

## ACCESSING HIDDEN POPULATIONS: AN EXTENDED OUTREACH SERVICE OF THE KIRKETON ROAD CENTRE

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**Background:** In 2018 the Kirketon Road Centre (KRC) expanded the outreach model of care to engage with hidden populations at risk of hepatitis C virus (HCV). Additional outreach clinical nurse consultants were employed to work in a variety of locations, identified as possible places where these populations might be accessed, including Needle Syringe Programs, local public housing, rough sleeping areas, homeless hostels and drop in spaces.

The aim of this study was to examine the feasibility of this model of care and determine the outcomes of those clients engaged through the outreach program.

**Analysis:** Data were collected on all clients seen in these outreach settings from November 2018 to March 2019, including assessment for Blood Borne Infection (BBI) by pathology or dried blood spot testing (DBS) and linkage to care. Client demographics were reviewed including age, gender, Aboriginal or Torres Strait Islander and homelessness status and the location of clinical outreach.

**Outcomes:** Since November 2018, 339 people were seen in 5 outreach locations including; New South Wales Users and AIDS Association (NUAA), Wayside Chapel, ACON, Edward Eagar Lodge and street outreach. 122 (38%) underwent BBI testing, 85 by DBS, of whom 3 have commenced on HCV treatment. Of the 339 seen, 258 were >35 years and 15 were <25 years, 236 (70%) male, 99 female and 4 identified as other, 105 (31%) identified as Aboriginal or Torres Strait Islander, and 108 (32%) were homeless. 240 (71%) were linked into care at KRC or other services.

**Conclusion:** Outreach services take time, consistency and patience to build trust and support people into clinical service provision. However 38% of clients engaged in outreach settings had BBI testing, with a high level of linkage to care providing opportunities to complete further assessment. This study demonstrates that it is feasible to engage hidden populations through outreach engagement.

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