

PERCEIVED BARRIERS TO AND FACILITATORS OF HCV TREATMENT UPTAKE IN JAIL AND LINKAGE TO HCV CARE AFTER INCARCERATION: A QUALITATIVE STUDY

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Introduction: Hepatitis C virus (HCV) prevalence in justice-involved populations is far higher in the community-dwelling population. Thus, despite short lengths of stay, jails are critical sites for HCV treatment when possible or linkage to HCV care after incarceration. Little is known about perceptions of people incarcerated in jails regarding HCV treatment and barriers to and facilitators of linkage to HCV care after incarceration.

Methods: We performed semi-structured interviews with 36 individuals detained in the New York City (NYC) jail system. Participants were ≥18 years and HCV-antibody-positive. Semi-structured, individual interviews were conducted in NYC jail health clinics. Interviews explored participants' perceptions regarding HCV treatment as well as barriers to and facilitators of linkage to HCV care after incarceration. We continued interviews until reaching thematic saturation and used a grounded theory approach for analysis.

Results: Participants were mostly male, Latina/o, with probable HCV risk factor of injection drug use (IDU), and mean age of 40 years. Mean ages of initial reported IDU and incarceration were 25 and 28 years, respectively. Nearly all were aware they had been exposed to HCV or were HCV antibody-positive. Two thirds of participants had some awareness of the availability of new HCV therapies. Key barriers to treatment and linkage to HCV care after incarceration included: 1) Lack of knowledge regarding HCV therapies and fear of older therapies; 2) Competing priorities including comorbidities (e.g. HIV) and legal difficulties; 3) Active substance use disorder. Facilitators included interest in physical health and family.

Conclusions: Patient-centered approaches to increase treatment uptake in jail and linkage to HCV care after incarceration should focus on promoting HCV-related knowledge and health benefits of HCV treatment. In addition, transitional care programs should ensure people living with HCV in jail have tailored discharge plans focused on competing priorities such as housing instability and substance use disorders.

Disclosure of Interest Statement:

The authors of this study have no conflicts of interest to disclose.