

"Quick, simple and friendly": Understanding the acceptability and accessibility of a nurse and peer-led, mobile model of hepatitis C care adjacent to community corrections in Melbourne

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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.

