## SUPPORTS

**SUFFICIENT FUNDING**

Fund the full costs of collaborative, community-based care so services can meet local needs sustainably.

**RECIPROCAL PARTNERSHIPS**

Build equitable collaborations that value the skills and knowledge contributed by every partner.

**LIVED EXPERIENCE**

Embed lived experience through clear, fairly-paid roles and flexible employment pathways that strengthen representation, mentorship, and program reach.

**COMMUNITY ENGAGEMENT**

Engage communities and people with lived experience as decision-making partners to build trust, share power, and shape responsive services.

**NEEDS ASSESSMENT**

Map established community programs and assess where testing could be added or strengthened.

**DESIGN AND PLANNING**

Support peer workers through training, supervision, and ongoing competency-based education for safe, ethical, and culturally responsive STBBI testing and care. Understand each testing site's operations and community context to inform service planning and partnerships.

**IMPLEMENTATION**

Offer testing choices and incentives that reflect varied preferences being mindful of potential coercion. Follow reporting requirements and make referrals that match each person's needs and support trust.

**EVALUATION**

Evaluate services continuously, share findings, gather confidential community feedback, and adapt to emerging needs.

PAN UBC

https://paninbc.ca/creating-guidance-project/



# Framework to Support and Strengthen Community-Based STBBI Testing and Linkage to Care in British Columbia

## BACKGROUND

PAN and UBC consulted more than 80 peers, community organizations, health providers, researchers, and health authority representatives to identify what is needed to strengthen community-based testing and linkage to care.

## KEY FINDING

Trust is fundamental to testing, treatment, and linkage to care. Peers and community-based workers can reach people facing barriers and provide education, prevention, testing, adherence support, accompaniment, advocacy, and re-engagement—reducing stigma and improving service uptake across the care continuum.

## MODEL OF CARE

The model places lived and living experience at the centre of a sustainable health care system. It offers an adaptable framework for local services while maintaining clear pathways to testing, treatment, and care.

## SUPPORTING THE MODEL

Community-based and peer-led approaches can expand STBBI testing, improve linkage to care, and reduce inequities. Healthcare leaders should invest in sustainable partnerships and a well-resourced peer workforce, embed lived experience in decision-making, and treat trust-building as essential to a more accessible and equitable system of care in BC.




### ✓ Trusted Community Workforce

*Peers and other service providers who are embedded in their communities have strong and enduring bonds of trust with their communities.*

### ✓ Standards of Practice

1. *Using and Building Strong Networks*
2. *Integrating into Points of Contact / Established Programs*
3. *Tailoring Information and Services*
4. *Testing for Multiple Infections and Providing Confirmatory Testing*
5. *Creating Clear and Predictable Care Paths*

### ✓ Core Competencies

1. *Person-Centred Care*
2. *Culturally Informed and Non-Judgmental Approaches*
3. *Informed Consent and Confidentiality*
4. *Education and Job Training*
5. *Boundaries and Self Care*

# Strengthening Community-Based STBBI Testing and Linkage to Care in British Columbia

PAN and UBC held consultations across BC to identify the priorities, barriers, and opportunities to deliver community-based sexually transmitted and blood-borne infection (STBBI) services along the care continuum. The river represents key components of effective community-based practices. Strong river banks represent the supports required to implement and sustain these services. Together they strengthen the STBBI response with a more accessible, responsive and equitable system of care.




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