

HEPATITIS VICTORIA

Strategic Plan
2009 - 2012

About Hepatitis C Victoria

Hepatitis C Victoria is an independent, community-based, not-for-profit organisation funded primarily by the Victorian Department of Human Services. The organisation is governed by a Board of Directors, and the day-to-day work of the organisation is carried out by a CEO and staff. We are fortunate to have a growing number of talented volunteers who work throughout the organisation.

Our Vision

Our vision is for a Victorian community where there are no new infections of hepatitis C, and those who do have the virus are able to maximise their health and wellbeing.

Our Role and Purpose

During the next three years, Hepatitis C Victoria will work to:

- **Prevent the transmission of hepatitis C;**
- **Increase access and referral to quality hepatitis C information, care, treatment and support;**
- **Provide leadership and coordination for the community response to hepatitis C;**
- **Build a strong and viable organisation that works effectively across all activities.**

Our values and way of working

We value:

- **People affected by hepatitis C** - We act with respect towards people affected by hepatitis C, working always to see people's humanity, without judgement or prejudice
- **Empowerment** - We encourage and support people to exercise their rights and to make their own choices
- **Courage** - We aspire to improve the future for those affected by hepatitis C
- **Excellence** - We aspire to do what we do well, and base our work on evidence of effectiveness
- **Integrity** - We work according to a consistent set of values and principles at all times
- **Innovation, creativity and cutting-edge programs** - We seek to increase the visibility of hepatitis C issues in the community
- **Partnerships and collaborations** - We work to build the hepatitis C capacity of the service providers that our priority groups are already engaged with and trust, rather than always trying to form direct relationships with individuals from the priority groups.

Our Constituents and Key Stakeholders

Hepatitis C Victoria has a number of important constituents and a wide range of stakeholders. These include:

- People who are **at risk of** hepatitis C
- People **with** hepatitis C
- State and Federal Government
- Non-government organisations
- Health and community professionals
- Indigenous organisations
- Education and research institutions
- Justice Health and Corrections Victoria
- The wider community.

Priority Groups

During the life of this Plan, there are key groups that we particularly want our programs to reach. There is significant crossover between the groups, and operational plans will be inclusive of all the groups mentioned below:

Priority Groups	Rationale - why we want our work to reach these groups	Who - who in particular we want to reach within these groups
Young people at risk of injecting ('young people' refers to those aged 14 to 25 years)	<ul style="list-style-type: none"> • High incidence of hepatitis C in young people • Evidence confirms a high risk of acquiring hepatitis C shortly after initiation into injecting drug use. 	<ul style="list-style-type: none"> • Young people assessed as being at high risk. This includes young people who: <ul style="list-style-type: none"> - Have had contact with the justice system; - Are at risk of disengaging from the school system; - Are at risk of or experiencing homelessness. • People who work with these groups.
People in custodial settings	<ul style="list-style-type: none"> • High prevalence of hepatitis C in prisons • There is increased risk of sharing injecting equipment as prisoners do not have access to the harm reduction programs that are available in the community. 	<ul style="list-style-type: none"> • Prisoners • Prison Peer educators • People who work with these groups.
People living in rural/regional Victoria	<ul style="list-style-type: none"> • People living in rural communities have limited access to information, education, care and treatment • They also have less access to harm reduction programs (eg NSPs) • Adverse community attitudes and issues of confidentiality can impair their quality of life and ability to seek information, care, treatment and support. 	<ul style="list-style-type: none"> • Young people • People who do not have access to information, care, treatment and support • Rural injecting drug users • People who work with these groups.
Aboriginal and Torres Strait Islander people	<ul style="list-style-type: none"> • Evidence suggests hepatitis C incidence in Indigenous people who inject drugs is significantly higher than in non-Indigenous people • Indigenous people are significantly over represented in adult and juvenile correctional settings, which puts them at increased risk. 	<ul style="list-style-type: none"> • Indigenous people in prison • Indigenous people in rural Victoria • Indigenous prison workers • Indigenous health and community workers.
People from Culturally And Linguistically Diverse (CALD) communities	<ul style="list-style-type: none"> • Evidence shows people from CALD communities who are new injecting drug users are at increased risk of contracting hepatitis C • People from CALD communities have limited access to appropriate information on risk and treatment options • People born in countries of high hepatitis C prevalence may be unaware they have hepatitis C. 	<ul style="list-style-type: none"> • Newly arrived migrants, refugees • Those who are unaware that they have hepatitis C, or who have it but are not aware of treatment options • Injecting drug users from SE Asian communities • Organisations and people who work with CALD clients.
People who are at an increased risk of developing more progressed liver disease	<ul style="list-style-type: none"> • Incidence and mortality of primary liver cancer has risen progressively over the past two decades. 	<ul style="list-style-type: none"> • People from CALD communities who were infected in their country of origin and may not know they have hepatitis C • People whose lifestyle choices make them more likely to develop progressed disease (e.g. AOD clients) • People who work with these groups.

Our priorities for the next three years

Priority Work Area 1: Work to prevent the transmission of hepatitis C	
Outcomes we seek	Strategies
An improved evidence base for effective strategies for preventing hepatitis C	<p>To achieve this we will:</p> <ul style="list-style-type: none"> • Build strong relationships with research institutions and contribute to discussions that shape future research priorities • Establish a Research Working Group to review research and help interpret the implications for practice • Develop a range of pathways for communicating the research and evaluation findings to a wide range of service providers, particularly those who work with young people at risk • Advocate for priority to be given to the formal evaluation of all funded prevention programs.
Organisations who work with people at risk incorporate effective hepatitis C prevention activities in their work (this includes preventing or delaying the transition to injecting and delivering accessible harm reduction programs)	<p>To achieve this we will:</p> <ul style="list-style-type: none"> • Build relationships and joint programs with: <ul style="list-style-type: none"> - schools (particularly their counsellors), and - those working with at-risk young people not connected to the school system • Work in partnership with key organisations such as the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Multicultural Health Support Service (MHSS) to develop targeted projects and strategies to be delivered to priority population groups • Develop and deliver specific programs with Justice Health and Corrections Victoria targeting prisoners, particularly Indigenous and CALD prisoners and young offenders • Seek opportunities to work with existing peer networks to deliver prevention programs • Include training about preventing hepatitis C in all the capacity-building work we do with service providers.

Priority Work Area 2: Provide access and referral to hepatitis C information, care, treatment and support

Outcomes we seek	Strategies
<p>People with hepatitis C have access to the evidence-based and quality information they need to make informed decisions about treatment and strategies for living with hepatitis C</p>	<p>To achieve this we will:</p> <ul style="list-style-type: none"> • Make our organisation more visible and accessible to people with hepatitis C and the service providers that they access (e.g. AOD services, liver clinics, youth agencies, personal support programs) • Identify, implement and evaluate an innovative range of targeted information development and dissemination strategies about hepatitis C care, treatment and support, with a particular focus on information for people with low literacy and those from our priority communities. • Support opportunities for people with hepatitis C to interact with skilled, supported and knowledgeable peers. Our work in this period will include: <ul style="list-style-type: none"> - Referring people to support groups, web-based programs and face-to-face services - Providing mentoring and resources to support the successful operation of peer support groups.
<p>People with hepatitis C know about and have access to testing, care and treatment services of the highest quality</p>	<p>To achieve this we will:</p> <ul style="list-style-type: none"> • Work with organisations that General Practice is familiar with and trusts, to increase awareness and knowledge about hepatitis C amongst General Practice staff • Work to increase appropriate testing for hepatitis C by reaching groups who we know are currently less likely to access testing (e.g. older migrants, refugees) • Advocate for better access to treatment, care and support services, particularly for Indigenous people, people from culturally diverse communities, prisoners, injecting drug users, and people living in rural and regional areas • Develop, deliver and evaluate health promotion strategies that respond to the evidence about ways to prevent progression of liver disease, especially in our priority target groups • Use research to identify the specific groups of people with hepatitis C who most urgently need treatment to prevent disease progression, and work with liver clinics and general practitioners to develop a strategy to raise awareness and link them to testing and treatment.

Priority Work Area 3: Provide leadership and coordination to the community response to hepatitis C

Outcomes we seek	Strategies
<p>A coordinated and effective response to hepatitis C in Victoria</p>	<p>To achieve this we will:</p> <ul style="list-style-type: none"> • Take a leadership role in advocating for development and enhancement of accessible systems, services and policies related to hepatitis C. This includes advocating to government for development and implementation of a strong and coordinated Victorian hepatitis C prevention, surveillance and treatment strategy • Sponsor annual Hepatitis C Roundtables to bring key stakeholders together to identify key priorities for actions around hepatitis C • Identify existing information about the current and future economic burden of hepatitis C and advocate for further evidence to be collected and disseminated to inform and enable us (and others) to target our work • Continue to advocate for more resources for the viral hepatitis sector to promote a strong response to the challenges of hepatitis C prevention, care, treatment and support • Develop submissions and response papers as necessary to advance issues relevant to hepatitis C.
<p>Hepatitis C Victoria plays a pivotal role in bringing about change, working effectively with people with hepatitis C, non government organisations and government to bring about the desired change</p>	<p>To achieve this we will:</p> <ul style="list-style-type: none"> • Develop a strong position on identified key issues and a clear and planned approach to moving forward on them • Develop an annual communications strategy that identifies specific targets and themes for strategic media work that builds on work done in the previous 12 months. • Develop strong relationships with clinicians and researchers to identify how HCV can assist their work through our advocacy program. • Implement a range of strategies to allow HCV to speak with authority about issues relevant to people with hepatitis C • Work with Hepatitis Australia and other state and territory Councils to advocate for change at a National level.
<p>People with hepatitis C are accepted in their communities without experiencing fear and stigma</p>	<p>To achieve this we will:</p> <ul style="list-style-type: none"> • Work closely with the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) and other legal organisations • Facilitate access to legal advice and assistance on hepatitis C discrimination issues • Include training about stigma and discrimination in all the capacity-building work we do with service providers.

Priority Work Area 4: Build a strong and viable organisation that works effectively across all activities

Outcomes we seek	Strategies
<p>Hepatitis C Victoria works closely with people with hepatitis C and is well respected and accepted by them</p>	<p>To achieve this we will:</p> <ul style="list-style-type: none"> • Identify opportunities to utilise members as ‘foot soldiers’ to increase the reach and visibility of both the organisation and people with hepatitis C • Strengthen membership by identifying meaningful and attractive ways to encourage people to support the organisation; strengthening our connection with the broader constituency of people with hepatitis C • Identify a diverse range of ways that people can become involved in the work of Hepatitis C Victoria • Train, mentor and support people who are prepared to speak out about hepatitis C and become involved.
<p>Hepatitis C Victoria is a leader in setting the highest standards for organisational governance and management</p>	<p>To achieve this we will:</p> <ul style="list-style-type: none"> • Work to achieve accreditation of the organisation • Integrate a continuous quality improvement approach to our work and actively reflect on the outcomes of the work we are doing • Further develop the Board and its members to ensure the highest quality of governance. This will include: <ul style="list-style-type: none"> - Rigorously monitoring strategic plan implementation - Ensuring broad and diverse representation of skills and knowledge on the Board - A professional development program for Board members • Recruit, develop and support our staff team to enable them to function at the highest level and to feel strongly valued.



About Hepatitis C

Hepatitis C is a blood borne virus that causes inflammation of the liver. Over time it may damage the liver, with the amount of damage ranging from slight to serious.

A small number of people with hepatitis C will develop cirrhosis (serious scarring of the liver) and a very small number may go on to develop liver cancer.

For transmission of hepatitis C to occur, the blood of an infected person needs to enter the bloodstream of another person.

Living with hepatitis C can be difficult. The physical, emotional, social and financial impacts are often profound. Many people with hepatitis C continue to experience discrimination and stigmatisation. With this comes social isolation, marginalisation and difficulty in accessing appropriate services and care.

It is not only individuals who are affected. Hepatitis C affects our whole community, not least because of the economic impact on the health care system.

There's no need to be scared of people with hepatitis C. You can't get it from sharing food, drink cups, hugs, kisses, toilets or from mosquito bites. Hepatitis C is not considered a sexually transmissible infection (STI).

Contact

For more information about Hepatitis C Victoria, about becoming a member or volunteer, or to find out more about our resources, please contact us:

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