

# Hepatitis C and Aboriginal and Torres Strait Islander Communities: Engaging Communities Workshop

## Workshop Report

October 2007

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# 1 HEPATITIS C AND ABORIGINAL & TORRES STRAIT ISLANDER COMMUNITIES

Hepatitis C is a blood borne virus that causes inflammation of the liver. There is no vaccination for this potentially deadly virus which is estimated to affect over 180 million people worldwide.

In Australia 264,000 people have been exposed to the virus, including a disproportionately large percentage of Aboriginal and Torres Strait Islander people.<sup>1</sup>

Although Aboriginal & Torres Strait Islander people make up 2.4% of the Australian population it is estimated Aboriginal and Torres Strait Islander people constitute 8.3% of the Australian population living with hepatitis C. Estimates suggest that 22,000 Aboriginal & Torres Strait Islander people have been exposed to the virus, four times the per capita rate of the general population<sup>2</sup>.

In contrast HIV/AIDS per capita rates of infection are similar across the two populations, Therefore, of the 15,000 Australians estimated to be living with HIV/AIDS approximately 2.4% or approximately 360 are Aboriginal and Torres Strait Islander people<sup>3</sup>.

The National Hepatitis C Strategy 2005 – 2008 has identified Aboriginal & Torres Strait Islander people who engage in risk behaviour as one of the three priority populations. Aboriginal and Torres Strait Islander people are also over represented within the other two priorities, namely people in custodial settings, and people who inject drugs. In 2004 Aboriginal and Torres Strait Islander prisoners represented 27% of the total prison population<sup>4</sup>. The national Needle Syringe Program (NSP) highlighted 10% of all participants in 2004 identified as being of Aboriginal &/or Torres Strait Islander descent<sup>5</sup>.

Two thirds of all hepatitis C notifications fail to record Aboriginal & Torres Strait Islander status; it is therefore possible that the true rate of infection among Aboriginal & Torres Strait Islander people is much higher than the current estimate. Data from three jurisdictions which reliably record Aboriginal and Torres Strait Islander status, South Australia, Western Australia and the Northern Territory, indicates that Aboriginal & Torres Strait Islander people account for 10% of all new notifications in these jurisdictions.

Community and cultural interpretations of shame can result in Aboriginal and Torres Strait Islander communities denying the existence of risk practices associated with hepatitis C transmission. Risk practices include injecting drug use, tattooing and other practices that involve blood-to-blood contact. In addition infection may be the result of a convergence of factors, such as cultures of sharing, close kinship ties and their effect on injecting drug use. It has been widely noted that the overarching stigma attached to injecting drug use and its association with hepatitis C adds an additional layer of complexity to tackling hepatitis C in Aboriginal and Torres Strait Islander communities.

## 2 REPORT OVERVIEW

The Hepatitis C and Aboriginal and Torres Strait Islander Communities Workshop was held on 7th June 2007 in Melbourne, following Hepatitis Australia's, National Hepatitis C Health Promotion Workshop.

The primary aim of the workshop was to increase the knowledge and skills of the hepatitis C community workforce, mainstream health care providers and the Aboriginal Community Controlled Health Sector.

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<sup>1</sup> Hepatitis C Estimates and Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2006, Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis C Sub-Committee.

<sup>2</sup> Hepatitis C Estimates and Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2006, Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis C Sub-Committee.

<sup>3</sup> HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2006, National Centre in HIV Epidemiology and Clinical Research.

<sup>4</sup> National Summary of the 2003 & 2004 jurisdictional reports against the Aboriginal & Torres Strait Islander health performance indicators 2003 & 2004, Australian Institute of Health & Welfare Canberra 2006.

<sup>5</sup> The Australia NSP Survey National Data Report 2002 – 2006, Prevalence of HIV, HCV and Injecting and Sexual Behaviour among IDUs at Needle Syringe Programs, National Centre in HIV Epidemiology and Clinical Research.

This was the first workshop of its kind and it provided a unique opportunity for service providers to share insights from their hepatitis education, prevention, treatment and research activities targeting Aboriginal & Torres Strait Islander communities.

The theme for the workshop was “Engaging Communities”. Presentations included reports of projects from the field which demonstrated the varied ways in which Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander service providers engage with Aboriginal and Torres Strait Islander Communities around hepatitis C. The day concluded with a think tank entitled “*Informing best practice: Successes and challenges in engaging Indigenous communities in hepatitis C*”.

Results from the evaluations indicated the workshop was well received in general and successful in meeting its essential objectives.

It is recommended that the workshop be held on a biennial basis as a one day event in conjunction with the National Hepatitis C Health Promotion Workshop which is administered by Hepatitis Australia.

### 3 PROJECT BACKGROUND

This was the first national workshop run by Hepatitis Australia focusing on hepatitis C and Aboriginal and Torres Strait Islander communities. No other Australian organisation has previously run a national event of this kind.

In 2006 Hepatitis Australia employed an Aboriginal and Torres Strait Islander Policy and Projects Officer. During state and territory consultations the project officer, with strong support from the sector, identified a need for a national workshop focusing on Aboriginal and Torres Strait Islander communities and Hepatitis C. Hepatitis Australia was successful in seeking funding from the Office for Aboriginal and Torres Strait Islander Health (OATSIH) to host the event.

The National Hepatitis C Strategy 2005-2008 has identified Aboriginal & Torres Strait Islander people who engage in risk behaviour as one of the three priority populations. Aboriginal and Torres Strait Islander people are also grossly over represented within the other two priority populations, namely people in custodial settings and people who inject drugs.

The National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008 has identified three priority areas which are relevant to hepatitis C:

- Aboriginal and Torres Strait Islander people living in the cross border region of Australia and Papua New Guinea;
- access to needle and syringe programs; &
- increasing the capacity of the health and community workforce to address all aspects of Aboriginal and Torres Strait Islander HIV/AIDS, STIs and BBVs.

### 4 GOALS, TARGET GROUPS AND AIMS

#### 4.1 Goal

The primary goals of the workshop were to:

- improve outcomes for Aboriginal and Torres Strait Islander people with hepatitis C; and
- increase hepatitis C prevention and education programs for Aboriginal and Torres Strait Islander communities;

#### 4.2 Target groups

The workshop provided a workforce development opportunity for staff from the hepatitis C related sectors and the Aboriginal Community Controlled Health (ACCH) sector including:

- Aboriginal Community Controlled Health Services;
- Hepatitis Councils;
- Needle and Syringe Programs;
- Peer Drug User Organisations;
- Related University Departments and Research Centres; and
- Mainstream Health Services.

### 4.3 Aims

The primary aim of the workshop was to increase the knowledge and skills of the hepatitis C community workforce, mainstream health care providers and the Aboriginal Community Controlled Health Sector. A particular focus of the workshop was to highlight successful hepatitis C programs targeting Aboriginal & Torres Strait Islander communities.

Additional aims of the conference were to:

- increase the capacity of workers within the hepatitis C sector & related fields to provide effective, innovative and targeted education strategies in response to hepatitis C and identified local community needs;
- increase networking opportunities between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander service providers; and
- facilitate consultation with participants on the draft *Best Practice Guidelines* document being developed as part of the Hepatitis Australia Aboriginal and Torres Strait Islander project.

## 5 WORKSHOP PROCESSES

### 5.1 Planning

Workshop planning began in February 2007.

Workshop planning was undertaken by the Aboriginal and Torres Strait Islander Policy and Projects Officer with support from the Program Director. The workshop planning took place in conjunction with the planning for the Hepatitis C Health Promotion Workshop which ran immediately prior to the workshop.

### 5.2 Workshop project reference group

A Project Reference Group was convened to provide advice on the planning and development of the workshop. The specific role of the Project Reference Group was to:

- provide advice on the workshop program;
- provide advice on suitable keynote speakers, session chairs and workshop session facilitators;
- review scholarships and select scholarship recipients; and
- review and provide advice on the workshop promotion plan.

Appointment to the project reference group (PRG) was by individual or organisation invitation. Invitations were issued to ensure wide representation of expertise in hepatitis C and event management.

The Project Reference Group consisted of seven members:

Name	Organisation
Dion Tatow	Queensland Aboriginal and Islander Health Council
Michael Doyle	Aboriginal Health Council of Western Australia
Scott Wilson	Aboriginal Drug and Alcohol of SA
Hector Terare	Aboriginal Medical Service Redfern, NSW
Bev Greet	Hepatitis C Council of Victoria
Stewart Sutherland	Greater Southern Area Health, NSW
Troy Combo	Hepatitis Australia

The project reference group met three times via teleconference prior to the workshop and also communicated out of session to progress tasks.

## 6 PROMOTIONS

The workshop promotion was rolled out from March 2007 to June 2007.

Promotion of the workshop occurred via:

- direct email to key organisations and individuals;
- the Hepatitis Australia web site;
- the Collaborative Centre for Aboriginal Health Promotion web site;
- hepatitis C email lists; and
- journals and newsletters.

The workshop was also advertised at the Queensland Deadly Sex Congress (the Annual Aboriginal and Torres Strait Islander Sexual Health Network Meeting) Townsville 2007, which was attended by approximately 70 Aboriginal sexual health workers, managers, policy officers and decision makers. Many Aboriginal sexual health workers are also responsible for education around blood borne viruses.

### 6.1 Scholarships

Twenty scholarships of \$500 were offered to workshop delegates to assist with travel, accommodation and other associated costs. The scholarships were promoted as part of the wider advertising strategy.

Scholarships were awarded by the project reference group to those applicants who were perceived to benefit most from workshop attendance.

Applicants for scholarships had to meet any of the following criteria:

- You are employed as an Aboriginal health worker or community worker, working directly with people with, or at risk of, hepatitis C.
- You are employed as a health or community worker who carries out workforce development in the area of hepatitis C and would like to increase activities targeting Aboriginal & Torres Strait Islander communities.
- You are employed as a health or community worker working with Aboriginal and Torres Strait Islander communities.
- You are involved in planning and managing programs and services to help prevent hepatitis C transmission and/or meet the needs of people living with hepatitis C.
- You are employed in a voluntary capacity to undertake work directed toward preventing the transmission of hepatitis C or supporting the health needs of people with hepatitis C.
- To apply for a scholarship, applicants were required to submit an application outlining their role in hepatitis C health promotion and how they expected the workshop would benefit their work.

### 6.2 Venue

The workshop followed the Hepatitis C Health Promotion Conference and was held at The Jasper Hotel, Melbourne.

Melbourne was chosen as the preferential location for the Hepatitis C Health Promotion Conference as previous events had been held in other Australian capital cities including Brisbane, Adelaide and Canberra. The Hepatitis C & Aboriginal and Torres Strait Islander Communities Workshop was held immediately after the Hepatitis C Health Promotion Conference the same venue was therefore utilised for both events.

The venue was chosen due to its: competitive workshop package pricing; proximity to local attractions such as Lygon St, Melbourne City Markets, China Town, the CBD; and the community sector-friendly set-up of the facilities.

## 7 PROGRAM

The workshop program commenced with a welcome to country ceremony performed by local Wurundjeri woman, Ms Kellie Longrohe. The local Wurundjeri people presented Hepatitis Australia with a message stick from the local Aboriginal community. Message sticks are traditionally used to pass information from one community to the next. This was followed by an official opening by Ms Helen Tyrrell, CEO of Hepatitis Australia who gave a brief background to the event and discussed Hepatitis Australia's commitment to supporting Aboriginal & Torres Strait Islander communities in their hepatitis C prevention, awareness and education activities.

The program included the following:

- Welcome to country
- Official Opening
- Keynote Speaker Presentations
- Project Presentation Sessions
- Workshop: informing Best Practise: Successes and challenges in engaging indigenous communities on hepatitis C.

### 7.1 Overview of presentations

The keynote speaker session was instrumental in setting the mood for the day with three local speakers and one invited international guest speaker. The session provided delegates with an overview of hepatitis C and Aboriginal and Torres Strait Islander communities in Australia; a New Zealand perspective on Hepatitis C; information on how hepatitis C services can engage Aboriginal communities; and an exploration of adult learning principles and how they might be applied to hepatitis C education within Aboriginal and Torres Strait Islander communities.

The first keynote presentation was by James Ward of the Collaborative Centre of Aboriginal Health Promotion and member of the Indigenous Australian Sexual Health Committee. James gave a comprehensive overview of *"Hepatitis C & Aboriginal & Torres Strait Islander communities: What we know and what needs to be done"*. The presentation highlighted a number of issues including current surveillance practice, custodial risk practices, infrastructure requirements and data from National Needle Syringe Program Survey.

The second presentation of the day was by international guest speaker Mr Bill Jang from the Hepatitis C Resource Centre, Te Waipounamu in Christchurch New Zealand. Bill discussed the culture of Maori people of New Zealand and complexities of engaging Maori communities around issues of hepatitis C and injecting drug use. The parallels between Maori and Aboriginal & Torres Strait Islander health were apparent, including shorter life expectancy, higher mortality & co-morbidities rates and lack of access to culturally appropriate services.

Peter Waples Crowe from Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Priscilla Pyett from the University of Melbourne, ONEMDA Koori Health Unit continued the session with a very comprehensive look at *the report "Making of a great relationship: A review of a healthy partnership between mainstream and Indigenous organisations"*. The report was the compilation of years of collaboration between VACCHO, AIDS Hepatitis and Sexual Health Line Inc, Hepatitis C Council of Victoria, Victorian Drug Users Organisation and the Victorian Aboriginal Health Service. The presentation outlined ten steps to successful partnerships for services wanting to work with Aboriginal & Torres Strait Islander communities.

Rob Wilkins from the NSW Workforce Development unit completed the morning session with a presentation exploring the delegates own philosophies of education and the implications of different adult educational theories for Indigenous programs.

The two project presentation sessions featured several diverse projects of current work undertaken around hepatitis C by both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander organisations.

Sallie Cairnduff's presentation "*Hepatitis C Workforce Development: Improving service delivery for Aboriginal & Torres Strait Islander communities in NSW*" reviewed the work of the Aboriginal Health & Medical Research Council of NSW and the strategies they employ to improve appropriate hepatitis C services for Aboriginal people in NSW. Three key strategies were discussed in detail. The first strategy involved enhancing workforce capacity through education and training and resource development. The second strategy revolved around advocacy to ensure Aboriginal health issues are on the mainstream health agenda and the third strategy was to ensure existing services are more culturally appropriate for Aboriginal people.

A collaborative project between the Queensland Association for Healthy Communities (QAHC), the Hepatitis Council of Queensland and the Torres Strait Men's and Women's Health Program and Torres Strait Islander communities was presented by Brett Mooney and Jodie Walton. Two main strategies to lower the impact of HIV/AIDS, viral hepatitis and common sexually transmissible infections among Torres Strait Islander communities were developed. Firstly a language specific and culturally appropriate health promotion resource around HIV and hepatitis and secondly, facilitation of discussion groups exploring local issues in conjunction with regional sexual health workers. This project clearly demonstrated the positive outcomes which can be achieved by non-Aboriginal and Torres Strait Islander organisations which adhere to cultural protocols; consult widely and collaborate closely with local communities on all aspects of planning, development and implementation of a health promotion project.

The presentation from Bek Andersson-Nickson of the A.C.T Hepatitis C Council detailed her engagement with the local Aboriginal community in Canberra leading to the drafting of a booklet "Where can I go to get treatment for hep C in the ACT?" This presentation provided a perspective of community engagement from a person occupying a non-identified position within a non-Aboriginal and Torres Strait Islander organisation wanting to engage with the local Aboriginal community to improve culturally specific hepatitis C services.

"Hoops 4 Health" was founded in the mid-1990s by professional basketball player Timmy Duggan in response to the much publicised health issues within Aboriginal and Torres Strait Islander communities. Boxing champion Anthony Mundine is the patron of Hoops 4 Health and is actively involved in the basketball challenge matches in which many other Aboriginal and Torres Strait Islander basketball players and sporting stars participate. In 2006 Hoops 4 Health was incorporated into the health promotion program run by the Northern Territory AIDS and Hepatitis Council and called "*C the Goal: Hoops for Health Program*". Timmy Duggan presented on the program which uses basketball as a vehicle for educating people about hepatitis C and promoting healthy lifestyles. "C the goal" cards and an educational DVD were launched in 2006 and 2007 and a 2 day event was held during hepatitis C awareness week 2006.

Stewart Sutherland's presentation titled "Aboriginal Sexual Health STI/BBV Prison Project" gave an insight into the preliminary findings from a study of sexual health and blood borne virus support services for Aboriginal inmates in NSW. The aim of the project was to increase access to BBV and STI support services and resources for Aboriginal inmates in NSW. An overview of the availability of BBV & STI services was presented along with identification of gaps in service provision. Once finalised the project is expected to identify strategies to improve culturally appropriate services for Aboriginal inmates.

Unfortunately two presenters were unable to attend at short notice; however, this provided an opportunity for Troy Combo from Hepatitis Australia to present preliminary findings from the "*Mapping and Scoping of Hepatitis C Education and Prevention Activities targeting Aboriginal & Torres Strait Islander Communities*". This presentation gave an overview of the range of hepatitis C services currently provided by organisations to Aboriginal communities across the nation.

John Van den Dungen from The Connection, a Canberra based service for Aboriginal people who inject drugs, presented on the development of a workshop program and kit to assist Aboriginal peer educators to run workshops around hepatitis C and injecting drug use. The development, design and delivery of this resource was by peers and provided valuable insights into the strengths of the peer education model as well as potential pitfalls to be avoided.

The last presentation for the day by Robyne Latham provided the preliminary results of a collaborative research project between the Australian Research Centre in Sex, Health and

Society and the Victorian Aboriginal Community Controlled Health Organisation entitled “*recognising and responding to hepatitis C in Indigenous communities in Victoria*”. The project focused on identifying barriers to hepatitis C anti-viral treatment for Aboriginal communities throughout Victoria and is due for completion later this year. The early results from interviews reinforced the view that there is extensive misinformation about hepatitis C within Aboriginal communities in Victoria.

**Please refer to the appendix for copies of each presentation.**

## 8 INFORMING BEST PRACTISE: SUCCESSES AND CHALLENGES IN ENGAGING INDIGENOUS COMMUNITIES IN HEPATITIS C WORKSHOP

The last session of the day was the “*Informing best practise: Successes and challenges in engaging Indigenous communities in hepatitis C*” workshop. The workshop was facilitated as a world-café style workshop with approximately ten participants per table. Using this process Hepatitis Australia tapped into the combined wisdom of the attendees to inform how non-Aboriginal and Torres Strait Islander and Aboriginal and Torres Strait Islander service providers can better engage with Aboriginal and Torres Strait Islander communities to provide culturally appropriate services.

The objectives of the workshop were to:

- Inform the development of the Best Practise Guidelines: Provision of Hepatitis C Services to Aboriginal & Torres Strait Islander communities;
- Identify successful mechanisms for engaging Aboriginal communities around hepatitis C service provision;
- Identify challenges for the sector engaging with Aboriginal & Torres Strait Islander communities; and
- Identify and highlight opportunities for future collaboration between service providers and Aboriginal & Torres Strait Islander communities.

The following information is a summary of the discussions compiled from data collected from the workshop.

### 8.1 Discussion Points

Discussion points within the small groups included:

- The need for Memorandum of Understandings (MOU’s) and/or protocols to provide a framework for partnerships between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander organisations;
- The capacity of elders and community leaders to elevate the attention given to hepatitis C if well informed;
- The value of early cultural awareness training for non-Aboriginal and Torres Strait Islander organisations engaging with Aboriginal and Torres Strait Islander organisations around hepatitis C;
- The requirement to set realistic and flexible timeframes and to build relationships over time;
- The urgent need for sustainable projects rather than pilot / time-limited projects;
- Consultation with Aboriginal & Torres Strait Islander communities was seen as essential to successfully engage with Aboriginal & Torres Strait Islander communities. The facilitation of consultations, networks and partnerships was required, for example, through the establishment of Aboriginal and Torres Strait Islander project reference groups within non-Aboriginal and Torres Strait Islander organisations;
- The value of delivering hepatitis C messages through youth workers and peer educators;
- The impact of culturally appropriate resources;
- The lack of hepatitis C specific Aboriginal & Torres Strait Islander identified positions;
- The isolation of the workforce and their development and support needs; and
- The need to increase the presence, visibility and profile of Needle and Syringe Programs

(NSPs) in Aboriginal and Torres Strait Islander communities.

- There was strong support voiced for the continued funding of the Aboriginal and Torres Strait Islander position within Hepatitis Australia. It was felt this position had been instrumental in focusing attention on hepatitis C in Aboriginal and Torres Strait Islander communities and was needed to continue to facilitate work with NACCHO around hepatitis C.
- The stigma associated with injecting drug use and fear of contagion were key barriers and have to be overcome to successfully tackle hepatitis C in Aboriginal and Torres Strait Islander communities.
- Hepatitis C was seen by some to lose its significance when combined with other public health programs and required targeted and specific campaigns for maximum benefit in the short term. However, there were also many advantages recognised in incorporating hepatitis C into a holistic health programs;
- Inter-sectoral collaboration could be a vehicle for an improved response by aligning hepatitis C services with the Alcohol and other Drug sector, mental health, drug user organisations and homeless people organisations; &
- Non-Aboriginal and Torres Strait Islander health service providers were essential to enhancing outcomes for Aboriginal and Torres Strait Islander people with hepatitis C.

## 8.2 Where to from here?

Hepatitis Australia has been funded to develop the *Best Practice Guidelines: for providing hepatitis C services to Aboriginal and Torres Strait Islander communities* document. The data collected from this workshop will be used to inform the completion of the guidelines.

The taboo nature of injecting drug use in Aboriginal and Torres Strait Islander communities was clearly seen as a key barrier to successful hepatitis C harm reduction programs. Increasing the understanding of hepatitis C issues among Aboriginal and Torres Strait Islander community leaders and gaining their support for education and prevention programs would therefore be critical.

The workshop identified many useful hints and tips that have been successful in engaging Aboriginal & Torres Strait Islander communities and also discussed challenges the sector faces in improving hepatitis C services within Aboriginal and Torres Strait Islander communities. The development of the best practise guidelines will enhance the capacity of both organisations to engage with each other around better provision of culturally appropriate hepatitis C education, prevention and treatment services within Aboriginal & Torres Strait Islander communities.

## 9 REGISTRATIONS AND ATTENDANCE

A total of 109 delegates registered in advance to attend the workshop, ninety three delegates actually registered on the day. Attendees came from a variety of organisations with strong representation from both the Aboriginal Community Controlled Health Sector and hepatitis councils.

## 10 RESOURCES

### 10.1 Funding

Funding was provided by the Office Aboriginal and Torres Strait Islander Health (OATSIH) to support the one day workshop.

### 10.2 Personnel

The workshop was coordinated by the Aboriginal and Torres Strait Islander Policy and Projects Officer at Hepatitis Australia. The workshop development and organisation was supported by the Programs Director; Events Assistant; Information Officer; mainstream Policy and Projects Officer, Finance & Administration Officer and the Chief Executive Officer.

# 11 WORKSHOP EVALUATION

## 11.1 Method

The Workshop was evaluated by a combination of:

- A questionnaire completed immediately post workshop by the attendees and;
- organisational reflection on the process.

The questionnaire was distributed at the beginning of the closing session of the workshop and collected at the conclusion of this session. It provided a combination of multi-choice, open-ended and scaled questions.

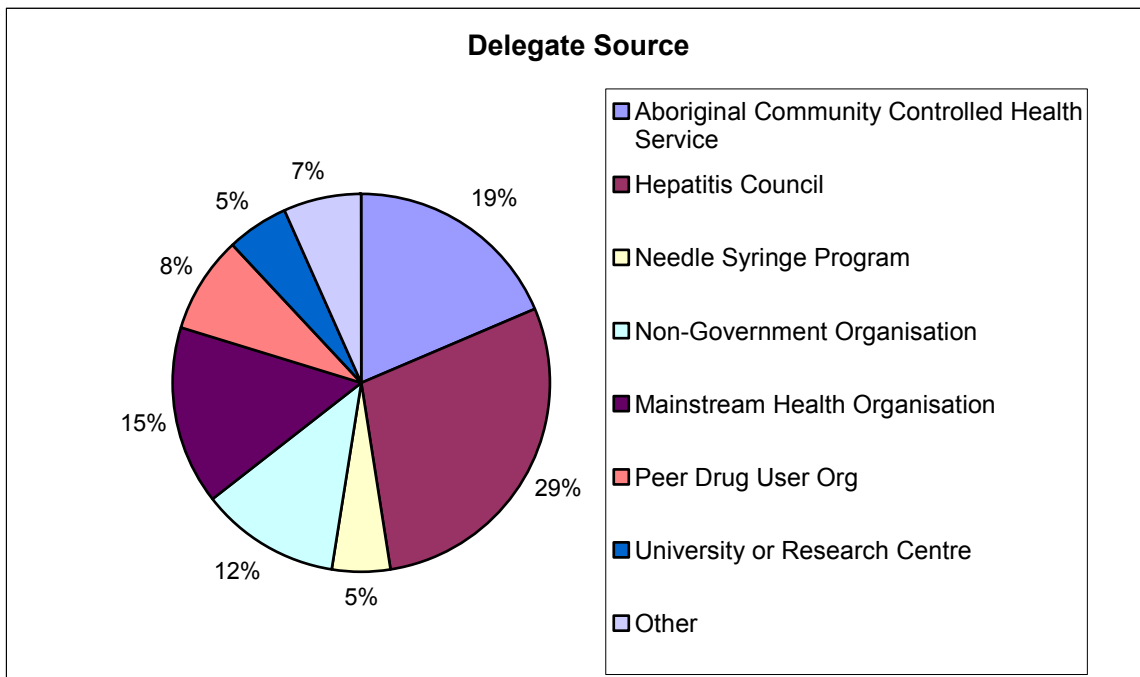
Organisational reflection on the process combines verbal and written feedback from Hepatitis Australia staff involved in the planning and management of the workshop.

## 11.2 Results

A total of fifty-nine evaluation forms were completed immediately post-workshop. This is equivalent to feedback from 63% of those registered to attend the workshop.

Please note all percentages provided below refer to percentages determined on the basis of the number of respondents to that particular question.

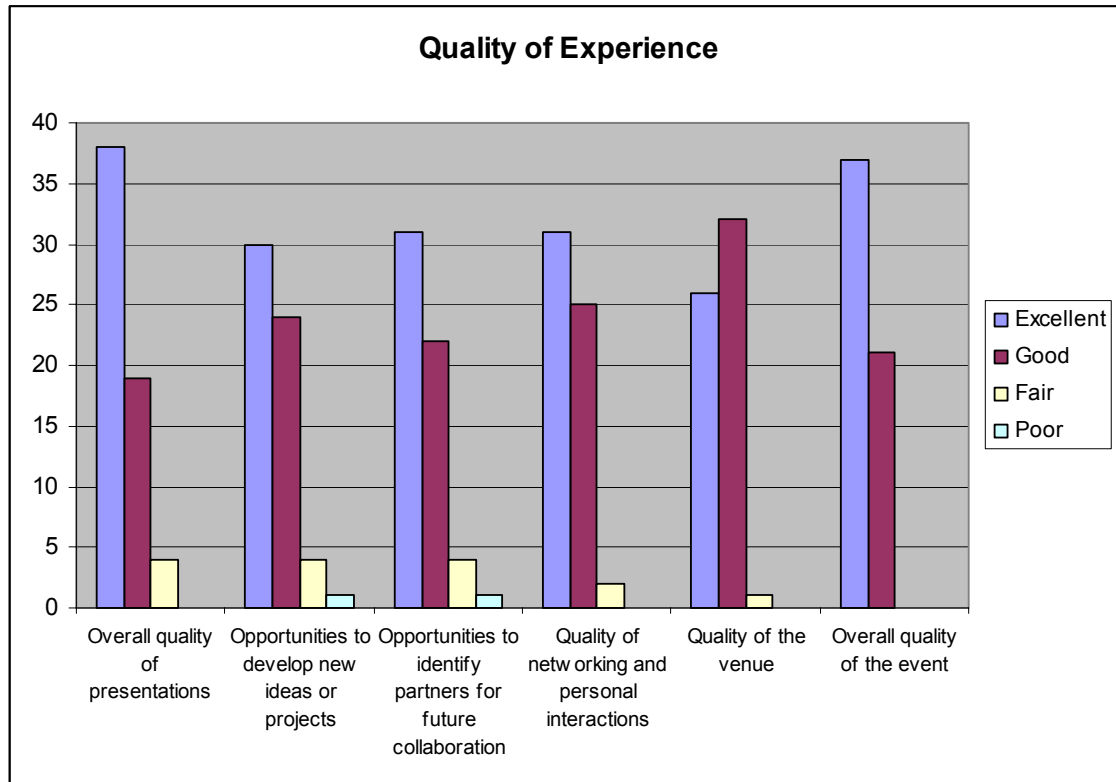
### 1. Where do you work/volunteer?



Of those completing the survey, 29% of respondents reported working for a state or territory hepatitis council, and 19% reported working for an Aboriginal Community Controlled Health Service.

As indicated, organisations such as drug user organisations, needle syringe programs, NGOs, mainstream health organisations, peer drug-user organisations, and people from university or research organisations were also represented as places of work amongst respondents.

## 2. Please rate the quality of your experience at the workshop:



### Survey Comments

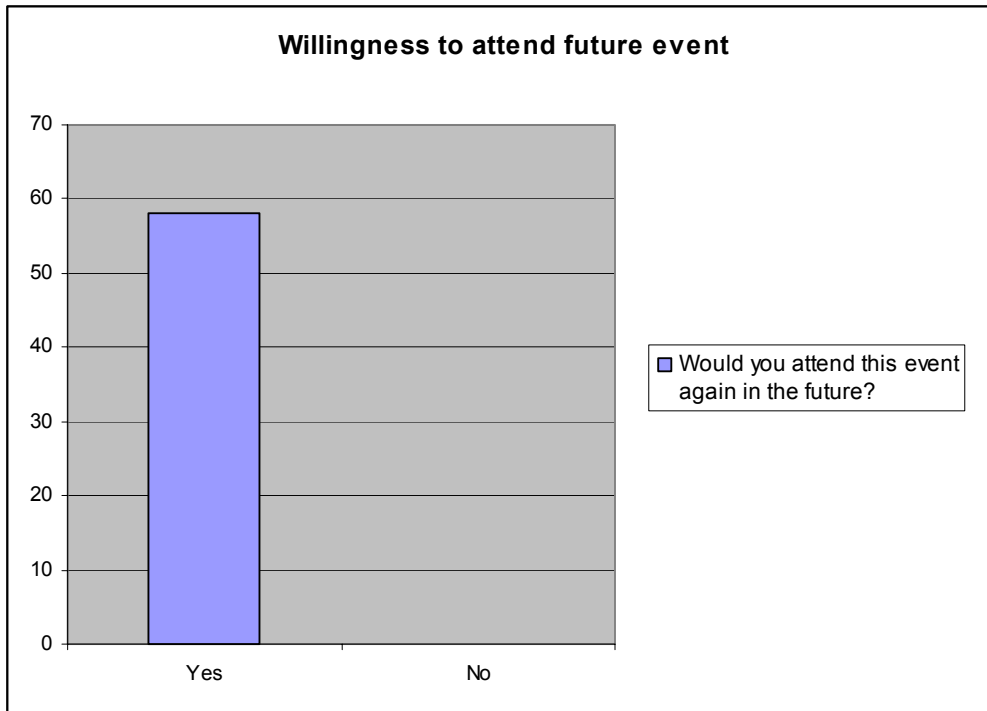
- *It truly was the best day of workshop, probably because it relates well with my work*
- *Had to be one of the best workshops I have been to.*
- *Really well organised. Great diverse range of information.*

93% of respondents thought that the quality of the workshop presentations were good or excellent. 91% of respondents thought the workshop provided good or excellent opportunities to develop new ideas or projects.

91% of respondents thought the workshop provided good or excellent opportunities to identify partners for future collaboration. 97% of respondents thought the workshop provided a good or excellent quality of networking and personal interaction opportunities.

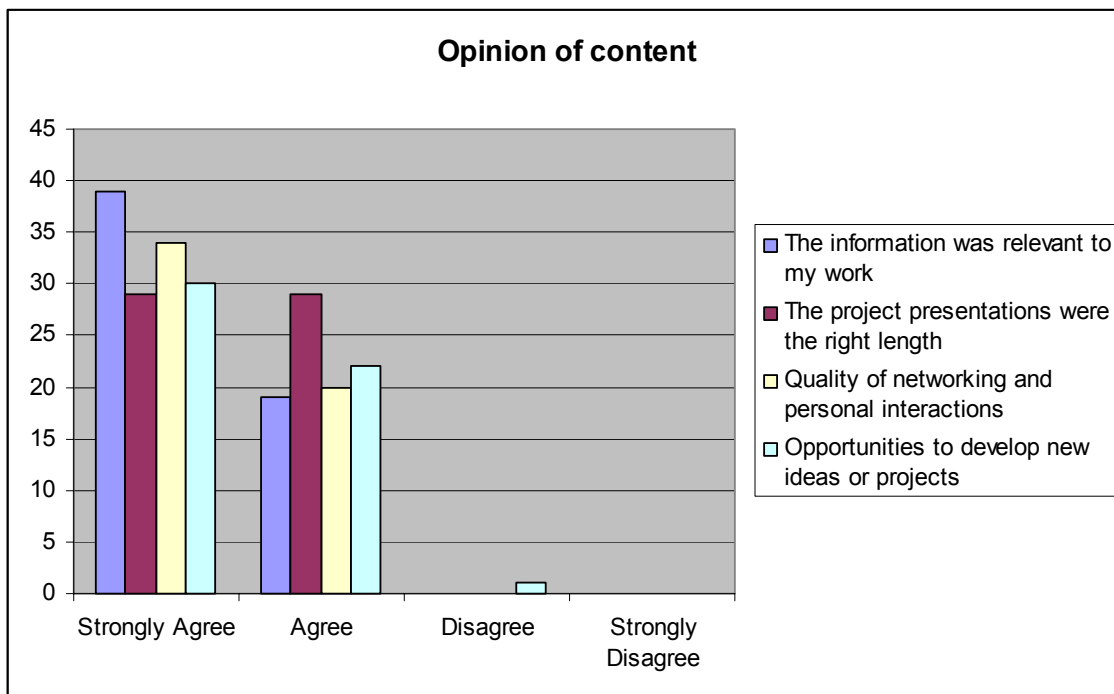
98% of respondents rated the quality of the venue as either good or excellent. 100% of respondents rated the overall quality of the event as either good or excellent.

### 3. Would you attend this event again in the future?



All fifty eight respondents to this question agreed that they would attend future Aboriginal and Torres Strait Islander Workshops.

### 4. Content of the workshop:



100% of respondents agreed or strongly agreed that the information presented at the workshop was relevant to their work. 100% of respondents agreed or strongly agreed that the workshop presentations were the right length.

100% of respondents agreed or strongly agreed that the workshop provided adequate opportunity for networking and personal interaction.

98% of respondents agreed or strongly agreed that the workshop provided opportunities to develop new ideas or projects.

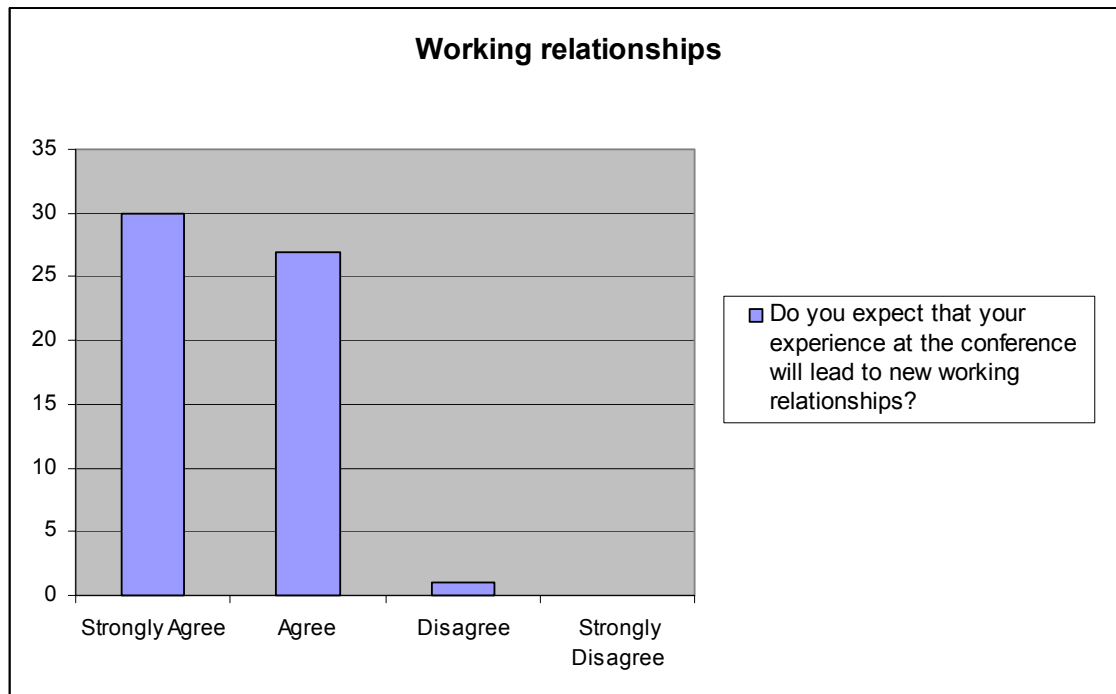
*Survey Comments*

- *2 days would be better. Presentations need to be spread out more*
- *Should be annually!*

96% of respondents agreed or strongly agreed that the workshop provided opportunities to identify partners for future collaboration. 98% of respondents agreed or strongly agreed with the choice of workshop venue.

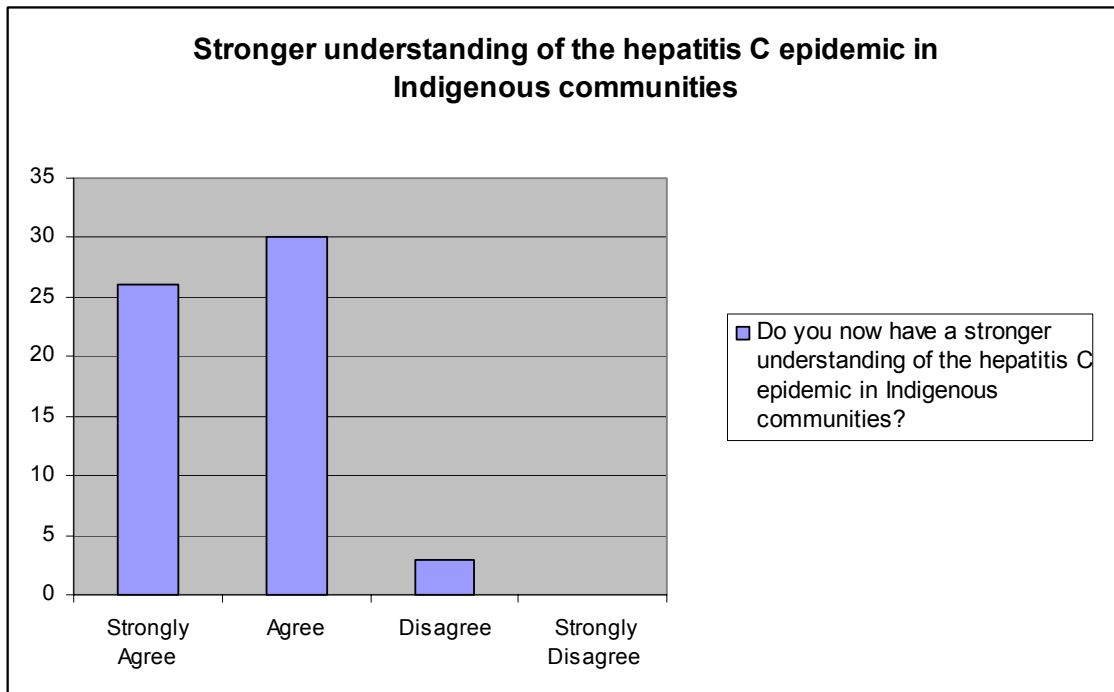
100% of respondents agreed or strongly agreed that the workshop was of a high quality. 94% of respondents agreed or strongly agreed that the workshop was the right length.

**5. Do you expect that your experience at the workshop will lead to new working relationships?**



98 % of respondents agreed or strongly agreed that their experience at the workshop would lead to new working relationships.

## 6. Do you now have a stronger understanding of the Hepatitis C epidemic in Indigenous communities?



95% of respondents agreed or strongly agreed that their experience at the workshop had led to a stronger understanding of how hepatitis C is affecting Aboriginal and Torres Strait Islander communities.

## 7. What did you like best about the workshop?

### Survey Comments

- *Sharing of information and recognition of various work being done in different jurisdictions*
- *A good range of perspectives on Hep C issues in Aboriginal and Torres Strait Island communities*
- *Workforce development, networking, education (hepatitis update running alongside breakfast sessions), inner city location.*
- *Networking, idea building, learnt stuff. The reconnection of existing bonds with other services and also meeting new services and people*

Respondents were asked to indicate via an open ended question what was of most value to them and why.

Respondents reported that they liked the quality of the presentations, and the diversity of the workshop speakers and their projects. People especially enjoyed the Aboriginal and Torres Strait Islander focus of the day. Respondents also appreciated hearing about success stories in the field and new ways to approach their work, learning from the examples presented by others. The opportunity to network and meet new people was also valued by workshop attendees.

## 8. What did you like least about the workshop?

### Survey Comments

- *My brain was truly challenged - perhaps no more than six presentations, then two workshops*
- *Could have been longer*
- *Could have had an icebreaker e.g., introduce self to say five other people in the room*

Criticisms of the workshop included it being limited to one day, with respondents wishing the workshop was longer, and the sessions more spaced apart. Some respondents were also

fatigued after previously attending the one day educator's forum and the following 2 day health promotion workshop, and found it hard to concentrate. Also, there was criticism of the sandwich-centric catering for the workshop.

### 11.3 Organisational reflection

The workshop was organised with a relatively short lead time and would have benefited from a longer lead time.

There were some minor internal misunderstandings about the relationship between the Health Promotion Conference and the Hepatitis C and Aboriginal and Torres Strait Islander Workshop which can be addressed in future project plans for both events.

Linking the workshop to the main Health Promotion Conference had significant cross benefits in increased awareness of the workshop amongst both non-Aboriginal and Torres Strait Islander and Aboriginal and Torres Strait Islander stakeholders and buy-in from a wide range of organisations in both events.

The use of contractors to perform roles such as packing the workshop bags significantly decreased workload burden on staff.

Verbal feedback suggested that scholarships did support some delegates to attend who would not otherwise have been able. However, others, (particularly those who had to travel greater distances), reported that because the scholarships were limited to a total of \$500 they were not able to attend as their organisations were not in a position to meet the extra costs they would incur. This suggests the value of scholarships, in particular for those travelling greater distances and from resource poor organisations, needs to be reviewed prior to future workshops.

## 12 MEDIA

Media coverage was not a key goal of the workshop although Hepatitis Australia did send out media releases to Aboriginal and Torres Strait Islander print media (Koori Mail Newspaper & National Indigenous Times). Although media was not a main aim of the workshop it did receive coverage from Melbourne radio station 3CR and their weekly Hep Chat Program.

## 13 RECOMMENDATIONS

The workshop successfully met all essential objectives and it is recommended that it should continue to be run on a biennial basis in conjunction with the National Hepatitis C Health Promotion Conference.

Key elements that appear to have aided the success of the workshop included a wide variety of presentations of projects from nearly all jurisdictions as well as the Torres Strait. Efforts should be made to ensure future workshops include more time for networking opportunities and a full and diverse workshop program including social activities.

The length of the workshop and of individual sessions was considered appropriate by most, however some respondents reported they were fatigued and that the one day program was too busy. These comments will be taken into account when planning future workshops to alleviate conference fatigue.

The provision of scholarships enabled the attendance of delegates who may have otherwise been unable to attend. The scholarship program should be continued for future workshops and extended as much as possible. There were indications that scholarships were of an insufficient amount to support attendance by delegates travelling long distances. Consideration will be given to having two levels of scholarships in future workshops to better accommodate the needs of those living and working in remote areas.

The short lead time for the workshop did create work related stress for project staff; it is therefore recommended that lead time should be extended to accommodate planning from at least ten months out from the workshop.

## 14 APPENDICES

The following presentations will be available for download from Hepatitis Australia's website.

Appendix 1 – James Ward, *“Hepatitis C and Aboriginal and Torres Strait Islander Communities, What we know and what needs to happen”*, Aboriginal Health & Medical Research Council of NSW.

Appendix 2 - Bill Jang, *“Building Relationships; finding allies, lighting a few fires”* Hepatitis C Resource Centre, Te Waipounamu, Christchurch New Zealand.

Appendix 3 – Peter Waples Crowe and Priscilla Pyett, *“Healthy partnership between mainstream and Indigenous organisations”*, Victorian Aboriginal Community Controlled Health Organisation and ONEMDA Vic Health Koori Health Unit.

Appendix 4 – Rob Wilkins, *“Exploring our educational philosophies”*, NSW Workforce Development Program in Hepatitis, HIV and Sexual Health.

Appendix 5 – Sallie Cairnduff, *“Hepatitis C Workforce Development: Improving service delivery for Aboriginal and Torres Strait Islander People”*, Aboriginal Health and Medical Research Council of NSW.

Appendix 6 – Brett Mooney and Jodie Walton; *“Culturally Specific Resources in the Hepatitis C sector”*, Queensland Association of Healthy Communities, and Hepatitis Council of Queensland.

Appendix 7 – Bek Anderson\_Nickson, *“Hepatitis C: Engaging Aboriginal and Torres Strait Islander Communities / the capital”* ACT Hepatitis C Council.

Appendix 8 – Timmy Duggan, *“Hoops 4 Health: minimising the affects of hepatitis C through healthy lifestyle choices”*, Northern Territory AIDS and Hepatitis Council.

Appendix 9 – Stewart Sutherland, *“Preliminary findings of the NSW Sexual Health and Blood Borne Virus Prisons Project”*, Greater Southern Area Health Service NSW Health.

Appendix 10 – Troy Combo, *“Mapping & scoping of hepatitis C education and prevention activities targeting Aboriginal & Torres Strait Islander Communities”*, Hepatitis Australia.

Appendix 11 – John Van den Dungen, *“Dulangirr Guggynidgel – New Beginning, peer education program fro Aboriginal people who inject drugs”*, The Connection Canberra.

Appendix 12 – Robyne Latham, *“Recognising and responding to hepatitis C in Indigenous communities in Victoria”*, Australia Research Centre in Sex, Health and Society, La Trobe University.