

PEER OUTREACH POINT-OF-CARE TESTING AS A BRIDGE TO HEP C CARE

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INHSU
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TORONTO COMMUNITY
HEP C PROGRAM

TCHCP OVERVIEW

- Began in 2007
- Partnership between South Riverdale Community Health Centre, Regent Park Community Health Centre and Sherbourne Health, with nursing support at Parkdale Queen West CHC and specialist support from Michael Garron Hospital
- Located in Toronto's east end: home to a range of income earners, culturally diverse population, and significant homeless population
- Strong commitment to community development and the involvement of people with lived experience in program design, delivery and evaluation





PROJECT BACKGROUND

- TCHCP has a strong history of word-of-mouth referrals and peer workers as bridge to care
- Barriers to care: past negative experiences with health care, lost to follow up during testing period, difficult vein access
- Point-of-care testing offers an opportunity to improve health care engagement for people who are marginalized from mainstream system/providers by offering low-barrier testing outside of health care system by non-health care professionals
- Project idea came from Community Support Workers who wanted to expand their scope of practice



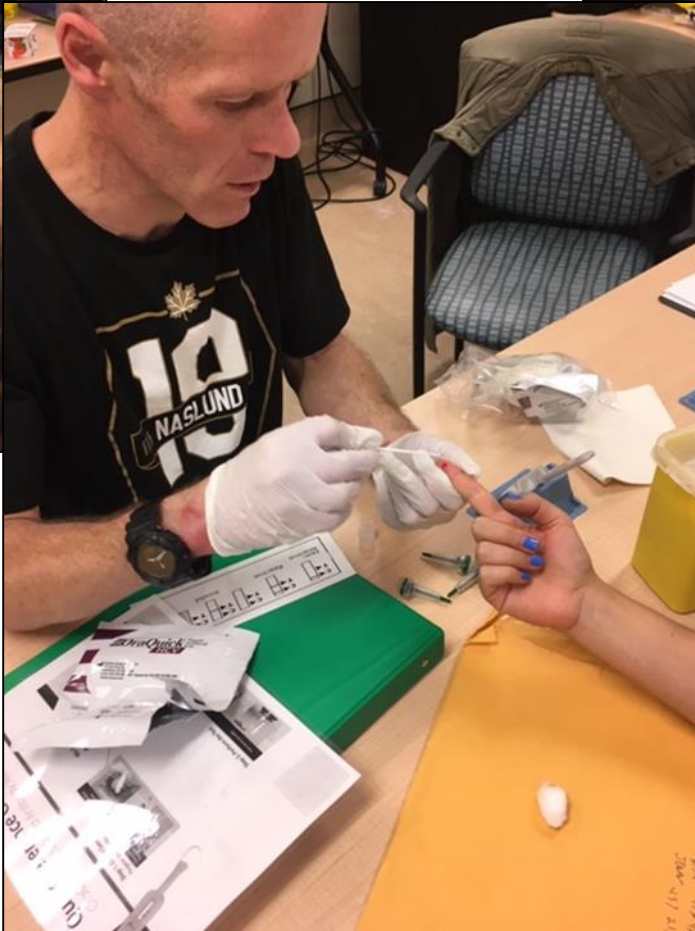
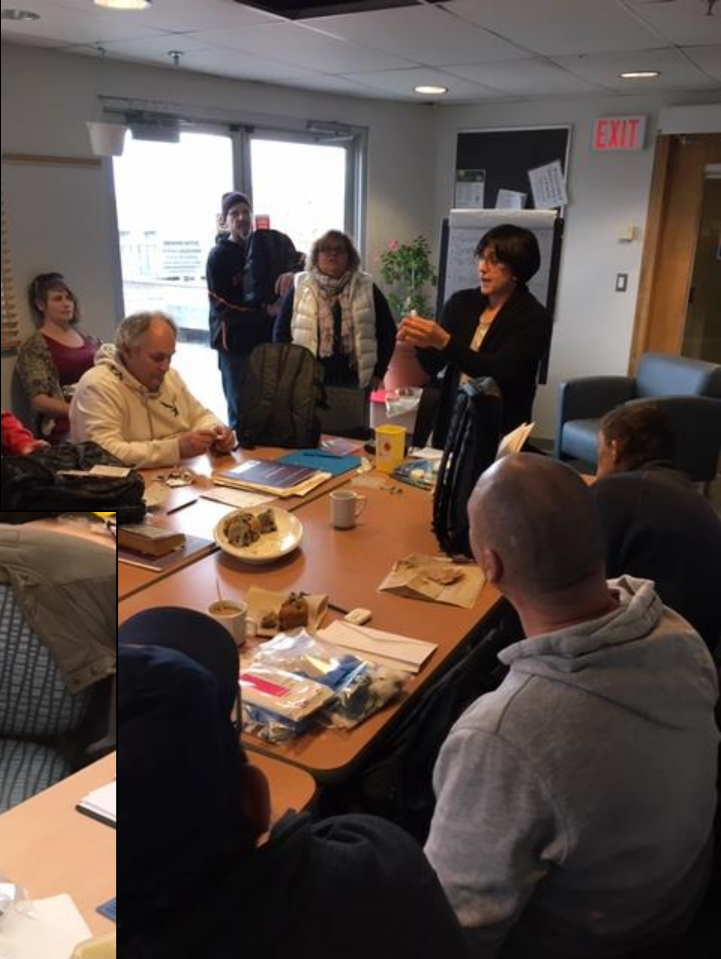
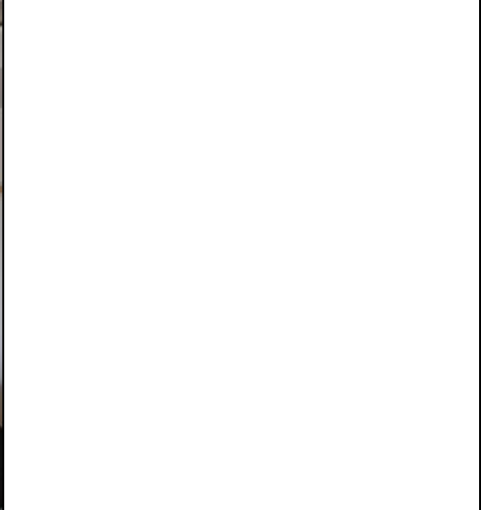
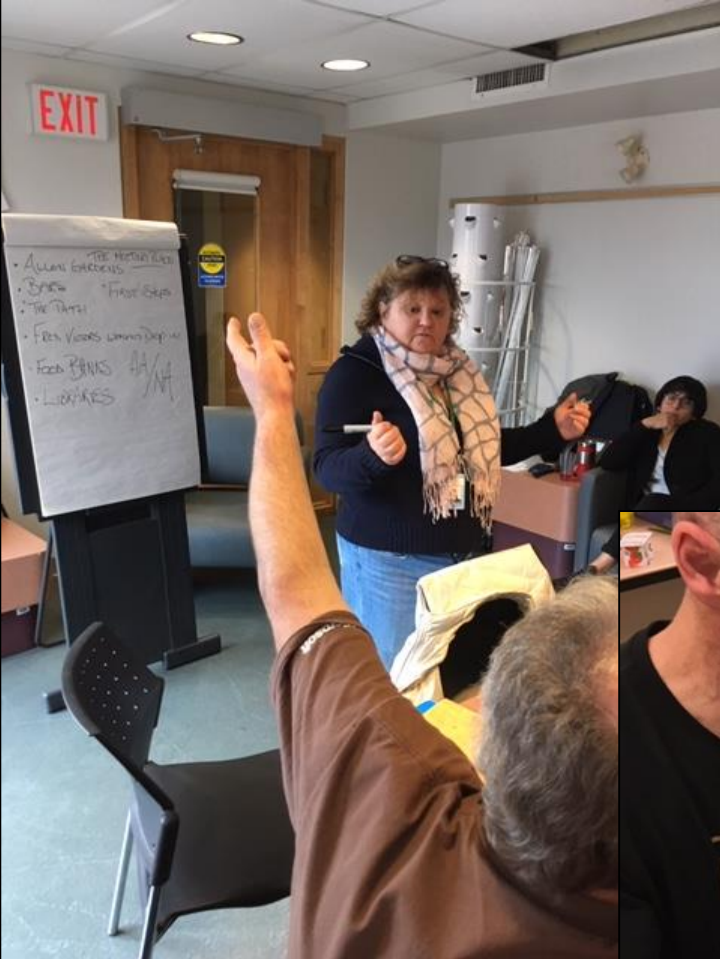
PROJECT OBJECTIVE & DESCRIPTION

- To evaluate if the use of point-of-care HCV tests by peer outreach workers will improve HCV care engagement beyond peer outreach alone
- RCT study design
- Engage 400 people with a lifetime history of injection drug use in spaces outside of the program health centres
 - Half receive referral to program nurse for testing
 - Half receive point of care testing (followed by referral to program nurse if AB+)
 - All received HCV and harm reduction education
- Participants completed a short survey and given \$20 honorarium
- Research Ethics approval from Michael Garron Hospital



PROJECT ACTIVITIES

- 13 Outreach Worker Research Assistants (OWRA) hired in October
 - 4 people not able to perform role: health reasons, found full-time work, no longer interested post-training. Two still engaged with project in other ways.
- 3 day training with OWRA in early November 2018
 - Research principles/skills, HCV education, pre/post test counseling, POC test administration
- 14 weeks of outreach – mid November to mid February 2019
- Weekly OWRA meetings
 - Return/receive enrollment/POC materials
 - Data quality check
 - Provide support



OUTREACH ACTIVITIES

- 7 OWRA | 26 enrolments per week on average
- 380 enrolled total (after duplicates, withdrawal removed)
 - 6% family/friend
 - 21% acquaintance
 - 72% stranger
- Outreach locations:
 - 66% public place
 - 24% social service agency
 - 10% private residence
- Distributed 139 naloxone kits and provided overdose prevention/response training

WHO DID WE REACH? (DEMOGRAPHICS)

Age (average)	43 years
Male	68%
Female	30%
Trans	0.3%
Unstable/no housing	54%
Injection drug use (past month)	66%
No history of HCV testing	50%
No primary care provider	22%
Past negative experience with health care provider (past year)	50%

195 received point-of-care antibody test by OWRA

- 39% tested positive
- 1 invalid test

OUTREARCH WORKER FEEDBACK

“I was surprised to learn the amount of people that actually haven’t been tested and don’t even know about the new treatments available to them.”

“I liked informing people of the new medicines, new treatments and stuff”

“Getting out of my shell and being educated in the health care system with what is available and what ain’t. I was very anti-social before so, yeah, definitely, and I’ve grown a lot you know and I’ve even benefitted now, I work for you”

CHALLENGES/LESSONS LEARNED

- Project timing: holidays, winter, January cheque delay
- Research requirements/paper work more complicated than POC test administration
- Research design: eligibility (status and IDU stigma)
- Personal networks saturated after first 2-3 weeks. Need for extroverted OWRAs and/or agency participation
- Few follow up visits with program nurses to-date (TBD). Need to integrate testing with treatment.

CONCLUSIONS & NEXT STEPS

- Using people with lived experience allowed for engagement with people at risk for HCV who had not yet been previously tested and may not have otherwise been reached
- Project provided an opportunity for HCV education with people at risk for HCV
- Improved the proportion of people at risk who received anti-body status knowledge compared to the traditional approach of referral for phlebotomy
- Capacity building for Outreach Workers
- Developing a peer health system navigator role to improve linkage to care

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- TCHCP Patient Advisory Board (PAB)
- Steve Villeneuve & Tom Newman, PAB consultants
- Project funder: Solutions – East Toronto Health Collaborative
- Program funder: Hepatitis C Secretariat, AIDS and Hepatitis C Programs, Ontario Ministry of Health and Long-Term Care



TCHCP PUBLICATIONS

1. Charlebois A, Lee L, Cooper E, Mason K, Powis J. **Factors Associated with HCV antiviral treatment uptake among participants of a community-based HCV programme for marginalized patients.** *J Viral Hepat.* 2012;19(12): 836-42.
2. Sockalingam, S., Blank, D., Banga CA., Mason, K., Dodd, Z., Powis, J. **A novel program for treating patients with trimorbidity: hepatitis C, serious mental illness and active substance use.** *Eur. Journal of Gastroenterology & Hepatology.* 2013 Dec; 25(12):1377-84.
3. Woolhouse, S., Cooper, E., Pickard, A. **“It gives me a sense of belonging”: providing integrated health care and treatment to people with HCV engaged in a psycho-educational support group.** *International Journal of Drug Policy.* 2013. 24(6): 550-557.
4. Dodd, Z., Banga, CA., Mason, K., Meaney, C., Leszcz, L., Sockalingam, S. **Engagement in Group Psychotherapy Among Marginalized Individuals with Hepatitis C.** *Int’l J of Group Psychotherapy.* 1–23, 2016
5. Mason, K., Dodd, Z., Sockalingam, S., Altenberg, J., Meaney, C., Millson, P., Powis, J. **Beyond Viral Response: a prospective evaluation of a community-based, multi-disciplinary, peer-driven model of HCV treatment and support.** *Int J Drug Pol.* 2015; 26(10):1007-13.
6. Mason K, Dodd Z, Guyton M, Tookey P, Lettner B, Matelski J, Sockalingam S, Altenberg J, Powis J. **Understanding real-world adherence in the directly acting antiviral era: A prospective evaluation of adherence among people with a history of drug use at a community-based program in Toronto, Canada.** 2017. *Int J of Drug Pol.* 2017; 47: 202–208.
7. Tookey P, Mason K, Broad J, Behm M, Bondy L, Powis J. **From client to co-worker: a case study of the transition to peer work within a multi-disciplinary hepatitis c treatment team in Toronto, Canada.** *Harm Reduction J.* 2018. 15:41.