effort to engage the media with accurate portrayals. The individual support offered has seen an increase in referrals and effort to provide face-to-face interventions. Staff have organised ongoing learning in the area of advocacy and referral for issues related to discrimination. Through a collaborative effort they have produced two new printed resources. They have also contributed to the collective understanding of best practice service delivery in hepatitis C through abstract presentations and participation at conferences and workforce development.

Embedded in all of the work that we do is relationship building and fostering partnerships so that 6.5 equivalent full time staff can do the work required. A particular thank you is owed to our Volunteers and voluntary Board, HIV and HCV Policy and Planning, Australian Hepatitis Council, Aboriginal Drug and Alcohol Services Council, Drug and Alcohol Services Council, Nunkawarrin Yunti, C Clearly, South Australian Voice for Intravenous Education, MOSAIC Counselling, AIDS Council of South Australia, Australian Institute for Social Relations, Hepatitis C Network and Central Workers with Youth Action Network. With this in mind, I take pride in asking you to read the staff contributions to this annual report.

A special acknowledgement goes out to Laurie Schapel, my predecessor in this role who continues to be a colleague on the Board of the Australian Hepatitis Council in her new role as Manager of the Hepatitis C Council of Queensland. Laurie's commitment to hepatitis C and strength in management of community based health agencies laid a solid foundation at our Council.

With renewed enthusiasm the Council looks forward to expanding our membership to reflect the diverse communities affected by hepatitis C. We hope to roll out even more opportunities for our members and communities to engage with the Council over the next year. Your voice is important to us and we welcome your feedback in all that we do.

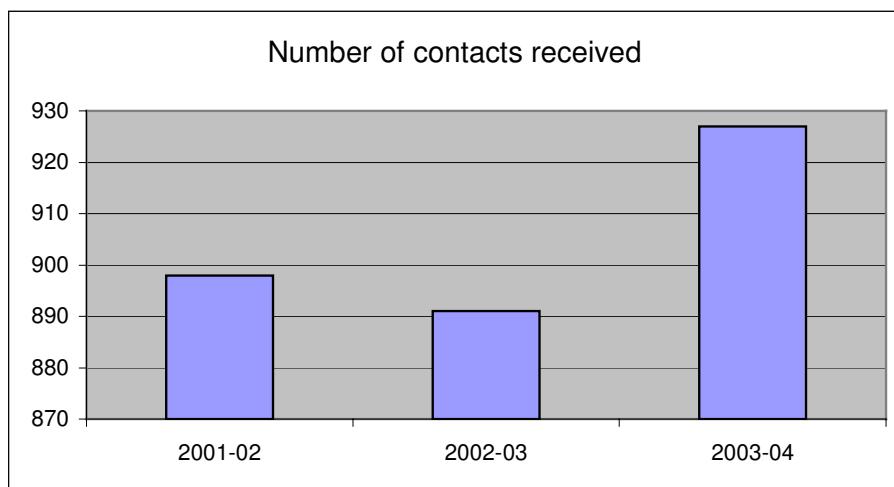
Dan Gallant, Manager

5. Hep C Info and Support Line Program

The Hepatitis C Council provides people in SA with accurate and up to date information and an appropriate level of support regarding hepatitis C. Trained volunteer information officers take calls where possible. Additional valuable support is offered by linking callers to peers with experience of specific issues such as undergoing treatment, managing symptoms, and healthy pregnancy and birth for women living with hepatitis C.

A very sincere "Thank You" to Fred, Megan and Dean – our dedicated volunteer phone line information officers.

During 2003 - 2004 the Hep C Info and Support Line received 927 contacts. This is a significant increase from the previous year when 891 contacts were recorded.

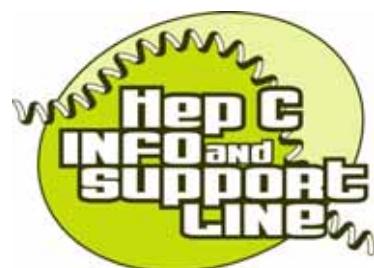


There was a shift in contact modality reflecting an increase in face to face information sessions (11.5%), with telephone contacts representing the greatest proportion of contacts (86.5%). The majority of contacts were received from the metropolitan area (85%) whilst rural/regional areas made up 15% of contacts.

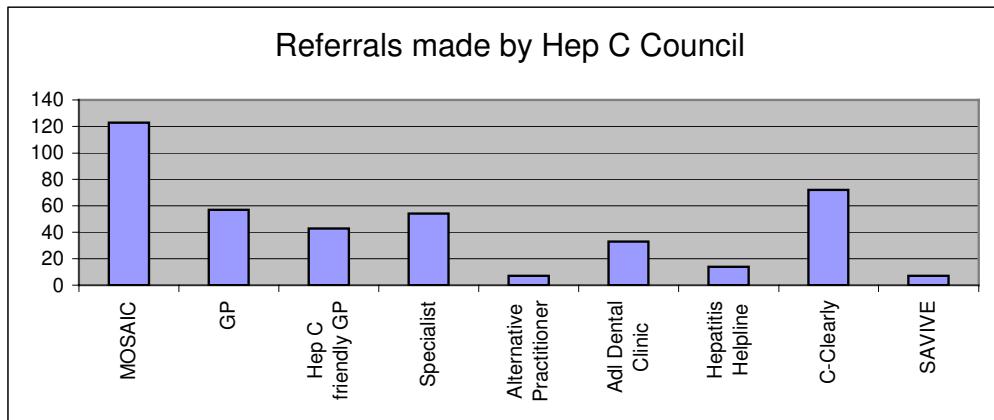
Calls from hepatitis C positive people represented 47% of the total contacts, with the remainder including calls from the family and friends of hepatitis C positive people, the health sector, other workplaces and students.

The most commonly discussed topics were services provided by the Hepatitis C Council, transmission, treatment, testing, symptoms and related issues.

The Council provides an important service of making referrals to other key agencies. A large increase (approx 30%) was seen in the number of referrals to the MOSAIC counselling team. An increase (25%) was also recorded in



referrals to Hep C friendly GPs, with valuable training provided to doctors in the community by the C Clearly project. A significant increase (approx 20%) was also noted in referrals made to the Special Needs Dental Clinic 1.4.



Many clients have expressed their gratitude to the Hepatitis Council of SA for providing a telephone line service that delivers crucial and up to date information in a clearly understood and non judgemental manner. Comments were consistently received about the patience, empathy and support shown by the telephone information officers. People spoke of how appropriate information provision alleviated their fears, increased their sense of hope for positive outcomes and decreased their sense of isolation in living with the hepatitis C virus. Health care workers commented on how the information provided enabled them to provide better care. Feedback was also received on how helpful it was to be able to speak to someone with personal experience of living with the virus.

Feedback given on the Hep C Info and Support Line over the past year includes:

The info has been useful in understanding (the virus) and putting my mind at rest

It was brilliant to have someone see my son as a "person"

I found info which I needed to do my work better

After (being) given misinformation by my GP I was given the correct info in plain English, which helped a great deal

If you understand the disease your fear goes down. If you know that help is available you don't feel so alone

Catherine Healy, Hep C Info and Support line Coordinator

6. Information and Resources Program

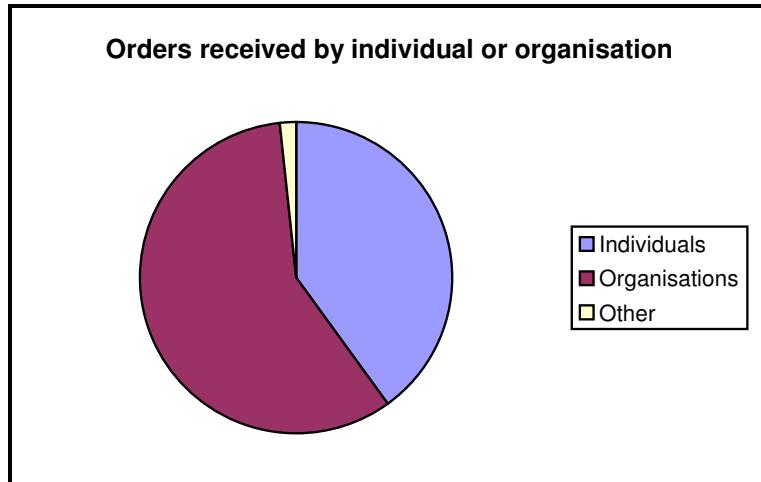
The Information Resources Program at the Hepatitis C Council has been a busy and dynamic program over the past financial year. There have been new resources as well as new staff members and even a new name for the staff role. In June, 2004, Miss Kristy Schirmer was farewelled by the staff and volunteers of HCCSA as she prepared for a big adventure in her life. Kristy is traveling the world for the next 12 months and is wished the very best of good fortune in this new phase of her life and on behalf of the council I extend the warmest thanks to Kristy for her amazing contributions to this essential program. Replacing Kristy in the newly described role of Information and Resource Coordinator is Miss Elissa Mortimer. Elissa assumed this role from June 2004 and was made very welcome by staff and volunteers of the council.

The Information and Resource Program continues to serve the Hepatitis C Community by producing and distributing high quality information resources to individuals and organizations on a variety of topics relating to the management of Hepatitis C and the prevention of transmission of the virus. HCCSA also distributes information resources produced by other organizations working in this sector.

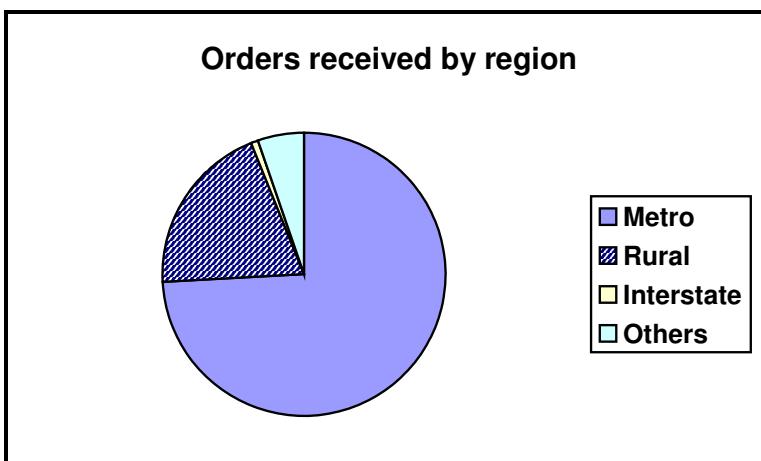
The major new resource developed in the last financial year by the Information and Resource Program, was "Treat Yourself Right." A booklet which provides practical information for people considering or undertaking treatment. This was a collaborative project of MOSAIC (the HIV/Hepatitis C-specific counselling team at Relationships Australia), the Viral Hepatitis Unit of the Royal Adelaide Hospital and the Hepatitis C Council of S.A. This resource is currently being distributed to other organizations in the sector as well as individual community members and we are receiving lots of positive comments regarding the practical nature of the strategies suggested as well as the appealing presentation of the booklet.



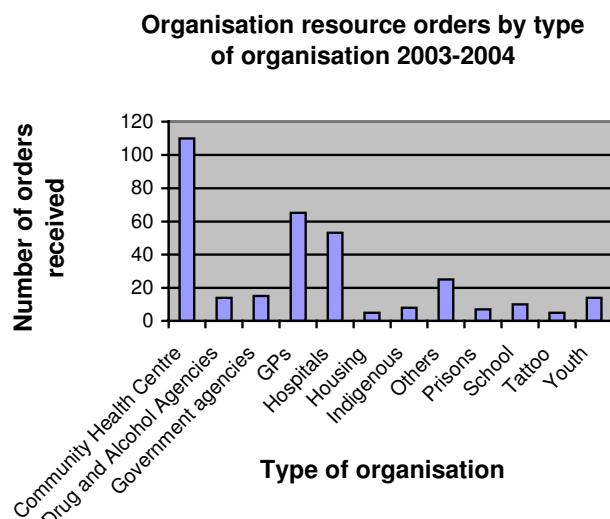
In terms of the breakdown of resource orders for the 2003-04 financial year, the Hepatitis C Council received a total of 570 orders for resources in the 2003-2004 financial year. This represents a decrease of 13% compared to the 02-03 financial year. 40% of these orders were received from individuals and 58% were received from organizations:



Of all the resource orders filled by HCCSA in the 03-04 financial year, 422 (74%) went to metropolitan addresses, and 113 (20%) were sent to rural addresses. The remaining resource orders either went to interstate addresses or undisclosed locations:



The organisations which HCCSA provides free resources to then distribute them amongst the target community. Of the orders received from sector organizations, the largest proportion came from Community Health Centers, then GP surgeries, Hospitals and Government Organizations, respectively:



Overall, the Hepatitis C Council distributed 64 486 resources last financial year. This is a 27% decrease on the number of resources distributed last financial year. This decrease in resources distributed can be accounted for by two factors:

- The lack of an awareness week campaign in the 03-04 financial year
- A decrease in the number of resource drops undertaken

In order to ensure that our resources continue to be distributed far and wide, reaching as many agencies as possible, the Hepatitis C Council will design a Resource Distribution Plan in the coming financial year. This will allow targeted distribution and will ensure that all services working in the health and welfare sector are made aware that our council can provide Hepatitis C resources at no charge. An increased focus on resource drops will ensure that services that have not in the past received our resources are introduced to our council as a friendly and self-promoting organisation.

The Hepatitis C Council of SA will also be involved in a National Awareness Week in May 2005. This Awareness Week will involve all state and territory hepatitis councils and will focus on increasing awareness of treatment options for hepatitis C. A National Coordinating Committee has been formed on which the Information and Resource Coordinator sits, thus allowing HCCSA to be intimately involved with all aspects of planning and resource design for this awareness week.

Finally, many thanks to our wonderful resource volunteers who do a fantastic job with all of the resource mail-outs and countless other essential tasks. I am

deeply grateful to you all. The resource volunteer team consisted of: John, Phil, Tim, Lyn, Claire, Steve, Fred and our second Tim. Thanks a million!

Elissa Mortimer, Information and Resource Coordinator

7. Education Programs

Metropolitan Educator

The Council employs two part time Educators, a 1.4 full-time equivalent. Educators provide a varied range of services including telephone and face-to-face information, support and referrals, support groups, community health promoting projects and the planning and delivery of high quality education and information sessions, presented in a manner sensitive to the needs of both the participants and people living with hepatitis C. As well as maintaining and expanding networks and partnerships with key agencies over the last year, the Educators attended and presented at meetings and conferences, represented the council on a range of committees, maintained up to date knowledge of current research and contributed to the development of new resources at the Council and other agencies.

Education Sessions

During the last year the Council Educators have delivered 82 varied hep C education sessions throughout the Adelaide metropolitan area. This is a 50% increase from last year and does not include Community Programs, Support Groups or Information Stalls. 937 people participated in education sessions and another 105 people attended more than one session this year. 38% were under 25 years of age and 2/3 of all participants were aged between 15 and 40.

Of all the people attending education sessions on hep C this year, 195 (20%) identified as Indigenous Australians. Due to the over representation of indigenous people in incidence as well as prevalence data this is a huge achievement for the Council and is a clear result of the dedication and commitment of Sharon Drage.

Nearly 40 % of education sessions were provided to youth, 2/3's of these were in youth detention centres at Magill and Cavan. Workplaces booked over 30 % of all sessions. 2/3's of these requests were from health or medical workers.

Of the 16% of sessions presented to education & training organizations, nearly 1/2 were medical or health related training.

Sessions range from 15min – 3hours in duration and are planned and targeted to meet the specific needs and address the issues of concern of the participants. Education and Information sessions are provided at no charge.

C Talk

Hearing the real life impact of hepatitis C on a person's life, rather than an impersonal case study, continues to be a highly effective tool in reducing discrimination and increasing awareness. There were 27 Speaker engagements this year, 20 in the metropolitan area and 7 in rural SA. Educational organizations, most commonly TAFE and Flinders University, have continued to benefit from the expertise and experience of our Positive Speakers from C Talk. Speakers have been a part of education sessions with Indigenous men and women, youth at Magill and Cavan Detention Centres and many sessions with health and community workers. Three C Talk Speakers successfully highlighted the power of positive speaking in education activities at the National Health Promotion Conference, held here in Adelaide.

Iain Henderson from Relationships Australia provided Positive Speaker Training for 8 new speakers in October 03; at this stage there are no plans to train more speakers this financial year.

Information, Education & Awareness Stalls

Awareness Stalls are a good opportunity to convey accurate information at a glance through posters, pictures, and graphs as well as written information. With the support of volunteers, the Council was part of several highly successful community events in the last financial year. The most notable of these was '*Man Alive*' held at Semaphore. Fred, John and Wayne were kept busy all day giving information on hep C while applying free fake tattoos to over 120 stall visitors.

The council also had awareness stalls at C-Clearly GP training evenings, the Blood Borne Virus, Alcohol & Other Drugs and Mental Health workshops held at Flinders University; Drug Action Week events at The Parks community health centre; Gay & Lesbian Counselling training and at SAYMIA, the South Australian Youth Music Awards.

Support Groups:

- **Adelaide Information Evenings**

Information Evenings are held at the Council on the first Wednesday of each month from 6.30 –8.30pm. The majority of people who attend are living with hepatitis C, but family members, friends, health and community workers and anyone interested in hepatitis C is welcome to attend. Information evenings provide a greater degree of detail to common issues faced by people living with hepatitis C. The first hour is usually the information part of the evening, and then we break for refreshments, a light snack and informal chat for the second hour. Speakers often stay for part of the second hour.

Numbers attending over the last year fluctuated from four to over twenty, influenced often by extreme hot and cold weather.

The success of the AIE is due to the ongoing support from many individuals and organizations that provide their time and expertise with no charge to the Council.

The Council would like to acknowledge and sincerely thank Dr William Donohue, C-Clearly; Dr Hugh Harley, Head of Clinical Hepatology & Co-director of the Viral Hepatitis Centre, RAH; Alison Martin, C-Clearly & Adelaide Nutrition Centre; Catherine Bunting, Clinical Nurse Consultant, RAH; Adrian Booth & Alex Jolly, Psychologists, C-Clearly, who have all supported the Adelaide information Evening over the last year. A special thanks to Catherine Ferguson nee Bunting for her commitment and perseverance in scouting and securing expert speakers from the RAH on our behalf.

Calming the C

Calming the C is a new support group initiated by people living with hep C for people living with hep C.

At the end of a 'Living with Hepatitis C' course (an initiative of the MOSAIC counsellors at Relationships Australia) a diverse group of motivated people wanted to maintain and expand the support network they had created. The Hepatitis C Council was invited to support this process. A steering committee was formed with 8-10 active members who meet regularly to plan upcoming topics and general running of the group.

Calming the C meets fortnightly on Tuesdays from 12.30pm – 2.30pm. Every second meeting, a speaker is invited to present on topics of interest, eg. diet and nutrition, pathways to serotonin, naturopathy and yoga. Any written materials or handouts are stored for future reference. This group has attracted people who have not been involved with the council in the past as well as people we have not seen for some time.

Deborah Warneke-Arnold, Metropolitan Educator

Metropolitan Educator-Community Programs

Deborah Warneke-Arnold has covered the statistical analysis and information relating to our shared roles as Metropolitan Educators so I will focus on Community Programs, which is the other component of my position. My energy this year has been directed towards Indigenous people and agencies, Youth in its diversity including those who are currently incarcerated and homeless people along with the agencies who work with and support them. I have found this work to be exciting and challenging. I have felt both hope and despair during the course of the past year and been humbled many times by this experience.

'Explore Yourself Through Art' was a very successful project that was sponsored by the Drug and Alcohol Services Council. A number of women attended the Council one day a month for four months and engaged in Art Therapy with Gina Allain and Deborah Cooper. The women worked with paint and clay and also involved themselves in drumming and chanting.

Anecdotal feedback has suggested that the women who participated in Explore Yourself Through Art gained considerably through this experience. Many of the women who attended communicated that this was the first time they had been able to discuss their positive hepatitis C status in an open and safe environment. Having their experiences valued and validated was a very powerful and positive process. The bonding that occurred between women in the project was also a powerful self-esteem raising experience for them. From the discussions that arose during the course of the Art Therapy workshops, specific areas of need have been identified. Examples of these needs are: parenting issues, disclosure dilemmas, self-esteem, female empowerment and sexual issues. I wish to thank Gina Allain and Deborah Cooper for their dynamic approach to this initiative.

The meditation evenings have been an integral part of my work for most of the past year. However, with the onset of cold weather, numbers dropped off and the meditation evenings were cancelled with a view to resuming them when the evenings warmed up a bit.



Last financial year I attended BBQ's in the West Parklands with Aboriginal Drug and Alcohol Council Workers. When the funding for this initiative was depleted, the Hepatitis C Council of South Australia and ADAC collaboratively wrote a successful submission for the Community Benefits Fund for more funding in order for these to continue. Every Friday between 12:00 pm and 2:00 pm there is a BBQ in the West Parklands for these people. Working here has given me the opportunity to engage with people who are in extreme circumstances, many who are positive with the hep C Virus and others who are at risk. I have successfully supported two people into treatment and educated many more about the Hep C Virus. The most important thing that I have achieved in this area is relationship and trust building, something that must occur before any effective work can be done. I feel very privileged to be

able to work with this difficult to reach group and thank every participant in this area for their friendship and acceptance of me. Also I would like to thank Leslie Wightman from HCCSA as well as Byron Jimmy Shannon and Paul from ADAC for their wonderful support with this project.

The Mosaic Project has been presented to groups of young people at Parafield Gardens Alternative High School, Marion Youth Centre, Streetlink and Service to Youth Council and Hindmarsh Detox for Youth. Each group spends 3 hours per week for 12 weeks working with Gina Allain and myself.

This project consists of four Health Promotion Sessions, one on hepatitis C, one on sexual health, one on substance use and one on depression and self harm. At the completion of each respective Health Promotion session the participants are encouraged to do some artwork about their thoughts and feelings about the session. After the first four weeks they spend time working out what artwork they wish to use and then complete a Mosaic art piece. This allows time for relationship building, opening the lines of communication and consolidating the information in the Health Promotion sessions. This project has been very successful and the final artworks are on display in the respective agencies with various messages about hepatitis C and safer ways of engaging in risky behaviours. Many of the young people in these groups are homeless with a number of them in particularly extreme circumstances. Both Gina and myself have shared laughter and tears with these young people. Gina's work with these young people has been dynamic and caring and I wish to thank her for this.



In the area of homelessness I have engaged with people from Byron Place Day Shelter, Hutt Street Day Centre and Westcare. HCCSA had an information stall at the Homeless Health Expo in Whitmore Square in November. Most of these people are in extreme circumstances with many having mental health issues and self-medicating as a result of this. The numbers of people in this area who are positive with the hepatitis C virus are astounding with many of these people voicing a complete lack of control over their health. It is difficult to inform people about Hepatitis C when they don't know where they are going to sleep or where their next meal is coming from. However I have successfully raised the profile of hepatitis C among these people and those who work with them.

I attended the Health Promotion Workshop in February this year and presented there. I have also been involved with various committees and steering groups in the above areas. I represent HCCSA on the Offenders Aid and Rehabilitation Services of SA Council.

There are many people to thank for assisting and supporting during this past year. Without the help of these people much of this work would have been impossible to achieve: Gina Allain, The Aboriginal Drug and Alcohol Council, Marion Youth, Magill Training Centre, Cavan Detention Centre, Hindmarsh Detox, Nunkuwarrin Yunti, Second Storey, Service to Youth Council, Parafield Gardens Alternative High School, The Flexi Centre at Magill, OARS, all of the young people who I have worked with who have taught me so much, The homeless people who I have worked with who have listened to me when they have so much else to concern themselves with and the people who attend the Nunga BBQ's who have taught me many lessons. I would also like to thank Hepatitis C Council management and staff for their support and patience with my ongoing work.

Sharon Drage, Metropolitan Educator, Community Programs.

8. Rural and Remote Hepatitis C Education and Prevention Project

It was noted in the 2002-2003 Annual Report that ongoing funding for the Rural and Remote Hepatitis C Education Project was looking very uncertain. At the time of writing the report, project funding was available to September 2003. Whilst the start to the financial year was somewhat shaky, the Rural and Remote Hepatitis C Education Project has continued to gather momentum and funding is now assured to June 2005. Thank you to HIV, Hepatitis C, Policy and Programs, a division of the Communicable Diseases Branch of the SA Department of Health for providing bridging funding to ensure project continuity until Commonwealth Funding was secured. Long term funding, beyond June 2005, will be essential to ensure project stability and maintain momentum.



During the past 12 months, the Rural Education Officer has continued to have contact with a wide range of individuals living with hepatitis C in communities throughout rural South Australia. This contact has included meetings in rural communities and phone and e-mail communication. Individuals have sought information on a range of issues, including information on treatment and specialist services, service availability including services available from the Hepatitis C Council and referral information in relation to General Practitioners and counselling services. Recently, a number of people have indicated an interest in being supported to challenge issues within their local communities and are committed to working with the Hepatitis C Council to improve the local response.

It is evident from feedback, that there are still many barriers disadvantaging people living with and at risk of hepatitis C in rural South Australia. Many of these issues were identified within the 2003-2004, Annual Report and will not change unless strong leadership is provided by South Australian government departments engaged in health, justice, education and social services. A state hepatitis C strategy is essential to provide a framework for addressing priority issues for all South Australians with hepatitis C including those residing in rural areas.

Issues which continue to be of priority to many individuals living with hepatitis C in rural South Australia include:

- Lack of access or variable access to specialist services - (gastroenterologists and/or hepatologists) and services provided by established liver clinics. A number of workers and individuals have also expressed the need for counselling services that are affordable, local and enduring according to need.
- Need for primary health care professionals to be knowledgeable and proactive about hepatitis C. Individuals are still identifying that significant numbers of General Practitioners aren't equipped with adequate knowledge about hepatitis C.
- Limited access to Clean Needle Programs (CNPs) remains an issue in a number of communities. CNPs are still not available in some rural communities, due to positions taken by local health service boards. CNPs are not currently available in any South Australian prisons, a number of which are located in rural South Australia.
- Stigma, discrimination and fear of discrimination remain critical issues for many rural South Australians with hepatitis C. These factors inhibit individuals from accessing services within their local community and ultimately mitigate against community promotion of health and well-being.

During the past 12 months, the Rural Education Officer has continued to provide information presentations to health care and community workers in a range of government and community based agencies across rural South Australia. The focus of this work has been to increase worker knowledge and awareness about hepatitis C, with the aim of increasing the capacity of communities to respond positively and appropriately to people at risk of and/or affected by hepatitis C. Workers have included Indigenous health workers, youth workers, nurses, general practitioners, mental health workers and drug and alcohol workers. The regions of focus have been the Eyre region, the Wakefield region, the Mid North region and the Northern and Far Western region. 19 information presentations, have been provided this year to approximately 270 workers. Presentations have also been given to approximately 90 students studying general nursing at Whyalla University and Drug, Politics and Public Health at Flinders University.

During the year the Rural Education Officer participated in 9 information/discussion sessions with groups of people interested in, at risk of and affected by hepatitis C. These discussions have been presented in prison settings, drug and alcohol rehabilitation centres and in support groups within rural South Australia. These sessions have provided an excellent opportunity to connect directly with individuals and provide them with information that is accessible and current. These discussions, which are often extremely dynamic, have proved very popular and have been locked into the annual calendar of the agencies involved. 120 people have participated in these

discussions, including Prison Peer Educators, which are discussed further in this report.

Particular thanks to all 'C Talkers' who co-presented education sessions this year. These presenters have contributed very positively to participant knowledge and understanding of hepatitis C. Feedback from participants has continued to identify speaker contributions as critical to their improved understanding and often to their altered attitudes.

Collaborative work with Indigenous Health Services has been an important feature of project work over the past year. Three health services in particular have been interested in working with the Council to ensure workers within their communities have a better understanding of hepatitis C and related issues. These health services include Goretta Aboriginal Health Service-Point Pearce; Pika Wiya Aboriginal Health Service - Port Augusta; Port Lincoln Aboriginal Health Service and the Ceduna Koonibba Aboriginal Health Service. During this period the Rural Education Officer was delighted to work with Relationships Australia as a member of a small team engaged in Indigenous community consultations, which informed the development of resources on hepatitis C for Indigenous communities.

The Rural Education Officer promoted a focus on hepatitis C and related issues in the Eyre Region during Drug Action Week, 2004. Six presentations were co-ordinated in collaboration with workers from the following services: Drug and Alcohol Services Council-Port Lincoln; Port Lincoln Aboriginal Health Service; Ceduna Koonibba Health Service and Ceduna District Health Service. Approximately 50 workers attended the sessions during Drug Action Week. Excellent media promotion was achieved thanks to media co-ordination provided by local health workers. A very big thanks to the workers identified above for their support and enthusiasm in organising the local events during this week.

The Rural Education Officer participated in two education presentations for Peer Educators involved in the Department for Correctional Services, Prison - Peer Support Program. Seventeen men participated in this program during the report period. These were presented at Port Augusta and Port Lincoln prisons. Men involved in this program have been consistently very interested in understanding more about hepatitis C and are committed to sharing this information with others. These individuals have also been well placed to identify the issues of priority to people at risk and people living with hepatitis C in prison. Issues include, no access to harm minimisation strategies such as Clean Needle Programs, no access to safe tattooing and body piercing procedures, limited access to progressive drug rehabilitation options and variable access to testing and current medical and alternative therapies used for treating hepatitis C and related symptoms.

There has been a notable increase in the number of people from rural and remote South Australia calling the Hepatitis C Council Info and Support Line during this year. This year 134 people called the line, 44 more than last year.

The Rural Project Officer co-presented a paper titled 'Hepatitis C and the 3R's-(Regional, Rural and Remote)', at the National Hepatitis C Health Promotion Workshop, held in Adelaide, February 2004. Presented with Barb Healy, State-wide Rural Educator from the Hepatitis C Council of Victoria, this presentation explored issues for metropolitan based workers working across broad ranging rural contexts.

Thank you to all of the individuals that I have had contact with over the past year. Key agencies to thank are: Drug and Alcohol Services Council- (Outreach workers), Port Lincoln Aboriginal Health Service, Ceduna Koonibba Aboriginal Health Service, Goretta Aboriginal Health Service, Pika Wiya Aboriginal Health Service, Port Lincoln Community Drug and Alcohol Action Group, Lower Eyre Health Service, Ceduna Districts Health Services Inc., AIDS Council of South Australia, RAH Viral Hepatitis Clinic, MOSAIC Counselling Service, Department for Correctional Services, Kuipko Community, Lakalinjeri Tumbetin Waal, Murray Bridge Nunga's Club, Centracare-Murray Bridge, Whyalla University, Flinders University, HHPP and the Riverland Primary Health Care Network.

Leslie Wightman, Rural Education Officer

9. Volunteer Program

In the latter part of the year we said goodbye to Janette Chegwidden, Volunteer Coordinator as she moved to Queensland with her young family. Janette will be missed by all that knew and worked with her. She was responsible for ensuring that Volunteers were recruited and trained for program delivery in resources and on the info and telephone support line. Furthermore, she developed the policy and procedures that have allowed the Council to recruit, train and supervise Volunteers. Janette oversaw that Volunteers had position descriptions and work stations including access to computer terminals.

Prior to moving to Queensland, Janette and I reviewed the independent evaluation of the Volunteer program at the Hepatitis C Council of SA, conducted the year previously. In the report it was clear that although Volunteer opportunities at the Council were not dependant on a dedicated staff in the position of Volunteer Coordinator, the position afforded the Council better opportunities for acknowledging the time, effort and commitment of our Volunteers. It also allowed for us to plan for training of Volunteers and provide them with resources to partake in a monthly debrief meeting and lunch.

Unfortunately the number of Volunteers dropped from 20 to 9 over the past year. Despite a concerted effort to recruit more Volunteers, the last drive did not attract the sustained interest we were hoping for. A survey of current Volunteers revealed that the Volunteers felt appreciated for the work that they do and that they are appropriately acknowledged by the Council. The survey also identified a feeling that their work could be more interesting and Volunteers were able to identify activities they would like to see become part of their work including data entry, reception and filing duties, research and library cataloguing.

As a result of the independent evaluation and survey the Council reviewed its criteria for eligibility to Volunteer and decided to open up the Volunteer recruitment to anyone interested in the area of hepatitis C including student placements. In addition, the Council made a decision not to fill the Volunteer Coordinator position and created instead a position dedicated to the Info and Support Telephone Line. In this new arrangement, Volunteers will be recruited by project staff for positions directly reporting to that staff member and easily administered through the Volunteer policies that Janette established.

In the new financial year a priority of the Council will be an overhaul of how we recruit, engage and retain Volunteers. This will enable us to better match Volunteer skills and interests with activities. Volunteers remain a core part of the Council and the work that we do. A very sincere thank you is extended to all the Volunteers who participated in the program this year, some exceeding 200 hours of dedicated service as part of the Council team in supporting the affected community.

Dan Gallant, Manager

10. Acknowledgements

The Hepatitis C Council of South Australia Inc would like to acknowledge the following organizations for their support during the year:

- Department of Health ~ HHPP
- Aboriginal Drug and Alcohol Council
- Adelaide Central Mission
- Adelaide Dental Clinic
- Adelaide Diocesan AIDS Council
- AIDS Council of SA
- ASP Harm Reduction Systems
- Australian Hepatitis Council and State Hep C Councils
- Care and Prevention team
- C-Clearly
- Child and Youth Health
- Clinic 275
- Community Benefit SA
- Relationships Australia (SA)
- Department for Correctional Services
- Drug and Alcohol Services Council
- Flinders University
- Fresh FM
- Govt of SA, Department of Premier and Cabinet
- Haemophilia Foundation
- Marion Youth Centre
- MOSAIC Counselling
- Nunkuwarrin Yunti
- Parkes Community Centre
- Partners of Prisoners ~ OARS
- PEACE project
- PLWHA
- Riverland Regional Health Service Inc.
- Roche
- SAVIVE
- Schering-Plough
- Second Story
- SHine
- Streetlink
- Vietnamese Community in Australia SA Chapter
- Viral Hepatitis Centre ~ Royal Adelaide Hospital
- Viral Hepatitis Clinic – Flinders Medical Centre
- Youth Drug Action Team

11. Treasurer's Report

Total income from grants in the income and expenditure statement is \$422,450. This is the net result of the twelve months recurrent funding for the financial year of \$362,901 and funding for the rural program for twelve months of \$59,549. Project income of \$6,271 is monies held back last year for the Mosaic Art Program and BBQ's in the West Parklands.

Other sources of income for the year were: interest received \$3,102, donations - \$533, memberships - \$916 and sundry income of \$559 which is reimbursements from the government for staff training. The total income for the year was \$433,831.

Total expenditure for the year was \$433,229, which was consistent with the previous financial year of \$433,810. The major expenses were the salaries, wages and oncosts for staff, totalling \$288,487 and rent and outgoing on the premises of \$41,808.

Total administration costs were below the previous year as monies were allocated last year to allow for increased rent and relocation of the office. These funds continue to be carried forward and will be available for the upcoming office relocation in November. This decrease in administration costs was offset by an increase in salaries and wages, due to wage increases and top up of provisions required for annual leave and long service leave.

For the financial year 2003-2004 the council had a net surplus of \$602.

The accounts for the financial year were audited by Peter Hall and Co Chartered Accountants.

Barry Horwood
Treasurer

12. Audited Financial Reports~ (refer to following pages)

TO THE MEMBERS
Hepatitis C Council of South Australia Inc

INDEPENDENT AUDIT REPORT

SCOPE

We have audited the accompanying Special Purpose Financial Reports of the **Hepatitis C Council of South Australia Inc** for the 12 months ended 30th June 2004 comprising the Balance Sheet, and the Statement of Income and Expenditure. Management are responsible for the preparation and presentation of the special Purpose Financial Reports and the information contained therein. We have conducted an independent audit of the Special Purpose Financial Reports in order to express our opinion on them to the Committee of the Association.

Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material mis-statement. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the accounts, and the evaluation of accounting policies and significant accounting estimates. The procedures have been undertaken to form an opinion, whether in all material aspects, the accounts are presented fairly in accordance with Australian Accounting concepts and Standards and statutory requirements so as to present a view of the Association which is consistent with our understanding of its financial position and the results of its operations.

In common with organisations of this type, it is not practical to establish adequate records or controls over cash receipts prior to their receipt and entry in the accounting records. Accordingly, our audit of cash receipts was limited to the amount recorded in the accounting records of the Association.

In our opinion, as so far as it appears from our testing and examination, monies recorded as receipts have been properly brought to account by the Association.

The audit opinion expressed in this report has been formed on the above basis.

AUDIT OPINION

In our opinion, subject to the above limitation in scope, the **Hepatitis C Council of South Australia Inc** are properly drawn up:

- (a) so as to give a true and fair view of the Association's state of affairs as at 30th June 2004 and the Association's result for the year ended on that date, and
- (b) in accordance with the provisions of the Associations Incorporations Act 1985 and
- (c) in accordance with applicable Statements of Accounting Concepts and applicable Accounting Concepts and applicable Accounting Standards.

**PETER HALL & CO
Registered Company Auditor**

P HALL

ADELAIDE:

Hepatitis C Council of South Australia Inc.

STATEMENT BY COUNCIL

Year Ended 30th June 2004

As detailed in Note 1 to the accounts, the Association is not a reporting entity because in the Council's opinion there is unlikely to exist users who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs and these Accounts are therefore "Special Purpose financial Reports" that have been prepared solely to fulfil the requirements of the constitution of the Association.

The Association has applied the provisions of Miscellaneous Professional Statement APS1 "Conformity with Statements of Accounting Concepts and Accounting Standards" relevant to special purpose Financial Reports. On this basis no Accounting Standards are applicable. Accounting Standards have only been applied to the extent that they coincide with the accounting policies set out in Note 1 to the Accounts.

In the opinion of the Council:

- (a) The accompanying financial statements present fairly the results of the operations of the Association for the financial year and the state of affairs of the Association as at the end of the financial year, and
- (b) the Council has reasonable grounds to believe that the Association will be to pay its debts as and when they fall due.

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Dated:

Hepatitis C Council of South Australia Inc.

REPORT BY COUNCIL

During the financial year ended 30th June 2004

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

Dated:

For copies of Income and Expenditure Statements,
please contact the Council on 8362 8443

HEPATITIS C COUNCIL OF SOUTH AUSTRALIA INC
BALANCE SHEET
FOR THE YEAR ENDED 30TH JUNE 2004

	2003	2004
	\$	\$
ACCUMULATED FUNDS		
Opening Balance	29,737	31,999
Prior Year Adjustment	-	23
Net Surplus/(Deficit) for the Year	<u>2,262</u>	<u>602</u>
TOTAL FUNDS	<u><u>31,999</u></u>	<u><u>32,624</u></u>
Represented by:-		
ASSETS		
Current Assets		
Cash at Bank - Current Account	18,135	180,455
Investment - ANZ V2 Account	101,607	5,001
Petty Cash	200	240
Receivables	<u>90,880</u>	<u>139</u>
	210,822	185,835
Non-Current Assets		
Plant & Equipment - at cost	43,505	45,045
Less Accumulated Depreciation	<u>19,654</u>	<u>23,851</u>
Motor Vehicle	-	14,193
Less Accumulated Depreciation	<u>-</u>	<u>2,662</u>
TOTAL ASSETS	234,673	214,926
CURRENT LIABILITIES		
Sundry Creditors	10,362	5,955
Employee Entitlements	10,164	11,276
Grants in Advance	111,943	101,997
GST Payable	<u>13,481</u>	<u>6,784</u>

	145,950	126,012
NON-CURRENT LIABILITIES		
Provision for Long Service Leave	7,724	7,290
Provision for Redundancy (Employees)	8,000	8,000
Provision for Asset Replacement	11,000	11,000
Provision for Relocation	18,000	18,000
Provision for Rental Increase	12,000	12,000
	<u>56,724</u>	<u>56,290</u>
TOTAL LIABILITIES	202,674	182,302
NET ASSETS	<u>31,999</u>	<u>32,624</u>

Hepatitis C Council of South Australia Inc.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

The Association is not a reporting entity because in the Council's opinion, there is unlikely to exist users who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs and these Financial Statements are therefore "Special Purpose Financial Reports" that have been prepared solely to fulfil the requirements of the constitution of the Association.

The Association has applied the provisions of Miscellaneous Professional Statement APS 1 "Conformity with Statements of Accounting Concepts and Accounting Standards" relevant to Special Purpose Financial Reports. On this basis no Accounting Standards are applicable. Accounting Standards have only been applied to the extent that they coincide with the accounting policies set out below.

(a) Basis of Accounting

The accounts have been prepared on the basis of historical costs and except where stated do not take into account current valuations of non-current assets.

(b) Non-Current Assets

All assets held by the Association with an original cost exceeding \$500 have been capitalised.

(c) Depreciation of Plant, Equipment and Buildings

Depreciation is calculated on a diminishing value basis so as to write off the cost of each depreciable non-current asset over its expected useful life.

(d) Income Tax

The Association is a non-profit organisation and is exempt from income tax pursuant to Section 23(ea) of the Income Tax Assessment Act.