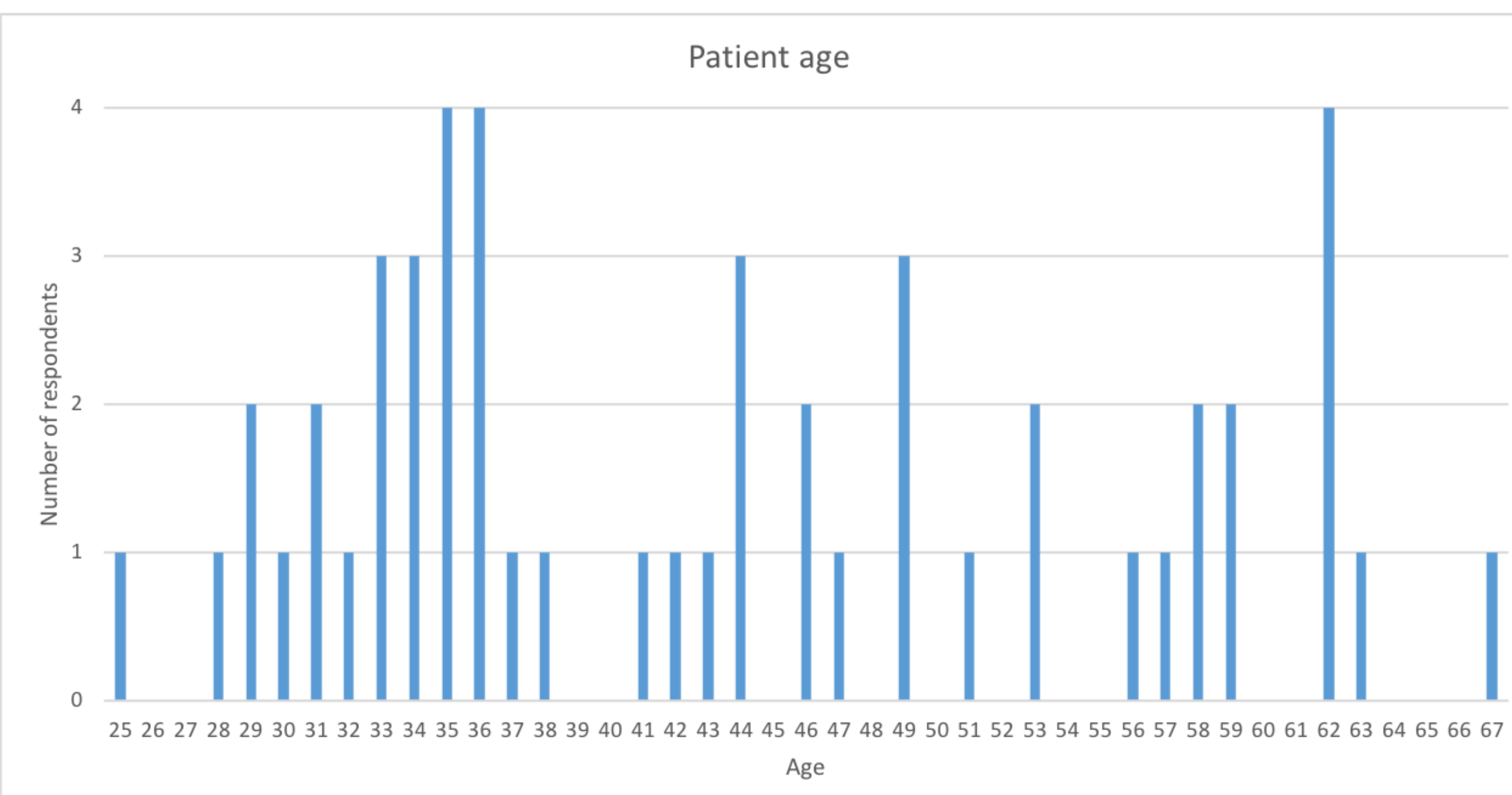


## Introduction + Objective

As the opioid epidemic develops and evolves, the number of people who inject drugs is rising. A growing number of new Hepatitis C Virus (HCV) infections have been identified in people who inject drugs.<sup>1</sup>

This study aims to better understand the demographics, well-being, and satisfaction with medical care of patients presenting for HCV treatment at a Federally Qualified Health Center (FQHC) in an urban setting.

The study also looks to assess the impact of continued connection to holistic medical care.



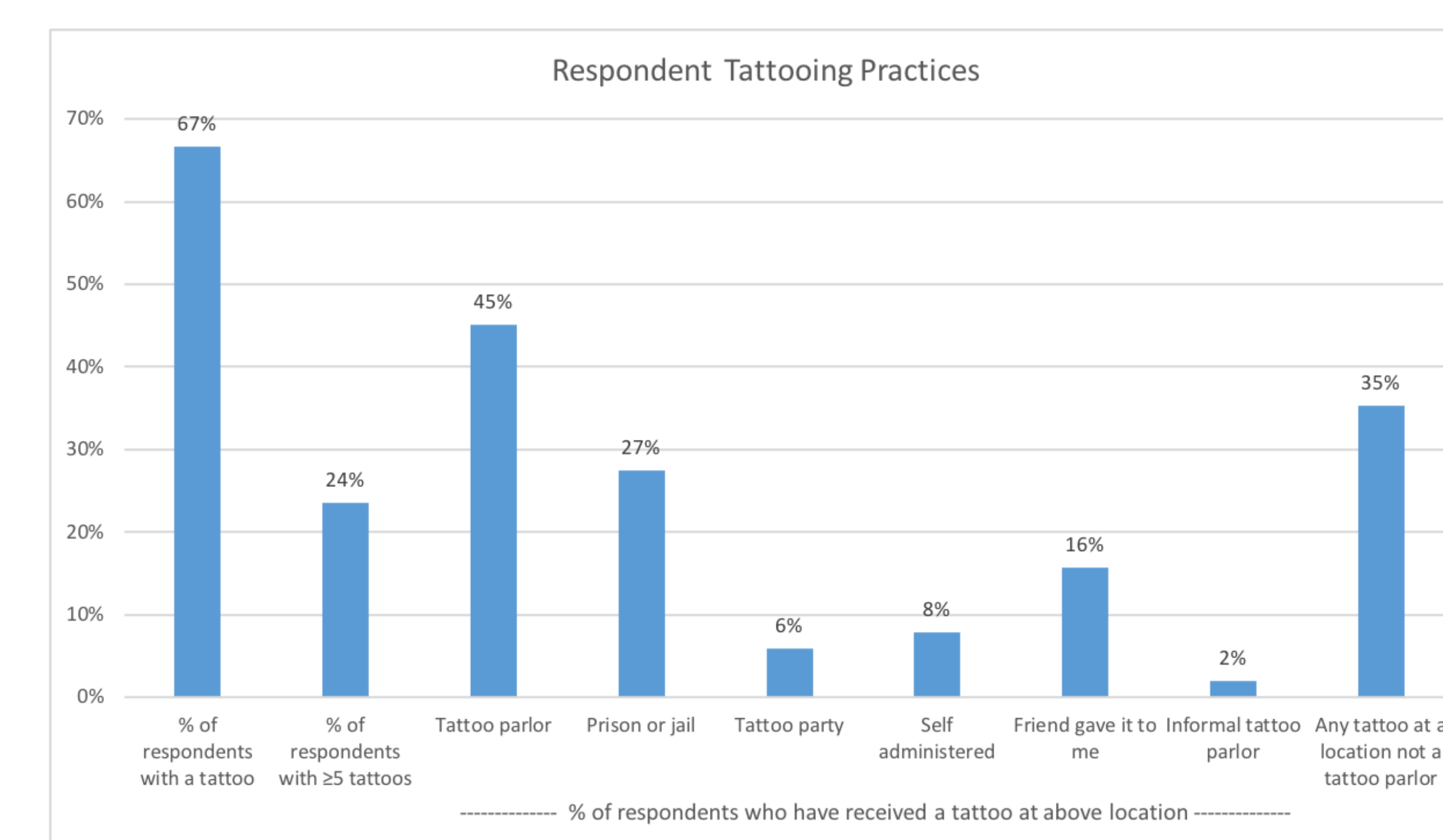
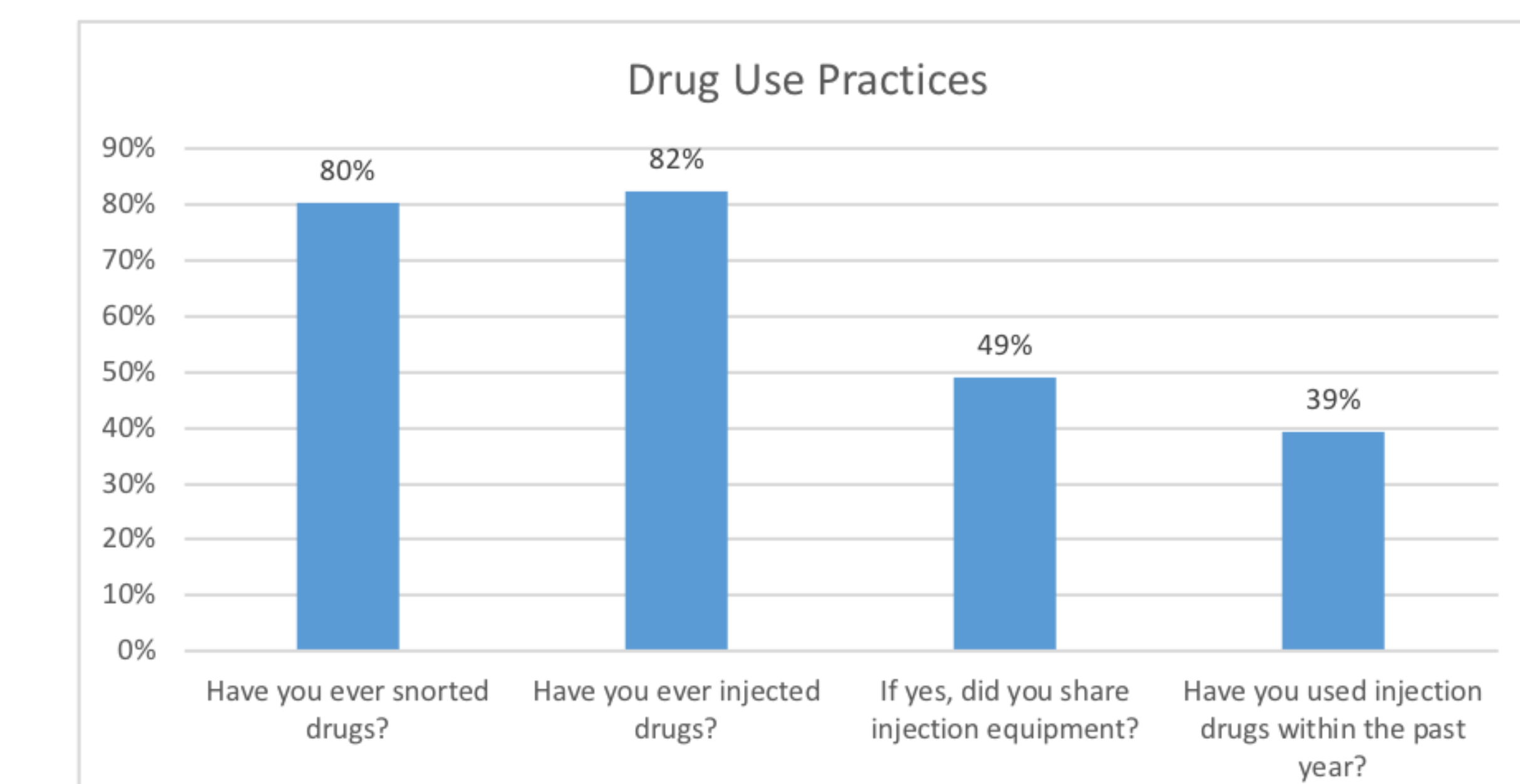
## Methods

Surveys were administered to 51 unique patients at their first visit for HCV treatment.

Along with demographic questions, the survey included the PHQ-9 depression screen, the PSQ-18 patient satisfaction questionnaire, the AUDIT-C alcohol screen, the SF-12 Health Survey, and an HCV risk factor assessment.

Nineteen of the 51 patients were re-surveyed after 3 months.

Results were analyzed for the baseline population and again for those who responded to both the baseline and 3 month survey, using just those data.



## Baseline Results

There were 51 baseline surveys and 19 follow up surveys administered.

The age of patients roughly mapped to national data showing a bimodal distribution, representing both patients from the baby boomer generation and a younger group of patients thought to be attributable to injection drug use.<sup>2</sup> The race and ethnicity information from the study was between city and national data, with 61% of patients identifying as white, 31% as black or African American; 16% identified as Hispanic.<sup>1, 2</sup>

The patients were 73% male, and one patient identified as transgender. The Haddington neighborhood of West Philadelphia and Kensington were named the most as patients' zip-codes. The gender and geographic data matched the data reported by the city of Philadelphia, while the age distribution of the study skewed slightly younger.<sup>3</sup>

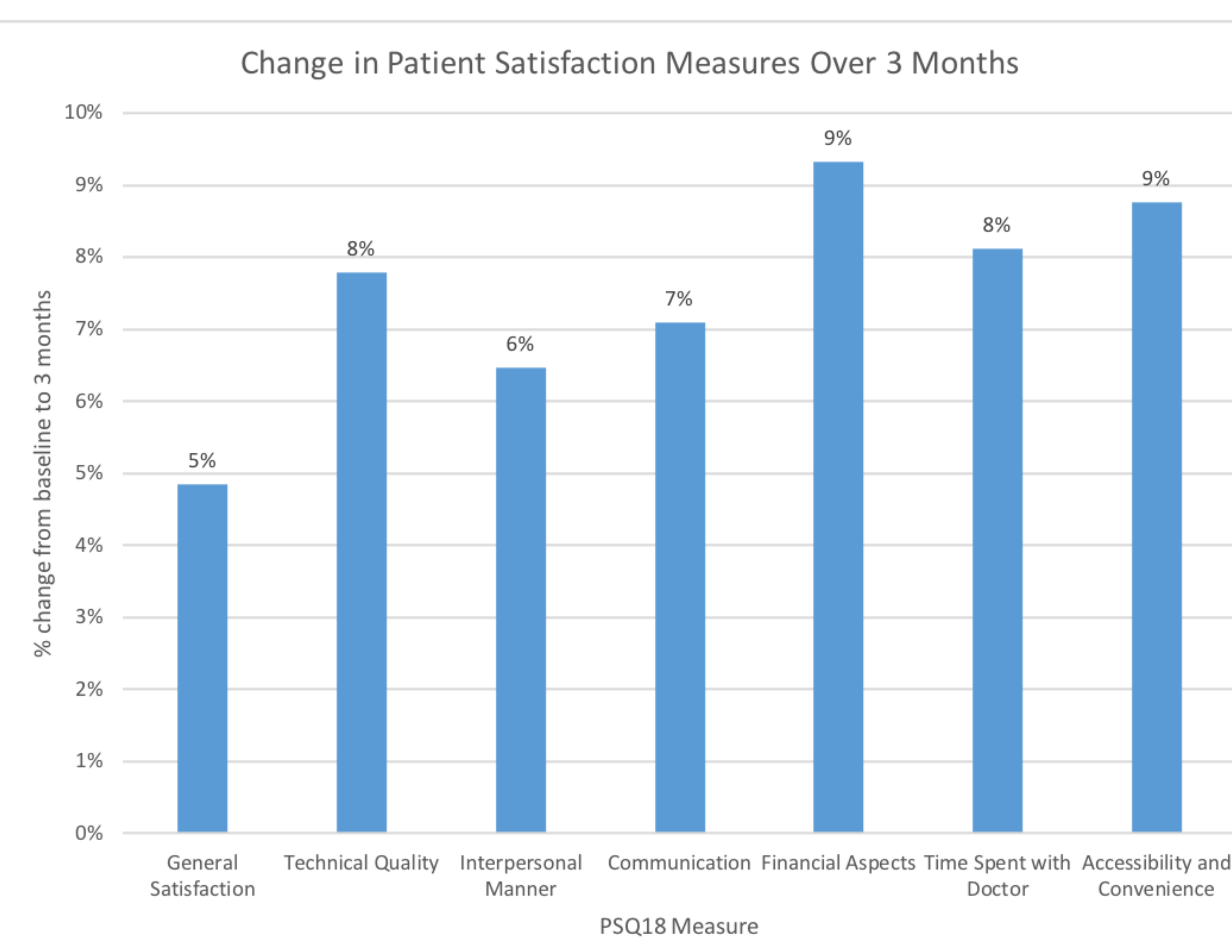
Many patients reported having what can be barriers to accessing healthcare. 25% of patients said they were homeless, 90% had a history of incarceration. 59% of respondents were currently unemployed, and 20% said they received their income through Supplemental Security Income for disability. 84% of patients had a high school diploma/GED or less. Of the 41 patients who responded a question about household income, 70% reported having less than \$10,000 annually. In spite of these potential barriers, all but one patient had health insurance.

80% of patients reported ever using heroin, 67% have used crack cocaine, and 57% have used prescription drugs not prescribed to them. 49% of respondents reported sharing injection equipment for drug use, but also of note 35% of respondents received a tattoo at a non-tattoo parlor location.

The AUDIT-C survey resulted in 18% of patients screening positive for alcohol use disorder or hazardous drinking.

Among the patients with whom a follow up survey was administered, general health and satisfaction with their medical care both improved, albeit the sample size was too low to state statistical significance.

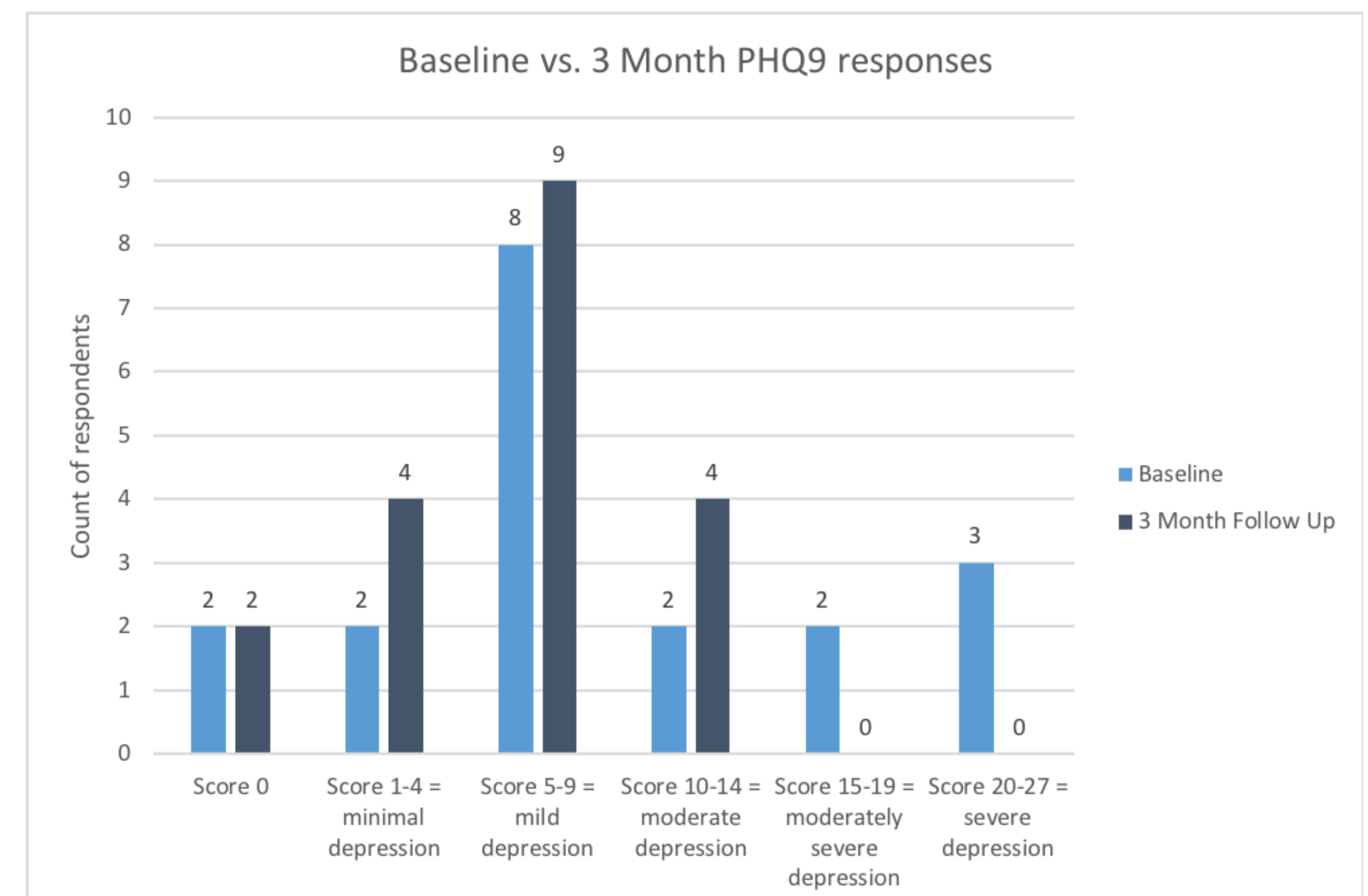
There was also, however, a statistically significant decrease in depression scores over that time at a p-value of 0.05.



## Conclusions

Many of the patients presenting for HCV treatment face difficulties such as substance use, homelessness, low socioeconomic status, and a history of incarceration. HCV treatment offers opportunities to connect patients to a support system that addresses those problems. Specific counseling on harm reduction for injection drug use, hazardous drinking while infected with HCV, and safe tattooing practices could be beneficial.

The patients surveyed, who had access to patient navigators, social workers, behavioral health counselors, and benefits coordinators, showed improvements after 3 months in not just general health, but also mental health and satisfaction with their care. The demographics of this study were in line with city and national reports, but more data are needed to see if the results are generalizable to a broader population.



## Acknowledgements

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## References

1. "Hepatitis B & C Surveillance," Philadelphia Department of Public Health, 2018
2. "Surveillance for Viral Hepatitis- United States, 2016," CDC, 2018
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