

## Hep C in BC Resources Project: an overview of a recent needs assessment by Pacific Hepatitis C Network

### About Pacific Hepatitis C Network

- PHCN works to provide information resources to people across BC regarding hepatitis C, regardless of source of infection or current lifestyle
- Recently completed a needs assessment called the Hep C in BC Resources Project

### Hep C in BC Resources Project

- Project team consisted of Project Coordinator (Madeline Gallard) and 3 peer assessors
- The intent of the project was to determine information and advocacy needs surrounding hepatitis C for residents of BC
- **Two reasons** we started this project now:
  - recent widespread availability of low side effect, shorter duration treatment, known as direct-acting antivirals (DAAs), and
  - anticipated end of fibrosis staging (fibrosis staging ended in BC in March!)

### Assessment Process

- Main project activity was an online survey that ran from December to January
  - targeted broadly at people connected to hepatitis C - people with lived experience, front-line workers, health care providers, and general interested members of the public
  - respondents from all 5 health regions - 76 responses accepted in total

### Assessment Results

- Majority felt they had enough basic information about hepatitis C (risk factors and transmission)
- Respondents outlined “helpful resources” - professionals preferred resources from high level sources such as BCCDC and CATIE, people with lived experience referred to peer resources in open-ended questions
- People preferred to get their information from specialists primarily, general health care professionals secondarily, and from the Internet third
- People wanted more information about treatment - what to do if it is not an option, whether you pay for treatment in BC, and common side effects
- Open-ended questions point to information about treatment as a priority - people commonly felt accessibility of treatment was an important advocacy piece.
- Stigma came up frequently in open-ended responses - both within the hepatitis C community (stigma regarding source of infection) and in medical settings (with primary care physicians etc.)
  - Stigma prevents access to care - people feel uncomfortable disclosing or feel judged in medical settings
  - Stigma points also to hierarchy in hepatitis C community based on source of infection - people who contracted through tainted blood products at the top, and people who use drugs at the bottom.
- Open-ended questions point to tendency in work to be “Vancouver-centric” - need to focus on needs for rural communities (e.g. lack of privacy in small community, lack of providers)
- Open-ended questions reflect need for population-specific resources, including specifically for people who use drugs and immigrants/newcomers

### Action Points

- Specific information about treatment is needed. We are now working on a new project to promote information about treatment as a response to information and advocacy needs
- Need to focus on peer supports- reflects on commitment to Nothing About Us Without Us principles
- Population-specific resources are needed, especially for rural communities and immigrants/newcomers.
- Stigma responses reflect a need for dialogue with the harm reduction community - prioritize voices of people who use drugs.