



# More Than Tested, Cured – A User-led Model



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## BACKGROUND

This project was a collaborative effort between the National Viral Hepatitis Roundtable (NVHR), Urban Survivors Union (USU), Peoples Harm Reduction Alliance (PHRA), and Atlanta Harm Reduction Coalition (AHRC) to assess barriers and improve linkage to care for people who use drugs. Previous models of linkage to hepatitis C (HCV) care interventions are often clinician-led and not drug user led, which is paramount to increasing access to HCV care [1,2]. This project represents a successful national drug user led collaborative effort to increase access to care at all steps of the HCV care continuum in three communities in the United States. Evidence supports the inclusion of active drug users at every phase of research and evaluation not only to strengthen the study but to strengthen the individual and community.

## METHODS

- **Collaborative, user-led model.** This project included: 1) a joint grant proposal, regular web-based meetings, shared evaluation, and joint dissemination efforts, 2) each program focused on a different aspect of the care continuum: participant level barriers to prevention and testing (USU), participant and provider barriers to referral and linkage to care (PHRA), specialist barriers to treating (AHRC).
- **Barriers to care:** Data collection included a survey and focus groups with participants in North Carolina (USU), interviews with participants in Washington (PHRA), and surveys of specialists in Georgia (AHRC).
- **Dissemination of Information:** Public conference call, webinars, fact sheets, advocacy videos, prevention education programs, social marketing messages, infographics, package of educational materials.

## RESULTS

Collaborative efforts have resulted in increased local education and advocacy efforts for participants and providers, as well as linkage to HCV care, at all organizations. We have been successful at disseminating our innovative process and findings on a national call, a national webinar and at two conferences in 2017.

### Barriers to Care Findings

#### North Carolina

- Participants had low knowledge of HCV transmission risk
- Lack of information about treatment options is common, and women in particular felt a lack of control over infection risk
- Needle exchanges are an important source of information and support

#### Washington

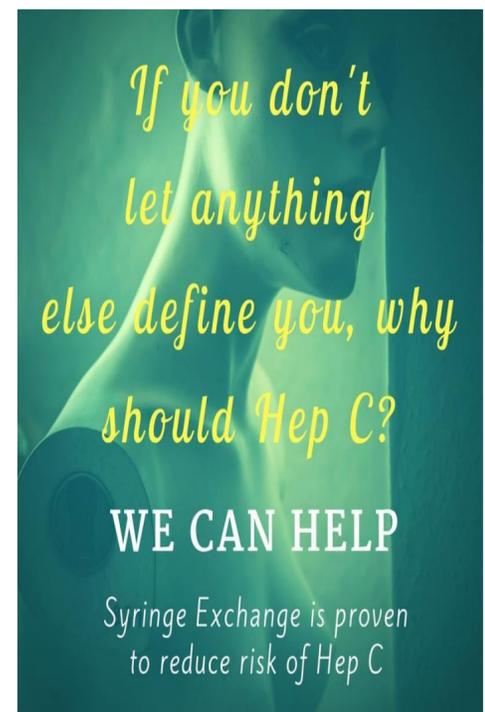
- Doctors told participants they must be sober or housed to receive care and there isn't clear benefit for drug users
- Some participants chose not to receive confirmatory testing because they don't see a clear linkage to care

#### Georgia

- While 17 of 25 local liver clinics provide HCV care to people who use drugs, only one provides care on a sliding/scale fee



Social Marketing Messages developed by participants in North Carolina to combat stigma and misinformation among participants.



## CONCLUSIONS

- Needle exchanges are an important way to decrease misinformation and prevent HCV infection/re-infection
- Doctors need to update patients on HCV treatment options and advocate for treatment with simple linkage to care processes
- Additional funding for HCV treatment for all patients is needed to increase access to specialty care

## REFERENCES

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## CONFLICTS OF INTEREST

We are funded by a grant from Gilead Sciences. We have no additional financial conflicts of interest to declare.

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[www.peoplesharmreductionalliance.org](http://www.peoplesharmreductionalliance.org)

<https://sites.google.com/urbansurvivorsunion.org/sucampaigntoendhcv/home>

