

## BACKGROUND

- Of the nearly 3 million people living with HCV in the United States alone, the overwhelming majority are among people who inject drugs (PWID), thereby affecting many marginalized and impoverished populations <sup>1</sup>
- Despite direct acting antiviral medications that now cure HCV in over 95% of people in as little as eight weeks with few side effects, the majority of HCV+ PWID in the US remain untreated <sup>2</sup>
- This lack of treatment uptake is likely multifactorial, but may be due to a series of interlocking social, environmental, governmental, institutional and psychological factors, or *Social Determinants of Health* (SDOH)
- We set out to determine the SDOH impacting a population of HCV+ PWID and determine if these SDOH were related to reduced HCV treatment uptake

## OBJECTIVES

- Identify the primary Social Determinants of Health (SDOH) affecting people who inject drugs (PWID) living with chronic Hepatitis C (HCV) infection in the US.
- Understand the relationship between Social Determinants of Health and HCV treatment uptake

## REFERENCES

1. <http://www.ncbi.nlm.nih.gov/pubmed/26171595>
2. <https://pubmed.ncbi.nlm.nih.gov/18165889/>



### DEMOGRAPHICS

- 84 participants enrolled self identified as Black/African American (35%), Hispanic (60%), males (77%), aged 51 (SD11).



### FINANCES

- 42% run out of money for basic needs on a daily or weekly basis, 69% receive food stamps, and 23% are homeless, 48% report not having transportation to get their medical visits



### EDUCATION / STRUCTURAL

- Nearly half (45%) of participants have less than a high school education, 57% have ever been incarcerated, and 25% do not trust doctors.



### TREATMENT UPTAKE

- A total of 57% of participants initiated HCV treatment; no specific factors of SDOH were associated with treatment initiation.

## METHODS

- HCV+ PWID were enrolled into an RCT of group vs. individual HCV treatment uptake interventions within a primary care clinic in the Bronx.
- Data were obtained through participant surveys completed at the baseline study visit.
- We included patient characteristics and baseline SDOH including demographics, finances, educational level, incarceration history and levels of medical distrust
- Bivariate analyses performed between treatment initiation and the various factors of the SDOH
- HCV treatment was provided according national guidelines

## CONCLUSIONS

- HCV+ PWID face overwhelming barriers in the form of poor SDOH
- Despite this, over half of participants initiated HCV treatment
- These numbers serve as proxy for resilience and willingness to engage in care
- Poor SDOH should *not* be a reason to delay HCV treatment
- It is essential to address the underlying SDOH in this population in order to achieve improved health outcomes