

Hepatitis C Peer Harm Reduction Education (Hep C PHRE); a peer model to increase accessibility of hepatitis C testing, treatment and information- valuing what is not always measured.

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Background/Approach: Peer-education models have been shown to be an effective method of engagement with reluctant populations. Hep C PHRE recruited and trained peer-educators to teach their peers about hepatitis C (HCV), and to refer people to testing and treatment services delivered by Peer Based Harm Reduction WA (PBHRWA). This approach increases engagement in testing and treatment for HCV but also with our other health and harm reduction services.

Analysis/Argument: Peer-educators utilise their experience of treatment to credibly address concerns and misunderstandings amongst their peers, introducing them to our nonjudgmental health service. The peers reached consistently stated first-hand information received from someone they know is more trusted than the same information from a health professional.

Peers of peer-educators then act as channels into their own social networks. Long after the project has ended, peer-educators continue to be of service in their communities, and the number of consumers introduced to our service as a result of their interaction with a peer educator continues to grow.

Outcome/Results: Over three years, 34 participants provided peer-education to 877 people, who typically weren't engaged with mainstream health services. Most stated they wouldn't have received the information any other way.

158 peer-referrals were collected, resulting in 65 appointments for testing and/or treatment. That number continues to grow.

Qualitative peer diary data continues to inform the evolution of PBHRWA's HCV model of care.

Conclusions/Applications: The Hep C PHRE project was responsible for 65 reluctant people presenting for testing or treatment. Additionally, there are less immediately measurable outcomes. Elimination is about more than treatment. We won't achieve elimination without empowering people to prioritise ownership of their health into the future, and without service delivery models that are informed by what people tell us they need. This innovative peer model has shown that engagement occurs in many ways and can extend over many years.

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