

Project Overview:

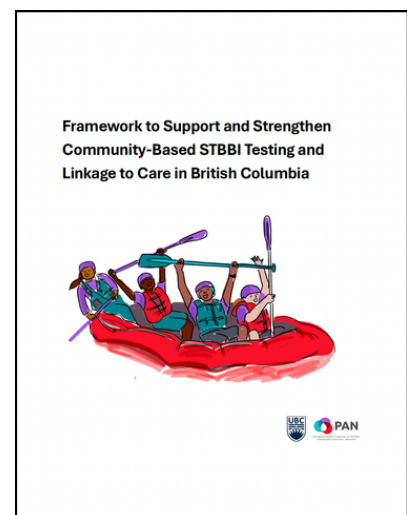
FRAMEWORK TO SUPPORT AND STRENGTHEN COMMUNITY-BASED STBBI TESTING

The Takeaway

The framework was informed by consultations with more than 80 peers, community organizations, healthcare providers, researchers and health authority representatives across BC.

It centres trust and the role of peers/community-based workers in education, prevention, testing, treatment adherence, appointment accompaniment, advocacy and re-engagement.

It proposes a flexible model that can be adapted to local context while maintaining clear pathways to testing, treatment, and linkage to care. It also identifies sustainable funding, reciprocal partnerships, meaningful community engagement, and lived and/or living experience as essential supports.



Elements to Consider

- What would “low-barrier” STBBI testing actually look like in our region?
- Where are the biggest gaps between testing and linkage to care?
- What roles could peers/community organizations realistically play here?
- What partnerships, resources or infrastructure would have to exist for this to work?
- What local reality could the provincial framework miss if we are not careful?

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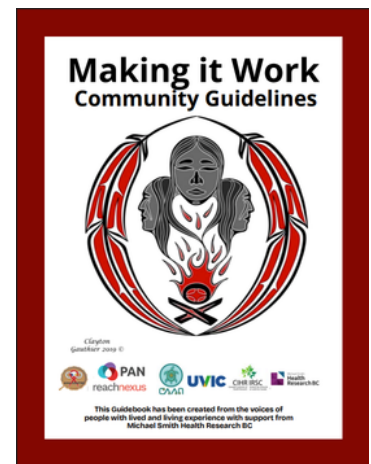
MAKING IT WORK COMMUNITY GUIDEBOOK

The Takeaway

The Making it Work Community Guidelines grew from community conversations about gaps in services and the challenges of navigating complex and fragmented systems.

Its interconnected themes include relationships first, cultural safety, peer-led services, community development, harm reduction, co-location/navigation, culture, trust, communication, partnerships, meeting people where they are, peer leadership and family.

It emphasizes that strong relationships are central to quality services and that organizations and service providers have different but interconnected responsibilities.



Elements to Consider

- Which of these themes is strongest in our region? Which is weakest?
- Where are relationships—not programs—the real barrier or opportunity?
- How are peers involved in leadership and service delivery? What would better support look like?
- Where could co-location, navigation, wraparound services or partnerships reduce fragmentation?
- What would “making it work” look like for our local community?

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RETHINKING VIRAL HEPATITIS PREVENTION: CONFRONTING SYSTEMS THAT CREATE RISK

The Takeaway

Action Hepatitis Canada's most recent report asks us to look beyond individual "risk groups" and examine the policy, institutional, and social environments where prevention succeeds or fails.

It highlights fragmented systems, difficult-to-access services, and transition points such as arrest and release, hospital discharge, shelter entry and exit, treatment intake and discharge, housing loss, and movement between communities.

Its recommendations include protecting community-led prevention infrastructure, consistent harm reduction access, pairing testing and treatment with prevention, reforming policies that produce preventable risk, strengthening prevention and care in carceral settings, and expanding hepatitis B vaccination access.



Elements to Consider

- Where are the environments or transition points in our region where prevention/care breaks down?
- What services exist "on paper" but are hard to access in practice?
- Which systems need to work together more effectively?
- What prevention infrastructure should be protected or strengthened?
- What is one policy or system-level change that could reduce risk locally?

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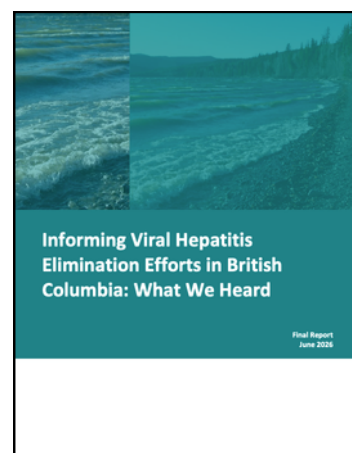
INFORMING VIRAL HEPATITIS ELIMINATION EFFORTS IN BC WHAT WE HEARD

The Takeaway

More than 500 people including clinicians, service providers, researchers, public health professionals and people with lived and/or living experience(s) contributed to this provincial consultation.

Shared findings include the need for more low-barrier, community-based screening and testing, better integration of harm reduction and infectious disease services, simpler administrative processes, decentralized and flexible service delivery, and action on stigma, discrimination and racism.

The report also highlights regional inequities, the need for ongoing coordination and sustainable resourcing, and the importance of keeping lived and/or living experience and Indigenous leadership central to planning and decision-making.



Elements to Consider

- Which finding feels most true in our region?
- What regional gap is not adequately visible in the provincial picture?
- Where are we already seeing a promising model that could be shared or expanded?
- What would better coordination look like between community, primary care, public health and other systems?
- What should happen next if BC is serious about the 2030 elimination goal?

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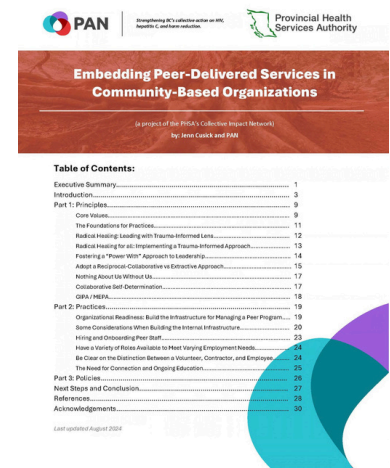
Project Overview:

EMBEDDING PEER-DELIVERED SERVICES IN COMMUNITY-BASED ORGANIZATIONS

The Takeaway

This document is designed to equip community-based organizational leaders with practical insights into integrating peer-delivered services effectively. By embracing diversity and prioritizing inclusivity, community-based organizations can harness the transformative power of peer-delivered services through building collaborative frameworks that enhance service delivery and community impact.

It contains sections on principles, practices, and policies that are valuable for anyone involved in or interested in engaging peers within community-based organizations, particularly people in leadership roles, program managers, and people who are delivering direct services.



Elements to Consider

- Where is “Nothing About Us Without Us” and GIPA/MEPA being successfully practiced in our region — where are there opportunities for it?
- How can organizations shift away from “what can you do for us,” to “how can we join forces and use our collective power?”
- How do we ensure that organizational support systems are effective: promoting well being for staff and preventing burnout?

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