

Cedar HCV Blanket Program: Exploring experiences and impact of a culturally-safe case management approach in supporting HCV treatment among Indigenous People use(d) drugs in British Columbia, Canada.

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For the Cedar Project Partnership

Acknowledgments



Traditional & ancestral territories of the Musqueam, Squamish, Tsleil Waututh & the Lheidli T'enneh Peoples

Elders & leaders who govern & guide this work

Participants & their communities who have given so much

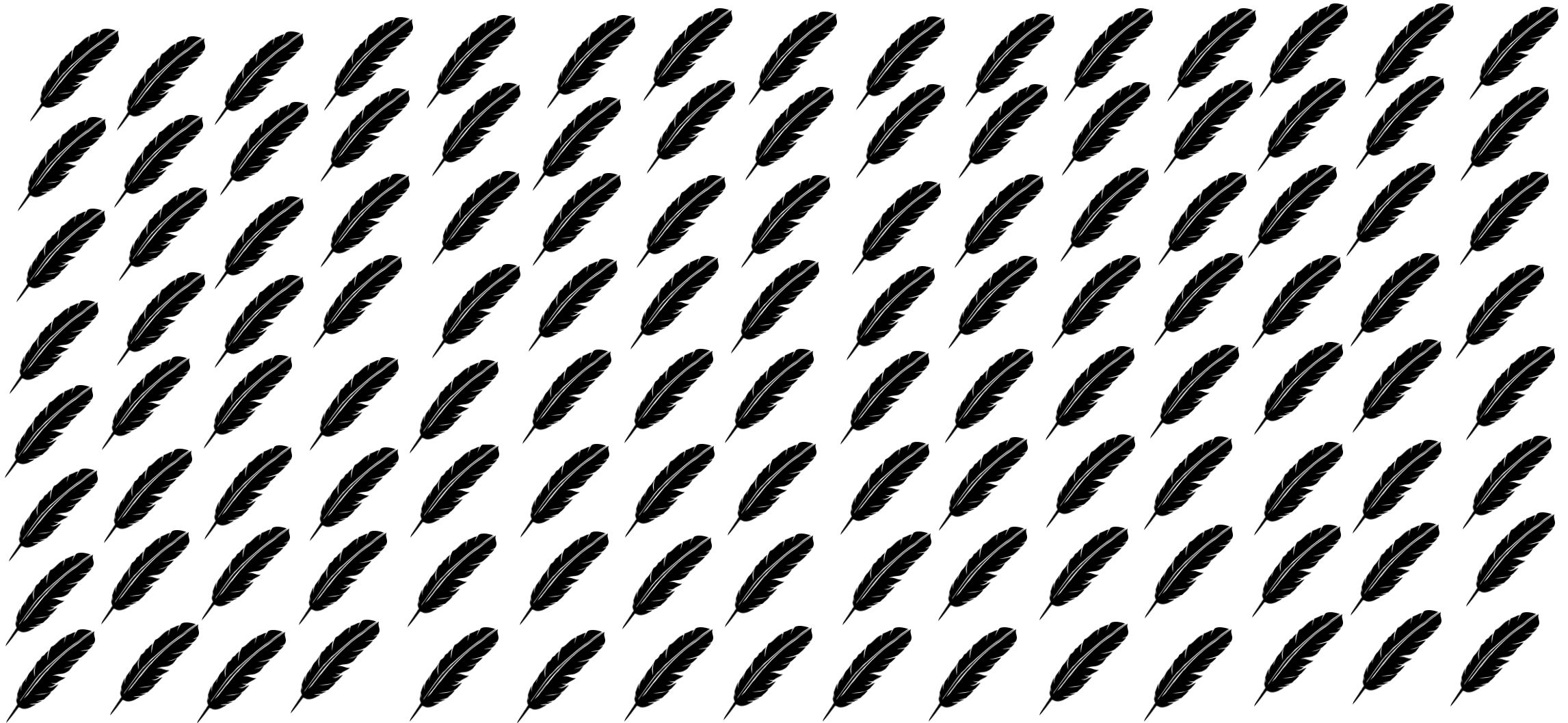
Staff who work so hard to make Cedar a safe & welcoming space

Participants who have passed away, & their loved ones

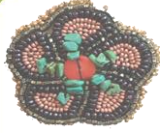
Honouring participants who have passed away

“These deaths are not statistics; they are our relations.”

- Kukpi7 Wayne Christian, Co-Principal Investigator, The Cedar Project



Disclosure of interest:
Nothing to declare



The Cedar Project

- Indigenous governed cohort study since inception (2003)
- 738+ participants Vancouver and Prince George, BC

Cedar Blanket Program addressing barriers to HIV care

- Developed by Indigenous Elders & social services experts
- Wholistic and relational care, participant-led & buffering colonial harms



Adapted to support new HCV treatment

- Why? 98% of HCV Blanket Program participants experience racism

Cedar HCV Blanket Program Study

- 60 participants enrolled in Blanket Program between 2017-2019
- Supported by Case Managers weekly during treatment and monthly after treatment (9 months)
- 92% cleared HCV with 91% remaining HCV-free 9 months after treatment
- 31 participant interviews & case documentation for qualitative component of evaluation



Why & How it Worked: Active Ingredients

Wholistic & participant-led

“Each person is different. I think the way that it worked was great for me because they found what works with me and then we did it”

Impact: Supported tx, service access & wellbeing

“What motivated me too was the supports I have. They really wanted to help me, you know, that was my motivation all the time. Because I know they were there for me... and I really grow from that”

Relational & responsive care

“...when I first met them they were very caring and, helped me not only on my treatment but on my arms and, you know, just caring people that just came to see me and, just see if I was okay...”

Disruptions: Relational & responsive care

- “You could have been more involved”
- **Why:** Implementation weaknesses compounded by resource limitations



Outer contextual factors supporting & disrupting care

Supportive: Participants' resistance & circles of care

- Supported medication
- Offered emotional support & care
- Resourceful in navigating systems
- Persistence in treatment despite adversity

Disruptive: Colonial violence & systemic racism

- Punitive policies & services
- Provision not meeting needs
- Discrimination blocking access
- Pushing into harm

Beyond HCV: Participant recommendations to enhance Blanket Program

- **Integrate & expand care:** Emotional, physical, mental & spiritual resources within programming
- **Increase staffing resources:** More staff, Indigenous front-line workers & experienced



Thank you for listening!

Feel free to reach out:

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