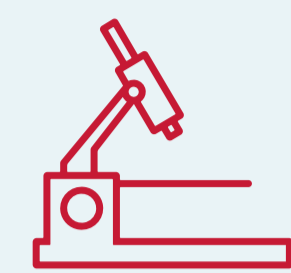


Nudging Up HCV Screening

Applying Behavioural Interventions to Increase HCV Screening Rates in Community Drug Treatment Settings

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Background and aims



- Hepatitis C virus (HCV) is a major cause of chronic liver disease.
- The World Health Organization (WHO) has set a goal of eliminating HCV as a major public health threat by 2030, with targets including diagnosing 90% of people with viral hepatitis B and C¹.
- Despite high risk and prevalence among people who inject drugs (PWIDs), routine screening is sub-optimal. Thus, many remain undiagnosed and unaware of their HCV status².
- This research tests in a real-world setting if new types of scalable interventions informed by behavioural science – so-called “nudges” – are effective and cost-effective in increasing HCV screening among PWIDs in the community.

Hypotheses



- The research tests the hypothesis that behaviour change techniques informed by the latest insights from health psychology and behavioural economics can “nudge” PWIDs to seek and accept HCV screening; or nudge community drug workers to prompt HCV screening.
- In particular, nudges are behaviour change techniques designed to be straightforward and unobtrusive to apply at scale through existing communication channels with PWIDs and/or community drug workers.
- While not a panacea, nudges have been tested and proven effective across a range of health and care challenges³. Examples include increasing acceptance of cancer screening and lifestyle wellbeing checks⁴. This would be among the first studies testing these behaviour change techniques with HCV screening.

Phase I: Explorative research

The explorative research phase took place in 2018 and 2019. This featured:



Literature review to understand behaviours and motivators related to HCV screening; and also a broader review across behavioural science theory and empirical evidence from similar health screening and other health behaviour change challenges. Using the COM-B framework for characterising and designing behaviour change interventions, we reviewed empirical evidence from behavioural science to identify behaviour change techniques relevant to screening offers and uptake⁵.



Ethnographic research and semi-structured interviews at seven drug treatment centres and needle exchanges across England, run by Change, Grow, Live (CGL), which is a UK voluntary sector organisation providing support, treatment and rehabilitation programmes for people with substance misuse problems. The ethnographic and qualitative research allow us to more fully understand the context in which HCV tests are offered to people who inject drugs in a community setting - and to identify pragmatic opportunities for enhancements.

Key insights from the explorative phase

- For both PWIDs and drugs services staff, there is commonly a gap between having a good intention to get screened or to promote screening, and their actions not following through. In psychology, this is referred to as the intention-action gap. A lack of knowledge – about HCV, testing or treatment – was not commonly the barrier.
- Staff are often busy and can become distracted by multiple demands on their time to support clients through a wide variety of urgent and important harm reduction challenges. HCV is just one of these challenges; and because it is less urgent than some other harm reduction challenges, it can inadvertently become deprioritised.
- Staff can have the knowledge and skills to conduct a dried blood spot test (of which HCV screening is part), but nonetheless lack confidence in conducting the test or in having potentially difficult conversations with clients around HCV and testing. This lack of confidence can lead to procrastination.
- While accessing drug treatment services, PWIDs are commonly provided with a range of leaflets and posters with messages about HCV testing. While the content of many of those messages appear to resonate with PWIDs – and in many instances has been carefully and thoughtfully designed with PWID input – posters and leaflets are nonetheless often overlooked entirely, especially in needle exchanges. Instead, we need to find ways to include HCV messages where they will be noticed.
- PWIDs are a diverse group. Steroid users are less likely to self-identify as a drug user and therefore to engage with services or campaigns that raise awareness of HCV risks among PWIDs. Instead, steroid users may be motivated by appearance or other pro-health messages, as opposed to more typical harm reduction messages.

Phase II: Three behaviour change nudges

In collaboration with CGL's staff and service user representatives, the research team prioritised three nudges to test in a field experiment. These are labelled A, B, and C. The criteria used to shortlist these three nudge interventions included: likely efficiency, scalability, unobtrusiveness, and acceptability to PWIDs and drug services workers. While each nudge is separate, there are deliberate commonalities across all three. For instance, these fit into a busy and pressured working environment; the nudges keep working practices simple for drugs services staff; and the nudges aim to resonate with drugs services staff and PWIDs at an emotional as well as a rational level.



Nudge A – Enhanced staff training

- Frontline staff in community drug treatment services are commonly provided with training on HCV, its risk factors, screening, and treatment options.
- This nudge builds on current training, to incorporate strategies to help win staff hearts as well as their minds, so they are more likely to put that training into action.
- The intervention is a very brief, additional training module that includes planning and goal-setting techniques to help staff plan for how they will incorporate screening into the working day and how they may overcome any barriers.



Nudge B – Re-testing prompts and reminders

- Frontline staff in community drug treatment services have multiple demands on their time for harm reduction support they provide for clients. This includes people who may have been screened for HCV previously, but who continue to put themselves at risk.
- This nudge builds into routine day-to-day working practice a simple and timely reminder to offer screening to people who may have been screened previously.
- Insights on the efficacy of different types of reminders suggests they are most effective if those messages are from a trusted source, engage at an emotional level as well as rational level, and feel relevant and tangible. These seemingly small or even inconsequential changes can have an outsized impact on behaviour⁶.



Nudge C – Engaging with drug users not in touch with services

- Among the biggest gaps in HCV screening coverage is active injecting drug users, rather than people accessing harm reduction services. This includes steroid users who may engage less in typical HCV campaigns that target heroin users.
- This nudge features targeted HCV screening messages with needle syringe packs. The messages are brief, impactful and informed by behavioural science insights.
- HCV screening messages are tailored to different types of PWIDs – steroid users and heroin users – and are designed on materials that may be retained and passed among friendship groups, such as on lighters and associated paraphernalia.

Method

- Nudging Up HCV Screening is three parallel quasi-experimental studies, using a difference-in-difference (two group pre- and post-test).
- We are conducting trend data analyses on HCV screening outcomes at drug treatment services sites that implement the new nudges. We will compare trends in the same HCV screening outcomes against sites with HCV screening rates that are historically similar. Those act as control sites. Any significant difference in trends is therefore interpreted as an effect. The parallelism assumption is verified by examining prior trends in historical HCV screening data.
- The population inclusion criteria are any PWIDs accessing drug treatment services or needle exchange services over the study duration who would ordinarily be eligible for HCV screening.
- As of July 2019, the research is to commence imminently. We anticipate the research running from August-December 2019 at six to eight drug treatment services run by CGL across England.
- The study protocol was granted approval by Change, Grow Live's national Research Oversight Group on 19 July 2019.

Data collection

- The primary outcome measure is the number of HCV screenings accepted at each CGL site over the duration of the study. This uses routinely collected data.
 - As a secondary measure, the research team will circulate a short questionnaire immediately after the intervention to gather qualitative feedback on how needle exchange staff experienced each of the nudge interventions.
- The purpose of this questionnaire is to measure staff acceptance of each approach, subjective measures of service user engagement, changes in daily staff behaviour, and to gather suggestions of how the nudges might be improved if implemented at other drug treatment services or needle exchange locations across Europe and at scale.
- The research does not access any personally identifiable data.

Disclosure of Interest Statement:

This is a collaborative research project between Gilead Sciences Europe (Gilead) and Change Grow Live (CGL). Gilead has funded, and is contributing the services of, H+K Strategies to carry out this research, working together with CGL. No payment is being made to CGL or its service users in relation to this project.

Acknowledgements

The research team would like to thank countless colleagues from across Change, Grow, Live for their advice and input, with special thanks to Stacey Smith and Johnathan Occlshaw.

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