

Hep Free NYC Meeting Hep C NY & Hep B Coalition

Hepatitis C and LGBTQ+ Health Disparities: Barriers, Equity, and Community-Based Approaches to Care

Presented by:

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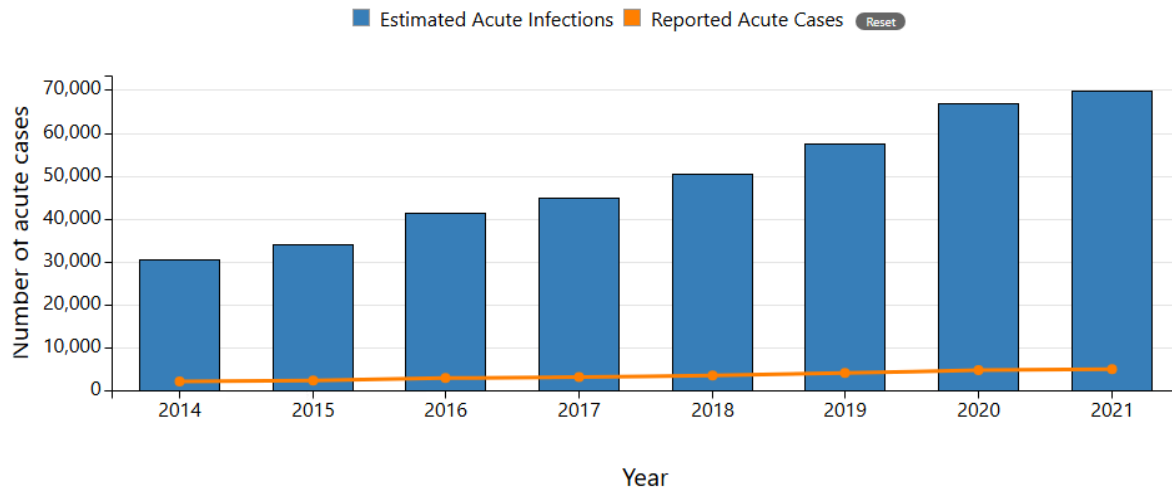
NYU Langone/Bellevue Hospital



No Conflict Of Interest

Objectives

- **Describe the current hepatitis C epidemic in the United States**
- **Identify disparities affecting LGBTQ+ populations**
- **Understand the role of social determinants of health and structural stigma**
- **Review evidence-based prevention and treatment strategies**
- **Discuss community-based approaches to achieving hepatitis C elimination**



Acute Hepatitis C

	2014	2015	2016	2017	2018	2019	2020	2021
Reported Acute Cases	2,194	2,436	2,967	3,216	3,621	4,136	4,798	5,023
Estimated Acute Infections	30,500	33,900	41,200	44,700	50,300	57,500	66,700	69,800

Source: CDC, National Notifiable Diseases Surveillance System.

The U.S. Hepatitis C Epidemic

National Burden

- Approximately 2.4–4 million people are living with chronic HCV infection in the United States
- Many remain undiagnosed
- New infections have increased substantially over the past decade
- Driven largely by the overdose crisis and injection drug use



Majorly Affected Populations

- People who inject drugs
- People living with HIV
- Individuals experiencing homelessness
- Formerly incarcerated individuals
- LGBTQ+ communities



Disease and Cost Burdens of Hepatitis C

- **HCV Burden on Health:**
 - Leading cause of **cirrhosis**, **hepatocellular carcinoma**, and **liver transplantation**
 - Advanced liver disease prevalence expected to rise despite declining overall HCV prevalence.
- **Economic Impact:**
 - Up to **\$10 billion** annually in the US
 - Direct medical expenses for hepatic and extrahepatic manifestations
 - Indirect costs in loss of productivity and quality of life

HEPATOLOGY

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Chronic Hepatitis C Virus (HCV) Disease Burden and Cost in the United States

Homie Razavi,¹ Antoine C. Elkhoury,² Elamin Elbasha,² Chris Estes,¹ Ken Pasini,¹ Thierry Poynard,³ and Ritesh Kumar²





ELSEVIER

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Economic Burden of Hepatitis C Infection

Maria Stepanova PhD ^{a b}, Zobair M. Younossi MD ^{a b c}  

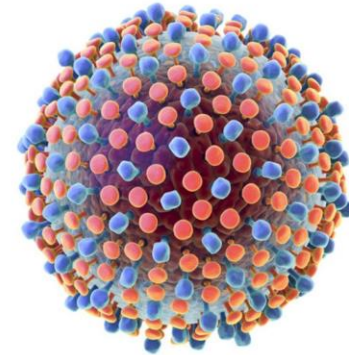
Hepatitis C and LGBTQ+ Health

Why Focus on LGBTQ+ Populations?

Hepatitis C risk is not determined by identity alone.

Risk is shaped by:

- HIV co-infection
- Sexual networks
- Chemsex and sexualized drug use
- Injection drug use
- Housing instability
- Stigma and discrimination
- Limited healthcare access



IV and Hepatitis C Among MSM: A Disproportionate Burden

• Key Findings

- HIV-positive MSM have over 4 times higher HCV prevalence than HIV-negative MSM.
- Sexual transmission of HCV has emerged as an important driver of infection among MSM.
- HCV incidence remains elevated among HIV-positive MSM and MSM receiving PrEP.
- These findings support routine HCV screening and integrated HIV-HCV prevention efforts.

HIV-positive MSM represent one of the populations most disproportionately affected by hepatitis C worldwide.



The Lancet Gastroenterology & Hepatology

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Articles

Prevalence and incidence of hepatitis C virus infection in men who have sex with men: a systematic review and meta-analysis

Fengyi Jin PhD ^a, Prof Gregory J Dore PhD ^a, Gail Matthews PhD ^a, Niklas Luhmann MScPH ^b, Virginia Macdonald PhD ^b, Sahar Bajis PhD ^a, Rachel Baggaley MBBS ^b, Bradley Mathers PhD ^b, Annette Verster MA ^b, Prof Andrew E Grulich PhD ^a

Chemsex and HCV Risk

Chemsex

- Use of substances before or during sex to enhance sexual experiences
- Common substances:
 - Methamphetamine
 - GHB/GBL
 - Cocaine
 - Ketamine

Associated Risks

- Prolonged sexual sessions
- Multiple partners
- Condomless sex
- Injection drug use ("slamming")
- Increased HCV acquisition

Transgender Communities and HCV

Structural Vulnerabilities

- Housing instability
- Unemployment
- Healthcare discrimination
- Criminalization
- Survival sex work
- Substance use disparities

Consequences

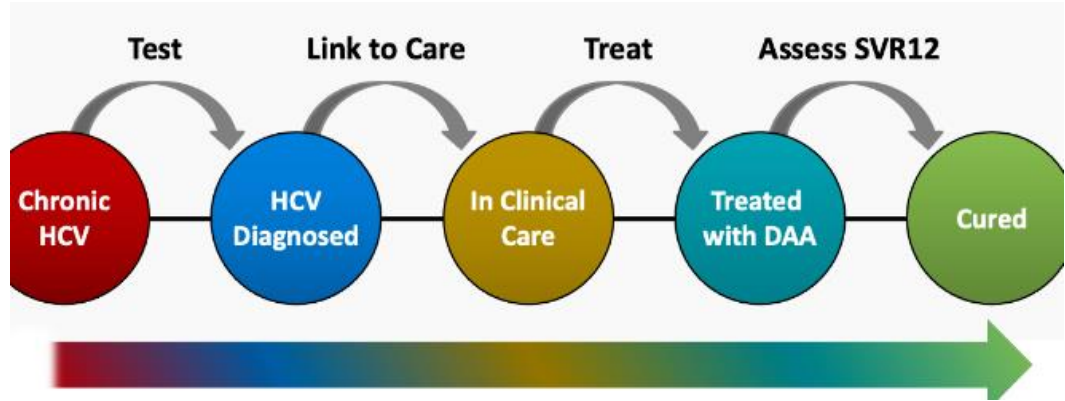
- Delayed testing
- Reduced linkage to care
- Lower treatment completion



The Hepatitis C Care Cascade

Key Steps

- Screening
- Diagnosis
- Linkage to care
- Treatment initiation
- Treatment completion
- Cure (SVR12)

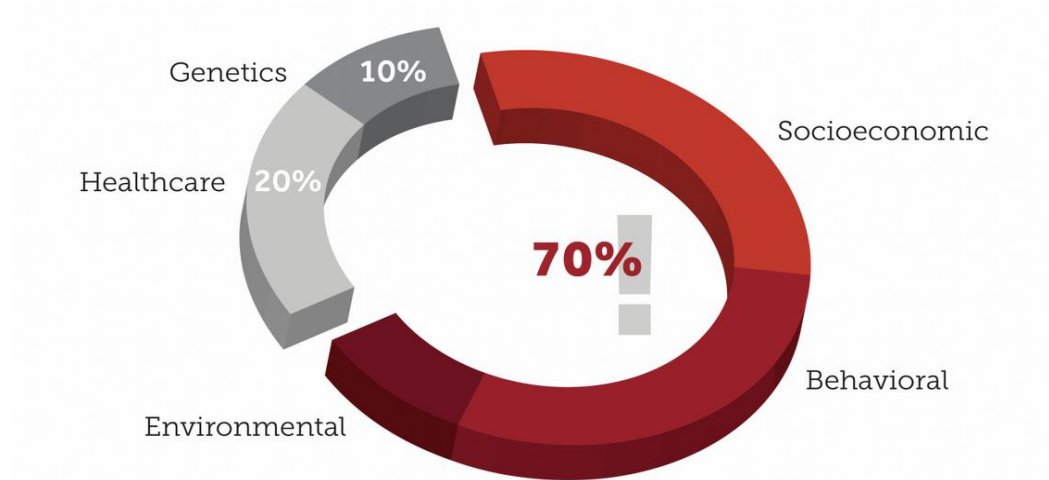


Reality

Losses occur at every step.

Social Determinants of Health

Drivers of Health Disparities



Structural Stigma as a Health Determinant

Many LGBTQ+ adults report:

- Unfair or disrespectful treatment in healthcare settings
- Fear of stigma or disclosure
- Medical mistrust and avoidance of care
- Negative healthcare experiences that affect future engagement

Why This Matters for HCV

- Missed opportunities for screening
- Delayed diagnosis and treatment
- Reduced engagement across the HCV care cascade

Key Statistics

- 33% report unfair or disrespectful treatment by a healthcare provider
- 39% report being less likely to seek healthcare after a negative experience

Source: *KFF Survey on Racism, Discrimination and Health (2024)*

Poll Finding

LGBT Adults' Experiences with Discrimination and Health Care Disparities: Findings from the KFF Survey of Racism, Discrimination, and Health

Authors: Alex Montero, Liz Hamel, Samantha Artiga, and Lindsey Dawson

Published: Apr 2, 2024

What Patients Tell Us: CHATI Findings

Community Hepatitis C Access to Treatment Interviews (CHATI)

Themes identified:

- Strong desire for treatment
- Family-centered motivations
- Housing instability as a major barrier
- Persistent fears from the interferon era
- Importance of provider trust
- Preference for community-based care



The Real Barriers Participants Described

- Housing instability
- Transportation barriers
- Active substance use
- Incarceration interruptions
- Competing priorities
- Fragmented healthcare systems

Core Insight

The cure exists.
Access remains unequal.

What Actually Works?

Facilitators of Successful Treatment

- Stable housing
- Integrated care
- Primary care engagement
- Peer support
- Mobile services
- Non-judgmental providers
- Co-located addiction treatment



Catherine E. Puig
Mayor, Baltimore City

Leana S. Wen, M.D., M.Sc.
Commissioner of Health, Baltimore City

BALTIMORE
CITY HEALTH
DEPARTMENT

Prevention Strategies

Individual Level

- Routine screening
- HIV prevention and treatment
- Harm reduction services
- Safer injection education
- STI screening

Community Level

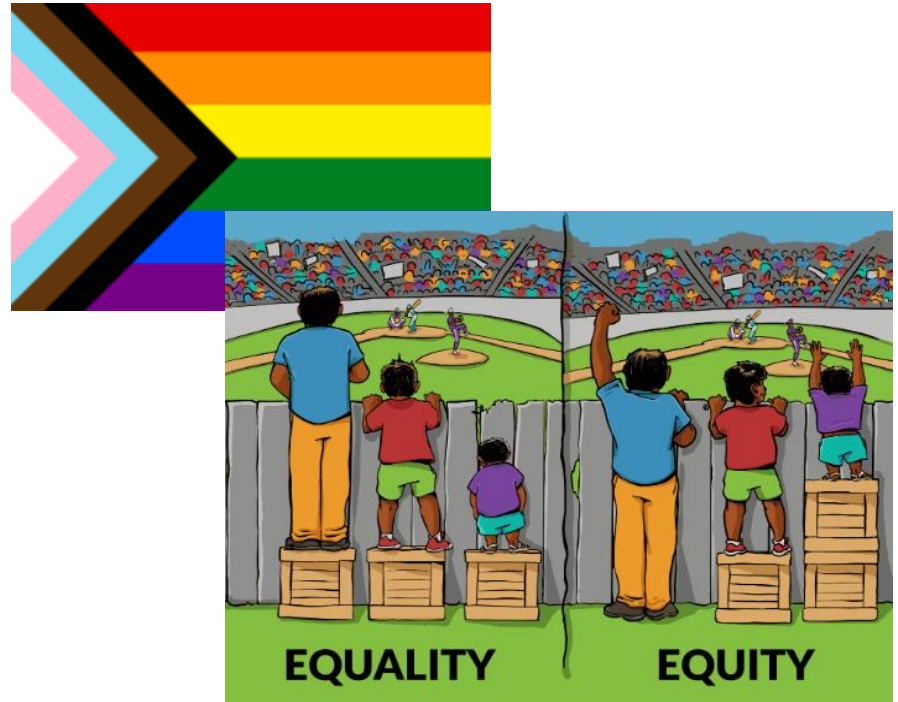
- Syringe service programs
- MOUD access
- Community outreach
- Peer navigators



Community-Based Models for LGBTQ+ Health Equity

Evidence-Based Approaches

- Mobile clinics
- Peer navigation
- Telehealth
- LGBTQ+-affirming care
- Community advisory boards
- Co-location with HIV and SUD services



Conclusion

Hepatitis C Elimination is an Equity Issue

- ✓ The cure exists
- ✓ LGBTQ+ communities experience unique vulnerabilities
- ✓ Social determinants drive disparities
- ✓ Community-based care works
- ✓ Peer support works
- ✓ Harm reduction works
- ✓ Elimination requires structural change

"The challenge is no longer finding a cure. The challenge is ensuring everyone can access it."

"We have the tools, both biomedical and social. The end of hepatitis C depends on our willingness to make use of them"

Op-Ed



THANK YOU

NYC
HEALTH+
HOSPITALS

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