

Collaborating to create culturally sensitive, non-stigmatizing HCV resources

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Context

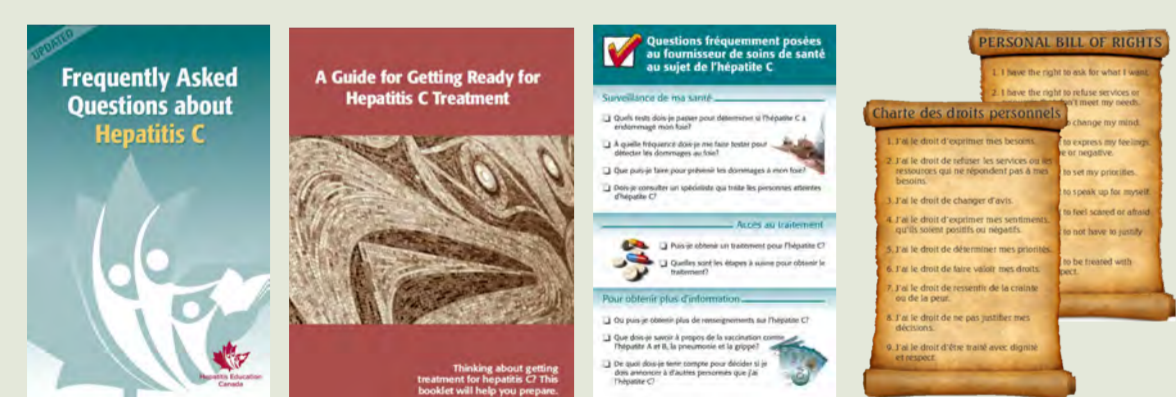
New all oral, 8-12 week treatments for hepatitis C (HCV) have **cure rates >95%**! However, many people, including immigrants and Indigenous peoples, are not engaged in HCV care (Janjua et al. 2016).

Patient and health/social care provider HCV knowledge gaps contribute to this lack of engagement (Butt et al. 2013).

Intervention

Goal: To employ a national collaborative research process (Fig 1), create culturally relevant and easy-to-understand HCV resources to support providers and encourage people affected by HCV to engage in care and treatment.

Network: People affected by HCV (lived experience or family/ friends of people with HCV), community stakeholders working with affected populations and providers experienced in serving HCV affected populations (e.g., national nurse network that included people working in rural and remote communities, public health, corrections and community clinics) and Indigenous and immigrant organizations.



Processes: Participants had multiple roles, including: advisory and working group partners from BC, ON, Atlantic, QC, SK, AB, YK who guided resource development, identified gaps (n=35); community event participants and recruitment partners. The iterative process ensured various stakeholders were able to guide and/or provide input into development of resources (78, including webpages and updates), from inception to finalization (**sample resources above**).

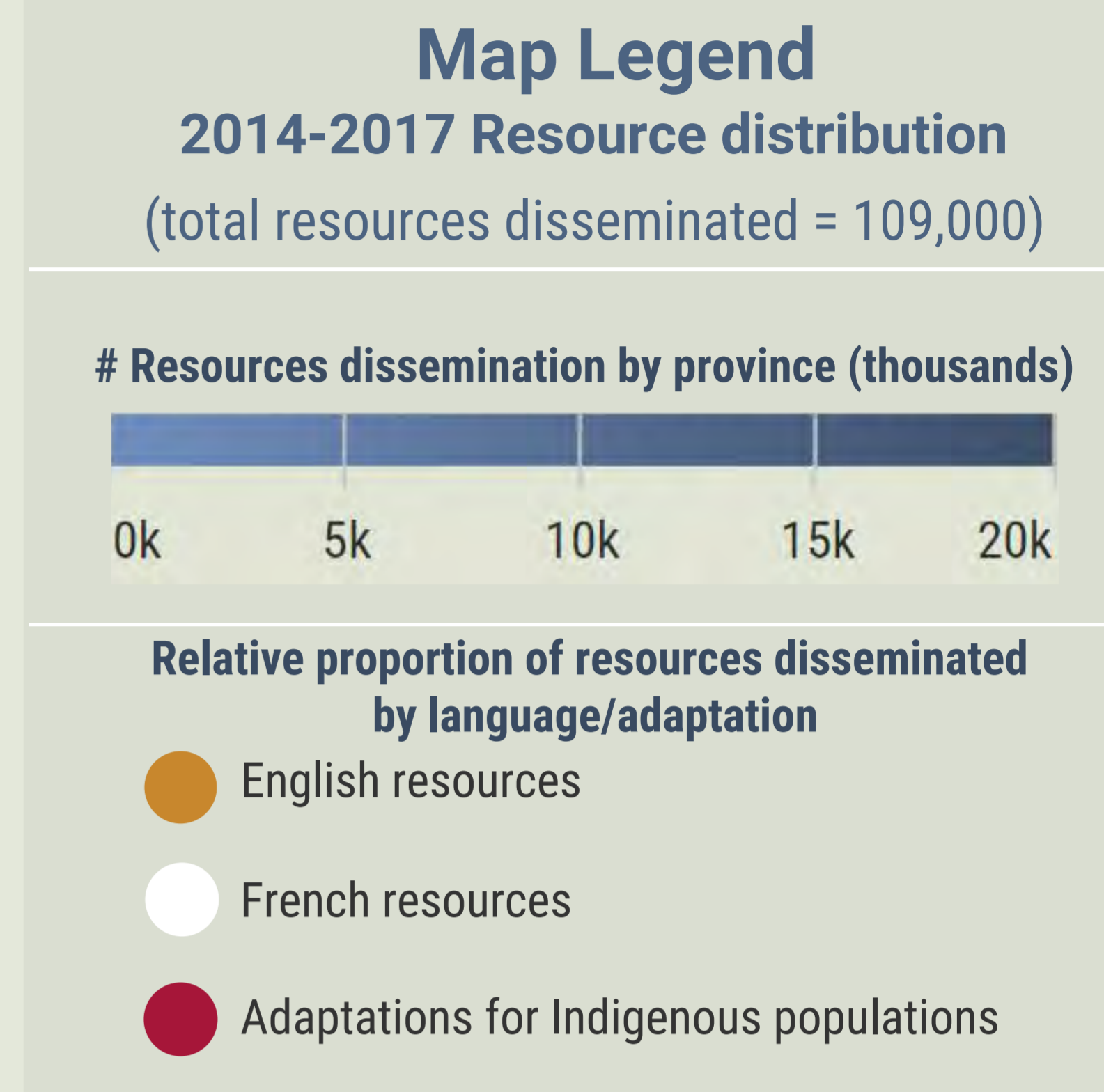
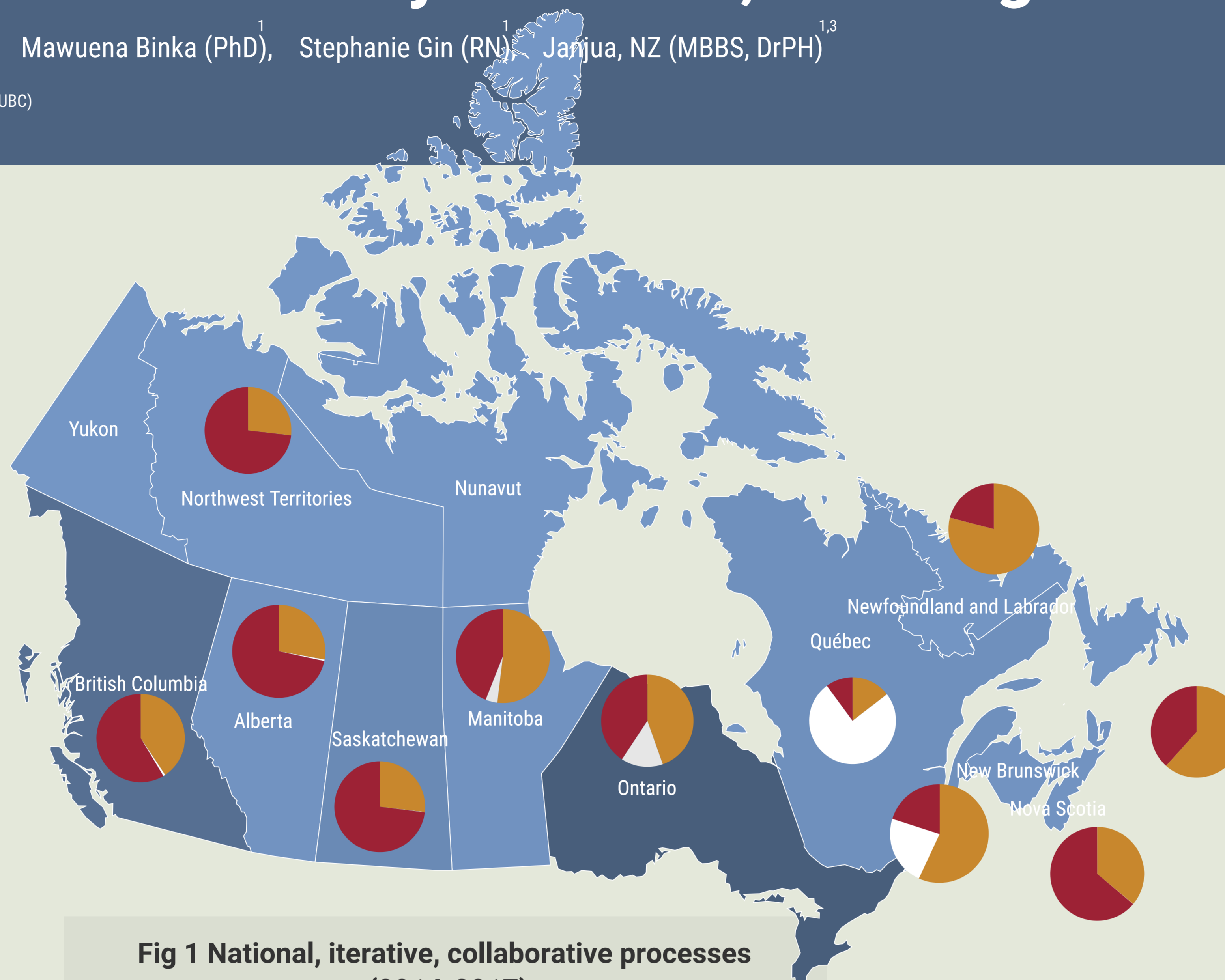


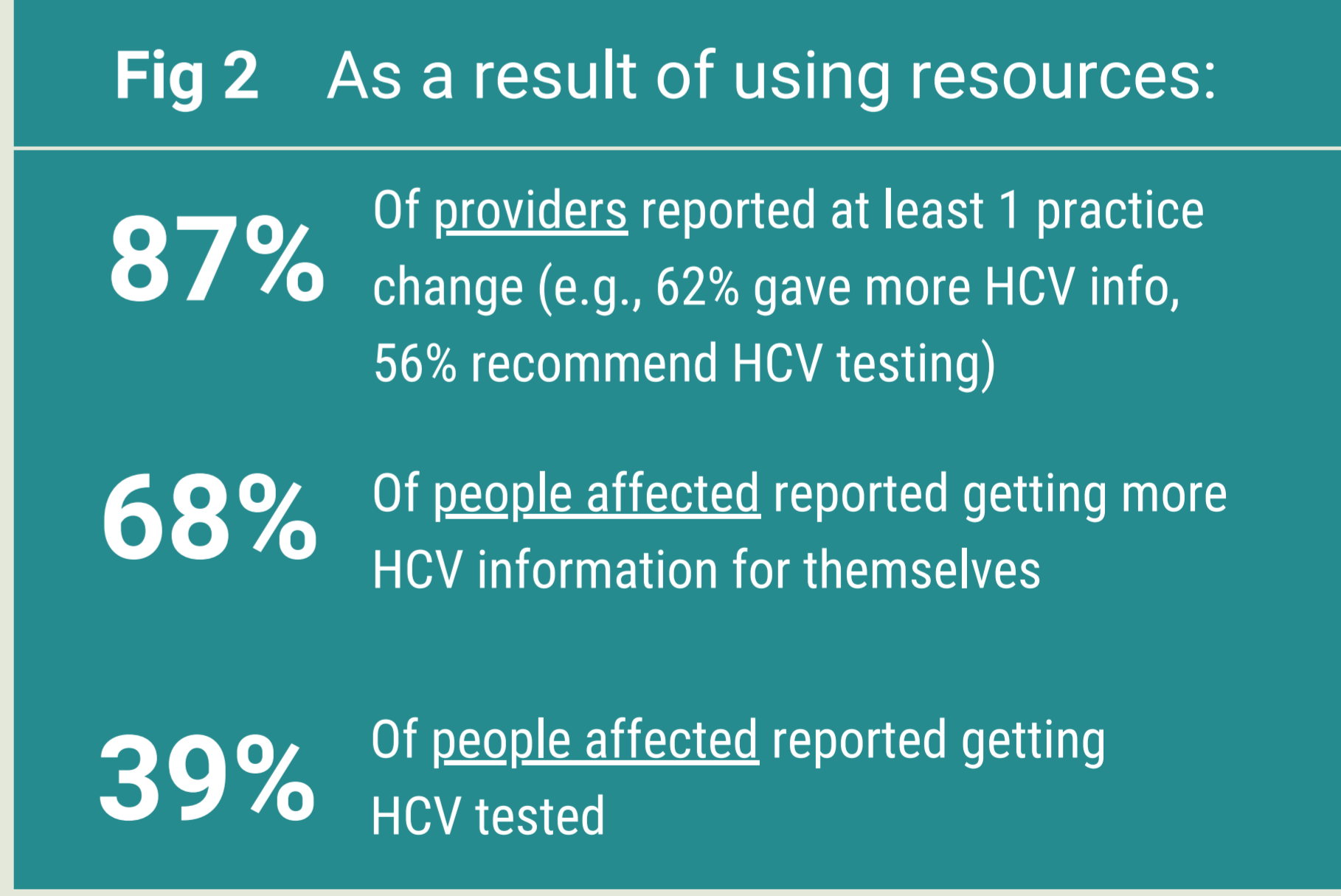
Fig 1 National, iterative, collaborative processes (2014-2017)



Outcomes

Project logs showed that from 2014-2017, ~109,000 multi-cultural and English resources were accessed or disseminated (see map above).

Six-month follow-up surveys of people affected (n=31) and health and social care providers (n=160) showed evidence of behaviour changes (Fig 2).



Lessons Learned: Resources did not always meet specific needs of all groups. Partners supported the versions developed through the collaborative, which helped to maintain consistent messaging. Then, groups were given open-access to resources developed by the collaborative to adapt as desired for their specific populations.