

CO-INFECTION AS A NEW PARADIGM OF HEALTH INEQUITIES AND ACCESS TO CARE

RESULTS FROM A STUDY OF ASIANS LIVING WITH HIV AND HEPATITIS B/C IN LOS ANGELES, CA

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RESEARCH AIMS

1. To estimate prevalence of viral hepatitis in Asians living with HIV in Los Angeles County;
2. To identify the individual and healthcare system barriers to medical care/treatment and social services for co-infected Asians in Los Angeles County.

HIV+ ASIANS WITH AND WITHOUT HEPATITIS B/C (N=17)

Sampling

Anonymous **respondent driven sampling**; 11 “seed” participants (English, Chinese, and Vietnamese speakers) from the client base of an API AIDS service organization with an additional 6 participants referred by 11 “seed” participants.

Data collection

Semi-structured interviews focused on barriers and mediators of access to care and treatment, knowledge of co-infection status, social support and stigma, social services, mental health, and other unmet needs, and using a standard survey questionnaire measuring use of services and health outcomes and a blood test for HIV and viral hepatitis.

MEDICAL AND SOCIAL SERVICE PROVIDERS WHO SERVE APIs (N=24)

Sampling

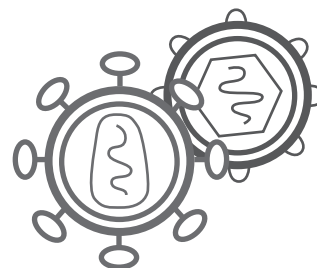
Subjects were recruited from health care and social service providers throughout Los Angeles and Orange Counties who address HIV/AIDS or viral hepatitis in the API population, with additional snowball sampling from participants.

Data collection

Semi-structured interviews exploring barriers and mediators to health care and treatment for APIs in Los Angeles with respect to HIV, viral hepatitis, and co-infection.

CONCLUSIONS

- Almost all of the HIV+ Asian study participants were foreign born, and all were either citizens or permanent residents.
- Over half of the HIV+ Asian study participants were co-infected with Hepatitis B.
- HIV+ study participants had moderate levels of knowledge about modes of transmission of HIV and Hepatitis B and C. However, there were troubling misconceptions about transmission of both HIV and Hepatitis B and C (i.e. large proportion though these diseases could be transmitted by mosquitoes or kissing). In addition, there was confusion between modes of transmission of Hepatitis A and Hepatitis B or C.
- Providers indicated that there is:
 - Limited community and provider knowledge about any types of co-infection (HIV-hepatitis B, hepatitis B and C, etc);
 - Difficulty in coordinating care for HIV and Hepatitis B and C;
 - High levels of stigma on the part of clients and providers;
 - Availability of interpreters is a major barrier;
 - Privacy concerns are a major barrier to care.



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