Health Inequities Surrounding HIV, Hepatitis C and Harm Reduction for SURR Regions

Access to HIV/hep C testing

Linkage to HIV/Hep C care

Support and Connections

Education and Awareness

Stigma

Funding

Collective Action

Access to Harm Reduction

Community Collaboration and Planning

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ACCESS TO HIV TESTING

Challenges:

1) Not enough HIV testing being done in SURR communities

Priorities:

1) Better tracking of self-tests while minimizing demanding technology demands
2) Auto HIV/Hep testing
3) Promotion of ongoing bloodwork e.g. in school age children
4) Scale-up rapid testing

LINKAGE TO HIV CARE

Challenges:

1) Complex care for people aging with HIV in SURR communities
2) Clients are being lost to follow-up care
3) Not enough providers to support linkage to care

Priorities:

1) QR codes (cities/town) to help get follow-up

HIV SUPPORT AND CONNECTIONS

Challenges:

1) Isolation is common for people living with HIV in SURR communities
2) Having space and time for clients to feel comfortable to access services

Priorities:

1) HIV support groups
2) Fun events for PLHIV (e.g. bowling, movies, sports)
3) Face-to-face events and trainings

HIV EDUCATION AND AWARENESS

Challenges:

1) Lack of awareness on HIV in SURR communities
2) Lack of education for providers in SURR communities
3) Awareness needed on reserves

Priorities:

1) Archivist and historian to preserve the history of HIV in BC
2) Educate the next generation of frontline workers on the history of HIV
3) Hold education and learning opportunities for PLHIV from peers, BCCDC's Chee Mamuk training
4) Education on medications
5) Provider education to request lab work for all populations
6) Include SURR communities in surveys to assess needs

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HIV STIGMA

Challenges:

1) Not being taken seriously (due to great medications)

2) Taboo topic on reserves

Priorities:

1) There is a need to destigmatize HIV in SURR communities → potential link with PAN's Stigma Positive Action Project in harm reduction services

FUNDING FOR HIV SUPPORT

Challenges:

1) Lack of funding / no core funding
2) Low wages/ no increase/ wage disparity for similar jobs across sectors
3) Skills shortage
4) Staff burnout
5) Inability to offer long-term / multi-year positions
6) Uncompetitive benefits

Priorities:

1) Increased government funding
2) Fund local peers to run support groups

HIV COLLECTIVE ACTION

Priorities:

1) Poster or radio campaign (CKPG)

2) Advocate for self-testing in SURR communities

3) Promotion of doctors to come to SURR areas

4) Working with healthcare to reduce stigma and build knowledge of issues surrounding social determinations of health in SURR communities

5) Government advocacy:
   - Increased health authority prioritization, advocacy at BC and federal level

ACCESS TO HEP C TESTING

Challenges:

1) Need testing kits for hep C in SURR communities
2) Access to testing is limited
3) Need to scale-up testing

Priorities:

1) DBS testing:
   - Make it easier to do in-house and planning for tests if they come back positive
   - Doctor referral needed for blood work and there are no doctors in Vernon
2) Peer and CBO based testing
3) Pop-up testing
4) Hep C to tests that can be done in walk-in labs

LINKAGE TO HEP C CARE

Challenges:

1) Lack of hepatitis and family doctors and nurses in SURR communities
2) Hard to get into jails
3) Lab/ hospitals are not open late → limited hours

Priorities:

1) Funding to create position for hep C and clients management, testing, and connected to provider
2) Office and computer for virtual hep C doctor appointments
3) Connect with other organizations who provide hepatitis services

HEP C EDUCATION AND AWARENESS

Challenges:

1) Lack of education on hep C in SURR communities
2) Lack of education with providers
3) Lack of awareness on reserves

Priorities:

1) Advertise virtual doctor for FNHA
2) Increase education and awareness on hep C (curability, transmission etc.)
3) Pop-up booths
4) Include SURR communities in surveys to assess needs
5) Archive and write history of hep C work in BC
6) Environmental scan of hep C services across BC

HEP C STIGMA

Challenges:

1) Not being taken seriously (no one really cares if they catch it)
2) Stigma is high surrounding hep C in SURR communities

Priorities:

1) Destigmatize hep C in SURR communities
2) Destigmatize hep C in healthcare

FUNDING FOR HEP C SUPPORT

Challenges:

1) Lack of funding
2) Inability to offer long-term / multi-year positions
3) Staff burnout
4) Skills shortage
5) Wage disparity for similar jobs across sectors
6) Costs money to advertise for World Hep Day

Priorities:

1) Increased government policy/ funding
2) Increased Health Authority prioritization

HEP C COLLECTIVE ACTION

Priorities:

1) Government advocacy:
   - Policies around centralized dispensaries
   - Prioritization of STBBIs by Health Authorities

2) New treatment options

3) Money for hep C support positions

4) Working with healthcare to reduce stigma and build knowledge of issues surrounding social determinants of health in SURR communities

ACCESS TO HARM REDUCTION

Challenges:

1) Limited access to safe supply

2) Limited OPS access:
   - None are 7 days a week or open at night
   - Lack of OPS for inhalation users

3) Times and office hours

4) Drug testing available only during business hours

5) Tradespeople: challenges with health and safety, preventing honesty, turning a blind eye to the needs of long-term treatment options

Priorities:

1) More OPS access:
   - 24/7 OPS access for injection and inhalation users
   - More OPS spaces and times

2) 7 days a week drug testing

3) Confidential, virtual services

4) Check on unhoused people, cultural safety in harm reduction services, VanishPoint needles

5) Mental health support/ OAT medications easier access

HARM REDUCTION EDUCATION AND AWARENESS

Challenges:

1) Lack of education on harm reduction in SURR communities

Priorities:

1) More education for the public → palatable for general public
2) Community engagement (public against harm reduction)
3) More awareness of services available
4) Research on why these communities are hit the hardest and innovative models in SURR communities
5) Staff training and peer employment opportunities
6) Focused research/ trainings available for SURR harm reduction
7) Include SURR communities in surveys to assess needs

HARM REDUCTION STIGMA

Challenges:

1) Ongoing stigma for tradespeople regarding substance use, peer pressure, work long labour hours

2) Stigma prevents recreational users from accessing supplies, OPS, clinics

3) Mental health stigma – clients refuse to use sometimes

Priorities:

1) Stigma reduction focused on the honest reality if substance use in the trades

2) Address harm reduction stigma in SURR communities

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HARM REDUCTION IN SURR COMMUNTIES

FUNDING FOR HARM REDUCTION

Challenges: 

1) Lack of funding for staffing, equipment, innovation and space
2) Wage / salary disparity across different sectors
3) Staff burnout
4) Skills shortage
5) Funding inconsistent / inability to offer long-term/multi-year positions
6) No core funding
7) Uncompetitive benefits
8) Lack of professional development opportunities

HARM REDUCTION COLLECTIVE ACTION

Priorities:

1) Support organizations to advocate for safe supply in SURR communities

2) Government advocacy:
   - Pressure governments to scale up investment to end toxic drug supply
   - Meet with ministries to increase funding, safer supply, OPS services
   - Advocate for government policies around safe supply
   - Legalization, distribution of safe, tested drug supply

3) Broad campaign to public about substance use → debunk myths

4) Advocate for nasal naloxone

COMMUNITY COLLABORATION AND PLANNING

Challenges:

1) Duplication of services
2) Gaps in service delivery
3) Disconnect between harm reduction and STBBIs

Priorities:

1) Collaborate with organizations to coordinate service delivery
2) Strategy / planning meeting
3) Increased communication

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