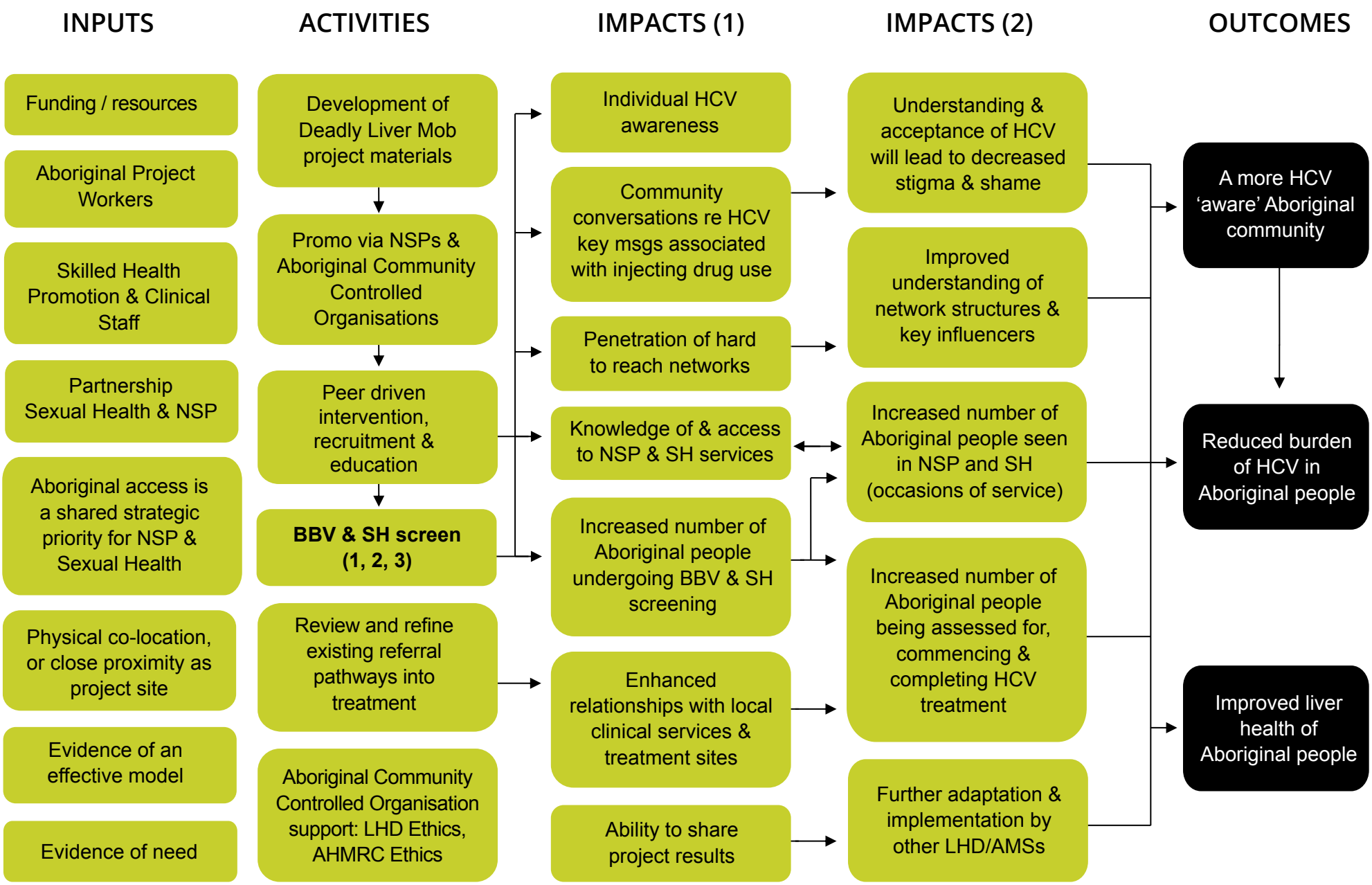
INPUTS
ACTIVITIES
IMPACTS (1)
IMPACTS (2)
OUTCOMES
Funding / resources
Aboriginal Project Workers
Skilled Health Promotion & Clinical Staff
Partnership Sexual Health & NSP
Aboriginal access is a shared strategic priority for NSP & Sexual Health
Physical co-location, or close proximity as project site
Evidence of an effective model
Evidence of need
Development of Deadly Liver Mob project materials
Promo via NSPs & Aboriginal Community Controlled Organisations
Peer driven intervention, recruitment & education
BBV & SH screen (1, 2, 3)
Review and refine existing referral pathways into treatment
Aboriginal Community Controlled Organisation support: LHD Ethics, AHMRC Ethics
Individual HCV awareness
Community conversations re HCV key msgs associated with injecting drug use
Penetration of hard to reach networks
Knowledge of & access to NSP & SH services
Increased number of Aboriginal people undergoing BBV & SH screening
Enhanced relationships with local clinical services & treatment sites
Ability to share project results
Understanding & acceptance of HCV will lead to decreased stigma & shame
Improved understanding of network structures & key influencers
Increased number of Aboriginal people seen in NSP and SH (occasions of service)
Increased number of Aboriginal people being assessed for, commencing & completing HCV treatment
Further adaptation & implementation by other LHD/AMSs
A more HCV 'aware' Aboriginal community
Reduced burden of HCV in Aboriginal people
Improved liver health of Aboriginal people