SUPPORTING HEPATITIS C ELIMINATION EFFORTS IN SASKATCHEWAN, CANADA

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Background

In Canada, Indigenous people are consistently the most at risk for Hepatitis C (HCV) infection, particularly through intravenous drug use (IVDU). Compounded by the legacy of colonialism and the 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 **2022** was 18.4 cases/100,000 population, SK's rates were 38.5 cases /100,000 – the highest in Canada. With recent policy decisions to reduce and eliminate harm reduction supplies across the province, HCV continues to be a critical public health epidemic across Saskatchewan.

In 2023 an HCV elimination strategy was developed and implemented within a community-based primary care clinic that is strategically located within the inner-city neighbourhoods in Saskatoon. The Westside Community Clinic (WSCC) is an open-access medical model that works closely with local partners and Indigenous leadership to offer culturally responsive and trauma-informed integrated team-based medical and outreach care.

Description of the Model

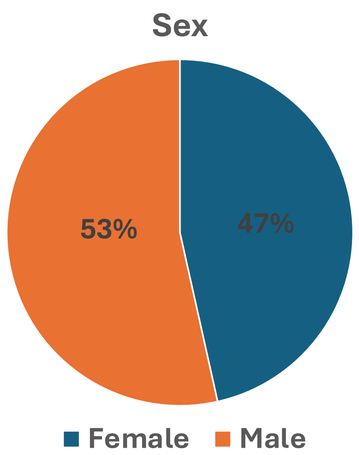
Guided by the philosophy of '**Leaving no one behind'** the nurse-led community-based model prioritizes lived experiences, community resilience, culturally responsive and culturally engaged care through a frontline and outreach response. The approach brings together community-based medical care and cultural safety practices to address more than HCV, including testing and treating HIV, STIs, substance use and addiction.

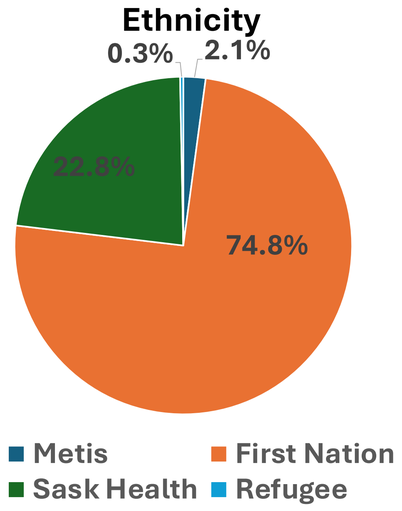
Program Outcomes

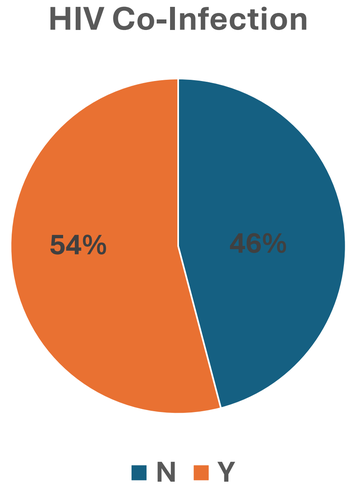
Px Status	Count (%)
Alive	326 (99%)
Deceased	3 (1%)
Total	329 (100%)

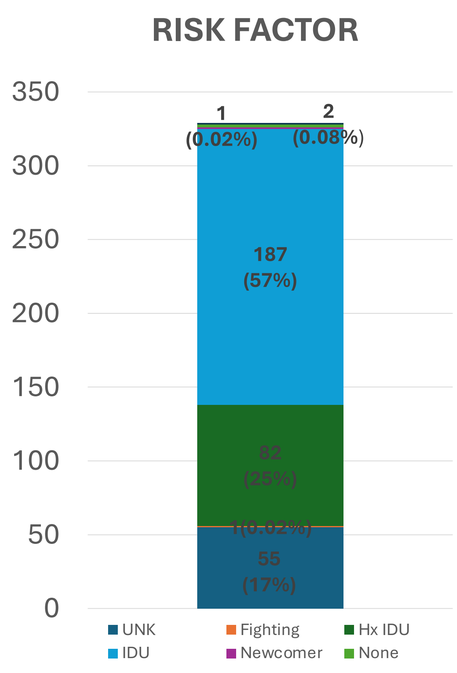
Quartile 1	37 years
Median Age	44 years
Quartile 3	50 years

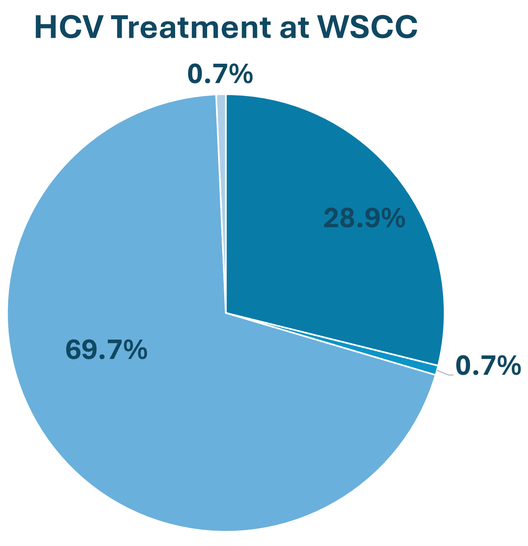
Quartile 1 Fibrosis	5.4 kpa
Median Fibrosis	7.2 kpa
Quartile 3 Fibrosis	9.8 kpa

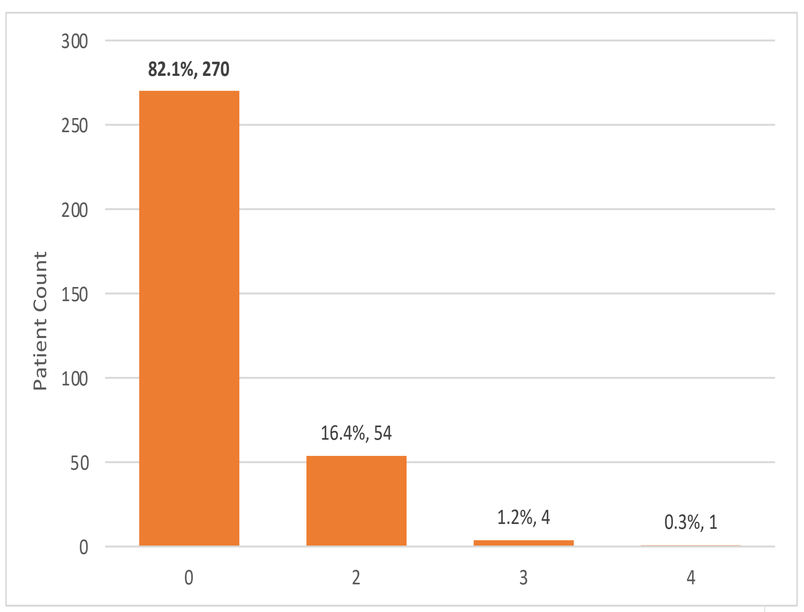


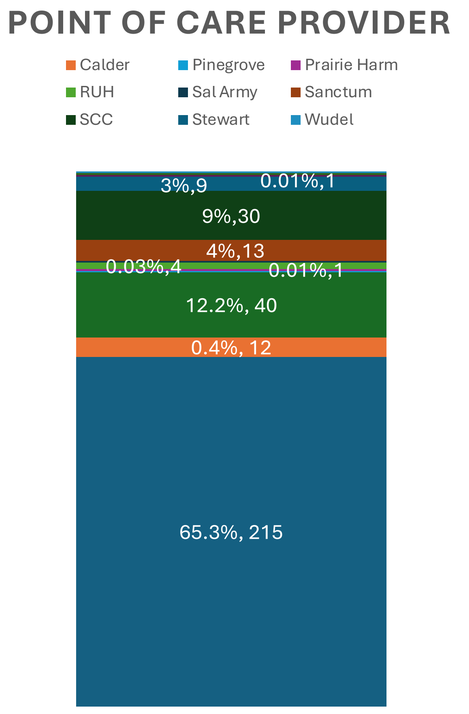


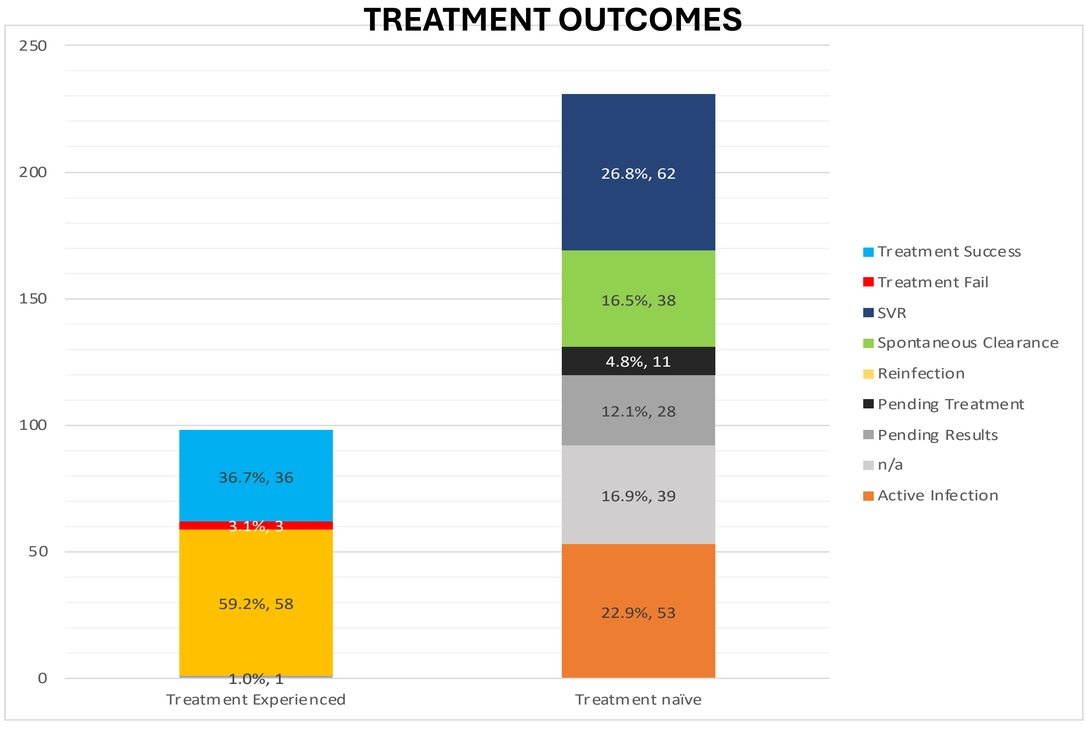












Effectiveness

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

1) Treatment providers must understand and address colonization as a determinant of health among Indigenous people, including ongoing cycles of trauma and discrimination.
2) Consistently demonstrated safe and supportive attitudes create trust within the provider-patient relationship and is necessary for ongoing and continued engagement in care.
3) Providers who build and strengthen broad circles of care and collaborative community outreach have greater success engaging HCV-affected people into care.
4) Re-infection continues to present limitations to HCV elimination in Saskatchewan.
5) A concerted public health approach backed by governmental commitments and funding is lacking and critically required to address the root causes of (re)infection, such as poverty, trauma, addiction, and systemic barriers.

Conclusion

Nurse-led and community-based models do reach and engage people to successfully treat and re-treat HCV. However, although our model addresses HCV in a responsive model of care, new infections continue to outpace cures. Prevention efforts remain urgent. Concurrent epidemics and unmet social determinants of health remain major challenges.

The success of the model relies on a network of care and service providers, harm reduction measures, and outreach via community-based organizations.

HCV elimination requires tailored models that prioritize trauma-informed and culturally responsive care. Political prioritization is critically needed to achieve the goal of HCV elimination in Saskatchewan.

Declaration: The authors declare no conflicts of interest.