



Mapping and scoping of hepatitis C education
and prevention activities in Aboriginal and
Torres Strait Islander communities

Survey of Aboriginal Community Controlled
Health Services

Report prepared by Aldo Spina Consulting, Hepatitis Australia and
the National Aboriginal Community Controlled Health Organisation

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	3
PRINCIPAL INVESTIGATOR	3
CONSULTANTS.....	3
REFERENCE GROUP MEMBERS.....	3
DEED OF AGREEMENT, COPYRIGHT OWNERSHIP AND LICENSE.....	3
BACKGROUND	4
RATIONALE	4
KEY FINDINGS	5
Education and prevention activities	5
Workforce	6
Priorities and challenges.....	6
RECOMMENDATIONS	7
METHOD	7
Respondents.....	8
RESULTS	9
Map of Education And Prevention Activities	9
Workforce	12
Priorities and Challenges	15
APPENDIX 1: PROJECT BRIEF	18
APPENDIX 2: MAPPING AND SCOPING QUESTIONNAIRE	21
APPENDIX 3: DEED OF AGREEMENT, COPYRIGHT OWNERSHIP AND LICENSE...25	

ACKNOWLEDGEMENTS

Hepatitis Australia (formerly the Australian Hepatitis Council), National Aboriginal Community Controlled Health Organisation (NACCHO) and Aldo Spina Consultancy Services would like to thank Aboriginal and Torres Strait Islander Community Controlled Health Services (ACCHS) and their communities for generously assisting in the development of this report. ACCHS and their communities provided expertise, ideas and thoughts to assist with the planning and development of hepatitis C services to improve the health of our communities

Our thanks also go to the experts on the Reference Group who provided effective guidance, support and promotion for the duration of the project.

PRINCIPAL INVESTIGATOR

Troy Combo (Hepatitis Australia)

CONSULTANTS

Aldo Spina (Aldo Spina Consultancy Service) and

Scott Davis (National Aboriginal Community Controlled Health Organisation, NACCHO)

REFERENCE GROUP MEMBERS

Timmy Duggan	Northern Territory AIDS Hepatitis Council (NTAHC)
Sallie Cairnduff	Aboriginal Health & Medical Research Council of NSW (AH&MRC)
Jodie Walton	Hepatitis Council of Queensland
Michael Doyle	Nominated NACCHO representative
Holly Beasley	Hepatitis C Council of New South Wales
Andrew McCormack	Office for Aboriginal & Torres Strait Islander Health
Stewart Sutherland	Greater Southern Area Health Service (GSAHS)
Andrea Symonds	Commonwealth Department of Health & Ageing; Hepatitis C Section

DEED OF AGREEMENT, COPYRIGHT OWNERSHIP AND LICENSE

Under the Deed of Agreement signed between Hepatitis Australia and NACCHO, NACCHO will act as a custodian of the information collected from the ACCHSs mapping and scoping project for a period of seven years. See Appendix 3 for a copy of the Deed of Agreement.

BACKGROUND

Hepatitis Australia (formerly the Australian Hepatitis Council) was funded in 2006 to employ a National Aboriginal & Torres Strait Islander Policy and Projects Officer. This led to the development of a project to map and scope hepatitis C education and prevention activities targeting Aboriginal & Torres Strait Islander communities nationally. The mapping and scoping project was designed to identify current gaps in services and explore the challenges faced by government and non-government health care providers when developing services within Aboriginal & Torres Strait Islander communities.

RATIONALE

It is estimated that 264,000 people in Australia have been exposed to the hepatitis C virus, including 22,000 Aboriginal and Torres Strait Islanders people estimated to be living with the hepatitis C virus, 16,000 of whom are living with chronic hepatitis C.¹ Aboriginal & Torres Strait Islander people are four times more likely to be exposed to the hepatitis C virus than non-Indigenous Australians.

The National Hepatitis C Strategy 2005-2008 identified Aboriginal and Torres Strait Islander people who engage in risk behaviour as one of the three main priority populations for action. Aboriginal and Torres Strait Islander people are also disproportionately represented within the other two priority populations; people in custodial settings and people who inject drugs.

Imprisonment has been shown to be an independent risk factor for hepatitis C and Aboriginal & Torres Strait Islander people constitute 27 per cent of the total prison population. Aboriginal and Torres Strait Islander people are 14 times more likely to be incarcerated than non-Indigenous Australians.

Hepatitis C prevalence among all prisoners averages 40 per cent and rises as high as 70 per cent for female inmates. The 2001 Inmate Health Survey² reported that 53 per cent of male inmates and 73 per cent of female inmates had a history of injecting drug use. The report also indicated that 24 per cent of male and 43 per cent of female inmates continued to inject whilst incarcerated. Reports from inmates indicate widespread sharing and reuse of injecting equipment. Other activities within prisons such as tattooing and body piercing also put inmates at increased risk of acquiring hepatitis C.

¹ Hepatitis C Virus Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2006

² The 2001 NSW Inmate Health Survey; NSW Corrections Health

Aboriginal and Torres Strait Islander inmates often serve shorter sentences than non-Indigenous Australians³ and the rate of hepatitis C in custodial settings has greater potential to translate into increased infection rates within the general Aboriginal and Torres Strait Islander population. Outside the prison environment numerous studies have found that more than 50 per cent of Aboriginal and Torres Strait Islander injectors use shared injecting equipment.⁴ In comparison 18 per cent of non-Indigenous injectors report sharing another person's used syringe⁵.

90 per cent of all new hepatitis C transmissions are attributable to sharing of injecting equipment. The Needle and Syringe Program survey identified an increase in participation by Aboriginal and Torres Strait Islander people (8 per cent to 10 per cent) and also revealed an increasing prevalence of hepatitis C among Aboriginal and Torres Strait Islander participants (a rise from 52 per cent to 68 per cent)⁶.

The *National Aboriginal & Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008* recognises the need for a whole of primary health care sector approach to addressing blood borne viruses in Aboriginal and Torres Strait Islander communities. Access to Needle and Syringe Programs and the increased capacity of the health and community workforce to address all aspects of Aboriginal and Torres Strait Islander HIV/AIDS, STI's and blood borne viruses are key priorities. The strategy highlights the falling rates of hepatitis C in the non-Indigenous population compared to the increasing rates of hepatitis C within the Aboriginal and Torres Strait Islander population.

KEY FINDINGS

Surveys were distributed by the National Aboriginal Community Controlled Health Organisation (NACCHO) to all Aboriginal Community Controlled Health Service (ACCHSs). ACCHSs were asked to complete the survey if they provided hepatitis C prevention and education to Aboriginal and Torres Strait Islander communities. The purpose of the survey was to determine the extent and scope of hepatitis C education and prevention activities delivered by ACCHSs. In total 139 surveys were distributed and 28 responses received (twenty per cent).

³ Australian Bureau of Statistics; 1301.0 - Year Book Australia, 2004,

⁴ The Harm Reduction Needs of Aboriginal People who Inject Drugs, 2001, National Drug Research Institute, Curtin University of Technology.

⁵ Australian NSP Survey; National Data Report 2001-2005, National Centre in HIV Epidemiology and Clinical Research.

⁶ Australian NSP Survey; National Data Report 2001-2005, National Centre in HIV Epidemiology and Clinical Research.

Education and prevention activities

1. The most three most common types of hepatitis C prevention and education activity undertaken by respondents were the provision of information and education in one-on-one clinical or service settings, distribution of printed information and resources, and provision of testing for HCV. In general, most ACCHSs had no dedicated funding to deliver hepatitis C specific programs and therefore incorporated hepatitis C education within existing mechanisms for primary health care provision. Most respondents indicated that they have not produced a targeted hepatitis C resource or run a hepatitis C specific workshop.
2. Approximately forty per cent of respondents operated a Needle and Syringe Program. A quarter of these respondents indicated that the service is provided discreetly.
3. The target audience for most activities is general Aboriginal and Torres Strait Islander communities, although specific at risk populations are also targeted by some ACCHSs.

Workforce

4. Aboriginal Health workers, clinical staff and health promotion staff were the positions most commonly nominated as providing hepatitis C education.
5. Nearly 60 per cent of respondents indicated that staff in their organisation had received no specific hepatitis C training. Nearly three-quarters of respondents indicated that training of staff in hepatitis C was required. Most respondents indicated that introductory training on hepatitis C was required. A preference was expressed by some for such training to be delivered locally.

Priorities and challenges

6. Three-quarters of respondents indicated that they were highly concerned or concerned about hepatitis C in Aboriginal and Torres Strait Islander communities. No respondent indicated that that they were not concerned. Just fewer than 60 per cent indicated that hepatitis C was a high priority or medium priority for their organisation. A quarter indicated that it was a low priority for their organisation, and 18 per cent indicated that it was not a priority.
7. Respondents identified the priorities for hepatitis C prevention and education activities among Aboriginal and Torres Strait Islander communities as (in order of priority):

- prevention and education on transmission and risk practices;
- education and access to hepatitis C treatment services;
- promoting and ensuring access to testing and diagnosis services;
- ensuring Needle and Syringe Programs are accessible;
- increasing community awareness, support and engagement; and
- culturally appropriate education.

RECOMMENDATIONS

- A culturally appropriate national basic resource targeting Aboriginal and Torres Strait Islander people should be developed. The resource could be adapted from an existing local resource and would provide broad information on the hepatitis C virus, transmission risks and prevention as well as referral information for clinical management.
- A national information resource should be developed targeting staff working within Aboriginal and Torres Strait communities. The resource would address current gaps in hepatitis C knowledge and cultural awareness specific to drug use and other risk practices.
- Development of online resources to assist and support educators to deliver accurate and informative hepatitis C education within Aboriginal and Torres Strait Islander communities.
- Development of a program to build community leader support around the key priorities in addressing hepatitis C within Aboriginal and Torres Strait Islander communities.
- Provision of support to assist in the initiation or strengthening of relationships between hepatitis C community organisations and Aboriginal Community Controlled Health Services to facilitate partnerships and an improved response to hepatitis C within Aboriginal and Torres Strait Islander communities.
- Community workforce development is supported through the development of culturally specific hepatitis C workshops.

METHOD

This project was conducted by Hepatitis Australia in collaboration with National Aboriginal Community Controlled Health Organisation (NACCHO). Hepatitis Australia identified the importance of working within a culturally sensitive and ethical framework and negotiated with NACCHO to ensure cultural sensitivity in all aspects of the project. The survey was drafted and reviewed by NACCHO.

The survey was targeted at Aboriginal Community Controlled Health Services (ACCHSs). Respondents were asked to complete one survey per organisation. The survey consisted of 19 questions. Most questions provided multiple choice answers.

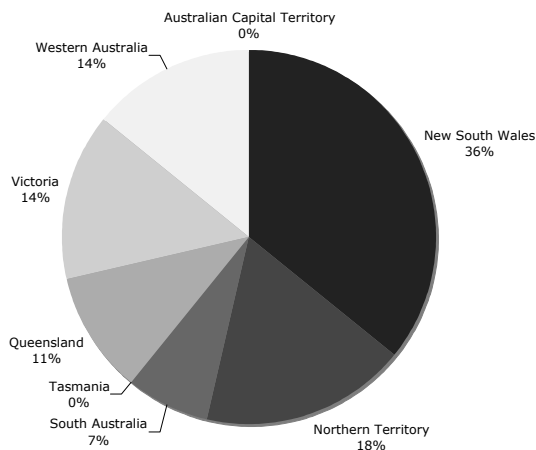
NACCHO managed the distribution of the survey and a letter signed by the CEO of Hepatitis Australia and NACCHO, with a follow up facsimile, was sent to NACCHO member organisations inviting them to complete the survey. The facsimile included the survey as an attachment, as well as a link to a website that enabled recipients to complete the survey online. Respondents could complete the online version of the survey or a hard copy of the survey that could be returned by post. One month after dissemination NACCHO did a follow up facsimile to increase participation rates.

Respondents

A total of 139 ACCHS organisations were invited to participate in the mapping and scoping project with respondents to the survey. Of the participating organisations, there were 5 metropolitan, 20 rural and two state based peak bodies. Thirty-six per cent of respondents (10 respondents) came from NSW, five from the Northern Territory and there were four from Western Australia and Victoria respectively. There were no respondents from the ACT and Tasmania.

The project aimed to collect information from organisations that administer hepatitis C education and prevention activities targeting Indigenous communities. This report did not aim to collect information on clinical interventions, diagnosis or treatment services. The project identified that not all ACCHSs are funded to provide hepatitis C education and prevention activities and those that were, were funded to do this within a much broader sexual health and blood borne virus context. It was also evident from the state and territory consultations that not all communities believe they are affected by hepatitis C – especially traditional and remote Indigenous communities.

Figure 1: State or territory of respondents (n=28)



RESULTS

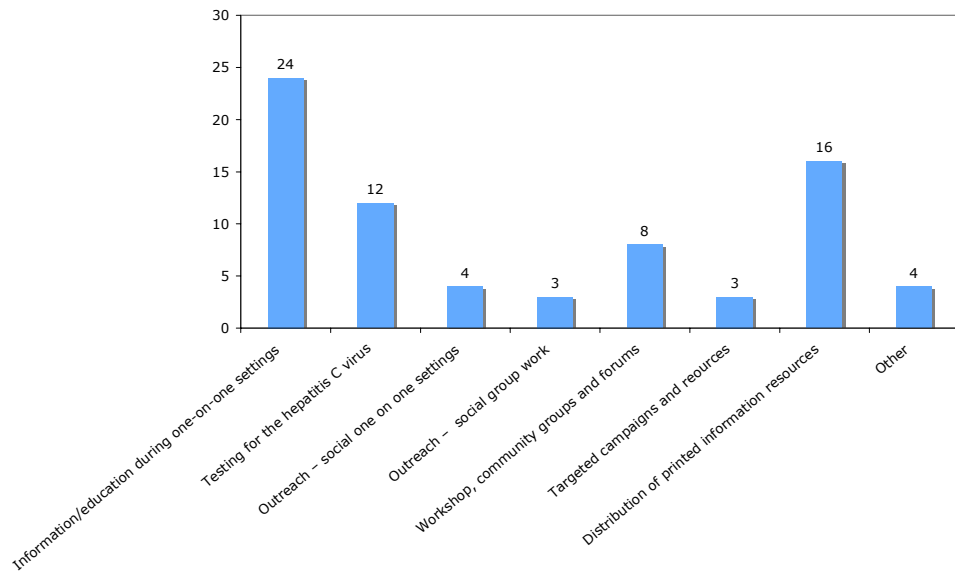
Map of Education And Prevention Activities

Survey respondents were asked to indicate the types of hepatitis C education and prevention activities that their service normally provides to Aboriginal and Torres Strait Islander people. Respondents could tick more than one response if required.

The most common response was that information was provided during one-on-one settings such as in clinical settings or service provision settings. The provision of printed information resources was also relatively common. Twelve respondents also indicated that the other key prevention and education activity they offered was testing for HCV.

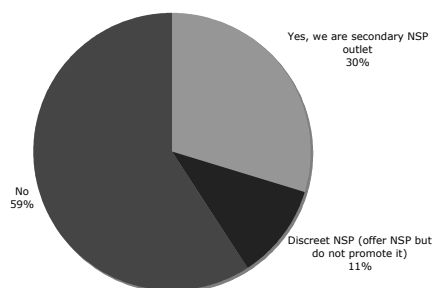
Of those who indicated they offered "other" activities, one offered a weekly liver clinic at the health centre in association with a tertiary facility. Another indicated that hepatitis C is only discussed if that is what the client presents for. Another indicated that their service doesn't offer hepatitis C programs.

Figure 2: Types of prevention and education activity (n=26)



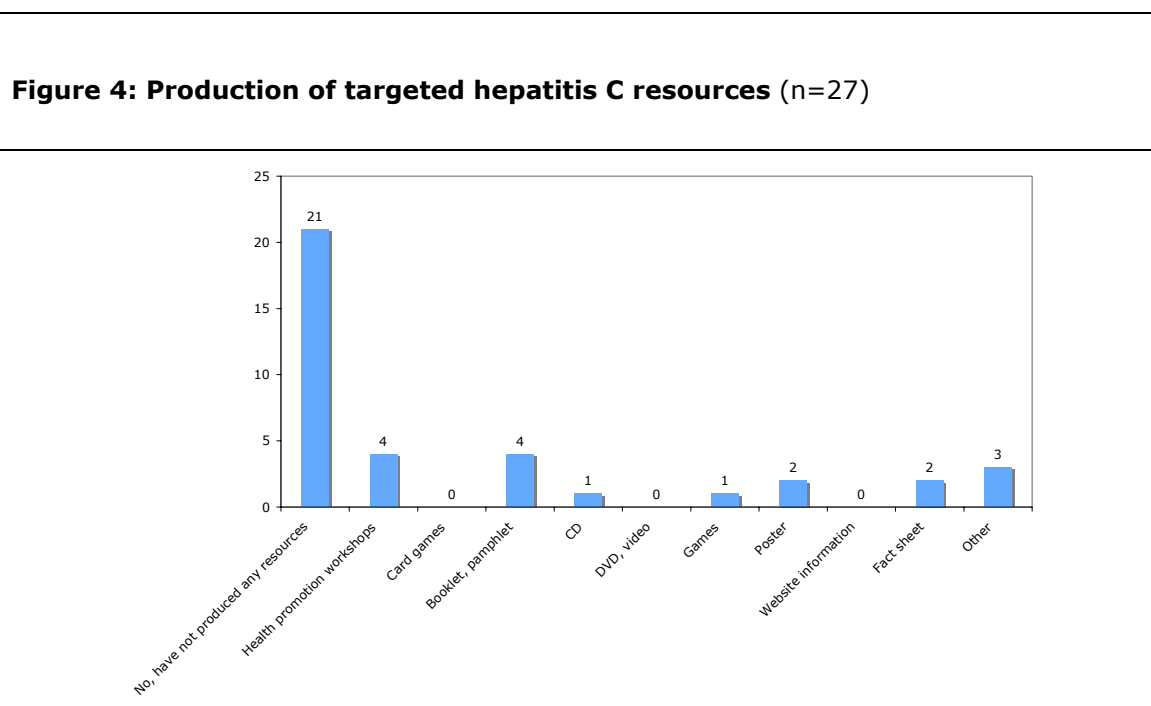
The survey included a specific question asking respondents if they provide needles and syringes to Aboriginal and Torres Strait Islander people. Nearly 60 per cent of respondents indicated that they do not provide a Needle and Syringe Program (NSP). The remaining respondents indicated that they do provide NSPs, although a quarter of this group indicated they provide them discreetly and do not promote the program.

Figure 3: Needle and Syringe Program (n=27)



The survey asked respondents to indicate whether their service has produced any resources with a focus on or a hepatitis C component that targets Aboriginal and Torres Strait Islander people. Twenty-one respondents indicated that they had not produced any resources.

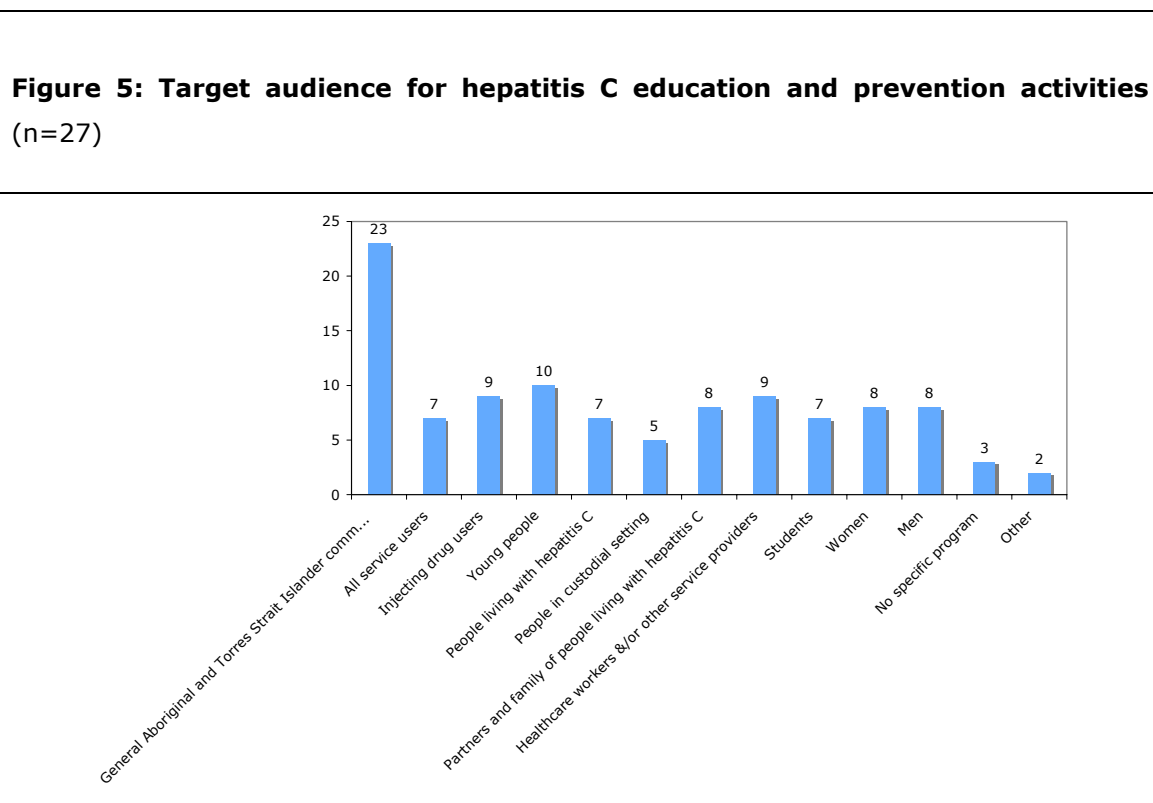
Produced resources included workshops, pamphlets, CD, games, posters, shoulder bags, fact sheets, and a manual on early detection and treatment of blood borne viruses and sexually transmitted diseases.



The survey asked respondents to indicate if their service has provided training or education to other healthcare providers in hepatitis C who work with Aboriginal and Torres Strait Islander communities. Twenty-three respondents indicated that they do not provide such training. Four indicated that they do. One respondent indicated that they provide training during student placements with the organisation. Another state based peak Aboriginal health organisation indicated that they provide training sessions for Aboriginal Community Controlled Health Services within their jurisdiction. This state based organisation has been funded to administer hepatitis C workforce development programs and also to promote harm minimisation models to the ACCHSs. More recently another state based peak Aboriginal health body stated that they have just been funded to administer hepatitis C workforce development programs to their member

organisations and non-Indigenous health care providers. Another respondent indicated they provide training on request.

The survey asked respondents to indicate the target audience for their hepatitis C education and prevention activities. Respondents nominated multiple target audiences. The general Aboriginal and Torres Strait Islander community was by far the most frequently identified target audience. Apart from this broad group, there was a fairly even spread among other target audiences which are outlined below in Figure 5.



The survey asked respondents to indicate whether any of the prevention activities that they had mentioned above had been evaluated. Only one respondent indicated that any of the activities had been evaluated.

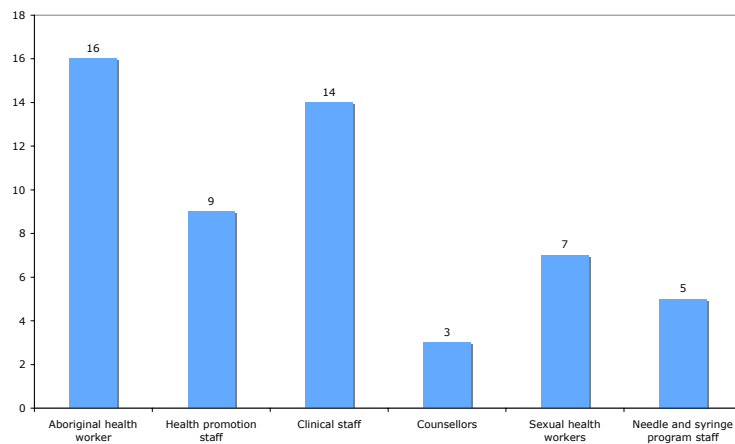
Workforce

The survey asked respondents to indicate who in their workforce engages in hepatitis C prevention and education. The most common response was the Aboriginal Health Worker, followed by clinical staff and health promotion staff. Generally staff responsible for the provision of hepatitis C education and prevention programs are funded to cover a host of other public health, chronic health and communicable diseases such as HIV and

sexually transmitted infections.

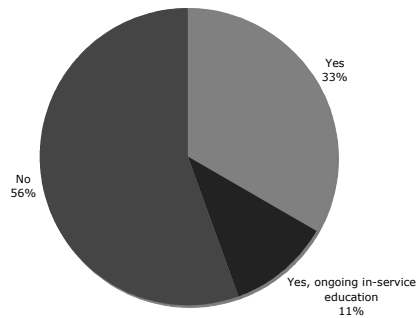
Responses to this question are guided by whether the organisation has some of the positions specified, as well as different interpretations of the question. For example while it may appear unusual that only five respondents indicated that NSP staff engage in hepatitis C education, this is more likely a reflection of organisations not actually having 'NSP staff' rather than having NSP staff who do not engage in hepatitis C education.

Figure 6: Staff who engage in hepatitis C education with Aboriginal and Torres Strait Islanders (n=23)



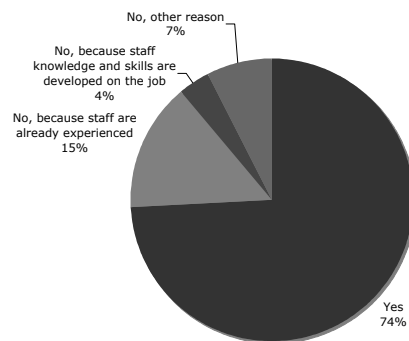
Nearly 60 per cent of survey respondents indicated staff within their organisation had received no hepatitis C specific training. The nine respondents who had received training indicated that such training was provided by non-government organisations such as AIDS councils, hepatitis councils, Aboriginal Health and Medical Research Council of NSW, Victorian Aboriginal Community Controlled Health Organisation, and sexual health clinics. Three respondents indicated that training was conducted through in-service.

Figure 7: Have staff been trained in hepatitis C (n=26)



Survey respondents were asked if training of staff in hepatitis C is required. Nearly three-quarters of respondents indicated that training was required. However, fifteen per cent indicated training was not required because staff are already experienced, and another four per cent indicated staff training was not required as knowledge and skills are developed on the job. Some respondents who indicated training was required stated that all new staff required training.

Figure 8: Training required in hepatitis C (n=27)



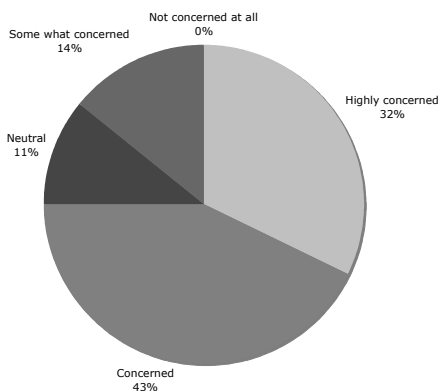
Survey respondents were asked what hepatitis C workforce development support they would like to see provided to their organisation. Eighteen responses were received. In general short courses on the basics of hepatitis C were favoured. A number of respondents expressed a preference for such courses being delivered locally. Others expressed the importance of such training been available on an ongoing and regular basis.

Priorities and Challenges

Survey respondents were asked to indicate how concerned they were about hepatitis C in the Aboriginal and Torres Strait Islander communities within which they work.

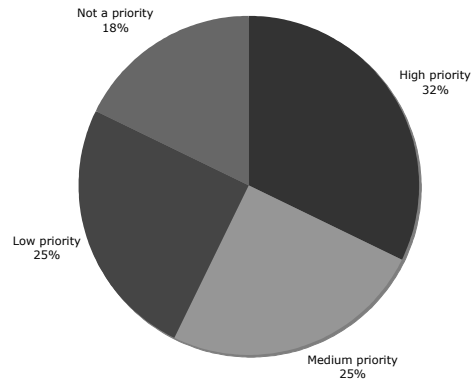
Overall, most respondents indicated that they were highly concerned or concerned about hepatitis C in the communities they work with (32 per cent and 43 per cent, respectively). While a small minority indicated that they were only somewhat concerned or neutral in their concern, nobody indicated that they were not concerned at all.

Figure 9: Concern about hepatitis C in the Aboriginal and Torres Strait Islander communities you work with (n=28)



Respondents were asked to rate the priority they felt their service gave to hepatitis C. Thirty-two per cent indicated that it was a high priority for their service. Hepatitis C was rated as a medium priority for their service by 25 per cent of respondents, and another 25 per cent of respondents reported it was a low priority for their organisation. Five respondents reported that it was not a priority.

Figure 10: Priority accorded to hepatitis C (n=28)

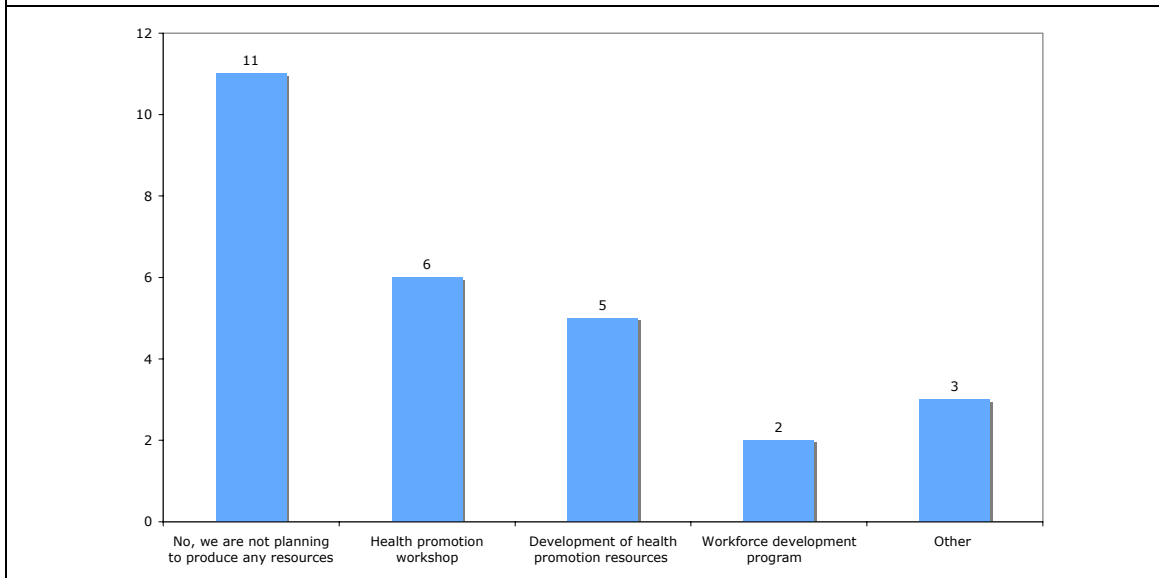


Respondents were asked about their service plans for the coming year or so. They were asked to indicate if their organisation plans to undertake any activities with a focus on hepatitis C.

Eleven respondents indicated that they were not planning to produce any resources.

Six respondents indicated that they are planning a health promotion workshop. Five respondents indicated that they plan to develop a health promotion resource. Two respondents indicated that are planning a workforce development activity.

Figure 11: Future activities that are planned (n=27)



The survey included an open ended question asking respondents to nominate their three main priorities for hepatitis prevention and education activities with Aboriginal and Torres Strait Islander communities. The most common responses included are outlined below in order of priority:

- prevention and education on transmission and risk practices;
- education and access to hepatitis C treatment services;
- promoting and ensuring access to testing and diagnosis services;
- ensuring Needle and Syringe Programs are accessible;
- increasing community awareness, support and engagement; and
- culturally appropriate education.

APPENDIX 1: PROJECT BRIEF

Project Brief: Mapping & Scoping of hepatitis C education and prevention activities targeting Aboriginal & Torres Strait Islander Communities.

The project was auspiced by Hepatitis Australia and the National Aboriginal Community Controlled Health Organisation with funding assistance from the Office for Aboriginal & Torres Strait Islander Health (OATSIH)

Project Consultants

Principal investigator:

Troy Combo (staff member Hepatitis Australia) in association with

Consultants:

Aldo Spina (Aldo Spina Consultancy Service) and

Scott Davis (National Aboriginal Community Controlled Health Organisation, NACCHO)

Project Goal

To identify gaps and challenges for service providers offering hepatitis C education and prevention activities to Aboriginal & Torres Strait Islander communities and/or individuals.

Key areas to explore include:

- Culturally appropriate Indigenous hepatitis C education & prevention activities;
- Past, current and developing hepatitis C education & prevention activities targeting Aboriginal & Torres Strait Islander communities;
- Gaps and current challenges service providers confront to provide hepatitis C education & prevention programs to Aboriginal & Torres Strait Islander communities;
- Key themes that will enable all organisations to increase culturally appropriate hepatitis education & prevention programs to Aboriginal & Torres Strait Islander communities;
- Latest approaches and gaps in culturally appropriate hepatitis C workforce development to assist future planning;
- Hepatitis C workforce issues and who in the organisation is responsible for

providing hepatitis C activities;

Project Period

March 2006 to March 2007

Project Structure

The project findings will help to inform appropriate responses for future hepatitis C education and prevention activities targeting Aboriginal & Torres Strait Islander communities.

Phase 1: Planning

Identify appropriate services to participate, the development of the reference group, terms of reference and the mapping and scoping tool.

Phase 2: Consultations

Consultants visited or met with relevant stakeholders within all state and territory jurisdictions, State and Territory Hepatitis Councils, Health Departments and peak Aboriginal Community Controlled Health Organisations.

Phase 3: Analysis and Identifying key themes.

Analysis of and identifying key themes from the data collected. Consultation with project reference group.

Phase 4: Reporting

Report developed in consultation with reference group.

Project Reference Group

The Project Reference Group was established to provide overall guidance to the project and promote at all opportunities.

Organisations represented within the Project Reference Group:

- Office of Aboriginal & Torres Strait Islander Health (OATSIH)
- Nominated representative from NACCHO (National Aboriginal Community Controlled Health Organisation);
- NTAHC (Northern Territory AIDS and Hepatitis Council)
- Hepatitis C Council of NSW
- Hepatitis Council of Queensland

- Aboriginal Health & Medical Research Council of NSW (AH&MRC)
- Commonwealth Department of Health & Ageing; Hepatitis C Section

APPENDIX 2: MAPPING AND SCOPING QUESTIONNAIRE

Mapping and scoping of hepatitis C education and prevention activities targeting Aboriginal communities. Online survey tool:

Mapping & Scoping of Hepatitis C Education & Prevention Activities

Page 1.

ACCHS Mapping & Scoping Project

Please complete this survey if your organisation provides hepatitis C prevention and education activities to Aboriginal and Torres Strait Islander Communities.

Complete one Survey for your organisation.

Hepatitis Australia has been funded by the Australian Government, Department of Health Ageing, Office for Aboriginal & Torres Strait Islander Health (OATSIH) to administer the mapping and scoping of hepatitis C education and prevention activities targeting Aboriginal & Torres Strait Islander communities in partnership with NACCHO.

The aim of the project is to identify:

- Culturally appropriate Indigenous hepatitis C education and prevention activities;
- Past, current or developing hepatitis C education and prevention activities targeting Aboriginal & Torres Strait Islander communities;
- Gaps and current challenges service providers confront to provide hepatitis C education and prevention programs to Aboriginal & Torres Strait Islander communities;
- Key themes that will enable all organisations to increase culturally appropriate hepatitis C education and prevention programs to Aboriginal & Torres Strait Islander communities;
- Latest approaches and gaps in culturally appropriate hepatitis C workforce development to assist future planning;
- Hepatitis workforce issues and who in the organisation is responsible for providing hepatitis C activities.

Completion of the project will see a project report that will guide future activities at Hepatitis Australia. It is envisaged that this report will also be able to be utilised by the sector to advocate for service provision.

Mapping & Scoping of hepatitis C education & prevention activities.

Page 2. Organisation

The questions on this page will be used to identify which state and territory and allocate service into geographical area.

1. Which State or Territory is your organisation based in?
 - Australian Capital Territory
 - New South Wales
 - Northern Territory
 - South Australia

- Tasmania
- Queensland
- Victoria
- Western Australian

2. Is your service a:

- Aboriginal Community Controlled Health Service (I.e.; an AMS)
- Aboriginal Community Controlled Health Related Service (i.e.; AOD rehabilitation service).

3. Please indicate where your service is located by postcode.

Page 3. Service Priority of Hepatitis C

The questions on this page will aim to identify how much priority Hepatitis C is given by service providers.

4. How concerned is your organisation about Hepatitis C in your local Aboriginal and/or Torres Strait Islander communities you work with?

- Highly concerned
- Concerned
- Neutral
- Some what concerned
- Not concerned at all

5. How much priority does your service give hepatitis C? (tick one only)

- High Priority
- Medium priority
- Low Priority
- Not a priority

6. In relation to hepatitis C, please prioritise the following areas of concern in order of their importance to the Aboriginal and Torres Strait Islander communities you work with.

- Prevention & education
- Testing and diagnosis
- Treatment care and support
- Access to hepatitis C services
- Research
- Discrimination against IDU
- Discrimination against people living with hepatitis C

7. Please outline in the space provided what you see as the three main priorities for HEPATITIS C PREVENTION & EDUCATION for Aboriginal & Torres Strait Islander communities.

Page 4. Workforce

The questions on this page will aim to identify challenges and gaps for workers responsible for providing hepatitis C education and prevention activities.

8. Please indicate which staff in the organisation responsible for hepatitis C prevention and education activities with Aboriginal & Torres Strait Islander communities. (tick one only)

- Aboriginal Health Worker
- Health Promotion Staff
- Clinical Staff
- Counsellors
- Sexual Health Workers
- Needle and Syringe Program Staff

9. Have staff in your organisation received any hepatitis C specific training?

- Yes, please outline below training and provider of the training.
- Yes, ongoing in-service education
- No
- Please provide training and provider below

10. Is training of the staff responsible for hepatitis C education and prevention required?

- Yes, if yes what are issues and priorities for training
- No, because staff are already experienced
- No, because staff knowledge and skills are developed on the job
- No, other reason
- No other please specify

Page 5. Hepatitis C Education and Prevention Activities

The question on this page will aim to identify current; past and developing hepatitis C resources that have or are in development that target Aboriginal and/or Torres Strait Islander people. We would still like to collect information on past successful programs that may no longer be around due to funding or staffing issues.

12. Does your service provide needle & syringe programs to Aboriginal and /or Torres Strait Islander people? (tick one only)

- Yes, we are a primary NSP outlet (sole business is NSP)
- Yes, we are a secondary NSP outlet (offer other services such as an Aboriginal Medical Service)
- Discreet NSP (offer NSP but do not promote it to the wider community)
- No,
- Other (please specify in space below)

13. Who is the target audience for your hepatitis C education and prevention activities in the Aboriginal and/or Torres Strait Islander communities you work with? (tick more than one if needed)

- General Aboriginal and Torres Strait Islander community
- All service users
- Injecting drug users
- Young people
- People living with hepatitis C
- People in custodial settings

- Partners and family of people living with hepatitis C
- Health care workers or other service providers
- Students
- Women
- Men
- Other (please specify)

14. Have you or do you provide training or education to other health care providers in hepatitis C who work with Aboriginal and/or Torres Strait Islander communities?

- No, we don't provide training
- Yes, we have provided training. In space provided please provide who to and how often within the last twelve months.

15. Please indicate the type of hepatitis C prevention and education activities you primarily provide to Aboriginal and/or Torres Strait Islander people (tick more than one if appropriate).

- Information/education during clinical settings
- Information/one on one service provision setting
- Testing for the hepatitis C virus
- Outreach, social one on one settings
- Outreach, social group work
- Workshop, community groups or forums
- Targeted campaigns and resources
- Distribution of printed information resources (pamphlets, posters etc.)
- Any other specific projects please outline.

16. Please indicate if your organisation has produced any resources with a focus on or a hepatitis component that targets Aboriginal and/or Torres Strait Islander people in the last five years?

- No, have not produced any resources
- Health promotion workshops
- Card games
- Booklets/Pamphlets
- CD
- DVD/Video
- Board Game
- Website information
- Fact sheet
- Other (please specify)

17. Have any of the prevention and education activities identified above been evaluated?

- No
- Yes, if yes are we able to receive a copy of the evaluation report, please provide contact details.

APPENDIX 3: DEED OF AGREEMENT, COPYRIGHT OWNERSHIP AND LICENSE

DEED OF AGREEMENT, COPYRIGHT OWNERSHIP AND LICENCE

THIS DEED is made on 12th December 2006

BETWEEN

Hepatitis Australia (ABN: 38 442 686 486), represented for the purposes of this Deed by Hepatitis Australia, Level 2, 4 Irving Street, Phillip ACT.

AND

National Aboriginal Community Controlled Health Organisation ("NACCHO") (ABN: 89 078949 710), Of Level 1, 15 Torrens Street, Braddon ACT.

BACKGROUND

Hepatitis Australia has been funded by the Australian Government Department of Health and Ageing to undertake a mapping and scoping project of Hepatitis C education and prevention services provided to Aboriginal and Torres Strait Islander people across Australia.

As a component of this larger scope of work Hepatitis Australia wishes to obtain information from Aboriginal Community Controlled Health Services about the range of Hepatitis C education and prevention services provided. This deed of agreement and copyright ownership and licence relates only to information provided by the Aboriginal Community Controlled Health Services to Hepatitis Australia.

- A. Hepatitis Australia wishes to carry out a mapping and scoping service audit regarding Hepatitis C prevention and education activities targeting the Aboriginal and Torres Strait Islander population ("**Project**"), within Aboriginal Community Controlled Health Services.
- B. A questionnaire will be distributed to all Aboriginal Community Controlled Health Services who are members of NACCHO, with a letter of support from the NACCHO

Chief Executive Officer. Hepatitis Australia in partnership with NACCHO will produce a report based on the information obtained from the questionnaire ("**Report**")

- C. NACCHO wishes to ensure the confidentiality and integrity of information obtained from NACCHO member services and to this end, Hepatitis Australia agrees that they will be a partner in the analysis and reporting of all information obtained by this project. All reports, presentations and other documentation will be co branded by NACCHO and Hepatitis Australia. The content of all reports, presentations and other documentation will be developed by NACCHO and Hepatitis Australia in partnership and be mutually agreed by the delegated officers within the two organisations.
- D. NACCHO on behalf of its members wishes to own the data on which this Report is developed. Additional analysis of the data beyond the initial scope of the project (see appendix A) requires agreement by both NACHHO and Hepatitis Australia prior to commencing work and or publication.
- E. NACCHO owns the copyright in the Report, but does not wish to use either for any Commercial Purpose.
- F. Hepatitis Australia wishes to obtain a non-exclusive, royalty-free, permanent, irrevocable and world-wide licence (including a right of sub-licence) to use the Report and the copyright in the Report for any purpose, beyond the initial scope of the project with the consent of NACCHO Chief Executive Officer, but not a Commercial purpose. NACCHO will seek to work with Hepatitis Australia to achieve agreement between both parties.
- G. The parties have agreed to enter into this Deed of Copyright Ownership and Licence ("**Deed**") on the terms and conditions set out below.

OPERATIVE PROVISIONS

1. REPORT AND COPYRIGHT IN THE REPORT

- 1.1 Subject to **clause 2.1** NACCHO will own the Report and any copyright in the Report which will vest upon creation in and be exclusively owned by NACCHO.

- 1.2 The report and any subsequent documents, conference presentation, publications and media will be authored by both organisations and will be co-branded following sign off by both organisations.

2. EXISTING MATERIAL

- 2.1 Hepatitis Australia will retain ownership of any pre-existing material and background intellectual property rights ("**Existing Hepatitis Australia Material and IP**") used by Hepatitis Australia in performing the Project (including in the creation of the Report). Any modifications, adaptations or improvements made to the Existing Hepatitis Australia Material and IP, which will vest upon creation in and be exclusively owned by Hepatitis Australia.
- 2.2 To the extent necessary, if any Existing Hepatitis Australia Material and IP is incorporated or used in the Report, then Hepatitis Australia grants NACCHO a permanent irrevocable, non-exclusive, world-wide, royalty-free licence (including a right of sub-licence) to use such Existing Commonwealth Material and IP, but only in conjunction with the Report.

3. LICENCE

- 3.1 Subject to **clause 3.2**, NACCHO grants Hepatitis Australia a permanent, irrevocable, non-exclusive, world-wide, royalty-free licence (including a right of sub-licence) to use the report and any copyright in the Report for any purpose, but not a Commercial Purpose.
- 3.2 The licence granted under **clause 3.1** commences on the date when the Report and any copyright in the Report, is created and continues for the duration of copyright subsisting in the Report unless Hepatitis Australia is in breach of this Deed and has failed to remedy that breach within 60 days after being notified by NACCHO in writing to remedy that breach.

4. CONDITIONS OF USE

- 4.1 It is a condition of this Deed that:
- (a) if Hepatitis Australia uses the Report and any copyright in the Report, Hepatitis Australia must endorse in a prominent position all copies with the Report with the following copyright notice:

"Copyright Notice"

© National Aboriginal Community Controlled Health Organisation 2006. Apart from uses permitted under the Copyright Act 1968 (Cth), all other rights are reserved.

And

- (b) if a party uses the Report and any copyright in the Report, that must not:
 - (I) subject them to any treatment which would contravene the Moral Rights of an author; or
 - (II) use them for any Commercial Purpose.

5. RESPECTFUL TREATMENT

- 5.1 Hepatitis Australia will use reasonable efforts to ensure its officers, employees and agents responsible for carrying out the Project will treat the Aboriginal and Torres Strait Islander people respectfully, having due regard to their cultural and social heritage and practices.

6. LIABILITY

- 6.1 Each party uses the Report and any copyright in the Report at its own risk, Neither party is responsible for, or liable to, the other party (including its officers, employees, volunteers, students and research staff) for any loss, expense, damage or injury suffered or incurred by the using party (including its officers, employees, volunteers, students and research staff) arising from, or in connection with, the using party's including its officers, employees, volunteers, students and research staff) use of the Report and any copyright in the Report in any way.
- 6.2 NACCHO indemnifies Hepatitis Australia, its officers, employees and agents ("**Those Indemnified**") from and against all actions, claims, demands, costs and expenses (including the costs of defending or settling any action, claim or demand) made sustained, brought or prosecuted against Those Indemnified in

any manner based on any loss or damage to any person or loss or damage to any property which may arise in connection with any act or omission of NACCHO, its officer, employees and agents from their use of the Report and any copyright in the Report, in any way.

7. DISPUTE RESOLUTION

7.1 Subject to **clause 7.3**, the parties agree not to commence any legal proceedings in respect of any dispute arising under this Deed, which has not been resolved by informal discussion, until the procedure provided by **clause 7.2** has been followed.

7.2 The parties agree that any dispute arising during the course of this Deed will be dealt with as follows:

(a) the party claiming that there is a dispute will send the other a written notice setting out the nature of the dispute;

(b) the parties will try to resolve the dispute through direct negotiation by persons who they have given authority to resolve the dispute;

(c) the parties have 14 days from the receipt of the notice to reach a resolution or to agree that the dispute is to be submitted to mediation or some alternative dispute resolution procedure; and

(d) If:

(I) there is no resolution of the dispute;

(II) there is no agreement on submission of the dispute to mediation or some alternative dispute resolution procedure; or

(III) there is a submission mediation or some other form of alternative dispute resolution procedure, but there is no resolution within 60 days of the submission, or such extended time as the parties may agree in writing before the expiration of the 60 days,

then either party may commence legal proceedings.

7.3 To avoid doubt, this **clause 7** does not apply where either party commences legal proceedings for interlocutory relief.

8. GENERAL

8.1 If any provision of this Deed is held to be unlawful, invalid and unenforceable or in conflict with any law, it is to be read down or severed. Any reading down or severance of a particular provision does not affect the validity or continued operation of the other provisions of this Deed.

8.2 A single or partial exercise by a party of any of its rights does not prevent the further exercise of any right.

8.3 If a party does not exercise, or delays in exercising any of its rights, that failure or delay does not operate as a waiver of those rights.

8.4 A waiver by a party in respect of any breach by the other party of any of its obligations under this Deed will not be deemed to be a waiver in respect of any other breach or of any subsequent breach by the other party.

8.5 This Deed records the entire agreement between the parties in relation to the ownership and use of the Report and any copyright in the Report.

8.6 No variation to this Deed is binding unless agreed in writing between the parties.

8.7 The laws of the Australian Capital Territory apply to this Deed. The parties agree to submit the non-exclusive jurisdiction of the courts of the Australian Capital Territory.

8.8 A party is not by virtue of this Deed, or for any purpose, an employee, partner or agent of the other party, or invested with any power or authority to bind or represent the other party.

8.9 All taxes (including goods and services tax and stamp duty) and governmental charges arising out of, or incidental to, this Deed are the responsibility of, and must be paid for by, NACCHO.

8.10 The provisions of **clauses 1, 2, 4.1(b), 5,6,7,8** and **9** will survive the expiration or termination of this Deed.

8.11 Despite anything to the contrary, each party must not assign or novate any of its rights, title and interest in the Report and any copyright in the Report, without the prior written consent of the other party, such consent not to be unreasonably withheld by the other party.

9. DEFINITIONS AND INTERPRETATION

9.1 In this Deed, unless contrary intention appears:

“Commercial Purpose” means the purpose of selling, assigning, hiring, licensing or manufacturing for payment of money or in return for any other valuable consideration, but excludes any:

- (a) free use or use without charge;
- (b) use for the purpose of carrying out contract research services or funding research, whether for payment of money receipt of valuable consideration or otherwise; and
- (c) publication in a journal, whether for payment of money, valuable consideration or otherwise.

“Moral Rights” means:

- (a) the right of integrity of authorship;
- (b) the right to be attributed as an author; and
- (c) the right not to be falsely attributed as an author.

9.2 In this Deed, unless the contrary intention appears:

- (a) a reference to the “Report” is a reference to the whole or any part of it;
- (b) a reference to the word “use” shall be interpreted as any use, including to reproduce, publish, distribute, edit, adapt, modify or improve;
- (c) the word “including” shall not be construed and read as a word of limitation;

- (d) where any word is given a defined meaning, any grammatical expression or form of that word shall have a corresponding meaning;
- (e) headings are used for ease of reference and are not an aid to interpretation;
- (f) words importing the singular include the plural and vice versa;
- (g) words importing a gender include any other gender;
- (h) a reference to party is a reference to its heirs, successors, and permitted assign;
- (i) the interpretation of a provision in this Deed must not adversely affect a party simply because that party drafted provision; and
- (j) a reference to background intellectual property rights in **clause 2.1** includes the methodology and know how used to structure and formulate the questionnaire.

EXECUTED AS DEED

SIGNED for on behalf of **NATIONAL)**
ABORIGINAL COMMUNITY)
CONTROLLED) HEALTH)
ORGANISATION by its duly authorised)
officer in accordance with section 127 of)
the Corporation Act 2001 (Cth) in the) Signature of authorised person
presence of:

.....
Signature of witness

.....
Name and title of authorised person
.....
Name of witness

SIGNED for on behalf of **AUSTRALIAN)**
HEPATITIS COUNCIL as represented)
by its duly authorised delegate)
Signature of authorised person

.....
Name and title of authorised person

In the presences of
.....
Signature of witness

.....
Name of witness