SUPPORTING HCV ELIMINATION EFFORTS IN SASKATCHEWAN

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Background:
In Canada, Indigenous people are consistently the most at-risk for HCV infection, particularly through intravenous drug use (IVDU). Compounded by the legacy of colonialism and impact of trauma, IVDU is at epidemic rates in Saskatchewan (SK) among Indigenous communities. Accounting for 15% of the SK population, Indigenous people are 7x more likely to be diagnosed with HCV, with startling increases over the last three years. While national reported HCV rate in 2020 was 18.4 cases/100,000 population, SK's rates were 38.5 cases /100,000 – the highest in the country.

Description of model of care/intervention:
With the philosophy of 'Leaving no one behind', HCV elimination requires tailored models that prioritized Indigenous knowledges, community resilience, community engaged research, frontline response, and political engagement. Our strategy/approach brings Western medicine, Indigenous knowledge, community-based care, telehealth and cultural safety practices, our model builds on the strength of Indigenous communities to collectively respond to HCV. The model relies on a network of collaborators that include a treatment facility, emergency wellness shelter, community-based clinics, community-based organizations, hospitals, community pharmacy partners, harm reduction, corrections, outreach via community-based associations.

Effectiveness:
The 'net effect' of the model includes overarching and interdependent factors:

1) Treatment providers must understand colonization as a determinant of health among HCV-affected Indigenous people, including ongoing cycles of trauma and discrimination.
2) Consistently safe attitudes and actions create trust within the provider-patient relationship, supporting engagement into care.
3) Providers who build and strengthen broad circles of care have greater success engaging HCV-affected Indigenous people into care.

Conclusions:
Nurse-led and community-based models do reach and engage people to successfully treat and re-treat HCV. Although the model addresses HCV, new infections continue to outpace cures. Prevention efforts remain urgent. Syndemics and social determinants remain major challenges. A concerted public health approach backed by governmental commitments and funding is lacking.

Disclosure of Interest Statement: