

## **AN ADAPTIVE APPROACH AND COMMUNITY-LED MODEL TO ENABLE ACCESS TO TREATMENT AND CURE HEPATITIS C IN RURAL AND INDIGENOUS COMMUNITIES FOR PEOPLE WHO INJECT DRUGS IN SASKATCHEWAN, CANADA**

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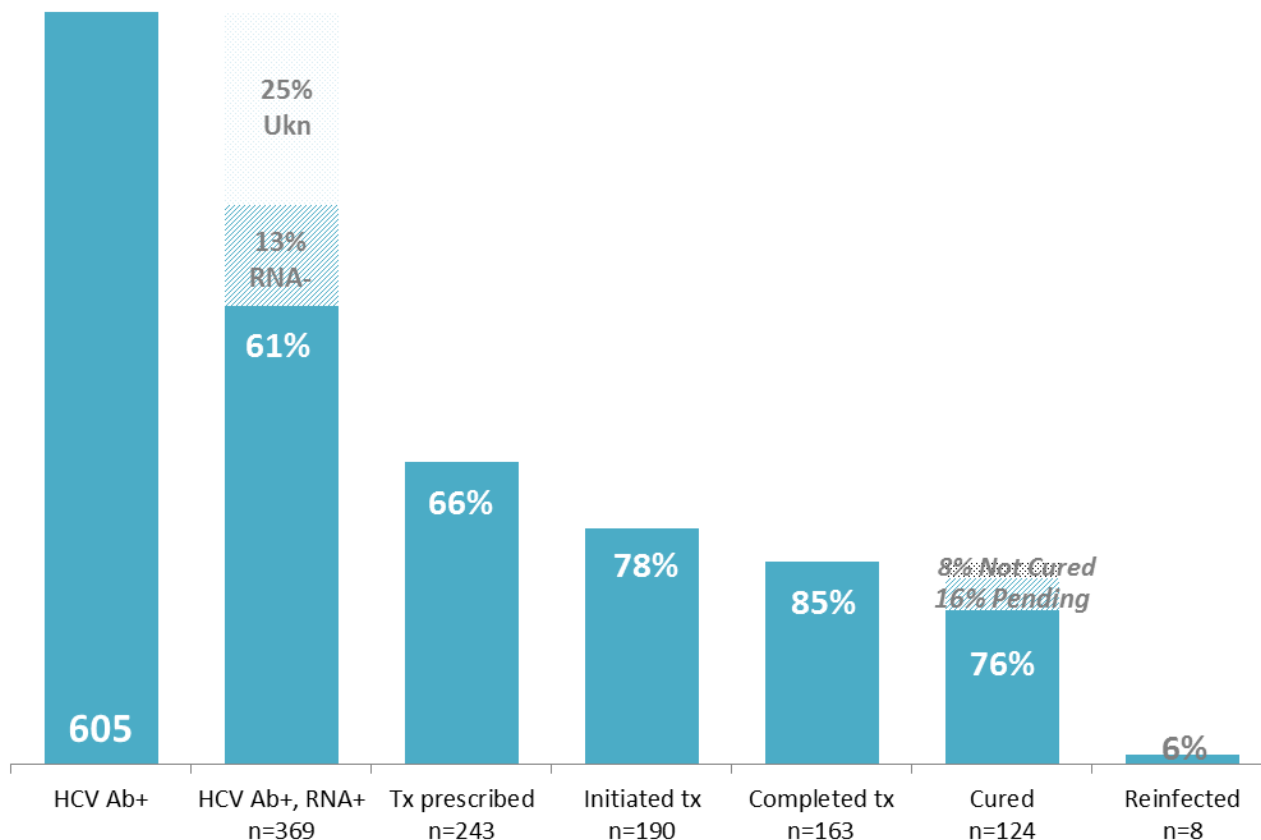
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**Background:** In Saskatchewan, half the population live outside urban centers dispersed over 651,900 km<sup>2</sup>. Saskatchewan's Hepatitis C (HCV) rates (2019) are among the highest in Canada, with most infections related to injection drug use (IDU). In 2019, rates among Saskatchewan First Nation communities were five times the Canadian rate. Rural First Nations are a hard-to-reach population facing additional barriers to accessing HCV treatment, including transportation, communication, and discrimination. In partnership with Indigenous communities, the Wellness Wheel utilizes an adaptive approach to address challenges to HCV care for rural residents and Indigenous communities.

**Model Description:** With approval from communities' Chief and Council, HCV care models were developed and delivered with the support of outreach and virtual Wellness Wheel medical clinics (via an urban clinical team) in collaboration with individual community healthcare teams. Each model fit the existing community resources, strengths, and capacities, providing a low-barrier, de-stigmatized and client-centered care. One model offered treatment in conjunction with a community Suboxone program reaching those with a history of or active IDU. Another model utilized a community-developed HCV screening pathway to screen, diagnose and expedite linkage to HCV treatment and case management. A third model delivered care in a nearby town to enable local access to care and services for residents in neighbouring Indigenous communities, eliminating travel and healthcare navigation challenges.

**Effectiveness:** See the HCV Cascade of care outcomes figure, as of October 2019.



**Conclusions:** HCV treatment access can be significantly improved for those with previous or active IDU through tailored and accessible outreach care models adapted to complement community-specific resources, capacities, needs and challenges. These type of adaptive outreach models can be expanded to other rural and hard-to-reach populations. The results highlight the critical importance of community partnership and healthcare flexibility to improve HCV treatment access and ultimately reach HCV elimination.

**Disclosure of Interest Statement:**

Stephanie Konrad and Mamata Pandey have not conflict of interest to disclose.