



Hepatitis C

STRATEGIC PLAN
2007-2010



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STATEWIDE SERVICE

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Executive Summary

The *Justice Health Hepatitis C Strategic Plan 2007-2010* builds on the successes of the previous plan and the experiences of Justice Health in the management of people in custody with hepatitis C. This plan forms part of a quality continuum in the delivery of hepatitis C services to people in custody.

The *Justice Health Hepatitis C Strategic Plan 2007-2010* has been developed following extensive internal and external stakeholder consultation and review. Both State and National strategies and policies provide the overarching framework on which the *Justice Health Hepatitis C Strategic Plan 2007-2010* is based. Additionally, Justice Health undertook a review of its hepatitis C services prior to the development on the new strategic plan. The *Justice Health Hepatitis C Services Review* provides an additional point of reference on which the new strategic plan is based.

There are many challenges to providing health care, and in particular hepatitis C services, to people in custody. Despite this, the custodial setting provides an ideal environment to influence the health status of marginalised populations. The priority groups identified in the State and National strategies are the patients managed by Justice Health and as such are considered in this plan. These include:

- People who inject drugs
- Young people in custody
- Aboriginal and Torres Strait Islander people
- Culturally and linguistically diverse people
- Overseas populations from high risk countries
- People with unknown blood borne virus status
- People who report recent risk exposure.

It must be recognised that with limited resources, further prioritisation of these priority groups may need to occur.

There are five strategic directions in the *Justice Health Hepatitis C Strategic Plan 2007-2010*, which builds on the four strategic directions in the previous plan and now includes Research and Surveillance.

Strategic Direction 1: Prevention of Hepatitis C Transmission

Justice Health aims to prevent hepatitis C transmission through:

- Opioid Treatment Programs
- Strategies to minimise blood to blood transmission of hepatitis C
- Resource development
- Health Education Programs
- Organisational partnerships including the Aboriginal Community Controlled Health Services
- Surveillance and Monitoring
- Information provision to patients including specific information for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse people.

Strategic Direction 2: Screening for Blood Borne Viruses including Hepatitis C

Justice Health aims to screen patients for hepatitis C through:

- Appraisal of the Early Detection Program (EDP)
- Including Adolescent Health in the EDP
- Increasing the number of Aboriginal and Torres Strait Islander people screened
- Improving acute and non acute hepatitis C reporting.

Strategic Direction 3: Clinical Care

Justice Health aims to improve clinical care through:

- Expanding existing models of care
- Improving treatment of all patients with hepatitis C including those not on treatment and those with end stage liver disease
- Improving the continuum of care
- Addressing access to treatment.

Strategic Direction 4: Workforce Development

Justice Health aims to develop its workforce through:

- Increased numbers trained in blood borne virus screening
- Increased numbers trained in hepatitis care and treatment
- Increased numbers trained in venepuncture
- Increased numbers trained in reception assessment
- Increased numbers trained in Immunisation
- Increased numbers trained in S100 prescribing.

Strategic Direction 5: Research and Surveillance

Justice Health aims to improve research and surveillance through:

- Participation in the National Prison Entrants' Blood Borne Virus Survey
- Undertaking the Young People in Custody and Risk Assessment Survey
- Undertaking the Inmate Health Survey
- Reporting on hepatitis C treatment and outcomes.

The *Justice Health Hepatitis C Strategic Plan 2007-2010* will be evaluated through 6 monthly reporting. The Key Performance Indicators are detailed in Appendix One.

Introduction

The past ten years have seen hepatitis C services for people in custody in NSW evolve into a custodial model of care that is amongst, if not the most, sophisticated in the world. This service is supported and informed by ongoing epidemiological and outcome focused research.

Undoubtedly, complex health needs, high risk behaviours including injecting drug use, the custodial environment (with multiple sites across the state), and demographics of the adult and young people in custody populations pose an enormous challenge to the provision of effective services. However the custodial setting can be a stable environment to provide comprehensive hepatitis C interventions. With treatment efficacy rates that are comparable to those in the general community and exceptionally high prevalence rates of hepatitis C and injecting drug use (Butler and Milner 2003), the issue of hepatitis C must be core business and central to the provision of health care to this population.

This population is continually growing and epidemiological projections show disturbingly high numbers of people in custody living with hepatitis C but also progressing to liver cirrhosis and advanced liver disease in the next few years (DoHA 2006). These patients will require ongoing health care including hospital care and, for some, palliative care. This will create an enormous demand on health services within the custodial environment including the need for additional and suitable acute and supported accommodation for people in custody with hepatitis C.

Aside from epidemiological projections, a changing treatment environment will increasingly impact upon the management of hepatitis in custody. Removal of liver biopsy as a pre-requisite to treatment, the tendency towards providing treatment early without waiting for physiological symptoms, and likely shortening of the length of a course of anti-viral treatment are all significant factors.

People in custody are also members of the wider community and patients of community (Area) health services. Whilst sentence lengths remain short for the majority, recidivism rates are very high and there is a growing population of people on remand in custody. Subsequently, people in custody must be viewed as patients of both Justice Health and the Area Health Services. A greater level of across service planning is required to ensure adequate services along the continuum from prevention and early detection through to care for chronic disease. If any advance is to be made in treating those who are infected, preventing infection (and re-infection) and reducing the pool of hepatitis C infection are essential.

Whilst inroads have been made, and services developed, the numbers of people living with hepatitis in NSW correctional and juvenile detention centres demands further expansion of these services across the continuum of prevention, early detection, ongoing monitoring, treatment and management of advanced liver disease. It must also respond to the needs of various sub-populations, high-risk behaviours and complex co-morbidities prevalent in this population.

The current health policy environment in Australia and NSW of Chronic Disease Prevention provides a perfect framework for such a response to hepatitis C in the custodial setting. The NSW Chronic Disease Prevention Strategy (NSW Health, 2003) and NSW Chronic Care Program Phase Three (2006 – 2009), focuses on the prevention or delay of chronic disease for population groups, adoption of settings-based approaches to chronic disease prevention and strategies to ensure appropriate, acceptable and sustainable reach to at risk groups.

For the custodial population hepatitis C is undeniably a chronic disease that can be both prevented and, with early detection, treated. An adequate response to hepatitis C in NSW correctional and juvenile justice centres can only be achieved with sufficient resources and a collaborative health system-wide approach in the planning and delivery of services.

An appropriate and effective response must include a greater emphasis on surveillance and monitoring, accessible treatment, expanded discharge planning programs and effective transferring of care between services. Services must be accessible and responsive to the complex health needs of the majority of people in custody and the revolving door scenario where many return to and from the wider community with alarming regularity.

While the provision of hepatitis C treatment and care service to prevent infection and re-infection are essential, they must be underpinned by a range of accessible harm minimisation strategies, early detection programs and a workforce equipped to respond to the complexities and ever changing demands of this epidemic. In the context of young people in custody, harm minimisation strategies couldn't be more important. Preventative strategies employed while a person is young could prevent them from acquiring hepatitis C as an adult.

The exceptionally high prevalence of hepatitis C in the NSW adult and juvenile correctional environments (the latter population often progressing on to adult centres) and the predicted progression of the disease in these populations require a comprehensive, staged and ongoing response. The predicted and emerging impact of hepatitis C infection on the health of this population is startling and the burden this places on Justice Health as a custodial health service provider enormous.

In order to respond effectively to the changing landscape of hepatitis C, this plan highlights the service development priorities and strategies for the period 2007-2010.

Justice Health is a Statutory Health Corporation established under the Health Services Act (NSW) 1997 and is funded by NSW Health. Justice Health is a statewide service responsible for the provision of health services to adult and juvenile offenders in local courts, in custody and detention, and in the community.

There are over 800 employees working at locations across metropolitan, regional and remote NSW. Nursing staff, general practitioners, psychiatrists, dentists, medical specialists, allied health professionals and administrative staff work together to deliver health services to approximately 9,600 inmates and approximately 360 young people in juvenile justice centres.

Major Clinical Programs

Ongoing healthcare is provided through seven major clinical programs:

- Primary Health
- Population Health
- Mental Health
- Drug and Alcohol
- Women's Health
- Aboriginal Health
- Adolescent Health.

Justice Health provides services to adults in:

- 31 correctional centres
- 11 periodic detention centres
- 10 police cell complexes
- 17 court complexes
- The adult drug court
- Long Bay maximum security forensic hospital
- The community through the Community Forensic Mental Health Service
- The community through the post-release treatment programs (Connections).

Justice Health provides services to young people in:

- 8 juvenile justice centres plus one juvenile detention centre
- The Youth Drug and Alcohol Court
- The community through the Adolescent Community Forensic Mental Health Service
- The community through the Juvenile Justice Centre Release Treatment Scheme.

Hepatitis Services

Specialist hepatitis C services are managed by the Population Health clinical stream within Justice Health. This team comprises:

- Service Director
- Health Services Manager Blood Borne Viruses & Sexual Assault Services
- Clinical Nurse Consultant Sexual Health and Hepatitis C
- Clinical Nurse Consultant Infection Control
- Public Health Coordinator
- Surveillance Officer
- Environmental Health Officer
- Public / Sexual Health Nurses (PSHN)
- Visiting Medical Officers (VMO).

Clinical services include the provision of harm minimisation education, screening and management of blood borne viruses and sexually transmissible infections, and vaccination against preventable diseases.

About Justice Health

Model of Care

The model of care for hepatitis services in Justice Health comprises specialist VMO's and PSHN's who have developed advanced skills in the care and treatment of hepatitis C.

Specialist hepatitis clinics are available at a number of centres across the state and all patients have access to treatment for hepatitis C if clinically indicated. If there is not a specialist VMO at a particular site, patients are able to access treatment through a short visit to one of the other sites with a specialist VMO and return to their original site for ongoing monitoring and management by the PSHN once they are stable on treatment.

All specialist VMO's are S100 accredited prescribers for hepatitis C treatment.

Public/Sexual Health Nurse Network

The PSHN's form a specialist network based on advanced training and clinical practice. All PSHN's undergo training in the screening and management of blood borne viruses in the custodial environment in order to facilitate Justice Health's Early Detection Program (EDP) – see below.

The majority of PSHN's have also undertaken additional education in hepatitis C care and treatment and many are accredited immunisers. Ongoing education is maintained through monthly teleconference education sessions, participation in Justice Health's continuing education programs and annual attendance at a 3 day forum specifically designed for PSHN's.

Early Detection Program (EDP)

Justice Health's Early Detection Program (EDP) replaces the mandatory testing programs for blood borne viruses (in particular HIV) introduced in the 1990's. Compulsory testing is no longer advocated and patients undergo voluntary testing based on individual risk assessment.

All patients entering NSW custody undergo an initial reception assessment by an experienced reception nurse. This reception assessment includes a risk assessment for blood borne viruses (BBV) and sexually transmissible infections (STI). Should the patient be assessed as either having, or being at risk of contracting, a BBV or STI, they are referred to a PSHN for ongoing management. Patients are also vaccinated against hepatitis B as part of the EDP.

It must be noted that due to limited access to patients as a result of security issues, the small number of PSHN many of whom work part time and the high turn over of patients, not all patients are assessed and vaccinated through the EDP.

Nationally, hepatitis C is the most commonly reported notifiable infectious condition after chlamydia (DoHA 2005). In 2005, an estimated 264,000 people living in Australia had been exposed to the hepatitis C virus. Of these, 66,700 were estimated to have cleared the infection and 197,300 had chronic hepatitis C infection including 43,400 with moderate to severe liver disease [National Centre in Epidemiology and Clinical Research (NCHECR) 2006].

According to current estimates, around 9,700 new infections occur each year (Hepatitis C Virus Projections Working Group 2006). Dependent on the rates of uptake of treatment, it is projected that between 148,000 to 190,000 people will still be living with chronic hepatitis C in 2025 (Hepatitis C Virus Projections Working Group 2006).

In 2004, 4,970 cases were notified in NSW, and around 89,000 cases have been notified since 1990 (NSW Hepatitis C Strategy 2007 – 2009).

A number of studies report the estimated prevalence of hepatitis C infection amongst male inmates in Australia to be around 34 to 47%, and between 50 to 70% for female inmates (Black 2004, Butler 2005).

Additionally, individuals can be infected with two or more blood-borne viruses at the same time (eg hepatitis C, HIV and hepatitis B). Co-infection can increase the severity and rate of the infection, including an increased death rate and disease progression (Dore 2005).

Both State and National strategies and policies provide the overarching framework on which the Justice Health Hepatitis C Strategic Plan 2007-2010 is based. Additionally, Justice Health undertook a review of its hepatitis C services prior to the development on the new strategic plan. The *Justice Health Hepatitis C Services Review* provides an additional point of reference on which the new strategic plan is based.

National Hepatitis C Strategy 2005-2008

The National Hepatitis C Strategy 2005 – 2008 provides a framework for a coordinated national response to hepatitis C in Australia. It defines priorities of action over the next three years and identifies target populations most at risk of contracting hepatitis C.

Its objectives include, but are not limited to:

- Reducing the transmission of hepatitis C through education, improved awareness of risks and access to harm reduction strategies.
- Reducing the discrimination, isolation and stigma experienced by people with hepatitis C, through raising awareness of hepatitis C and its consequences.
- Undertaking surveillance and monitoring to identify groups at risk, guide prevention interventions and evaluate effectiveness of these interventions.

The Strategy identifies three priority populations at risk of contracting hepatitis C, and strives to reduce transmission and improve care and support for these groups in particular.

- Injecting drug users (IDUs)
 - Young people
 - Culturally and linguistically diverse (CALD) people
 - People in rural and remote areas.
- People in custodial settings.
- Aboriginal and Torres Strait Islander people who engage in risk behaviours.

Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (Hepatitis C Subcommittee)

The Prisons Working Group of the Hepatitis C Subcommittee of the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH) began developing guidelines to assist states and territories in the management of hepatitis C in the

custodial setting. The guiding principles for developing this document were adopted from the *National Hepatitis C Strategy 2005-2008*.

In June 2007, the *Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings* was submitted to the Australian Health Ministers' Advisory Committee (AHMAC). The final documents produced contain the recommendations from the committee and a supplementary document which provided the evidence on which the recommendations were based.

The recommendations from the Prison Working Group of the Hepatitis C Subcommittee of MACASHH are summarised under five broad headings with additional subheadings as follows:

1. Prevention of Hepatitis C in the Correctional Setting:
 - Education about hepatitis C and the routes of transmission for inmates
 - Infection control in correctional settings
 - Recreational sport and exercise
 - Provision of bleach and disinfectant and education about their use
 - Access to razors, toothbrushes and safe barbering
 - Education and counselling related to injecting drug use
 - Drug treatment programs
 - Tattooing and body art under appropriate infection control procedures
 - Body piercing and appropriate infection control procedures
 - Prison based needle syringe exchange.
2. Hepatitis C Testing in Custodial Settings:
 - The National hepatitis C testing policy
 - Risk assessment and testing for hepatitis C
 - Pre and post test discussion
 - Hepatitis A and B vaccination.

3. Hepatitis C Education and Counselling:

- Hepatitis C education programs
- Access to educational materials
- Purpose developed materials
- Peer education
- Access to counselling and support services.

4. Treatment and Care of People Living with Hepatitis C:

- Clinical assessment and referral for ongoing care and treatment
- Counselling about treatment options
- Treatment planning
- Ongoing care and symptom treatment
- Access to drug substitution and pharmacotherapies
- Monitoring of hepatitis C for inmates who are not on treatment
- Post release care.

5. Workforce Development.

NSW Health Hepatitis C Strategy 2007-2009

The NSW Health Hepatitis C Strategy 2007-2009 provides a statewide strategic framework for the prevention and management of hepatitis C within NSW. The goals of the Strategy are to:

- Minimise the transmission of hepatitis C
- Improve the health status of people with hepatitis C
- Minimise the negative personal, social and economic impact of hepatitis C.

The goals will be achieved by:

- Implementing prevention and education strategies to reduce transmission of hepatitis C
- Providing equitable access to treatment, care and support services and increasing treatment uptake among people with hepatitis C
- Reducing discrimination, stigmatisation and marginalisation experienced by people with hepatitis C
- Improving the knowledge, skills and capacity of the workforce to meet the needs of people with or at risk of hepatitis C

- Improving monitoring, surveillance and research to better inform the NSW response to hepatitis C.

Guiding principles

The following principles guide the response to hepatitis C in NSW:

- Harm minimisation
- Health promotion
- A partnership approach
- The involvement of affected communities
- Transparency and accountability
- An enabling environment
- Access and equity
- Evidence based approach.

Priority populations

The following populations are identified in the Strategy, in particular in terms of their prevention and education needs:

- People who inject drugs
- Aboriginal people who are at risk of hepatitis C infection
- People from culturally and linguistically diverse backgrounds.

Settings

In addition the Strategy recognises that particular settings have a significant impact on access to services, both in relation to prevention and education, and to treatment care and support. The following are identified as priority settings:

- Rural settings
- Correctional settings.

There are common and emerging themes from these strategic documents including recognition of priority groups such as injecting drug users, people from culturally and linguistically diverse backgrounds, Aboriginal people and young people. Justice Health provides health services to all these groups in the custodial and rural settings. Justice Health acknowledges these groups and the Justice Health Hepatitis C Strategic Plan 2007-2010 incorporates strategies to address these priority populations.

Challenges of Service Provision in the Custodial Environment

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Overview

The challenges that face Justice Health are many and include the remote geographical location of some clinics, the frequent relocation and movement of patients, and the need to develop and provide appropriate services for long and short stay inmates and detainees. Access to our patients, as a result of security requirements, remains a significant challenge.

Different service priorities between Justice Health, the Department of Corrective Services (DCS) and the Department of Juvenile Justice (DJJ) provide additional challenges for managing patients within the custodial setting. The service priorities for both DCS and DJJ centre around the provision of security, rehabilitation and reducing recidivism whereas Justice Health focuses on a health driven service model. At times, these different service priorities require negotiation between the services to ensure the patient receives their health care whilst maintaining any necessary security requirements.

Justice Health aims to provide services equivalent to those that the patient would receive in the community however this can prove extremely challenging with limited resources in many areas, including hepatitis C care and treatment, especially in the rural and remote facilities.

The high rate of recidivism among this population results in many movements between custody and the community. This can make the continuum of care, the attendance at booked health appointments and discharge planning difficult to maintain. Justice Health works closely with the Department of Corrective Services and the Department of Juvenile Justice to ensure continuity of care.

The following points also highlight additional challenges faced by Justice Health when providing care to people in custody:

- Small 'window' of opportunity to improve health status of patients as only 10% of adults stay more than 6 months and only 2.5% of young people who come into contact with the criminal justice system stay for longer than 6 months.
- Adults in custody rarely spend their entire stay within the same correctional centre.
- Figures from 2006 indicate an over representation of Aboriginal people (20%) in the adult system compared to the general community (2%). 50% of young people in custody are Aboriginal.
- Provision of care for an increasing number of patients over 45 years of age.
- Meeting the health needs of female patients, whose numbers have increased by 45% since 1998.
- Provision of services for an increasing number of young people in custody
- Emerging mental illness in young people.
- Availability of sufficient appropriately skilled staff working where they are needed.
- Commissioning the new Forensic and Prison Hospitals on the Long Bay site.
- Increased knowledge and understanding of health services by patients placing demands on the type and quality of services available.
- Increased importance of information management, performance reporting, and information security.
- High demand and expectations for information technology services and equipment.

The Custodial Population

Adults

- The daily average number of adults in the correctional system was 9,234 for the year ending June 2006.
- The annual throughput of adults in the correctional system was approximately 18,000 in the year ending June 2006.
- 27% of adult inmates stay in the correctional system for fewer than 8 days.
- 17% stay between 8 and 30 days.
- 56% stay longer than 30 days.
- 10% stay longer than 6 months.
- There are approximately 250,000 movements between correctional centres, police cells and the court system annually.

Challenges of Service Provision in the Custodial Environment

Young people in custody

- The daily average number of young people in custody was 340 for the year ending June 2006.
- An estimate of the annual throughput of young people in custody was 3,500 in the year ending June 2006.
- 65% of young people are in the juvenile justice system for up to one week.
- Only 2.5% stay longer than six months.
- The average length of stay in detention is 23 days.

The health of our patients

People in custody generally have poor health status characterised by general neglect, substance abuse, and mental illness.

Adults

The adult population has the following key characteristics as identified by the Inmate Health Survey (2001):

- Most are aged between 25 and 34 years.
- The number of inmates aged over 45 years is continuing to increase.
- The average age of male inmates is 33 years.
- The average age of female inmates is 31 years.
- 18% of males and 27% of females are Aboriginal and Torres Strait Islander, compared to 2% of the general community. The incarceration rate for indigenous offenders is ten times higher than for non-indigenous people.
- 78% of males and 83% of females smoke compared to 27% of men and 20% of women in the general community.
- 21% of males and 44% of females have asthma.
- 43% of females have abnormal Pap smears compared to 12%-23% in the general community.
- 28% of males and 31% of females have been exposed to hepatitis B – 11% of males and 6% of females are currently infected.

- 40% of males and 66% of females are hepatitis C positive.

(Butler and Milner 2003)

Young People in Custody

The Young People in Custody Health Survey (2003) indicates the following:

- 42% identify as Aboriginal or Torres Strait Islander.
- 42% report having been physically abused, 10% sexually abused, 38% had experienced emotional neglect and 34% physical neglect.
- 19% of males and 24% of females had seriously considered attempting suicide at some time in the past.
- Overall, 28% of young men and 56% of young women have been diagnosed with asthma.
- 32% of young men and 30% of young women have mild hearing loss.
- 43% of participants have a history of parental imprisonment and 11% had a parent who was currently incarcerated.
- 17% of young men and 47% of young women had injected drugs in the twelve months prior to custody.
- Almost 90% of all detainees have used cannabis and most adolescents report having consumed alcohol and being drunk at some time in the past.
- Approximately 8% of young males and 18% of young females are hepatitis C positive.

(Allerton et al, 2004)

Risk Factors for Hepatitis C Transmission

The risk factors for hepatitis C transmission in custody include, but are not limited to:

- Sharing injecting equipment.
- Tattooing and body piercing.
- Violence.
- Sharing personal care items such as barbering implements, toothbrushes and razors.

Injecting Drug Use

The 2001 Inmate Health Survey found that one third of adult females and one quarter of adult males reported using heroin in custody.

Justice Health is represented at local, State and National levels to discuss the issue of a prison needle syringe program. Despite this, there has been no further progress made in this area. The recognition by the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis – Hepatitis C Subcommittee (Prison Working Group) and the subsequent recommendation regarding a prison based needle syringe program highlighted the complex policy environment in this area.

The provision of sterile injecting equipment in prisons is a controversial and complex issue. Any needle and syringe exchange trial which is being considered in the future by the Australian States and Territories would need to be supported by correctional staff and fully evaluated to assess occupational health and safety, impact on hepatitis C transmission and any other indirect effects.

[Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis – Hepatitis C Subcommittee (Prison Working Group), 2007]

Access to disinfectant solution

The 2001 Inmate Health Survey found that, of those who reported having injected drugs in prison, 80% of adult females and 83% of adult males reported trying to access a disinfectant solution in prison to clean injecting equipment. 7% of adult females and 14% of adult males reported that it was either difficult to obtain or was unavailable.

Justice Health staff are still unable to provide disinfectant solution to adults in custody. The provision of disinfectant solutions remains the responsibility of the Department of Corrective Services.

Justice Health staff are unable to provide disinfectant solution within the adolescent setting. Other strategies to minimise harm are utilised and include, but are not limited to, Opioid Treatment Programs (OTP) and harm reduction education.

The concerns regarding the efficacy of disinfectant solution against the hepatitis C virus remain however in the absence of alternative methods such as a prison needle syringe program, harm minimisation education must include information about abstaining from drug use while in custody, safer injecting practices if drug use occurs, early access to OTP and the potential risks of contracting hepatitis C from injecting drug use despite the use of a disinfectant solution.

Tattooing

Tattooing in the NSW custodial setting is illegal and has been implicated in the transmission of hepatitis C in custody. Despite this, tattooing in custody is common, with 37% of females and 42% of males with tattoos reporting that they were tattooed during their incarceration. The disbandment of the Canadian prison based tattooing trial has impacted on the impetus to undertake a similar project in NSW.

Body piercing

Body piercing and associated “jewellery” pose a potential risk for hepatitis C transmission within the custodial environment. Patients who have their body jewellery removed from them as part of custodial policy may use make shift devices that could present not only an infection risk but also a risk for hepatitis C transmission. Instructions on the use and care of body piercings including advice to minimise sharing is essential.

Barbering practices

While barbering practices in NSW custody remains the responsibility of DCS / DJJ, Justice Health continues to monitor infection control practices. Policy development has occurred in this area to ensure barbering practices comply with community infection control standards.

Violence

Blood to blood contact can occur within the custodial environment through a variety of mechanisms.

Challenges of Service Provision in the Custodial Environment

Contact sports such as boxing and field games can result in trauma to both parties allowing for blood borne virus transmission, particularly hepatitis C. Justice Health has advocated for the use of non latex disposable gloves to be used inside boxing gloves to minimise blood transmission through damaged knuckles.

The 2001 Inmate Health Survey found that intentional injuries were common, highlighting the violent environment in which many people in custody exist. The most common cause of injury for both sexes was being struck by an object or person (32% and 42% of all causes). Respondents were asked whether another person had deliberately caused them injury in the past twelve months. Overall, 26% of adult females and 21% of adult males had received such an injury.

Deliberate self harm within the custodial environment poses a risk of blood exposure and hepatitis C transmission to others. The 2001 Inmate Health Survey reported slashing up (deliberately cutting parts of the body) as the most common self harm method for adult males and females in custody.

Sharing razors and toothbrushes

The sharing of razors and toothbrushes in the custodial environment poses a risk for hepatitis C transmission as bleeding onto the personal hygiene item may occur. Justice Health continues to advocate to ensure there are sufficient quantities of personal hygiene items for each person in custody to minimise the risk of hepatitis C transmission.

Additionally, the Department of Corrective Services has policies in place to ensure these items are provided to each person upon reception and on a one to one exchange basis.

This strategic document attempts to address some of the directions and challenges for Justice Health in relation its ability to manage the large number of people with hepatitis C, currently and in the future.

Firstly, the ability of the service to provide harm minimisation strategies appropriate for the custodial environment in conjunction and consultation with the Department of Corrective Services and the Department of Juvenile Justice needs to be identified and addressed.

Following this, Justice Health will appraise its Early Detection Program and identify strategies to increase the number of people screened for hepatitis C. Justice Health also aims to respond to the large number of people with hepatitis C either through ongoing monitoring of their health status or through access to treatment services.

Thirdly, Justice Health recognises that currently there is a limited capacity to commence patients on hepatitis C treatment. As a result, patient access to treatment needs to be assessed and improvements made in the number of patients commencing hepatitis C treatment. Justice Health also needs to plan for the increased number of patients with chronic hepatitis C and end stage liver disease.

Fourthly, Justice Health must develop its workforce capacity to respond effectively to the large numbers of patients with hepatitis C. Workforce development requires a “whole of organisation” response and must include all disciplines of health care providers.

Finally, Justice Health must continue to contribute to the research in relation to hepatitis C.

Justice Health continues to work towards developing a model of care for hepatitis C services that provides equity to all aspects of hepatitis C prevention, care, management and treatment along with ensuring its workforce is appropriately trained to respond to the health care requirements of its patients.

Through our experience with managing the custodial population, priority groups consistent with state and national strategies have been identified.

These include:

- People who inject drugs
- Young people in custody
- Aboriginal and Torres Strait Islander people
- Culturally and linguistically diverse people
- Overseas populations from high risk countries
- People with unknown blood borne virus status
- People who report recent risk exposure.

It must be recognised that with limited resources, further prioritisation of these priority groups may need to occur.

The primary interventions for these groups may also be different e.g. injecting drug users may require early access to OTP, young people in custody may require harm minimisation education to prevent them from acquiring hepatitis C and Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people from high risk overseas countries and people with unknown blood borne virus status or recent risk exposure may require early testing and if necessary, treatment.

Justice Health Strategic Framework

The mission statement, goals and values of Justice Health are as follows:

Mission

Achieving measurable and sustained health care outcomes leading to international best practice for those who come in contact with the NSW Criminal Justice System.

Goals

- Keep people healthy
- Identify the health care needs of our client group
- Provide high quality, clinically appropriate services, informed by best practice and applied research
- Make health care part of the rehabilitative endeavour
- Facilitate continuity of care to the community
- Develop an organisational culture that supports service delivery
- Promote fair access to health services
- Manage health services well
- Provide strong corporate and clinical governance.

Values

- Equitable Access
- Client Centred Services
- Professionalism
- Accountability & Transparency
- Evidence Based Practice
- Collaboration
- Forward Thinking.

The Justice Health Corporate Strategic Plan 2006-2010 focuses the organisation on 7 key areas of clinical performance:

1. Risk assessment and early intervention
2. Prevention and early detection of health problems
3. Managing the top 5 chronic diseases - cardiovascular, chronic obstructive pulmonary disease, diabetes, renal failure, and cancer
4. Community mental health services
5. Programs that divert mentally ill offenders to treatment
6. Managing our ageing patient population
7. Post release care – continuity of care to the community.

These organisational strategic directions underpin this plan. The guiding principles and strategies outlined in the National and State Hepatitis C strategies are also reflected in this plan. Furthermore the Justice Health Hepatitis C Services Review, the Population Health chapter of the Healthcare Services Plan 2006-2010 and the Population Health Business Plans for each financial year are guided by the Justice Health Hepatitis C Strategic Plan 2007-2010.

There are several key points of this plan that are integral to its success and implementation.

There needs to be appropriate identification and referral of priority groups at the point of reception (admission) and fast tracking of these priority groups to the Public Sexual Health Nurse (PSHN) for management. Coupled with this is the management of inappropriate referrals to the PSHN thereby freeing up valuable clinical specialist time to deal with the priority groups.

Additionally, Justice Health needs to educate its staff regarding appropriate referral pathways for patients with hepatitis C who aren't undergoing specialist care or treatment and can be monitored by other health care workers apart from the PSHN. Justice Health needs to develop robust systems to ensure the ongoing routine monitoring of patients who aren't undergoing specialist care or treatment including regular general clinical reviews and monitoring of liver function tests (LFT).

To ensure Justice Health responds as an organisation, its needs to be committed to the educational development of its staff in relation to hepatitis C prevention, detection, care and treatment. Staff training is paramount to any quality service and areas for development include the training of staff in venepuncture, vaccination and reception assessment. To ensure organisational commitment to staff training, these key areas must be included all directorate and clinical stream business plans.

There needs to be equitable access to hepatitis treatment and all staff must receive education on the requirements for patient work up prior to the commencement of treatment and the management of patients on treatment. Patient numbers accessing treatment must continue to increase.

As previously mentioned, these are the identified priority populations within Justice Health in relation to the prevention, care, management and treatment of hepatitis C and all staff must be familiar with these groups:

- People who inject drugs
- Aboriginal and Torres Strait Islander people

- Young people (both within the adult and adolescent system)
- People from culturally and linguistically diverse backgrounds
- People coming from high risk countries/immigration centres
- People entering custody with unknown BBV status or recent risk exposure.

The following details the proposed Strategic Directions and the strategies to address them:

Strategic Direction 1: Prevention of Hepatitis C Transmission

Justice Health is committed to reducing the risk of hepatitis C transmission in the NSW custodial environment. Justice Health will:

- Continue to provide access to Opioid Treatment Programs and maintain the current number of patients on Opioid Treatment Programs. An increased number of patients on Opioid Treatment Programs can only occur with additional funding.
- Continue to advocate for strategies that minimise the risk of hepatitis C transmission including access to disinfection solution, safer barbering, sufficient quantities of individual personal care items, tattooing, skin piercing and prison needle syringe program in line with recommendations from the Ministerial Advisory Committee on Hepatitis (Prison Working Group).
- Develop hepatitis C resources relevant to the custodial environment in conjunction with other organisations e.g. DCS, DJJ, Hepatitis C Council of NSW, drug companies.
- Work with Adolescent Health to improve the frequency of delivery of the "Girls and Boys Health Education Program" in conjunction with the Justice Health Aboriginal Sexual Health Education Officer.
- Establish partnerships with Aboriginal Community Controlled Health Services (ACCHS) and Area Health Service (AHS) providers to improve hepatitis C prevention education programs for Aboriginal and Torres Strait Islander people.

Strategic Directions

- Inform other agencies (include DJJ, DCS AND NSW Health) regarding hepatitis C transmission in custody.
- Provide harm minimisation education to patients at reception.
- Provide culturally specific harm minimisation education to Aboriginal and Torres Strait Islander people in custody.
- Provide specific harm minimisation education to culturally and linguistically diverse people in custody.

Strategic Direction 2: Screening for Blood Borne Viruses including Hepatitis C

Justice Health is committed to the provision of the Early Detection Program for Blood Borne Viruses and Sexually Transmitted Infections. The following strategies will be implemented:

- Maintain and improve surveillance and monitoring programs in custody through the Early Detection Program, which includes hepatitis B vaccination.
- Include Adolescent Health in the Early Detection Program and Surveillance Reporting.
- Improve access to the screening program for Aboriginal and Torres Strait Islander people in custody.
- Improve acute and non acute hepatitis C reporting.

Strategic Direction 3: Clinical Care

Justice Health is committed to addressing the challenges of providing clinical care for patients in the custodial environment with hepatitis C. The following strategies aim to improve clinical care:

- Expand the capacity of the existing nurse led model of care for hepatitis C services.
- Increase S100 prescriber numbers within Justice Health.
- Increase the number of patients commenced on hepatitis C treatment.
- Advocate for the provision of on site hepatitis C treatment services at Junee through contract variation between DCS and the GEO Group Inc.

- Improve the management of patients with chronic hepatitis C who are not on treatment.
- Improve the management of patients with end stage liver disease.
- Engage with external agencies (e.g. AHS, Hepatitis C Council of NSW) to improve the continuum of care for patients with hepatitis C.
- Develop efficient systems to ensure the continuation of care for patients entering and being released from custody on hepatitis C treatment (including the Connections Program and its role in post release care).
- Ensure priority populations access treatment.
- Develop funding submissions to enhance clinical services where possible.

Strategic Direction 4: Workforce Development

Justice Health is committed to ensuring its workforce is appropriately trained to respond to the health care requirements of its patients. Justice Health will:

- Ensure the effective implementation of the Early Detection Program through the training of all nursing staff who undertake the PSHN role.
- Support the ongoing education of the PSHN Network through training opportunities and the annual forum.
- Develop flexible training that allows all staff to undertake the theoretical component of the Clinical Accreditation Program for Screening and Management of Blood Borne Viruses in the Custodial Environment.
- Educate all staff on the requirements for work up prior to commencing hepatitis C treatment.
- Develop a Clinical Accreditation Program for Chronic Viral Hepatitis Care, Management and Treatment.
- Provide workforce development in hepatitis care and treatment for all PSHN.
- Develop flexible training that allows all staff to undertake the theoretical component of the Clinical Accreditation Program for Chronic Viral Hepatitis.

- Capacity build within Justice Health to ensure a greater number of the workforce are trained in the Early Detection Program to provide screening and back up for PSHN during times of leave relief.
- Increase the number of nursing staff who have undertaken Venepuncture Training.
- Increase the number of nursing staff who have undertaken Reception Training to improve the referral of priority populations to the PSHN.
- Increase the number of nursing staff who have undertaken Immunisation Training.
- Increase the number of medical staff who have undertaken accreditation in S100 prescribing.

Strategic Direction 5: Research and Surveillance

Justice Health is committed to contributing to hepatitis C research and surveillance activities. This provides the service with evidence on which to base clinical practice and strategic direction and assists with ensuring best practice care for those patients in contact with the custodial environment. Justice Health will:

- Participate in the National Prison Entrants' Blood Borne Virus Survey.
- Conduct the NSW Young People in Custody and Risk Behaviour Survey.
- Conduct the Inmate Health Survey.
- Continue to maintain data on hepatitis C services, treatment and outcomes.

The Justice Health Hepatitis C Strategic Plan 2007-2010 will be evaluated every six months throughout the life of the plan. The evaluation of the plan will be reported through to the Justice Health Executive and the Justice Health Board.

Linked to the strategies are Key Performance Indicators (KPI's) that need to be achieved to show successful progress of the plan. The strategies and KPI's will form the basis of the evaluation report (see Appendix One).

In order for this plan to be successful, all stakeholders must be committed to its implementation. As such, it requires all directorates and clinical streams within Justice Health to be familiar with, agree upon and be prepared to implement the strategies in order to ensure the effectiveness of the plan.

This plan highlights the Strategic Directions and key strategies in order for this plan to be effective. All areas within Justice Health must recognise that hepatitis C is everyone's business and requires a "whole of organisation" approach if any inroads are to be made in this area.

Additionally, key organisations such as the Department of Corrective Services, the Department of Juvenile Justice, the Hepatitis C Council of NSW, the NSW Department of Health, community youth health care providers, Aboriginal Community Controlled Health Services, Area Health Services and professional organisations provide for new and ongoing partnership opportunities regarding the management of hepatitis C in the custodial environment.

Abbreviations

AHMAC	Australian Health Ministers' Advisory Committee
AHS	Area Health Service
AIDS	Acquired Immunodeficiency Syndrome
BBV	Blood Borne Virus
CALD	Culturally and linguistically diverse
CAP	Clinical Accreditation Program
CNC	Clinical Nurse Consultant
DCS	Department of Corrective Services
DJJ	Department of Juvenile Justice
DoHA	Department of Health and Aging
EDP	Early Detection Program
HCC NSW	Hepatitis C Council of New South Wales
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDU	Injecting drug user
JH	Justice Health
LFT	Liver function test
KPI	Key Performance Indicator
MACASHH	Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis
NCHECR	National Centre in HIV Epidemiology and Clinical Research
OTP	Opioid Treatment Program
PSHN	Public Sexual Health Nurse
STI	Sexually Transmissible Infection

Appendix 1 – Strategic Directions and Key Performance Indicators

Strategic Direction 1: Prevention of Hepatitis C Transmission

Strategic Direction	Strategies to improve prevention	Key Performance Indicators
Prevention of Hepatitis C Transmission	Continue to provide access to Opioid Treatment Programs and maintain the current number of patients on Opioid Treatment Programs. An increased number of patients on Opioid Treatment Programs can only occur with additional funding.	Baseline: (N and %) Number commenced on treatment for six month period (N and %) Total number on treatment at end of six month period (N and %)
	Continue to advocate for strategies that minimise the risk of hepatitis C transmission including access to disinfection solution, safer barbering, sufficient quantities of individual personal care items, tattooing, skin piercing and prison needle syringe program in line with recommendations from the Ministerial Advisory Committee on Hepatitis (Prison Working Group).	Report on the meetings with DCS HHPU Report on the meetings with the HCC NSW Report on the meetings with DJJ / Adolescent Health
	Develop hepatitis C resources relevant to the custodial environment in conjunction with other organisations e.g. DCS, DJJ, Hepatitis C Council of NSW, drug companies.	Report on progress in resource development
	Work with Adolescent Health to improve the frequency of delivery of the “Girls and Boys Health Education Program” in conjunction with the Justice Health Aboriginal Sexual Health Education Officer.	Report on the quality and quantity of programs undertaken
	Establish partnerships with Aboriginal Community Controlled Health Services (ACCHS) and Area Health Service (AHS) providers to improve hepatitis C prevention education programs for Aboriginal and Torres Strait Islander people.	Report on the number of service agreements and number of clinical services provided
	Inform other agencies (include DJJ, DCS AND NSW Health) regarding hepatitis C transmission in custody.	Report on HARP meetings Report on the Inmate Health Survey and Young People in Custody and Risk Behaviour Survey
	Provide harm minimisation education to patients at reception.	100% of patients provided harm minimisation education (through 100 file audits every 6 months)
	Provide culturally specific harm minimisation education to Aboriginal and Torres Strait Islander people in custody.	Report on the number of programs conducted
	Provide specific harm minimisation education to culturally and linguistically diverse people in custody.	Report on the number of culturally and linguistically diverse people provided with resources

Strategic Direction 2: Screening for Blood Borne Viruses including Hepatitis C

Strategic Direction	Strategies to improve screening	Key Performance Indicators
Screening for Blood Borne Viruses including Hepatitis C	Maintain and improve surveillance and monitoring programs in custody through the Early Detection Program, which includes hepatitis B vaccination.	Baseline: (N and % EDP and hepatitis B vaccination) Number informed (N and %) Number tested (N and %) Number of first HBV vaccine (N and %) Total number of HBV vaccines (N and %)
	Improve access to the screening program for Aboriginal and Torres Strait Islander people in custody.	Baseline: (N and % EDP and hepatitis B vaccination – adult and adolescent) Number introduced (N and %) Number tested (N and %) Number of first HBV vaccine (N and %) Total number of HBV vaccines (N and %)
	Include Adolescent Health in the Early Detection Program and Surveillance Reporting.	Baseline: (N and % EDP and hepatitis B vaccination) Number introduced (N and %) Number tested (N and %) Number of first HBV vaccine (N and %) Total number of HBV vaccines (N and %)
	Improve acute and non acute hepatitis C reporting.	Report on the number of patients by priority population who test positive to hepatitis C (acute and non acute)

Strategic Direction 3: Clinical Care

Strategic Direction	Strategies to improve clinical care	Key Performance Indicators
Clinical Care	Expand the capacity of the existing nurse led model of care for hepatitis C services.	Baseline: (N and %) Number and percentage of staff trained
	Increase S100 prescriber numbers within Justice Health.	Baseline: (N and %) Number and percentage of newly established services
	Increase the number of patients commenced on hepatitis C treatment.	Report on the number of patients commenced on hepatitis C treatment.
	Advocate for the provision of on site hepatitis C treatment services at Junee through contract variation between DCS and GEO.	Report on contract variation progress
	Improve the management of patients with chronic hepatitis C who are not on treatment.	Report on the progress of the working party looking at management of diagnostic testing Number and percentage of staff trained by Population Health
	Improve the management of patients with end stage liver disease.	Report on the progress with policy development Report on the progress of establishing a database
	Engage with external agencies (e.g. AHS, Hepatitis C Council of NSW) to improve the continuum of care for patients with hepatitis C.	Report on meetings with HARP Report on meetings with HCC NSW
	Develop efficient systems to ensure the continuation of care for patients entering and being released from custody on hepatitis C treatment (including the Connections Program and its role in post release care).	100% of patients discharged on treatment have a discharge plan 100% entering custody on treatment continue treatment Report on the number of patients with hepatitis C linked to the Connections Program
	Ensure priority populations access treatment.	Annual Hepatitis C Education and Prevention Report
Develop funding submissions to enhance clinical services where possible.	Report on funding submissions developed	

Strategic Direction 4: Workforce Development

Strategic Direction	Strategies to improve workforce development	Key Performance Indicators
Workforce Development	Ensure the effective implementation of the Early Detection Program through the training of all nursing staff who undertake the PSHN role.	100% of PSHN have commenced or completed training
	Support the ongoing education of the PSHN Network through training opportunities and the annual forum.	Report on monthly teleconferences Report on Listserv activities Report on the annual PSHN Forum including evaluation of the program
	Develop flexible training that allows all staff to undertake the theoretical component of the Clinical Accreditation Program (CAP) for Screening and Management of Blood Borne Viruses in the Custodial Environment.	Number and percentage of staff other than PSHN trained in the theoretical component
	Educate all staff on the requirements for work up prior to commencing hepatitis C treatment.	Report on the Population Health Education Road show and the number and percentage of staff trained
	Develop a Clinical Accreditation Program (CAP) for Chronic Hepatitis Care, Management and Treatment.	Report on program development progress and outcome with submission to University of Technology Sydney
	Provide workforce development in hepatitis care and treatment for all PSHN.	80% of all PSHN who have completed the CAP in have commenced or completed the CAP for HCV
	Develop flexible training that allows all staff to undertake the theoretical component of the Clinical Accreditation Program (CAP) for Chronic Hepatitis.	Number and percentage of staff other than PSHN trained in the theoretical component
	Capacity build within Justice Health to ensure a greater number of the workforce are trained in the Early Detection Program to provide screening and back up for PSHN during times of leave relief.	Number of staff trained in theory of CAP in BBV Percentage of sites with more than one staff member trained in BBV screening
	Increase the number of nursing staff who have undertaken Venepuncture Training.	Baseline: (N and %) 10% increase annually over duration of plan Inclusion on business plans
	Increase the number of nursing staff who have undertaken Reception Training to improve the referral of priority populations to the PSHN.	Baseline: (N and %) 10% increase annually over duration of plan Inclusion on business plans
	Increase the number of nursing staff who have undertaken Immunisation Training.	Baseline: (N and %) 10% increase annually over duration of plan Inclusion on business plans
	Increase the number of medical staff who have undertaken accreditation in S100 prescribing	Baseline: (N) Report on additional accredited S100 prescribers

Strategic Direction 5: Research and Surveillance

Strategic Direction	Strategies to improve screening	Key Performance Indicators
Research and Surveillance	Participate in the National Prison Entrants' Blood Borne Virus Survey.	Survey undertaken and report provided
	Conduct the NSW Young People in Custody and Risk Behaviour Survey.	Survey undertaken and report provided
	Conduct the Inmate Health Survey.	Survey undertaken and report provided
	Continue to maintain data on hepatitis C services, treatment and outcomes.	Hepatitis Incidents and Treatment Study (HITS) report HCEP report for NSW Health

Appendix 2

Aboriginal Health Impact Statement Checklist

This Checklist should be used when preparing an Aboriginal Health Impact Statement for new health policies, as well as major health strategies and programs. To complete the checklist and to fully understand the meaning of each checklist item, it is essential to refer to *How to Use the checklist* in Part 3 of the Aboriginal Health Impact Statement.

Development of the policy, program or strategy

1. Has there been appropriate representation of Aboriginal stakeholders in the development of the policy, program or strategy? Yes No
2. Have Aboriginal stakeholders been involved from the early stages of policy, program or strategy development? Yes No

Please provide a brief description

In consultation with the Justice Health Aboriginal Health Unit.

3. Have consultation/negotiation processes occurred with Aboriginal stakeholders? Yes No N/A
4. Have these processes been effective? Yes No

Explain

Agreement and sign off by the Manager, Aboriginal Health Unit, Justice Health.

5. Have links been made with relevant existing mainstream and/or Aboriginal-specific policies, programs and/or strategies? Yes No N/A

Explain

Links with the Justice Health Early Detection Program and Hepatitis C Treatment Program.

Contents of the policy, program or strategy

6. Does the policy, program or strategy clearly identify the effects it will have on Aboriginal health outcomes and health services? Yes No

Comments

Increased identification and education of Aboriginal people with, or at risk of acquiring hepatitis C, increased number of Aboriginal people vaccinated against hepatitis B and increased number of Aboriginal people managed for hepatitis C.

7. Have these effects been adequately addressed in the policy, program or strategy? Yes No

Explain

As above. Evaluation incorporates reporting of these effects.

8. Are the identified effects on Aboriginal health outcomes and health services sufficiently different for Aboriginal people (compared to the general population) to warrant the development of a separate policy, program or strategy? Yes No N/A

Explain

Aboriginal people are over represented in NSW custody. The prevalence of hepatitis C among Aboriginal people in custody is higher than the general custodial population.

Implementation and evaluation of the policy, program or strategy

9. Will implementation of the policy, program or strategy be supported by an adequate allocation of resources specifically for its Aboriginal health aspects? Yes No N/A
 To be advised

Describe

Through the development and involvement of Aboriginal Health Care Workers.

10. Will the initiative build the capacity of Aboriginal people/organisations through participation? Yes No N/A

In what way will capacity be built?

Through the development and involvement of Aboriginal Health Care Workers.

11. Will the policy, program or strategy be implemented in partnership with Aboriginal stakeholders? Yes No N/A

Briefly describe the intended implementation process

In consultation with the Justice Health Aboriginal Health Unit.

12. Does an evaluation plan exist for this policy, program or strategy? Yes No N/A

13. Has it been developed in conjunction with Aboriginal stakeholders? Yes No N/A

Briefly describe Aboriginal stakeholder involvement in the evaluation plan

In consultation with the Justice Health Aboriginal Health Unit.

Appendix 2

Aboriginal Health Impact Statement Declaration

An Aboriginal Health Impact Statement Declaration (and a completed Checklist where necessary) will accompany new policies and proposals for major health strategies and programs submitted for Executive or Ministerial approval. This will ensure that the health needs and interests of Aboriginal people have been considered, and where relevant, appropriately incorporated into health policies.

THE ABORIGINAL HEALTH IMPACT STATEMENT DECLARATION

Title of the policy/initiative:

Please complete the Declaration below and the Checklist **if required**.

Please tick relevant boxes:

- The health* needs and interests of Aboriginal people have been considered, and appropriately addressed in the development of this initiative.
- Appropriate engagement and collaboration with Aboriginal people has occurred in the development and implementation of this initiative.
- Completed Checklist attached.

OR

- The health* needs and interests of Aboriginal people have been considered, in the development of this initiative.
- The Aboriginal Health Impact Statement Checklist does not require completion because there is no direct or indirect impact on Aboriginal people. (Please provide explanation.)

Head of Unit Name and Title:

Unit Name:

Area Health Service/NSW Health Branch:

Signature:

Date: / /

Contact phone no:

Email address:

*For Aboriginal people, health is defined as not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community.

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Area Map

