

Same... Same... but different setting

hep C education & screening in-reach

BACKGROUND

The Needle and Syringe Program (NSP) in-reach team consists of one registered nurse, an Aboriginal peer worker and a PGYR2 Junior Medical Officer (JMO) one day per week. The team delivers two targeted hep C projects 'Positively Hep' and the 'Deadly Liver Mob' which reach into populations not routinely engaged in mainstream health settings.

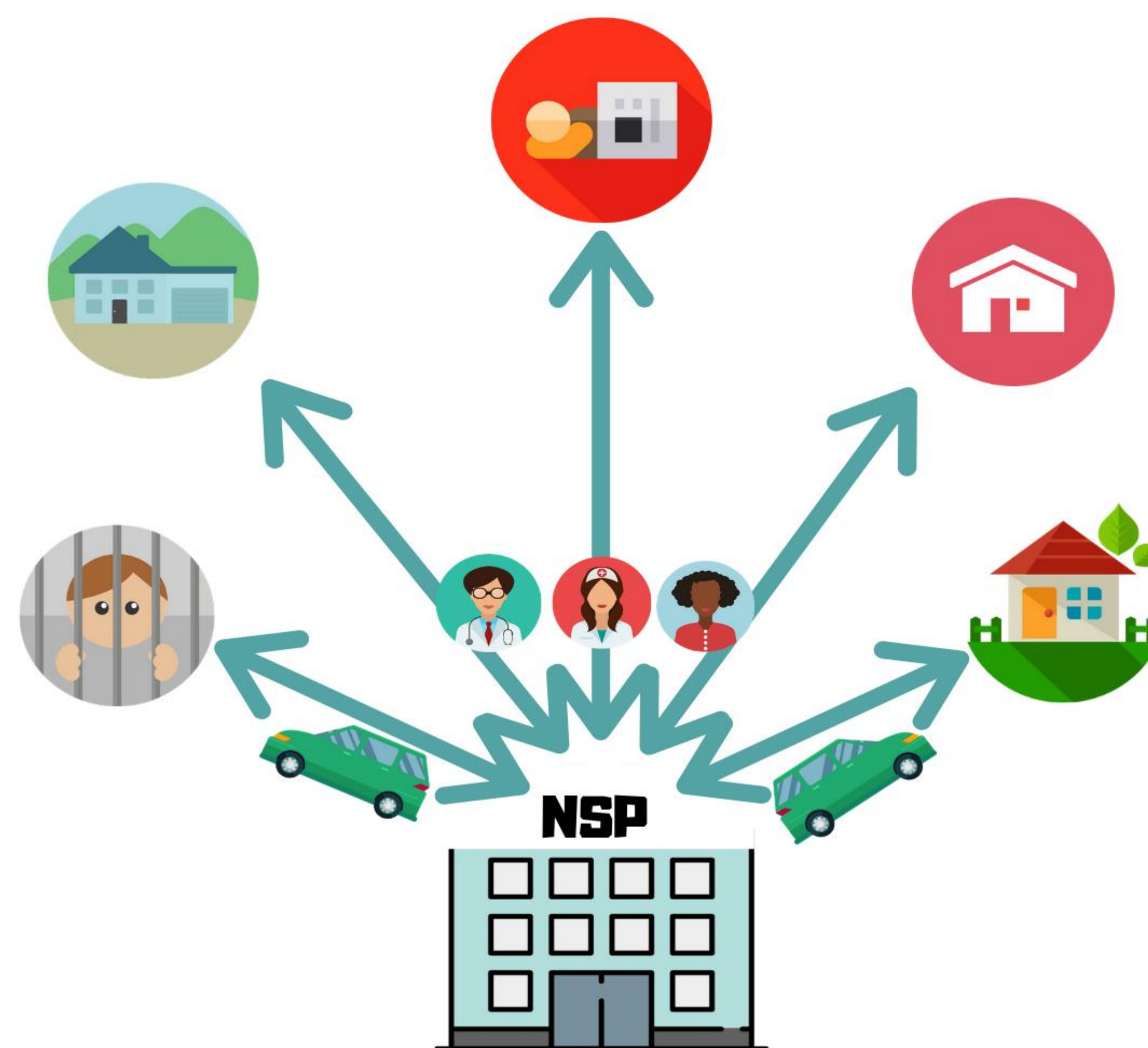
Both projects involve education, screening and treatment, with incentives for the first steps of engagement. Participants who test positive for the virus are offered treatment within the NSP, or they are referred to their GP or the Liver Clinic.

A number of local organisations were identified which deliver services to high risk populations. Both projects have been adapted to suit the needs of the respective client groups and the team has been mobilised to deliver the first stages of each project on an in-reach basis on a frequency determined by need.

METHODS

By using a settings based approach, the team were able to visit four local welfare organisations to generate interest, and begin the process of engaging people in education and screening. The original in-reach project at Cranebrook Community Health Centre, was relocated to a more suitable site after 5 months, as it was apparent that the priority population were reluctant to access the Health facility.

The project model was adapted to suit each setting, however hep C education, screening, active follow-up and referral remained central. Access to a JMO, ensured that all results were followed up in a timely manner and referral for further investigations or treatment made as needed.



RESULTS

setting	education	screening	results	Immunisation	fibroscan	referral		
						NSP	liver clinic	GP
Mama Lana Homeless Service	18	5	5	10	1	1	-	-
Bolwarra Transitional Centre	14	8	8	6	1	1	1	1
Koolyangarra Aboriginal Family Service	15	11	11	16	-	1	3	3
Adele House Male Res Rehab	22	9	9	5	1	1	5	-
Cranebrook C'ty Health Centre	7	7	7	2	-	-	-	1

**NOTE: This trial site was relocated to Koolyangarra Aboriginal Family Service after 5 mths

CONCLUSION

Taking hepatitis education and screening initiatives into targeted settings is an effective way of engaging people in conversation and screening within a trusted environment. Having immediate access to a medical officer ensures that follow-up is timely and suits the needs of the individual.

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The authors declare no conflicts of interest



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