**PATIENT-REPORTED BARRIERS TO HCV TREATMENT IN LOS ANGELES**

D Bruce; R Shah; C Hernandez-Tamayo; T Becerra; L Bhardwaj; R Saini; N Saremi; I Thomas; A Vij; K Manansala-Tan; A Li; J Gizamba; B Hosseini; N Sudeep; S Navarro; S Ufret-Rivera; GO Portillo; Y Tapia; P Gounder; MP Jewell; C Stafylis;JD Klausner

**Affiliations:**

Department of Population and Public Health Sciences, University of Southern California, Los Angeles (DB, RS, CHT, TB, LB, RS, NS, IT, AV, KM, AL, JG, BH, NS, SN, SU, GOP, YT, CS, JDK); Los Angeles County Department of Public Health, Acute Communicable Disease Control, Viral Hepatitis Unit, Los Angeles (PG, MPJ)

**PURPOSE:**

Hepatitis C virus (HCV) treatment rates are low despite the availability of effective oral medications. Few studies assess patient-reported barriers to treatment. The Los Angeles County (LAC) Department of Public Health and University of Southern California formed a partnership program to notify LAC residents of positive HCV test results, and link untreated cases to care.

**DESIGN METHODS:**

Trained case workers contacted individuals with a positive HCV RNA test result reported to the County. By voluntary interview, we collected individual demographics, infection awareness, and treatment status. For those aware of their test result and untreated, we assessed barriers to treatment initiation by external (healthcare access, provider-specific, and insurance-related) obstacles and personal (asymptomatic status, competing priorities, follow-up adherence, and treatment awareness) obstacles. We evaluated associations between minority status and obstacles using Fischer’s exact test, prevalence odds ratios and 95% confidence intervals.

**RESULTS:**

From 3,083 eligible (alive, not incarcerated) cases, 626 were surveyed. Thirty-seven percent (n=233) were aware of their result and untreated, 82.8% (193/233) of whom were willing to obtain treatment. Most (169/233, 72.5%) identified as a minority group, of whom 62.7% (106/169) were Hispanic, and 32% (54/169) African American. Minority-group respondents had 1.1 (95%CI: 1.0, 1.3) times higher prevalence of reporting external compared to personal obstacles to obtaining treatment. More minority respondents reported not having been offered treatment (36/94, 38.2%), compared with non-minority respondents (10/64, 15.6%). Minority respondents also reported more general barriers to accessing healthcare (28/94, 29.8%), compared to non-minority respondents (4/64, 6.3%). In contrast, non-minority respondents reported more personal obstacles (36/64, 56.3%) compared to minority respondents (75/169, 44.4%).

**DISCUSSION:**

Disparities are evident among reported barriers to HCV treatment; however, a majority endorse willingness to treat. Interventions should increase awareness of benefits to timely treatment, and support linkage programs that may facilitate treatment initiation.

**Grant Support**: The authors confirm no funding disclosures.

(295/300 word max)

**SUBMISSION DETAILS**

**Submitting Author Affiliation**

**Name:** Ms. Dara Bruce

**Institution/Organization:** University of Southern California

**Are you a student?** No

**Primary email:** dara.bruce@med.usc.edu

**Please consider my abstract for:** Either

**Abstract Category:**

1. Health Services and Policy
	1. Subcategory: 4.01 Disparities in Health Care

**Abstract Grading Criteria:** RESEARCH Abstract

**Abstract keywords: hepatitis c, minority health, healthcare barriers, healthcare obstacles, health disparities, healthcare access**