Invitation to Innovate

Organization: VCH STOP team, Primary Outreach Services team, Pender CHC team and DCHC team

Key Contacts:

• Miranda Compton, HIV/HCV and STOP Manager: miranda.compton@vch.ca
• Patti Zettel, Primary Outreach Services and Sheway Manager: patti.zettel@vch.ca
• Maureen Sexsmith, Pender CHC Manager: maureen.sexsmith@vch.ca
• Monika Stein, DCHC Manager: monika.stein@vch.ca

Idea: To work with DTES community partners to establish dedicated Hepatitis C (HCV) housing to provide support and care to people undergoing community-based HCV treatment.

Background: Globally 80% of new HCV infection is amongst people who use injection drugs (PWUID). The global prevalence of HCV amongst this group is 68%. While HCV can be treated and the virus suppressed, treatment uptake amongst the most at risk group is low. This presents a significant public health risk as the group acts as a reservoir for the virus. When large groups of PWUID live in close proximity the reservoir phenomena increases. This scenario is very much the reality in the DTES of Vancouver. According to the BCCDC, approximately 60,000-80,000 British Columbians have HCV; one in four is unaware that they have the disease. There are more people living in BC with HCV than there are people in Canada living with HIV. The HCV prevalence was estimated @ almost 90% at the declaration of the public health crisis in the DTES in the late 1990s. The BC Centre of Excellence in HIV/AIDS in 2011 found that about one in three HIV positive individuals in BC were also infected with HCV. Treatment for HCV is available and can produce a cure in 50% of treated individuals. Current treatment modalities are challenging, produce uncomfortable side effects and require regular adherence for a period upwards of one year. People living in the DTES are already challenged by the reality of their life circumstances and are adversely affected by the social determinants affecting health. In addition, their lived experience has taught many that seeking healthcare in traditional acute care settings results in feelings of stigma and perceptions of shame. An increasing body of literature supports low threshold, community-based treatment with a focus on stable housing, harm reduction, primary care, mental health and addiction programs delivered by multidisciplinary teams. Equally important are the supports provided by peers, housing and social services (to name but a few) that cumulatively are creating a model of HCV care that is affecting successful treatment uptake and suppression of the virus. An umbrella of supports to create greater access to treatment that is also tailored to the needs of the HCV population living in the DTES is required. Vancouver Community recently (Fall, 2013) underwent a program review of HCV community-based treatment. As a result, there is now a cohesive best practice model of community HCV care and treatment being offered out of five VC clinics (Pender, DCHC, Raven Song, Three Bridges and Native Health).
**Initiative Description:**

The initiative will target HCV+ individuals who are treatment-ready but for whom lack of stable supported housing is a barrier to successfully embarking on treatment. Through the provision of temporary housing with supported services 24/7 for individuals who are actively taking HCV Treatment (for the 12-18 months treatment period), an identified service gap will be addressed, and more successful navigation of HCV treatment will result. Engaging community partners in the DTES in a collaborative process to provide dedicated HCV housing beds to people of the community while they are undergoing HCV treatment will increase treatment uptake, foster supportive recovery, increase individual self esteem, decrease the HCV burden and associated health care costs, suppress HCV in the PWUID community and increase the public health of the DTES community.

**References:**

- Bruggmann and Litwen (2013): Models of Care for the Management of HCV among People who Inject Drugs: One size does not fit all.
- Deans (2013): Mortality in a large community-based cohort of inner city residents in Vancouver, Canada