

# TOWARDS OPTIMISING CARE AND PREVENTION FOR PEOPLE WHO INJECT DRUGS, LIVING WITH HIV AND VIRAL HEPATITIS IN MELBOURNE, AUSTRALIA - EVALUATION OF AN INTEGRATED HIV AND HOMELESSNESS NURSING SERVICE

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**Background:** The HIV Nursing Program (HIVP) at Bolton Clarke (BC) in Melbourne, Australia was established in 1985, evolving to meet changing needs of people living with HIV (PLHIV). HIVP clients include long-term survivors, refugees/asylum seekers, people who inject drugs (PWID), newly diagnosed, and people experiencing homelessness.

In 2015, the HIVP was integrated with BC's Homeless Persons Program (HPP). HPP provides health care and harm minimization to people experiencing homelessness within a social model of health. It is also a registered needle and syringe program. Program integration aims to increase access to HIVP, including for PWID and PLHIV/HCV co-infection. We conducted an outcome evaluation of the integration as a quality improvement project.

**Methods:** In 2018, we undertook an internal outcome evaluation using mixed methods. Data were collected from:

1. HIVP reporting data (2007-18);
2. A staff survey. We designed a questionnaire using Survey Monkey© to evaluate client and staff outcomes;
3. Case studies of clients living with HIV and HCV.

We analyzed survey data using Survey Monkey's in-built tools. Qualitative data were thematically analyzed.

## **Results:**

1. HIVP data indicates the HIVP's reach has extended since integration. Average number of admissions (2007- 2014) - 241. Since integration (2015 – mid-2018) - 351.
2. 43/58 staff responded to the survey (74%). Respondents indicated Program integration contributes to client outcomes through flexible, holistic models of care, primary health care and shared resources. There is increased capacity to engage marginalized clients, and high staff satisfaction.
3. Case study reviews demonstrate effective HIV viral suppression, HCV cure and harm minimization education.

## **Conclusion:**

HIVP and HPP integration demonstrates positive client and staff outcomes. We found increased access to and engagement in care for people from marginalized backgrounds including PWID living with HIV/HCV. Development of, and research into the model could link with broader research through additional Partnerships.

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