"QUICK, SIMPLE, AND FRIENDLY": UNDERSTANDING THE ACCEPTABILITY AND ACCESSIBILITY OF A NUSE AND PEER-LED MOBILE MODEL OF HEAPTITIS C CARE ADJACENT TO COMMUNITY CORRECTIONS IN MELBOURNE, AUSTRALIA

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Background: Community corrections supervision usually requires regular reporting at delegated offices. These recurring appointments are increasingly understood as having potential as points-of-contact for wrap-around health and social services, including hepatitis C screening. However, there are currently no programs offering hepatitis C care to people on community corrections orders in Victoria, and limited evidence on the effectiveness and acceptability of co-located viral hepatitis services in community corrections settings. C No More is a study of a point-of-care hepatitis C testing and rapid treatment initiation service delivered adjacent to community corrections settings in Melbourne, via a mobile, nurse and peer-led, low-threshold model of care.

Methods: We conducted a mixed methods evaluation using Levesque's Conceptual Framework of Access to Health to understand participants' experiences and perspectives on the accessibility and acceptability of this model of care. All participants completed interviewer-administered surveys (n=500) and a sample of these (n=20) participated in qualitative in-depth interviews. Quantitative data was analysed using descriptive methods and qualitative data was analysed thematically.

Results: Results suggest that participants found the C No More service approachable and accessible due to the informal, street-based outreach setting and the involvement of peer workers. Participants said the convenient location and drop-in nature of the service increased the availability of the model of care. Participants reported feeling comfortable seeking care in the mobile van due to the nonjudgemental staff and found the service appropriate and easy to engage with due to the fingerstick point-of-care testing and individualised support provided by the nurse.

Conclusion: Multiple elements of the C No More model of care increased client-perceived service accessibility. These included proximity to social services, point-of-care testing, and the person-centred and the non-judgemental peer and nurse-led care. This study supports the implementation of other peer and nurse-led models of hepatitis C care in similar settings.

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Figure 1. Joint display of findings from the C No More study and qualitative appraisal of the study, presented within Levesque's Conceptual Framework of Access to Health's five dimensions of accessibility.

APPROACHABILITY AND ABILITY TO PERCEIVE

Informal, casual setting

"Just makes it more accessible for people like myself, don't want to go and sit in an office, nah it's a good thing."

Low risk perception

"Yeah I thought I was fine and I seen the van here again and I come down and got tested and I couldn't believe that I had it yeah."

Not concerned

1/2

(n=252) said the main reason they weren't tested for hepatitis C was they weren't concerned about it.

ACCEPTABILITY AND ABILITY TO SEEK

Feeling comfortable

"Like I say, it feels more easy-going, it feels like you're just kind of talking to somebody that's on your level a bit instead of just looking down on you"

Peer workers

"A lot of people would feel more comfortable with him... because he's been there and done it and they'll relate to that and then they feel more comfortable to help themselves."

Peer and van workers

Favourite part of the service?

Van workers 46%

Peer workers 38%

AVAILABILITY AND ABILITY TO REACH

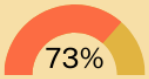
Co-location

"Great spot... because a lot of people that need help are on orders and stuff...you know, they wouldn't bother but being like here it's a lot easier."

Drop-in service

"With the van it was kind of easy with you guys... instead of me having to go 'cause I'm really bad at going to appointments and that"

Location, location, location



of participants were recruited opportunistically, while walking past or attending other services

AFFORDABILITY AND ABILITY TO PAY

Free testing and treatment

"Oh it was just easier like 'cause they pay for it, I didn't have to pay for it and stuff like that. It's just convenient...that's what I thought about it."

Vouchers

"It does help quite a lot yes 'cause I'm pay check to pay check on a disability pension and these vouchers help a lot with the cost of groceries these days yes."

Financial hardship

The median weekly income

$450

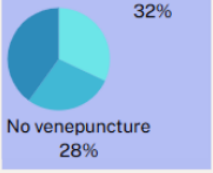
APPROPRIATENESS AND ABILITY TO ENGAGE

Point-of-care testing

"They don't have to butcher your arms, you don't have to wait weeks for results, you can just come in, get the finger prick done and everything will be organised from here pretty much."

Support

"You don't have to be the one to arrange it, it's kind of done for you."

Quick fingerstick

When asked what elements of the service they appreciated: