

# An evaluation of Hepatitis Queensland's Community Corrections hepatitis C clinics



CREATE CHANGE



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## Background

Hepatitis Queensland have established monthly four-hour onsite hepatitis C clinics, which include a GP, phlebotomist, and Fibroscan, at Community Corrections district offices in Redlands and Brisbane South, to engage a cohort at high-risk of HCV infection.

Workshop sessions that provided information on hepatitis C were also provided for Community Corrections case and district managers.

## Results

105 community corrections clients were seen at the clinics and agreed to have their data used for evaluation. Some clients also brought friends and family to the clinics for testing and treatment.

The optimum time for maximising walk-in consultations was between 11AM and 3pm.

### Community Corrections Clients seen at the clinics

	Total	Aboriginal and Torres Strait Islander peoples N and %*	Not Indigenous Australians N and %*
Community corrections clients	105	23 (22%)	82 (78%)
Male	79	19 (24%)	60 (76%)
History of Incarceration	81	18 (22%)	63 (78%)
Incarcerated in last 5 years	61	13 (21%)	48 (79%)
Walk-ins without an appointment	76	14 (18%)	62 (82%)
HCV Testing at clinics	95	21 (22% of all tested)	74 (78% of all tested)
HCV Antibody (AB) Positive	47 (49% of all tested)	15 (16% of all tested)	32 (34% of all tested)
HCV RNA positive	26 (55% of AB positive)	10 (21% of all AB positives)	16 (34% of all AB positives)
Prescribed treatment	23 (88% of RNA positive)	9 (35% of all RNA positives)	14 (54% of all RNA positives)
Completed treatment**	11 (46% of all prescribed)	3 (13% of all prescribed)	8 (35% of all prescribed)

## Conclusion

Hepatitis Queensland's novel approach has maximised the opportunity to progress clients who test HCV-RNA positive to treatment quickly and efficiently.

The HCV clinics' locations at Community Corrections district offices have provided an opportunity to test and treat a cohort that experiences difficulties engaging with other community health services.

While correctional centres themselves are clearly an important element of hepatitis C elimination strategies, the success of this project demonstrates the value of engaging with Community Corrections clients for hepatitis C elimination.

**From the clients' points of view, the utility and convenience of the clinics are important factors that contribute to their success and break down barriers to HCV treatment.**

## Methods

Monthly statistical data on consenting clients, test results and treatment schedules were gathered by Hepatitis Queensland.

Twenty-five qualitative interviews were conducted with Hepatitis Queensland clinic staff, Queensland Corrective Services case managers, and clients.

Hepatitis Queensland have extended the clinics' reach to family and friends of Community Corrections clients. Ten took up this opportunity. While three were hepatitis C positive, none were RNA positive. Involving friends and family may also contribute to making people feel more comfortable to engage with the service.

## Qualitative findings

Collaboration between Hepatitis Queensland and Community Corrections was critical to success.

Convenience was also important. "...it came to you, you didn't have to go looking around for something, it was just really convenient because, I kept putting it off for a long time.... (without the clinic based at community corrections) I probably wouldn't have gone and had... I wouldn't have had a test done."

Having the pathology and Fibroscan on site facilitated treatment. Another client commented: "...if it's not in the same place you've gotta go make a doctor's appointment, then from there you gotta go to another place to have a blood test, and then from there you have to go somewhere else to get a fibroscan, so if it's all done in the one section people are more inclined to be more willing to do it."

There are many barriers for some clients to participate in primary care. Transient lifestyles and unstable accommodation impede relationships with GPs. Competing needs and financial burdens make healthcare a lower priority.

Those released from long-term incarceration described being institutionalised. Readjusting to life in the community meant making and keeping medical appointments was hard. The possibility of stigma and discrimination was also very real. The clinics mitigated these barriers.

One client compared other primary health services to this clinic: "As soon as you mention that (being released from prison), it's like, it's a whole different thing. You feel like you're treated differently, you don't feel like you're getting the information that you should be getting. They just push you aside and just put you into another pile. So I felt more comfortable with them (Hepatitis Queensland) because they had more knowledge of it and because they already knew our past, and they weren't judgmental on our past and our use. They were actually more concerned, you know, with trying to help us more than to try and put us down and, you know, and treat us differently."



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