ENHANCING STBBI CARE THROUGH MOBILE CONNECTIVITY: GENDER-BASED TRENDS IN THE TLC PROGRAM

Nicola Garcia-John[1,2], Siena Pawlikowski[1,2], Ervin Cadiz[1], Mays Alhellawi[1,3], Amrit Tiwana[1,4], Celine Juadiong[1], Nicola Gale[1], Ashley Bentley[1], Mike Mahay[1], Sofia Bartlett[1,5]

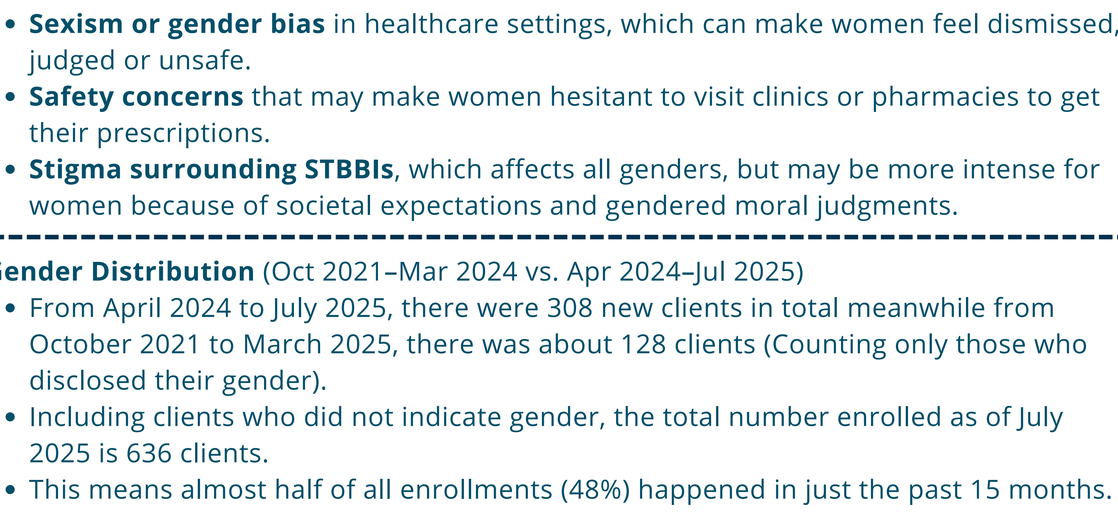
1. BC Centre for Disease Control; 2. seed2STEM, ICORD; 3. Faculty of Health Sciences, McMaster University; 4. School of Community and Regional Planning, University of British Columbia; 5. School of Population and Public Health, University of British Columbia.

INTRODUCTION

- People who are living with Sexually Transmitted and Blood Borne Infections (STBBI) like human immunodeficiency virus (HIV), hepatitis C virus (HCV), syphilis, and hepatitis B virus (HBV) face many challenges when trying to seek healthcare. These barriers are even greater to people who have been recently incarcerated or are currently living in unstable housing.
- The **Test, Link, Call (TLC) project** was created to face this issue. This project provides a free phone with 6-month of calling/texting to those who are at risk of being excluded from the health system. It connects people to peer health mentors and other supports.
- This poster more specifically focuses on the quantitative data of the TLC project. It's **goal** is to figure out how far clients progressed through treatment, how the results differed between men and women, and where exactly improvements can be made.

METHODOLOGY

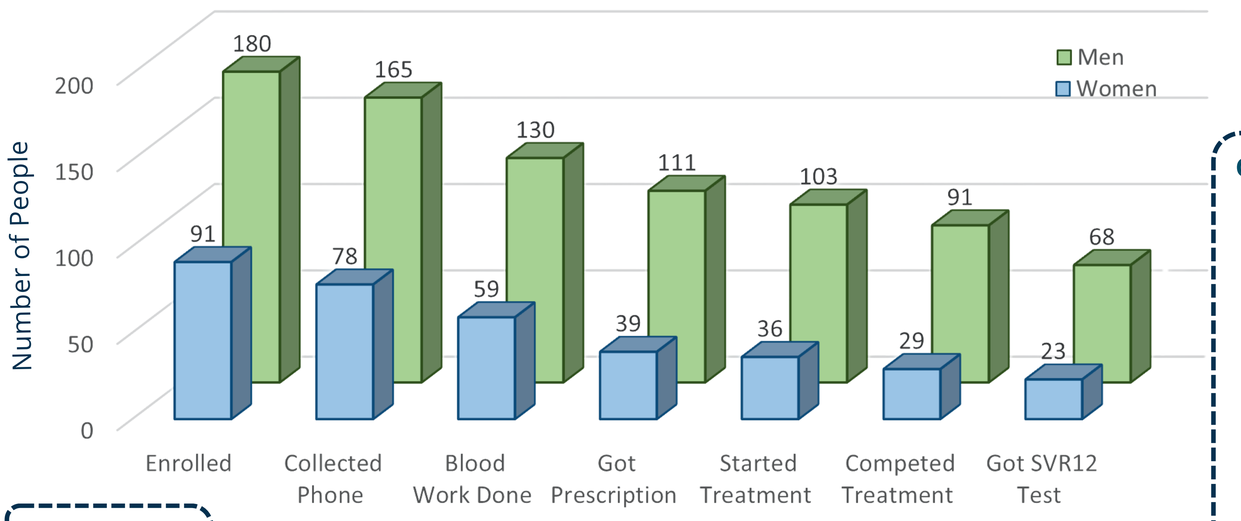
Descriptive quantitative analysis was used to assess client progression through care from October 2021 to March 2024. This included:



While this poster presents a retrospective snapshot, it also includes an updated enrollment pie chart up to July 2025 to show continued program growth. De-identified administrative data was used. Data analysis was performed using Excel and descriptive statistics.

RESULTS

The **care cascade** below shows the proportion of men and women progressing through hepatitis C (HCV) care.



Percentages below each step are clients who completed that step out of those eligible to move forward.

91.7%	78.8%	85.4%	92.8%	88.3%	74.7%
85.7%	75.6%	66.1%	92.3%	80.6%	79.3%

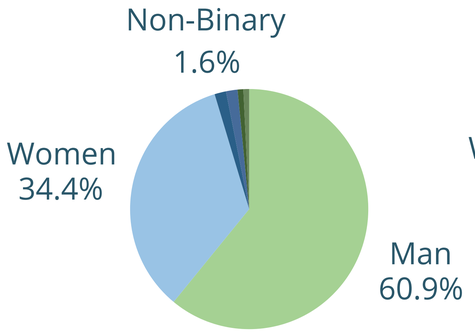
Between the **Blood Work Done** and **Got Prescription stages**, there is a notable drop-off in the proportion of women who progressed compared to men.
Possible reasons for this include:

- **Sexism or gender bias** in healthcare settings, which can make women feel dismissed, judged or unsafe.
- **Safety concerns** that may make women hesitant to visit clinics or pharmacies to get their prescriptions.
- **Stigma surrounding STBBIs**, which affects all genders, but may be more intense for women because of societal expectations and gendered moral judgments.

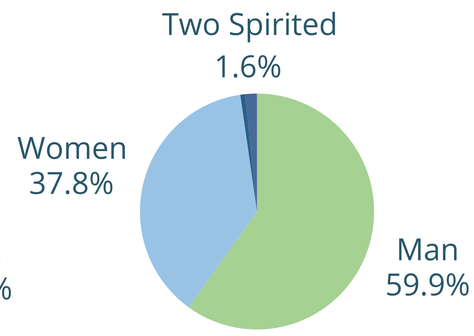
Gender Distribution (Oct 2021–Mar 2024 vs. Apr 2024–Jul 2025)

- From April 2024 to July 2025, there were 308 new clients in total meanwhile from October 2021 to March 2025, there was about 128 clients (Counting only those who disclosed their gender).
- Including clients who did not indicate gender, the total number enrolled as of July 2025 is 636 clients.
- This means almost half of all enrollments (48%) happened in just the past 15 months.

Oct-2021 to March-2024
Clients enrolled: 128



April-2024 to July-2025
Clients enrolled: 308



CONCLUSION

The TLC project shows that providing mobile phones, combined with ongoing peer support, helps clients overcome barriers to accessing STBBI care.
Key findings include:

- A gender gap emerges between the Blood Work and Prescription stages, with women dropping off at a higher rate.
- Possible drivers of this gap include sexism in healthcare, safety concerns about in-person visits, and stigma associated with STBBIs.
- Overall enrollment has grown rapidly, with nearly half of all clients joining in the past 15 months, highlighting the ongoing need for accessible care solutions.

While the program benefits all genders, gender-specific barriers remain and require targeted interventions to ensure equity in care.

RECOMMENDATIONS

- **Design gender-responsive supports**: Offer gender-specific peer mentorship (e.g. women matched with women mentors or 2SLGBTQ+ clients paired with affirming peers) to create safe, supportive spaces for disclosure and engagement.
- **Investigate gendered drop-off patterns**: Conduct follow-up interviews with new clients to explore why women disengage more often after the Blood Work stage.
- **Continue tracking long-term outcomes**: Monitor treatment completion, reinfection rates, and SVR12 success rates over time.

ACKNOWLEDGMENTS

We acknowledge the Title and Rights of the First Nations who have cared for and nurtured the lands, air and waters around us for all time, including the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh Úxwumixw (Squamish Nation), and səl̓ílwətaʔ (Tsleil-Waututh Nation), on whose territory the TLC team works and where the BCCDC office is located, in what is colonially known as British Columbia. We wish to thank all TLC clients whose experiences informed this evaluation and for whom this work is ultimately intended to benefit. We are also grateful to the clinicians and peer health mentors who provide ongoing care and support to TLC clients, and those who contributed to data collection, in particular Amrit Tiwana (qualitative data collection) and Nicola Gale (quantitative data collection). TLC is funded by the Pacific Public Health Foundation, which receives financial contributions from Gilead, AbbVie, Pfizer, and TD Bank Group.

REFRENCES

Amrit Tiwana, Nicola Gale, Mike Mahay et al. Addressing digital exclusion to improve access to HIV and viral hepatitis care for people who experience criminalization: A mixed methods evaluation of a quality improvement project, 17 December 2024, PREPRINT (Version 1) available at Research Square [https://doi.org/10.21203/rs.3.rs-5442220/v1]

Scan QR code for TLC qualitative poster.

seed2STEM summer research program for Indigenous youth

& generous contributions from individual faculty members and private donors