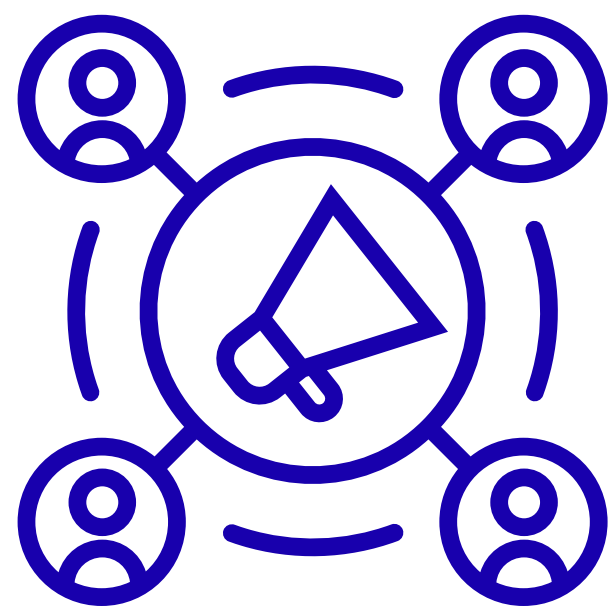
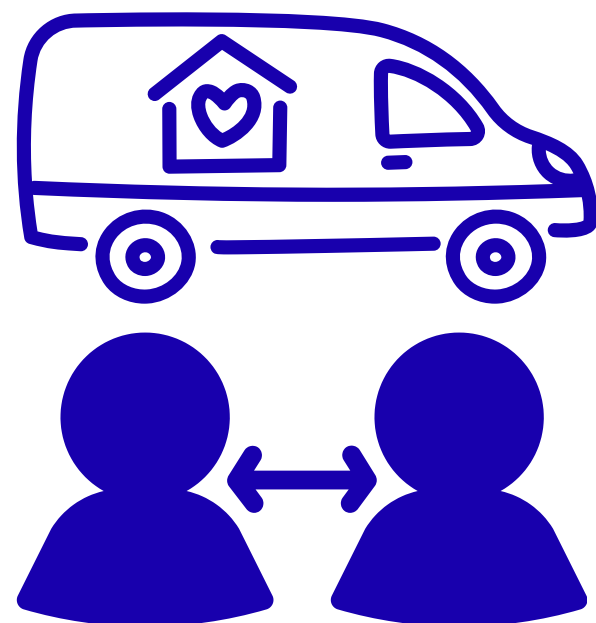
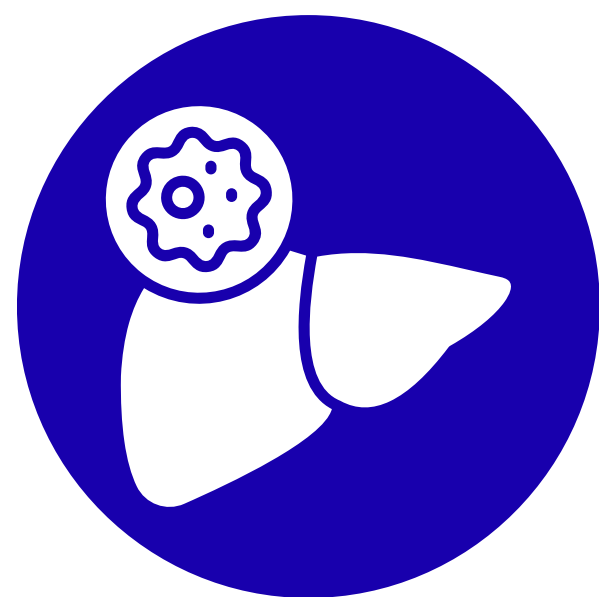




Hepatitis C

GAPS

ANALYSIS



PURPOSE

This report is the final product of a multi-year effort to identify barriers and facilitators to hepatitis C (HCV) care in New York City (NYC). In March of 2025, an advisory body made up of community-based organizations, healthcare providers, NYC Health Department staff and people with lived experience came together to develop a framework to assess gaps across the HCV care continuum.

Between May and June of 2025, nine focus groups and seven key informant interviews were conducted using questions developed by the advisory body.

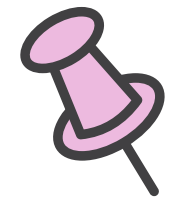
PRIORITY SETTINGS



Correctional facilities, including jails, courthouses, and prisons



Harm reduction programs



substance use treatment programs



Primary and routine health care office settings, community health centers, and federally qualified health centers



Settings serving people experiencing homelessness

PRIORITY POPULATIONS



People who use drugs



People currently or formerly involved in the justice system



Adults born between 1945-1965 (baby boomers)



People experiencing homelessness or at risk of homelessness



People living with HIV (including including people with HIV/HCV coinfection and LGBTQ+ populations)

TIMELINE



**ADVISORY BODY CONVENED TO
ESTABLISH GAPS ANALYSIS
PROTOCOLS AND STRUCTURE**

**LISTENING SESSIONS
CONDUCTED**

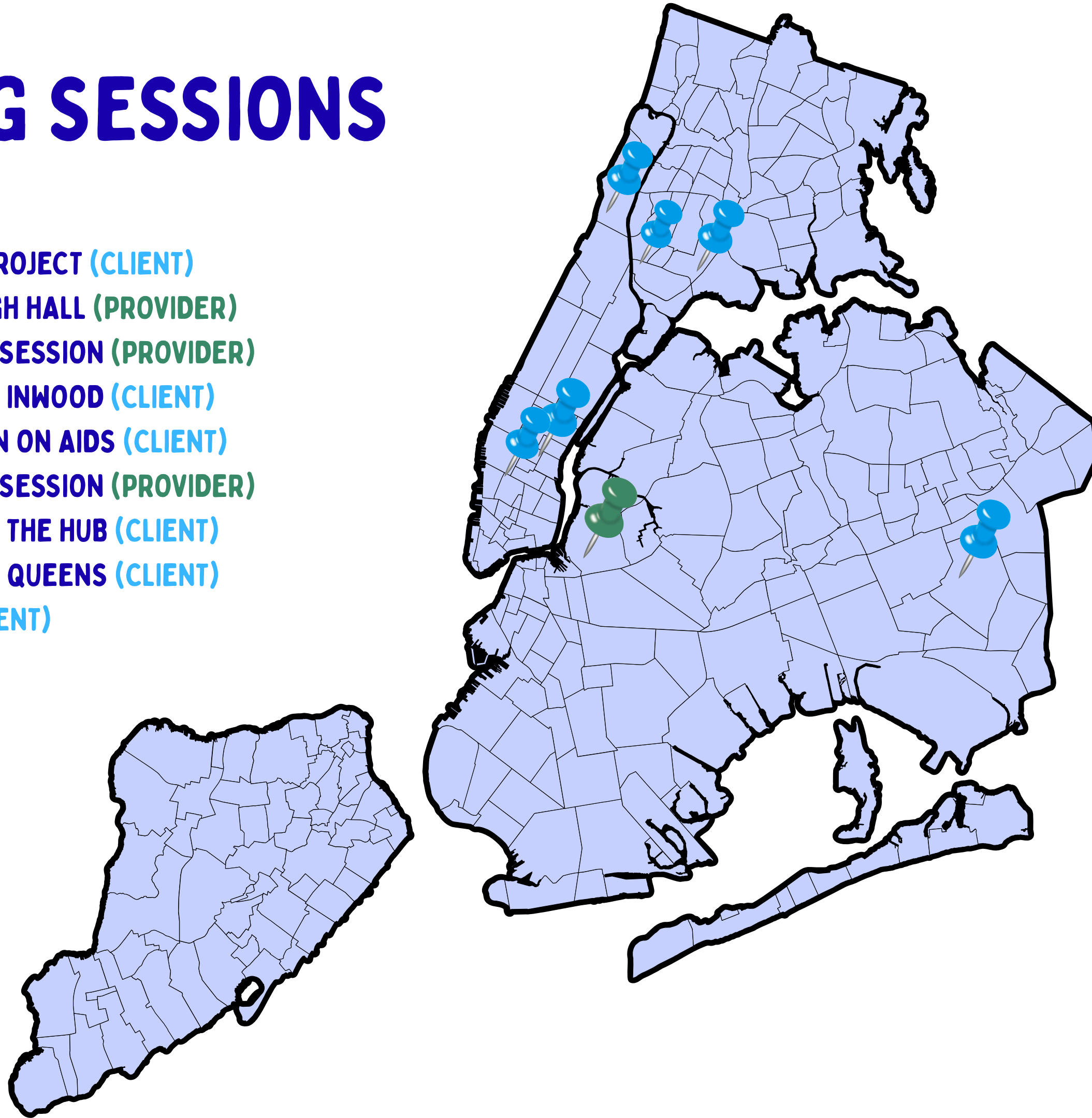
**CODING AND THEMATIC
ANALYSIS BEGAN**

**REPORT DRAFTED
AND PRESENTED TO
ADVISORY BODY**

REPORT PUBLISHED

LISTENING SESSIONS

1. POSITIVE HEALTH PROJECT (CLIENT)
2. BROOKLYN BOROUGH HALL (PROVIDER)
3. VIRTUAL LISTENING SESSION (PROVIDER)
4. SUN RIVER HEALTH, INWOOD (CLIENT)
5. LATINO COMMISSION ON AIDS (CLIENT)
6. VIRTUAL LISTENING SESSION (PROVIDER)
7. SUN RIVER HEALTH, THE HUB (CLIENT)
8. SUN RIVER HEALTH, QUEENS (CLIENT)
9. BOOM! HEALTH (CLIENT)





CODING PROCESS

All listening sessions and key informant interviews were professionally transcribed and reviewed for errors. Transcriptions were added to Dedoose and coded for recurring themes and trends

KEY FINDINGS

FACILITATORS TO CARE

1

REDUCE BARRIERS BY ENSURING THAT SERVICES ARE PLACED IN EASILY ACCESSIBLE LOCATIONS

- Ensure co-location of HCV services in high trafficked places (e.g., harm reduction programs, community health centers, opioid treatment programs and other care facilities).
- Ensure navigation services are embedded within Syringe Service Programs (SSPs) and emergency departments (EDs) and other settings serving people who use drugs.

2

INTEGRATE DATA SYSTEMS AND SERVICES

- Integrate data systems within hospital systems and other healthcare networks to locate clients/patients.
- Integrate pharmacists and home delivery services as part of HCV care team.

3

INCENTIVES

- Provide incentives (i.e., gift cards and other forms of financial compensation to support HCV care engagement and medication uptake).

KEY FINDINGS

BARRIERS TO CARE

1

COMPETING PRIORITIES AND SOCIAL DETERMINANTS OF HEALTH (SDOH)

- Barriers to consistent care, included housing insecurity, food insecurity and mental health concerns.
- Immigration status, outstanding warrants and stigma around risk factors made clients hesitant to seek care.

2

CARE NAVIGATION AND SYSTEM FRAGMENTATION

- Frequent lack of adequate resources to navigate clients from testing to treatment; persistent barriers for people within large systems, (e.g., Department of Homeless Services (DHS) and Department of Corrections and Community Supervision (DOCCS))

3

GAPS IN TESTING AND LINKAGE STRUCTURE

- Lack of adequate testing in EDs and follow up after positive test results.
- Referrals to specialists and expensive co-pays limited patient follow up after positive HCV test.

KEY FINDINGS

BARRIERS TO CARE CONT'D

4

PERSISTENT FEAR OF TREATMENT

- Fear of past interferon based treatment.
- Persistent belief that an individual has to remain abstinent from drugs and alcohol to be treated.

5

INSURANCE AND FINANCIAL BARRIERS

- “No surprise law” and co-pays for specialty visits.
- Insurer demands for genotype testing, FibroScans and referrals contributed to loss to follow up.
- AIDS Drug Assistance Program (ADAP) medication coverage.

KEY FINDINGS

KEY OBSERVATIONS

1

ADDRESS STIGMA AND MISCONCEPTIONS

- Enacted and internalized stigma, including stigma, both perceived and experienced, around risk factors and fears of interferon.
- Misconceptions included misinformation about the inclusion of HCV tests in all standard blood tests in Emergency Departments and primary care settings.

2

ADDRESS COMPETING PRIORITIES

- Address basic survival needs and immediate priorities for clients.
- Street outreach to support HCV testing, services, and basic HCV education.

3

SUPPORT ACCESS TO CULTURALLY TAILORED SERVICES FOR IMMIGRANT COMMUNITIES AND NON-ENGLISH SPEAKERS

- Ensure adequate resources are available for clients who don't speak English.
- Provide additional cultural humility training for providers.

KEY FINDINGS

KEY OBSERVATIONS, CONT'D

4

ADDRESS LOSS TO CARE AND SYSTEM LEVEL GAPS

- Address loss to follow up due to movement between programs and after referrals.
- Implement system that supports clients after medication is prescribed to ensure it is delivered.

5

SUPPORT MARGINALIZED COMMUNITIES BY ADDRESSING BARRIERS TO CARE

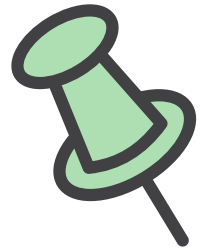
- Support populations with historical barriers to outreach, (e.g., newly arrived immigrants and sex workers, by acknowledging and repairing relationships with health systems.)
- Increase incentive programs for HCV education and treatment to improve access and retention.

6

CONTINUE SUPPORTING INVESTMENT IN HARM REDUCTION INFRASTRUCTURE

- Increase access to SSPs and harm reduction supplies, particularly in Staten Island and Long Island.
- Increase access to Point-of-Care (POC) testing and subsidize supply costs.

GOALS



SETTINGS SERVING PEOPLE EXPERIENCING HOMELESSNESS

SUPPORT INDIVIDUALS WITHIN THE NYC SHELTER SYSTEM WHO HAVE CONFIRMED POSITIVE HEPATITIS C DIAGNOSES BY PROVIDING TREATMENT NAVIGATION AND RESOURCES

Short term Solution: Employ one or more full time patient navigators to support the DHS Health Service Office to identify people with hepatitis C infection in the homeless service system using DHS medical assessment data, health department and institutional referral diagnosis data, and health care provider return to care requests to conduct case finding, in-person outreach and engagement, and linkage to care and treatment.

Long Term Solution: Create and disseminate a Hepatitis C strategic plan within the Department of Homeless Services with holistic guidance to support individuals experiencing homelessness through the HCV care continuum

GOALS



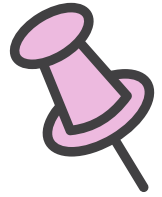
PRIMARY AND ROUTINE HEALTH CARE OFFICE SETTINGS INCLUDING, COMMUNITY HEALTH CENTERS, AND FEDERALLY QUALIFIED HEALTH CENTERS

INCREASE TREATMENT OPTIONS FOR INDIVIDUALS WHO AREN'T ENGAGED IN PRIMARY OR SPECIALTY CARE TO ENSURE SVR.

Short term Solution: Hire additional health educators to support education and linkage within Emergency Departments

Long Term Solution: Allow all advance practice providers, including nurse practitioners, to prescribe Direct Acting Anti-Viral (DAA) therapy to patients who meet simplified treatment criteria within the emergency department.

GOALS



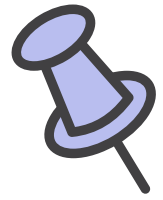
SUBSTANCE USE TREATMENT PROGRAMS

REDUCE LOSS TO FOLLOW-UP BETWEEN HEPATITIS C TESTING AND TREATMENT INITIATION AND IMPROVE CONTINUITY OF CARE THROUGH COMPLETION OF TREATMENT AND ACHIEVEMENT OF SUSTAINED VIROLOGIC RESPONSE (SVR).

Short term Solution: Employ one or more additional hep C coordinators in the NYC Department of Health to supplement tracking and follow up with clients who test positive for Hepatitis C to ensure consistent follow up through initiation of treatment.

Long Term Solution: Meet AIDS Institute recommendations by ensuring that all Syringe Service Providers (SSPs) have on-site hepatitis C testing, treatment and pharmacy services.

GOALS



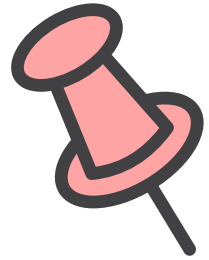
CORRECTIONAL FACILITIES, INCLUDING JAILS, COURTHOUSES, AND PRISONS

ENSURE EVERY INDIVIDUAL INVOLVED IN THE JUSTICE SYSTEM HAS ACCESS TO BOTH HEPATITIS C TESTING AND TREATMENT (OR LINKAGE TO TREATMENT)

Short term Solution: Ensure all individuals receiving medication for opioid use disorder (MOUD) receive true opt-out hepatitis C testing in jails across New York State.

Long Term Solution: Ensure true-opt out testing and, for those who test positive, initiate hepatitis C treatment throughout all New York jails, prisons and alternative to incarceration programs.

GOALS



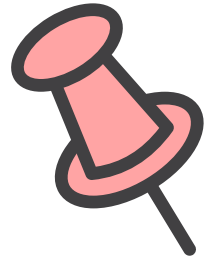
PEOPLE LIVING WITH HIV (INCLUDING INCLUDING PEOPLE WITH HIV/HCV COINFECTION AND LGBTQ+ POPULATIONS)

ELIMINATE ALL UNNECESSARY INSURANCE RELATED BARRIERS TO HEPATITIS C TREATMENT ACCESS FOR PATIENTS WHO MEET SIMPLIFIED TREATMENT CRITERIA.

Short term Solution: Expand ADAP formulary to cover all hepatitis C treatments, including Epclusa.

Long Term Solution: Eliminate all unnecessary requirements by insurers, including genotype testing, FibroScans and primary care referrals for patients to receive DAAs.

GOALS



PEOPLE LIVING WITH HIV (INCLUDING INCLUDING PEOPLE WITH HIV/HCV COINFECTION AND LGBTQ+ POPULATIONS)

FUND INNOVATIVE OUTREACH STRATEGIES TO TEST AND LINK MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER WOMEN TO CULTURALLY INFORMED HEPATITIS C CARE.

Short term Solution: Integrate opt-out HCV testing into routine blood panels in LGBTQ+ affirming sexual health clinics.

Long Term Solution: Fund late night outreach initiatives that support hepatitis C testing opportunities within LGBTQ+ nightlife.

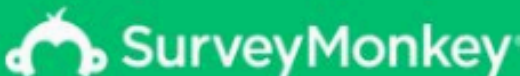
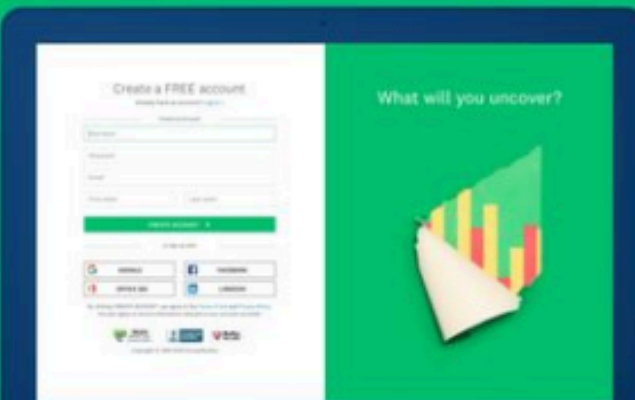
READ THE FULL REPORT HERE:

HEPATITIS C GAPS ANALYSIS: *UNDERSTANDING THE CARE LANDSCAPE
IN NEW YORK CITY*



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Hep C NY 2026-27 Priorities

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