



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

Survey of mainstream health and community
organisations

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

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

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BACKGROUND

Hepatitis Australia (formerly the Australian Hepatitis Council) was funded in 2005 to employ a National Aboriginal & Torres Strait Islander Policy and Projects Officer. A project to map and scope hepatitis C education and prevention activities targeting Aboriginal & Torres Strait Islander communities nationally was developed. 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.

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)

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

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.

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

A survey was distributed to mainstream health and community organisations that provide services to Aboriginal and Torres Strait Islander communities. The survey was designed to assess the scope of hepatitis C education and prevention activities and challenges in the provision of services. 57 responses were received.

Education and prevention activities

1. A range of organisations are providing hepatitis C education and prevention activities to Aboriginal and Torres Strait Islander communities. Key providers include mainstream health care providers, non-government organisations, hepatitis councils, sexual health services and alcohol and other drug related services. The majority of respondents were located in metropolitan/urban areas.
2. The type of hepatitis C education prevention activity most frequently conducted is information and education in one-on-one clinical or service settings. Distribution of printed information and resources is also common. Needle and Syringe programs were provided by sixty-five per cent of respondents.
3. The majority of respondents have not produced any culturally specific resources to focus on hepatitis C or incorporated a hepatitis C component. Respondents that had, most commonly produced a booklet/pamphlet or health promotion workshop.
3. Activities are usually targeted at injecting drug users, followed by the general Aboriginal and Torres Strait Islander population and young people.

Workforce

5. There is a diverse workforce engaging in hepatitis education within Aboriginal and Torres Strait Islander communities. Ten respondents had positions with specific responsibility for hepatitis C prevention and education within Aboriginal and Torres Strait Islander communities. Six of these positions were specifically identified as Aboriginal and Torres Strait Islander positions.
6. Only half of the respondents indicated that their staff received hepatitis C training. Approximately a third of respondents indicated training in hepatitis C was required. Generally they indicated some basic hepatitis C training and updates were required.

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

7. Over half of respondents received training in cultural aspects of working within Aboriginal and Torres Strait Islander communities. Forty-four per cent of respondents indicated that training of staff in this area was required.

8. Common responses on the type of support respondents would like to receive included basic training on hepatitis C, cultural awareness training specific to drug use and sexuality and information and resources.

Priorities and challenges

9. Most respondents indicated they were highly concerned or concerned about hepatitis C within the target Aboriginal and Torres Strait Islander communities. Fifty-four per cent of respondents also indicated that it was a high priority for their service, and another twenty-two per cent indicated it was a medium priority. However, almost a fifth of the sample reported it was a low priority.

10. Respondents wanted information and education resources specifically targeted at Aboriginal and Torres Strait Islander communities.

11. The key challenges when implementing hepatitis C education and prevention activities within Aboriginal and Torres Strait Islander were identified as:

- hepatitis C competes against a range of other health and human services issues that also need to be addressed
- low numbers of Aboriginal and Torres Strait Islander people accessing the service
- lack of human and financial resources
- low priority placed on hepatitis C by clients.

12. Respondents identified priorities for hepatitis C prevention and education activities among Aboriginal and Torres Strait Islander included:

- accessible information and education on the specifics of transmission, prevention, testing and treatment
- improve knowledge of and facilitate access to testing services treatment, care and support services
- ensure NSPs are accessible and culturally appropriate
- develop resources that are culturally and linguistically appropriate
- build community support and empower local communities
- address hepatitis C related stigma and discrimination
- cultural awareness and sensitivity among health care workers.

RECOMMENDATIONS

- A culturally appropriate national basic resource targeting Aboriginal and Torres Strait Islander people is developed. The resource might 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 is 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

A survey was developed and targeted at organisations that provide hepatitis C prevention and education activities/programs to Aboriginal and Torres Strait Islander communities or to organisations who would like to increase their activities in this area.

The survey consisted of twenty-nine questions. Most questions required respondents to select from multiple choice answers.

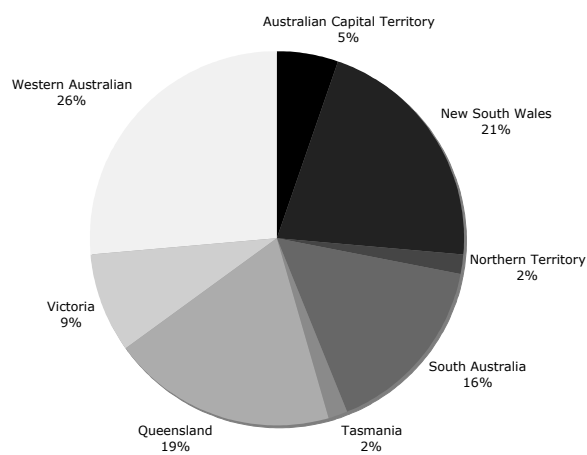
An email was sent to relevant organisations inviting them to complete the survey. The email was forwarded to government, Australian Injecting & Illicit Drug Users League affiliates, mainstream health care providers, and non-government organisations. The survey was also promoted through email lists. A hyperlink to a website was provided to enable respondents to complete the survey online. Respondents were asked to complete one survey per organisation.

Respondents

In total there were 57 respondents to the survey. However, 9 of these respondents only completed three of the twenty-nine questions.

New South Wales and Western Australia drew the most responses, with 26 and 21 per cent respectively, followed by Queensland and South Australia. There were disproportionately few responses from Victoria with only 9 per cent (5 respondents). There was only one respondent each from the Northern Territory and Tasmania.

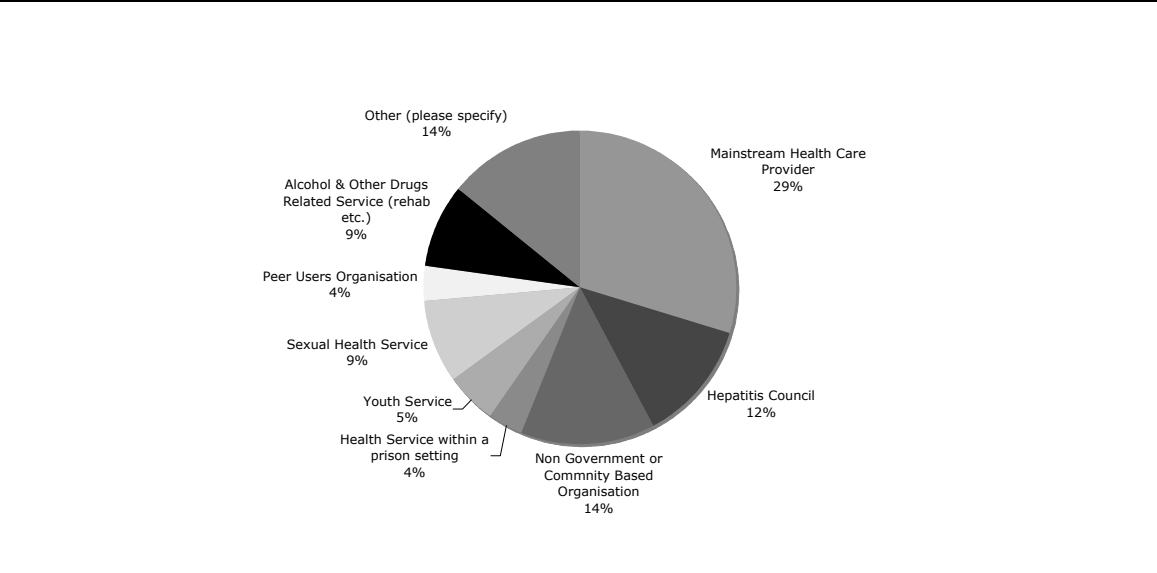
Figure 1: State or territory of respondents (n=57)



'Mainstream health care provider' was the most common response when respondents were asked to identify their organisation. Other common responses included non-government or community based organisation (14 per cent of respondents), and hepatitis council (12 per cent of respondents). Nine per cent of respondents (5 respondents) were from alcohol and other drugs services, and a similar percentage from sexual health services.

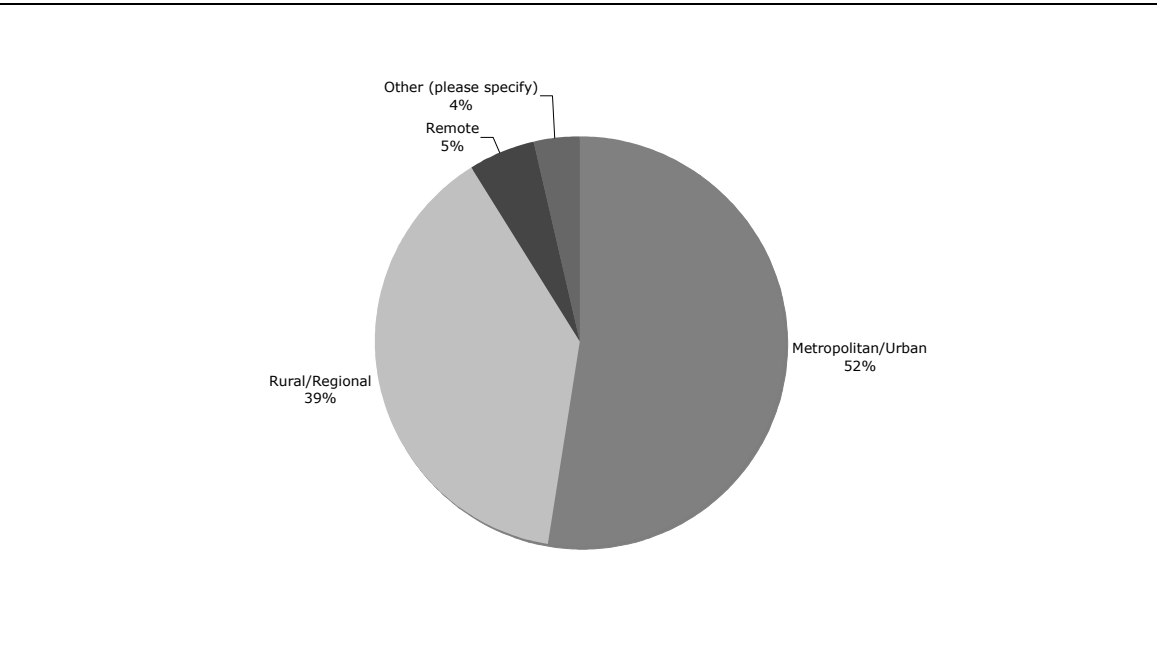
Eight respondents identified that their organisation as an 'other' organisation. These included research organisations, local governments, child community health organisations and mainstream health service providers with a focus on specific population groups such as Aboriginal and Torres Strait Islander people or marginalised groups, needle and syringe program.

Figure 2: Type of organisation (n=57)



The majority of organisations were located in metropolitan or urban areas. Thirty-nine per cent identified that they were located in a rural/regional area, while five per cent identified they were remotely located. Two organisations identified that they were statewide services.

Figure 3: Geographic location of organisation (n=57)



RESULTS

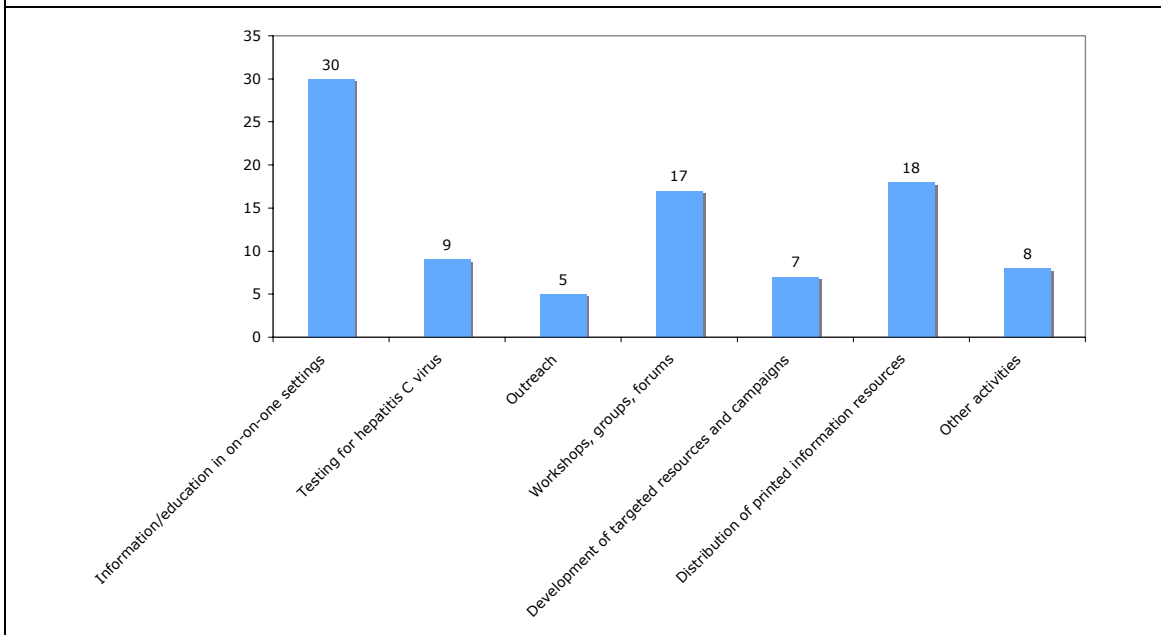
Map of Education and Prevention Activities

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

Information and education in one-on-one settings, such as clinical settings or service provision settings, was the most common sort of activity. This was followed by distribution of printed information and resources, and the provision of workshops, groups and forum.

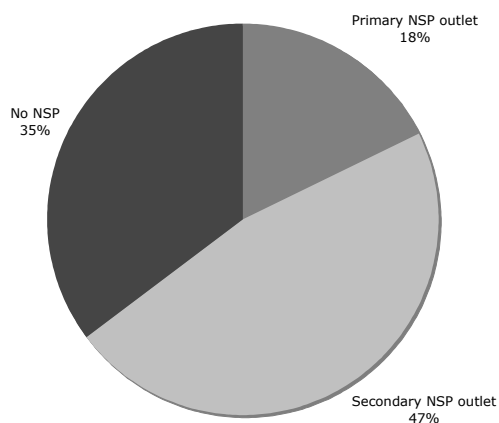
Those who indicated 'other' stated that the type of activities they provide include promoting awareness of hepatitis C with other partners, attendance at Aboriginal and Torres Strait Islander community events, helpline services and improving access to NSP services. A few indicated that they did not do specific activities for Aboriginal and Torres Strait Islander people.

Figure 4: Types of prevention and education activity (n34)



There was a specific question asking respondents if they provide needles and syringes to Aboriginal and/or Torres Strait Islander people. Forty-seven percent of the services who responded provide a secondary outlet. Thirty-five per cent of respondents did not provide needles and syringes. Eighteen per cent (6 respondents) identified their organisations as a primary needle and syringe program outlet.

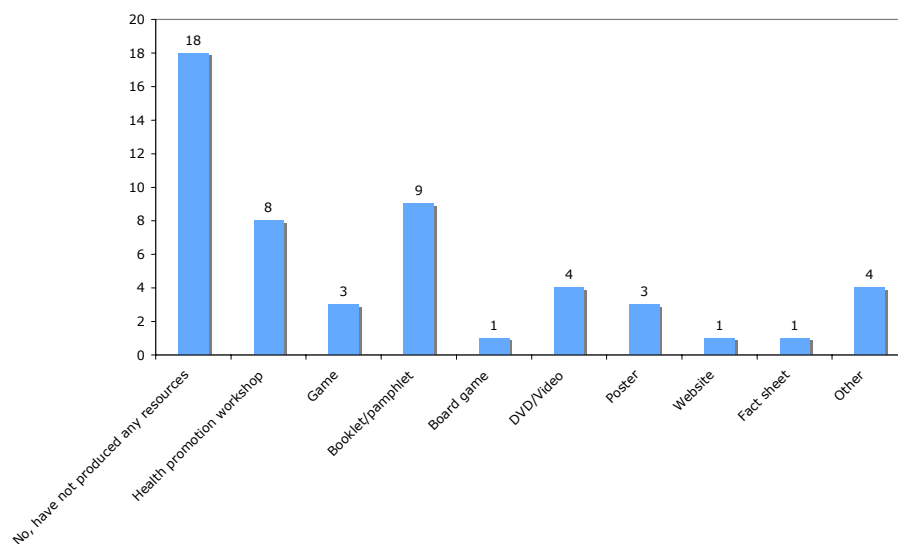
Figure 5: Needle and syringe program (n=34)



Respondents were asked to indicate whether their service has produced any resources with a focus on or a hepatitis C component targeted at Aboriginal and Torres Strait Islander people. The majority of respondents, nearly 53 per cent or 18 respondents, indicated that they had not produced any such resources.

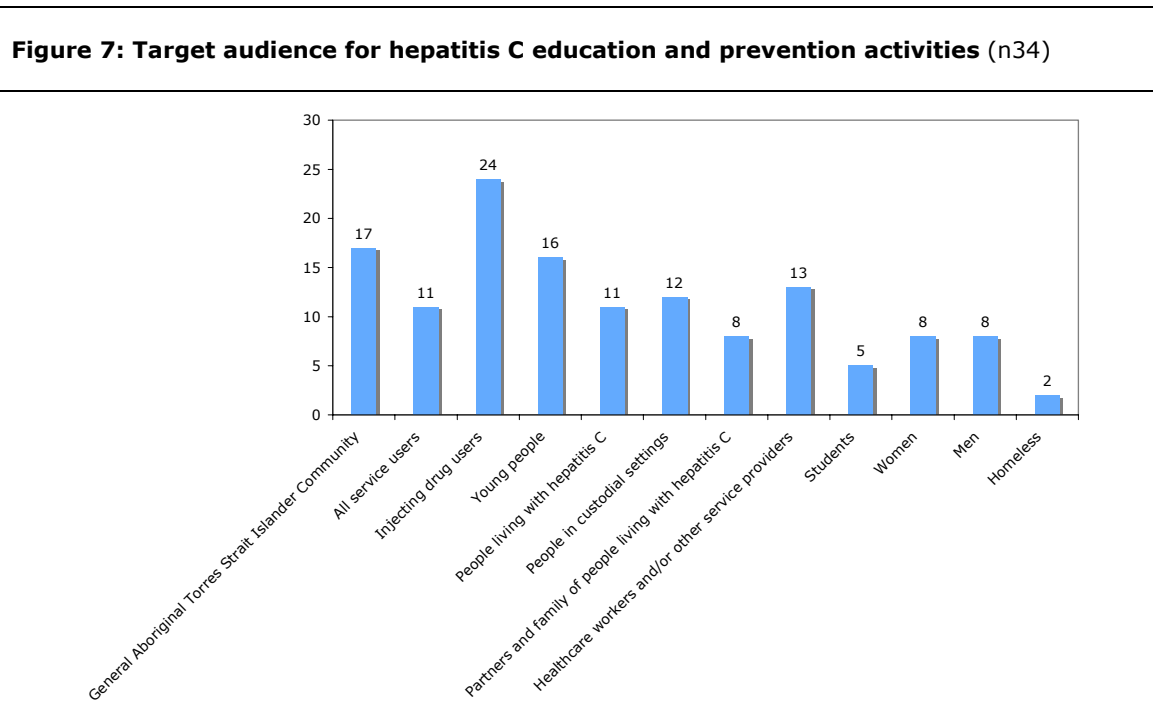
Of those that had produced resources, nine respondents indicated that they had produced a book or pamphlet; eight respondents indicated that they had produced health promotion workshops, and four had produced a DVD or video.

Figure 6: Production of targeted hepatitis C resources (n=34)



Respondents were asked whether their service has provided training or education to other healthcare providers in hepatitis C who work with Aboriginal and Torres Strait Islander communities. Nineteen respondents indicated they don't provide training while fourteen respondents indicated that they have provided training. The audience for such sessions was diverse but included medical and nursing staff, allied health, drugs and alcohol staff, NSP staff, prison staff, public health nurses, youth and community workers, and Aboriginal health staff.

Respondents were asked who is the target audience for their hepatitis C education and prevention activities in the Aboriginal and Torres Strait Islander communities they work with. Respondents were able to nominate multiple target audiences. Injecting drug users were the most commonly identified target audience, followed by general Aboriginal and Torres Strait Islander community, and then young people. Other groups that were frequently targeted included health care workers, people in custodial settings, and people living with hepatitis C.

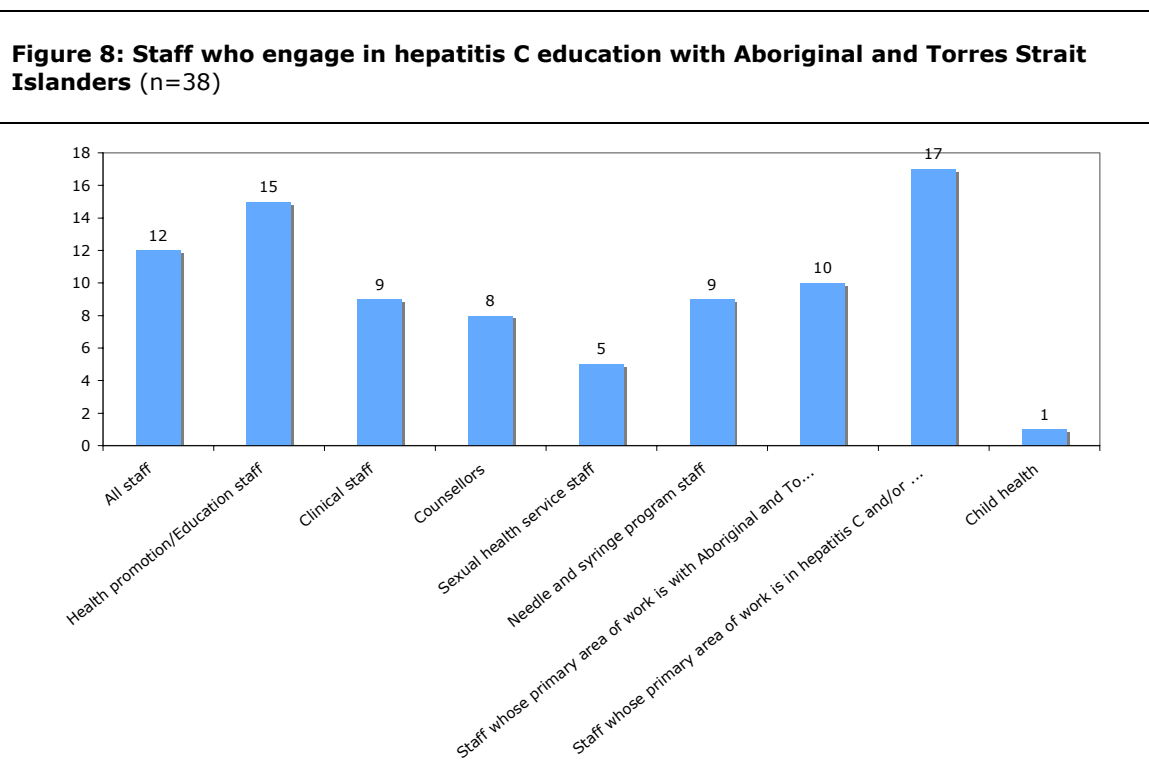


Respondents were asked whether any of the prevention activities that they had mentioned above had been evaluated. Nearly seventy-five per cent of respondents indicated that the activities had not been evaluated. Twenty-five respondents (eight respondents) had evaluated some of their prevention activities. However, only four of the eight respondents provided contact information that would have enabled evaluation reports to be obtained.

Workforce

The survey asked respondents to indicate, apart from any designated positions (see below), who in their workforce engages in hepatitis C prevention and education with Aboriginal and Torres Strait Islander communities.

Perhaps not surprisingly the survey finds that staff whose primary areas of work are in hepatitis C and/or blood borne viruses are most likely to engage in this sort of work. This was followed by health promotion/education staff, then staff who whose primary areas of work is with Aboriginal and Torres Strait Islander communities. Importantly twelve respondents indicated that all staff, and another eleven respondents that all clinical staff, are expected to engage in this type of work.



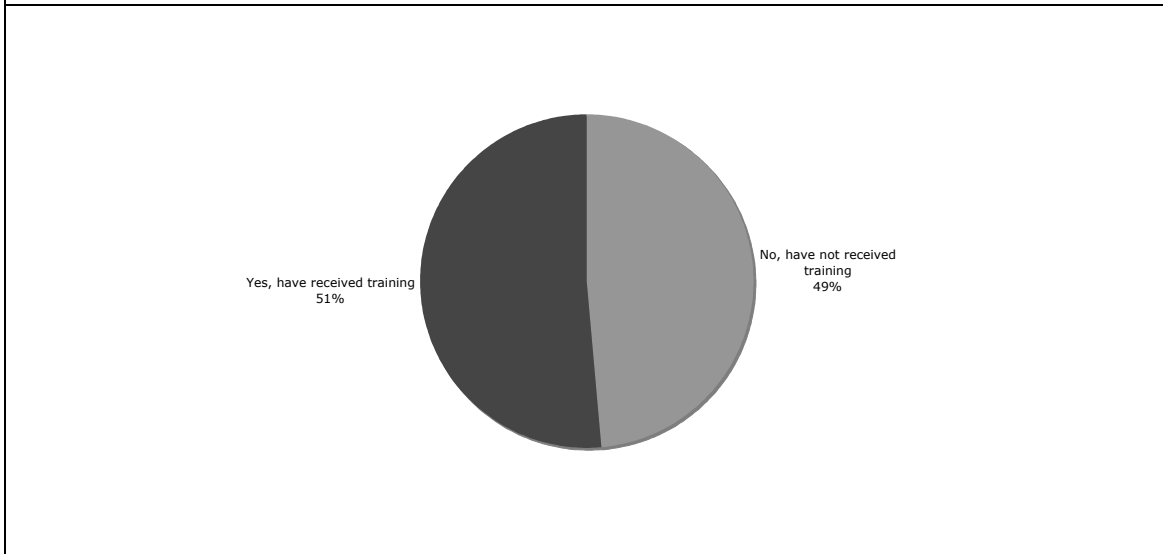
Half of the respondents indicated that staff in their organisation have received specific hepatitis C training. Where information was provided, this training was conducted by a variety of providers including hepatitis councils, Department of Justice, Albion Street Centre (NSW), and Kirketon Road Centre (NSW). Others indicated such training has occurred through in-services (including conducted by nursing and medical staff) or attendances at conference, symposium and seminar.

Respondents were then asked whether training of staff in hepatitis C was required. Nearly a quarter of respondents indicated that training of staff was not required as staff were already experienced. Forty per cent indicated training was not required because staff knowledge and skills are developed on the job. Approximately a third of respondent indicated that training was required. Where respondents indicated that training was required, they generally indicated that some basic training or general updates were required.

Respondents were asked if staff have received training in working with Aboriginal and Torres Strait Islander communities. Just over half of the respondents indicated that they had received training in working with Aboriginal and Torres Strait Islander communities, and just under half of respondents indicated that they had received no training.

In cases where they had received training, it had most often been provided in-house.

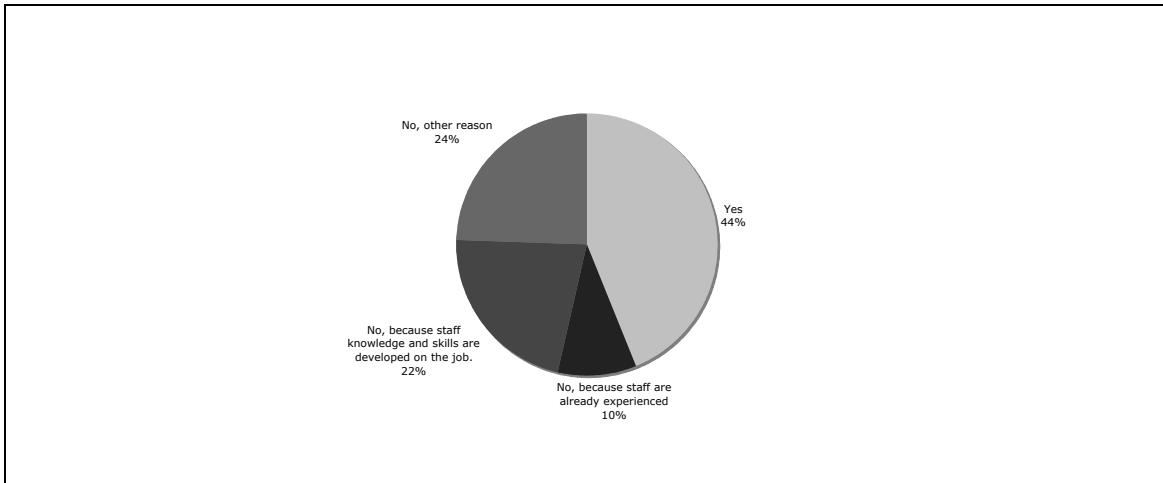
Figure 9: Organisation has received training in working with Aboriginal and Torres Strait Islander communities (n=35)



Respondents were asked if staff require training in working with Aboriginal and Torres Strait Islander communities. Forty-four per cent of respondents indicated that training of staff in working with Aboriginal and Torres Strait Islander communities was required. Twenty-two per cent indicated training was not required as staff knowledge and skills are developed on the job. Ten per cent indicated such training was not required because staff are already experienced.

Twenty-four per cent (ten respondents) indicated training was not required for another reason. There were two common reasons for training not being required . Firstly the service saw very few Aboriginal and Torres Strait Islander clients and therefore training was a low priority and secondly because the organisation is already able to address needs in this area by providing in-services.

Figure 10: Training required in working with Aboriginal and Torres Strait Islander people (n=35)



Respondents were asked in relation to hepatitis C, what workforce development support they would like to see provided to their organisation. Twenty-three respondents provided some feedback.

Some requested basic training on hepatitis C. A number of respondents mentioned that cultural awareness training would be useful. Some of these respondents mentioned that cultural training would be useful if it specifically addressed sexuality and injecting drug use issues within Aboriginal and Torres Strait Islander communities.

A number of respondents mentioned that they would like information and resources to support activities in these areas, including being kept up to date on literature and facts in this area.

Another issue where some respondents requested support is facilitating networks and partnership between agencies.

Below are some of the other suggestions put forward by respondents:

- self-education tools for staff;
- learning about effective strategies that have already been implemented;
- strategy for the organisation;
- funding for education programs;
- no further need for anything at the moment; and
- how to target high risk and/or difficult to reach groups.

Designated positions

Respondents were asked if there was a designated position within their organisation responsible for hepatitis C prevention and education with Aboriginal and Torres Strait Islander people.

Most organisations did not have a designated position specifically responsible for hepatitis C prevention and education activities with Aboriginal and Torres Strait Islander people. Approximately one-fifth of respondents (10 respondents) to this question indicated that their organisation did have such a position.

The positions specifically responsible for hepatitis C prevention and education with Aboriginal and Torres Strait Islander communities include staff whose area of work is NSP, sexual health, lifestyle, and hepatitis C.

Respondents were asked if while in the position, hepatitis C specific training and education was provided. Of those who responded, one respondent indicated that it was not, while another five respondents indicated that training was provided. A range of training providers were mentioned included ASHM, Hepatitis C Council, Albion Street Centre (NSW) and in-house training.

Respondents were asked if training of the staff person in hepatitis C is required. Two respondents indicated that training is required. Four respondents indicated that training is not required as the person is already trained and/or experienced. Four respondents indicated that training is not needed as their knowledge and skills are developed on the job.

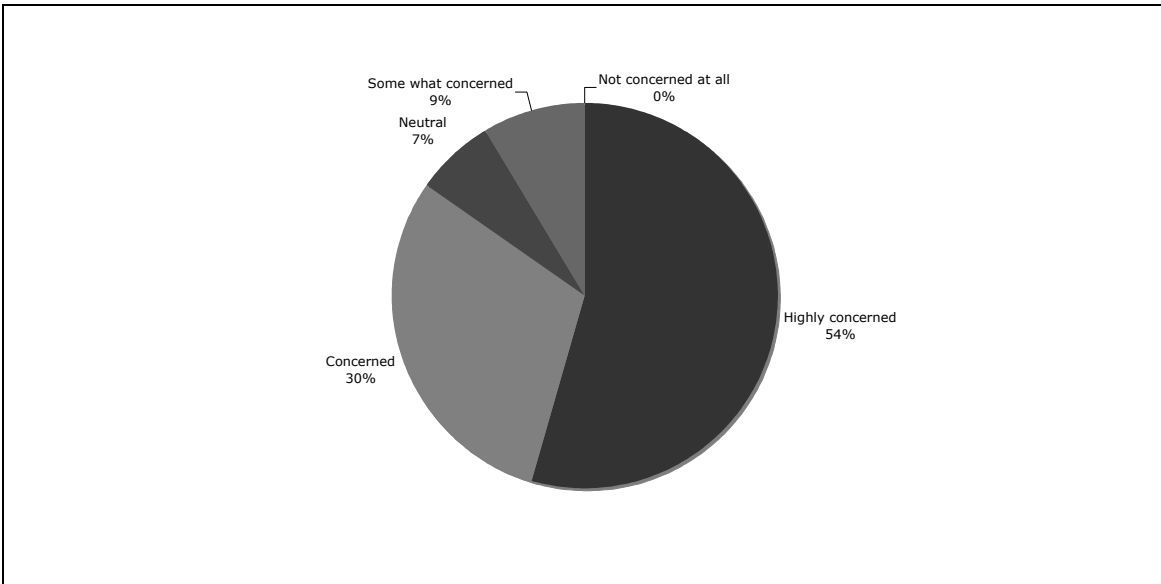
Six respondents indicated that the person responsible for hepatitis C education and prevention activities to the Aboriginal and Torres Strait Islander community is employed in an Aboriginal and Torres Strait Islander identified position. Two respondents are not employed in an Aboriginal and Torres Strait Islander identified position but have both received cultural awareness training.

Priorities and Challenges

Respondents were asked to indicate how concerned they were about hepatitis C in the Aboriginal and Torres Strait Islander communities they work with.

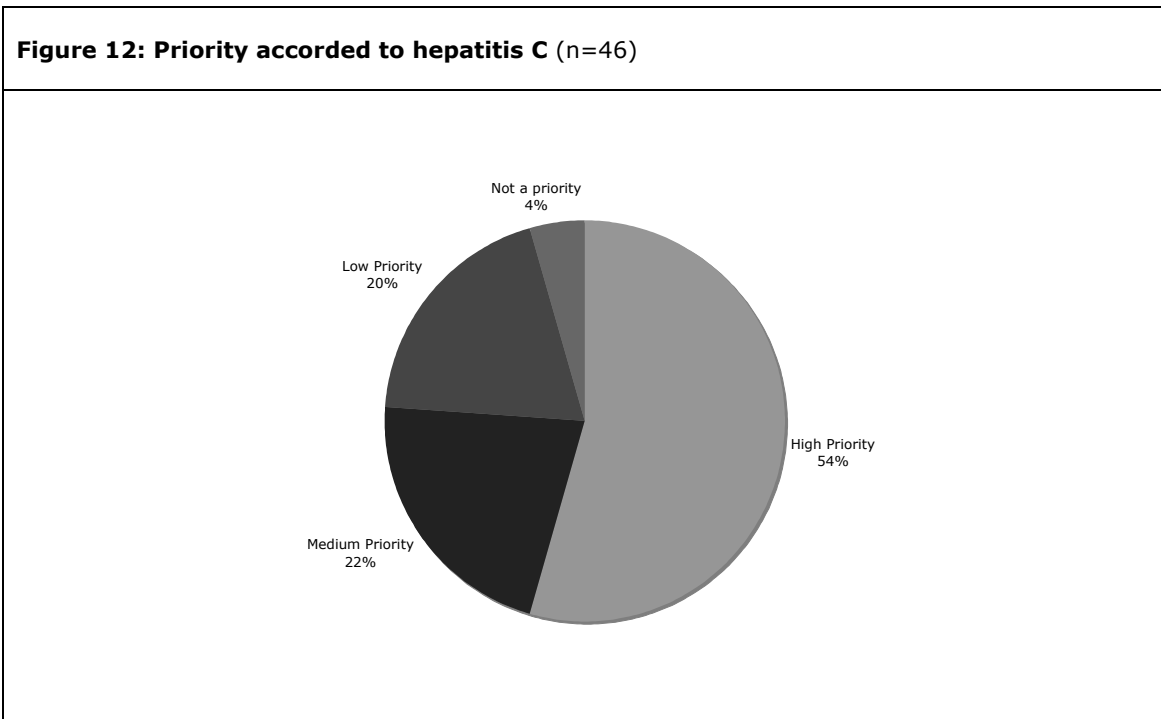
Overall, most respondents indicated that they were highly concerned or concerned about hepatitis C in the communities they work with (54 per cent and 30 per cent, respectively). While a small minority indicated that they were only somewhat concerned or neutral in their concern, nobody indicated that they were not concerned at all.

Figure 11: Concern about hepatitis C in the Aboriginal and Torres Strait Islander communities you work with (n=46)



Respondents were asked to rate the priority the felt their service gave to hepatitis C. Fifty-four per cent indicated that it was a high priority for their services. Encouragingly, seventeen respondents reported that they were highly concerned about hepatitis C and it was a high priority for their organisation.

Hepatitis C was rated as a medium priority for their service by 22 per cent of respondents. A fifth of the sample reported that it was a low priority for their service, and two respondents indicated it was not a priority at all.



Respondents were asked to prioritise the following areas of concern in order of their importance to the Aboriginal and Torres Strait Islander communities they work with:

- prevention and education;
- testing and diagnosis;
- treatment care and support;
- access to hepatitis C services;
- research; and
- stigma and discrimination.

Prevention and education was rated by 66 per cent of respondents as the number one priority issue.

An open ended question, asked respondents to nominate their three main priorities for hepatitis prevention and education activities with Aboriginal and Torres Strait Islander communities. Thirty-three respondents answered this question. The most common responses included:

- the need for more information and education (little specificity was generally provided);
- the need for more education on the specifics of transmission and prevention;
- promote information and encourage access to testing services;
- need to ensure needle and syringe programs were accessible and culturally appropriate to Aboriginal and Torres Strait Islanders;
- need to provide information on treatments, and care and support services;
- improve knowledge of and access to information and services;
- the need to develop resources that were culturally and linguistically appropriate and accessible;
- need to build community support and empower local communities;
- need to address hepatitis C related stigma and discrimination; and
- need for cultural awareness and sensitivity among health care workers.

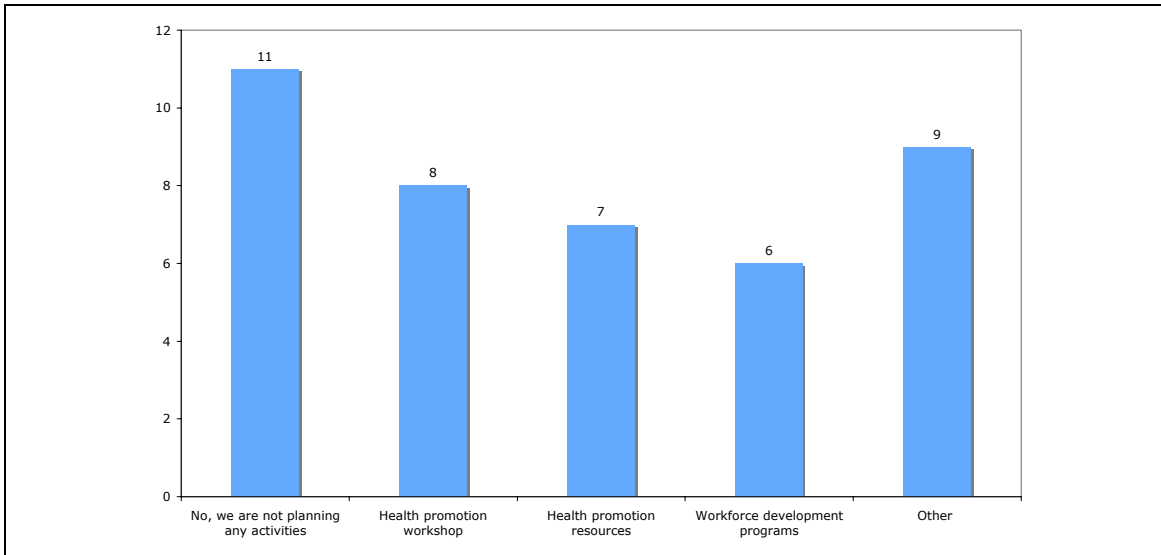
Some nominated population groups that they felt should be priorities for prevention and education groups. The two groups specifically mentioned by some respondents included young people, remote communities, and inmates of correctional facilities or inmates recently released.

Respondents were asked about their services plans for the coming year or so. They were asked to indicate if their organisation plans to undertake any activities with a focus on or a hepatitis C component that targets Aboriginal and Torres Strait Islander people.

Eleven respondents indicated that they are not planning any activity. Eight respondents indicated they are planning some type of workshop or forum. Seven respondents indicated that they are planning to develop a health promotion resource such as a poster or booklet. Six respondents indicated that they are planning some type of workforce development activity.

Nine respondents indicated that they are planning some other type of activity. These activities included community clinical outreach, presentations to other groups, currently developing a workplan, increasing access to NSP, and using sporting events or cultural events to promote health messages.

Figure 13: Future activities that are planned (n=31)



Respondents were asked to list any resources that they require to support hepatitis C prevention and education with Aboriginal and Torres Strait Islander people. Twenty respondents provided a response.

The majority of respondents stated that they required information and education resources specifically targeted at Aboriginal and Torres Strait Islander communities. This included fact sheets, posters, DVDs, pamphlets, brochures, wallet cards. Respondents, generally, did not nominate specific issues that needed to be addressed.

A few respondents indicated that they require education resources and packages for staff working with Aboriginal communities. Three respondents indicated that they require funding for positions.

The final question asked of respondents was what are the top three challenges confronting their organisation in providing hepatitis C education and prevention to Aboriginal and Torres Strait Islander people. There were twenty-eight respondents to the question. Three main themes emerged.

One of the key challenges in addressing hepatitis C among Aboriginal and Torres Strait Islanders is dependent on the type of organisation. Mainstream health care providers, non-health service providers and organisations who do not specifically target Aboriginal and Torres Strait Islander communities or have low client numbers, indicated that this is a challenge to undertaking work in this area. In such settings addressing hepatitis C, while important, has to compete against a range of other health or human services issues that need to be addressed.

Another recurring theme among respondents was that their organisation lacked the financial and human resources that would enable them to undertake work in this area.

Another theme that emerged was that hepatitis C was often not a priority for the clients they work with or Aboriginal and Torres Strait Islander communities. Respondents indicated that clients often were dealing with a range of issues and as a result health issues may not be always prioritised. Some also indicated that it was important to get hepatitis C on the 'community agenda' and agenda of Aboriginal and Torres Strait Islander organisations, such as Aboriginal Medical Services.

To a lesser extent, respondents also acknowledged that addressing hepatitis C meant that issues of injecting drug use had to be addressed. For some, they acknowledged that

both within their own organisation and within Aboriginal and Torres Strait Islander communities there was a stigma associated with injecting drug use that acted as a further impediment to addressing hepatitis C.

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 Aboriginal and Torres Strait Islander 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 organisation 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 Marc 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.

March 2006 to March 2007

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

Consultations 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 of the data collected. Project reference group were consulted with in the final analysis stage.

Phase 4: Reporting

Report developed in consultation with reference group.

Project Reference Group

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

Organisations represented within the Aboriginal and Torres Strait Islander 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

Page 1. Outline of Mapping & Scoping Project

This survey is for organisations that provide hepatitis C prevention and education activities/programs to Aboriginal and Torres Strait Islander communities.

Please complete only one survey per organisation.

BACKGROUND OF PROJECT

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

The aim of the project is to identify:

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

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

Page 2 Organisational

The questions on this page will be used to identify challenges for service providers across sectors.

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 organisation a (please tick one of the following)
 - Aboriginal Community Controlled Health Service
 - Torres Strait Islander Health Service
 - Mainstream Health Care Provider
 - Hepatitis Council
 - Non Government or Community Based Organisation
 - Health Service within a prison setting
 - Sexual Health Service
 - Youth Service

- Peer Users Organisation
- Juvenile Justice Setting
- Alcohol & Other Drugs Related Service (rehab etc.)
- Other (please specify)

3. Please indicate where your organisation is based geographically

- Metropolitan/Urban
- Rural/Regional
- Remote
- Other (please specify)

Page 3 Priority Areas for Hepatitis C in Aboriginal Communities

The questions on this page will aim to identify the priority hepatitis C is given by service providers.

4. How concerned are you about hepatitis C in the Aboriginal & 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 and education
- Testing and diagnosis
- Treatment care and support
- Access to hepatitis C services
- Research
- Stigma and discrimination

7. Please outline 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. In your organisation is there a designated position specifically responsible for hepatitis C prevention and education activities with Aboriginal & Torres Strait Islander People (tick one only)

- Yes - you will be directed to question 9

- No - you will be directed to question 14

Page 5 Hepatitis C Identified Workers/Position

The question on this page will aim identify staff/workers who work within a hepatitis C identified position.

9. Please provide the position title of the person/s responsible for hepatitis C prevention and education activities with Aboriginal and Torres Strait Islander people:

10. Whilst in the position, was hepatitis C specific training/education required?

No.

Yes if available please provide training they have received and provider of the training in space below.

11. Is training of the staff person/s in hepatitis C required? (tick one only)

- Yes, If yes what issues are priorities for training.
- No, the person was already trained/experienced.
- No, their knowledge & skills are developed on the job.
- No, other reason (please specify)

12. Is the person/s responsible for hepatitis C education and prevention activities to the Aboriginal and Torres Strait Islander community in an Aboriginal and/or Torres Strait Islander identified position? (tick one only)

- Yes
- No

13. If the employee responsible for hepatitis C education and prevention activities is not of Aboriginal or Torres Strait Islander descent have they received cultural awareness training? (tick one only)

- No, because staff are already experienced.
- No, because staff knowledge and skills are developed on the job.
- Yes, please provide details and training provider.
- No, other reason (please specify):

Page 6. Thinking more general about your workforce.

These questions on this page will aim to identify issues and challenges for organisations that provide hepatitis C services or would like to increase their activities.

14. Please indicate which staff in the organisation engage in hepatitis C prevention and education with Aboriginal and Torres Strait Islander communities? (please tick more than one if needed)

- All staff
- Health promotion staff
- Clinical staff
- Counsellors
- Sexual health service staff
- Needle and syringe program staff
- Staff whose primary area of work is with Aboriginal and Torres Strait Islander communities
- Staff whose primary area of work is in hepatitis C and/or blood borne viruses.

- Other (please specify)

15. Have staff in the organisation received any hepatitis C specific training? (tick one only)

- Yes, ongoing in-service education.
- No
- Yes, if available please provide training they have received and provider of the training in space below.

16. Is training of the staff in hepatitis C required? (tick one only)

- No, because staff are already experienced.
- No, because staff knowledge and skills are developed on the job.
- Yes, if available please provide training they have received and provider of the training in space below.

17. If your organisation is not an Aboriginal Community Controlled Health Service, have staff received training in working with Aboriginal and Torres Strait Islander communities: (tick one only)

- No, we are an Aboriginal Community Controlled Health Service.
- No
- Yes, if available please provide training they have received and provider of the training in space below.

18. Is training of staff in working with Aboriginal and Torres Strait Islander communities required? (tick one only)

Yes.

- No, we are an Aboriginal Community Controlled Health Service.
- No, because staff are already experienced.
- No, because staff knowledge and skills are developed on the job
- No, other reason (please specify).

19. In relation to hepatitis C, what workforce development support would you like to see provided to your organisation to better enable you to provide prevention and education activities to Aboriginal and Torres Strait Islander communities:

Page 7. Hepatitis C Education & Prevention Activities

The questions on this page will aim to identify current, past and developing hepatitis C resources that have or are in development that target the Aboriginal & Torres Strait Islander community.

20. Does your service provide needle and syringes to Aboriginal and or Torres Strait Islander people? (tick one only)

- Yes, we are primary NSP outlet (sole business is NSP).
- Yes, we are secondary NSP outlet (offer other health service such as a Community Health Centre that may also offer NSP services).
- No, we don't access Aboriginal and Torres Strait Islander communities very well.
- No.

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

- General Aboriginal 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
- Healthcare workers and/or other service providers
- Students
- Women
- Men
- Other

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

- Information/education during clinical sessions
- Information/education in on-on-one service provision settings
- Testing for hepatitis C virus
- Outreach
- Workshops, groups, forums
- Development of targeted resources and campaigns
- Distribution of printed information resources
- Other activities (please specify)

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- Development of targeted resources and campaigns
- Distribution of printed information resources
- Other activities (please specify)

23. Has your organisation produced any resources with a focus on or a hepatitis C component that targets the Aboriginal and Torres Strait Islander people or communities in the last five years? (tick more than one if needed)

- No, have not produced any resources
- Health promotion workshop
- Card game
- Booklet/pamphlet
- CD
- Board game
- DVD/Video
- Poster
- Website
- Fact sheet
- Other (please specify)

24. Have you or do you provide training or education to other healthcare providers in hepatitis C who work with Aboriginal and Torres Strait Islander communities: (tick only)

- No, don't provide training.
- Yes, we have provided training/education, if available please provide who the training/education was provided to and how often in the last twelve months:

25. Have any of the prevention activities identified in Q22, Q23 &/or Q24 been evaluated?

- No
- Yes, If yes are we able to receive a copy of the evaluation report. Please provide contact details in the space below.

Page 8. FUTURE ACTIVITIES

If your organisation is planning or currently developing a hepatitis C education and prevention activity we would love to hear about it.

26. Does your organisation plan over the coming year or so to undertake any activities with a focus on or a hepatitis C component that targets the Aboriginal and Torres Strait Islander people? (tick more than one if needed)

- No, we are not planning any activities.
- Health promotion workshop.
- Development of health promotion resources (eg; poster, booklet etc).
- Workforce Development Programs.
- Other (please specify)

27. Please list any resources that you require to support hepatitis C prevention and education with Aboriginal and Torres Strait Islander people?

28. Please list what you think are the top three challenges confronting your organisation in providing hepatitis C education and prevention to Aboriginal and Torres Strait Islander people?

29. Any other comments (feel free to highlight any other issues or challenges for your service)?