

CEDAR PROJECT HCV BLANKET PROGRAM: EXPLORING EXPERIENCES AND IMPACT OF A CULTURALLY-SAFE CASE MANAGEMENT APPROACH IN SUPPORTING HCV TREATMENT AMONG INDIGENOUS PEOPLE USE(D) DRUGS IN BRITISH COLUMBIA, CANADA.

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Background:

In Canada, systemic racism drives health inequity for Indigenous peoples and presents serious barriers to care, including hepatitis C (HCV) therapies.

Description of model of care/intervention:

The Blanket Program was designed to break through barriers to HCV care by providing culturally safe, (w)holistic case management before, during, and after treatment among Indigenous people who use(d) drugs. This model of care was developed by the Cedar Project Partnership, an independent body of Indigenous Elders, leaders and social service experts who govern all aspects of this research. The Blanket Program is a pilot study nested within the Cedar Project, an Indigenous-governed cohort involving Indigenous people who use(d) drugs in Vancouver and Prince George, British Columbia. Between 2017-2019, 60 participants enrolled in the Program; 96% completed treatment and 95% remained HCV-free 9-months post-treatment. In this study, we aimed to document participants' experiences in the Program, exploring if and how engagement impacted health and wellness. We interviewed 31 participants post-HCV treatment. Interpretive description guided analysis of interviews and case management documentation of total sample.

Effectiveness:

Three themes were identified. First, a (w)holistic case management design, recognizing agency and strengths, was essential to participant care. Second, ongoing relational and responsive delivery of care were critical in mitigating structural, relational, and internalized harms. Program design and delivery were associated with decreasing barriers to services, HCV treatment adherence, and emotional safety in care. Conversely, resource and implementation challenges impacted quality of support in the Program. Third, contextual factors were supportive and disruptive to participants experiences in HCV care. Participants' circles of support and self-determination aided treatment adherence, health and wellness, and participation in the Program. Persistent structural, relational, and internalized harms impacted connecting to services, primarily housing, healing, and wellness services.

Conclusion:

Findings underscore the importance of responsive, relational (w)holistic care in supporting HCV treatment.

Disclosure of Interest Statement:

Nothing to declare.