



Understanding Barriers and Facilitators to Treatment for Hepatitis C Infection: A Qualitative Study in Los Angeles County

Larisa Albers, PhD(c), MPH;¹ Nathan Sudeep;¹ Shikha Handa, MPH(c);¹ Chrysovalantis Stafylis, MD, MPH;¹ Monica Pattarroyo;¹ Juan Vasquez, MPH(c);¹ Roberto E. Montgomerie;¹ Ryan M. Nguyen, MPH;¹ Neeraj Sood, PhD;² Daniel Soto, EdD, MPH;¹ Jeffrey D. Klausner, MD, MPH¹

¹ Keck School of Medicine of University of Southern California, Department of Population and Public Health Sciences, Los Angeles, CA USA

² Price School of Public Policy of University of Southern California, Department of Health Policy and Management, Los Angeles, CA USA

Background

- Many with Hepatitis C (HCV) remain untreated despite effective treatments
- We examine barriers & facilitators to HCV treatment
- Insights from patient, provider, & community healthcare in LA should inform policy & practice

Study Methods

3 English-treated, 4 English-untreated, and 3 Spanish-untreated individuals recruited via the LA County Department of Public Health

6 Providers and 4 CHWs (Community Health Workers) recruited through the LA County Hepatitis C Task Force

20 interviews conducted via Zoom

Interview transcripts analyzed via Dedoose software

Based on our data, we recommend...

1. Increasing HCV screening in prisons and ensure continued treatment post-release
2. Training substance use treatment providers to prescribe DAAs directly
3. Increasing bilingual providers to improve Spanish-language access
4. Strengthening HCV peer navigation & support groups
5. Expanding mobile clinics and telehealth services for better accessibility

Barriers & Facilitators

HCV-affected Individuals told us...

- Multiple blood draws
- Limited Treatment in Jails
- Few Spanish-Speaking Providers
- Basic Needs Come First

Providers told us...

- Patient Housing Instability
- Integrating Treatment in Rehab
- Treatment Misconceptions
- Importance of Peer Navigators

CHWs told us...

- Treatment Misconceptions
- Community & Family Stigma
- Importance of Support Groups
- Telehealth Improves Access

Interview Quotes

"Some of them still have that mentality that they've been diagnosed 10, 15, 20 years plus ago ... where it's still like that aggressive treatment."
– CHW #3

"Why don't we have the medication co-managed at the Methadone program? ... there's no reimbursement scheme to incentivize opioid treatment programs to actually do that." – Provider #6

"I didn't understand very well what they were telling me. And the medications were in English ... I didn't want to take care of myself anymore because I didn't understand anything." – Spanish-speaking Individual #1 (Untreated)

"So if we get to a place where ... they're stably in a housing program ... then hepatitis C treatment becomes a high priority issue for them."
– Provider #3

"if they tell their family, if they disclose anything ... it's [seen like] HIV, a death sentence. They just don't want to address it and ignore it" – CHW #3

"Even while I was in jail ... People get Hep C, pick it up all the time ... but it was never really treated or checked for."
– English-Speaking Individual #1 (Treated)

"If I was able to treat it sooner, I would... I tried before, but at least 3 or 4 times, and it all have been unsuccessful because of the blood draw process... I was an IV drug user, so I have collapsed veins" – English-speaking Individual #3 (Untreated)

Contacts: Nathan Sudeep (sudeep@usc.edu), Shikha Handa (shikhaha@usc.edu)

Keck School of Medicine of USC
Department of Population and Public Health Sciences

