Facilitators and Barriers to Accessing Hepatitis C Treatment Among Justice-Involved Individuals During and After Incarceration: A Qualitative Study

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HCV in Criminal Justice System

- HCV prevalence among prisoners is ~20x in the general population[1]
- HCV antibody prevalence of 17.4% in US prisons, varying from 9.6% in Nebraska up to 41.1% in New Mexico[2]
- Direct Acting Antivirals achieve viral clearance rates of up to 90-100% at 12 weeks and without significant side effects[3]
    - Prison Advantages: longer length of stay, lower risk of drug diversion[4]
    - Jail Advantages: larger number of admissions, ability to maintain community-initiated HCV treatment regimens[4]

1) Hawks et al, Journal of Viral Hepatitis, 2016
2) Akiyama et al, Public Health Reports, 2017
3) Dowsett et al, Canadian Journal of Gastroenterology and Hepatology, 2017
4) HCV Testing and Treatment in Correctional Settings, https://www.hcvguidelines.org/unique-populations/correctional

Potential Barriers to Uptake of DAAs

- Correctional Settings
  - Structural (e.g. lack of availability) and social (e.g. lack of confidentiality, social support, and stigma)[1,2]
- Post Release
  - Lifestyle within the community, competing priorities (e.g. establishing housing, seeking employment, complying with parole conditions), financial costs, communication difficulties between patient and providers, difficulty navigating the healthcare system, stigma, knowledge gaps and the absence of linkage to care programs[1,3]

1) Lafferty et al, Journal of Viral Hepatitis, 2018
2) Crowley et al, PLOS One, 2019
3) Yanes-Lane et al, Journal of Viral Hepatitis, 2020

NJ Correctional System

- 39,000 individuals are incarcerated, with the following breakdown[1]:
  - 19,000 in state prisons
  - 15,000 in local jails
  - 3,200 in federal prisons
  - 640 youth facilities
  - 860 in involuntary commitments
- In 2011, 10,835 prisoners were released from the state's correctional facilities, and within 3 years following release, 52.7% were rearrested, and 31.3% were reincarcerated[2]

1) New Jersey Profile https://www.prisonpolicy.org/profiles/NJ.html
2) Improving Upon Corrections in New Jersey to Reduce Recidivism and Promote a Successful Reintegration https://www.njreentry.org/application/files/4915/4344/4576/NJRC_CORRECTIONS_REPORT_2017.pdf

Study Aim

To identify facilitators and barriers to accessing HCV treatment among justice-involved individuals during and following incarceration

Participants, Design, & Analysis

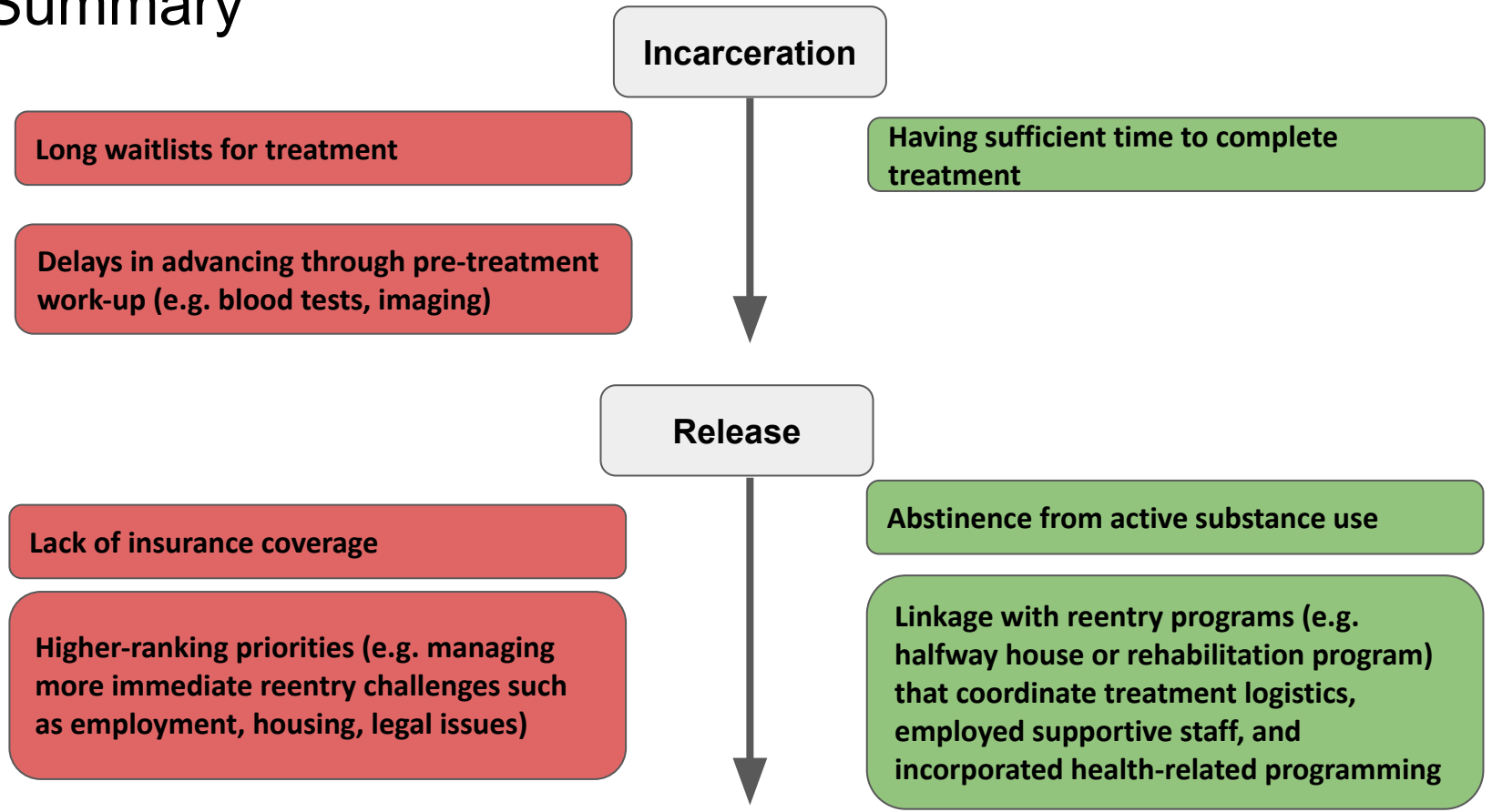
Inclusion Criteria: (1) Ages 18-65, (2) NJ Resident (3) Prior criminal justice status in past 5 y (4) self-reported Hep C diagnosis (5) informed consent (6) audio-taped interview

- In-person interviews in NJ statewide reentry program
- Thematic analysis

Demographics [n=20]

Characteristic	**N=20**
Age	24-65
Gender	F: 4 M: 16
Race	White (n=10), Hispanic (n=6), or Black (n=4)
Marital Status	1 married, 3 divorced, 16 single
Current occupation	4 employed, 2 Social security, 1 disabled, 13 unemployed
Experienced homelessness in past 5 years	17
Length of most recent incarceration	5 days - 30 years

Summary


Incarceration
Long waitlists for treatment
Delays in advancing through pre-treatment work-up (e.g. blood tests, imaging)
Having sufficient time to complete treatment
Release
Lack of insurance coverage
Higher-ranking priorities (e.g. managing more immediate reentry challenges such as employment, housing, legal issues)
Abstinence from active substance use
Linkage with reentry programs (e.g. halfway house or rehabilitation program) that coordinate treatment logistics, employed supportive staff, and incorporated health-related programming

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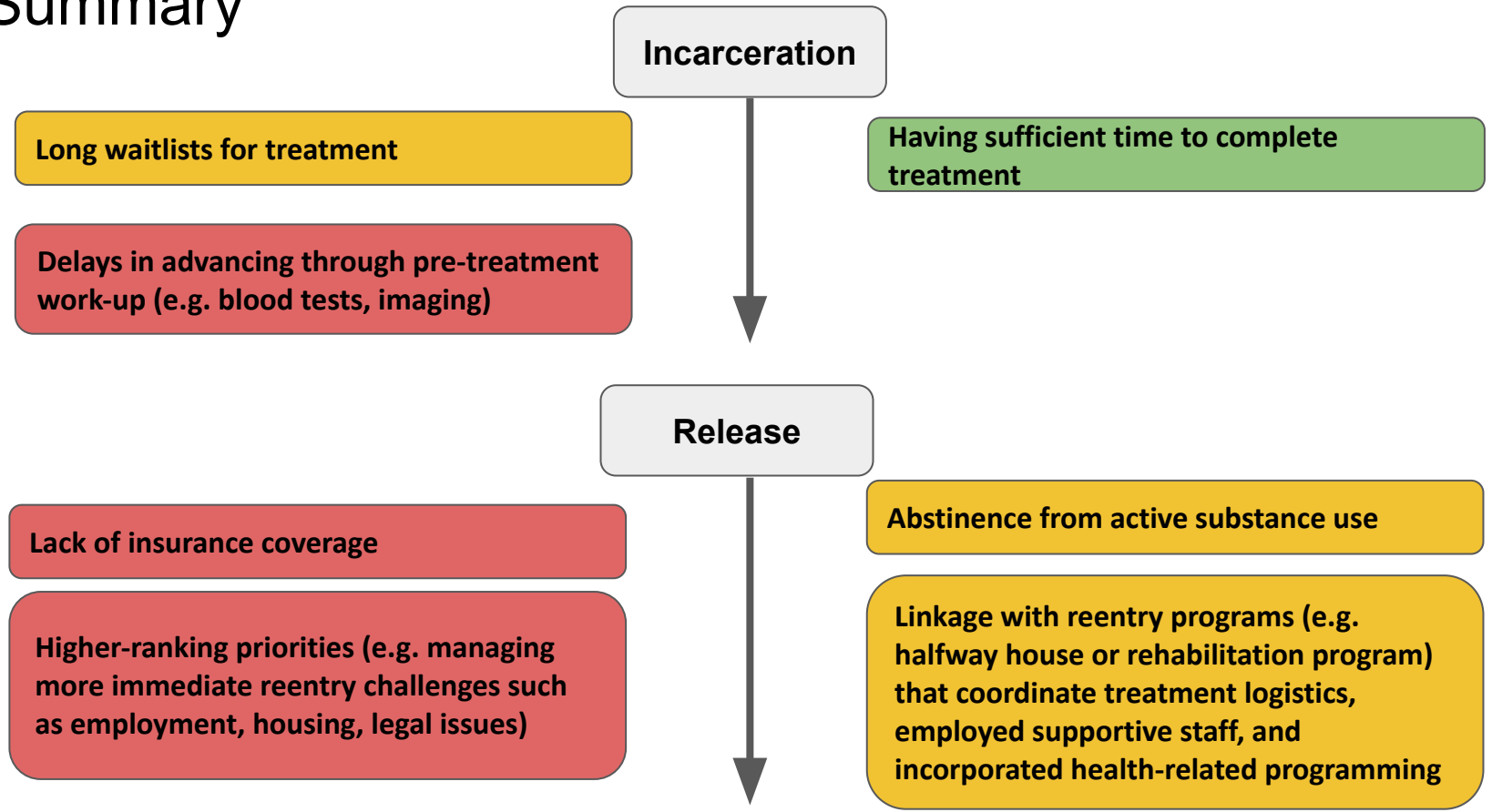
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Barriers during Incarceration: Long Waitlists to Treatment

Long Waitlists to Treatment

"When I get back to the street, I would jump on this [treatment] and get something done because to my understanding, I'm in the bottom of the list, they're not trying to move me up. And even though I had a lot of time to do, I wasn't going to meet the standards to get to that position." (56-year-old male)

Facilitator Post-Incarceration: Abstinence from Active Substance Use

Abstinence from Active Substance Use

"You kind of don't know where to begin to get it. [...] I try to take the first step by going to the doctor. And it just seems like so much like, like people who are addicts are not like strong when it comes to like organizing their life. [...] it's like a life skill that a lot of us never developed, like [...], making appointments, making phone calls, things like that."
(32-year-old female)

Facilitator Post-Incarceration: Linkage with reentry program

Linkage with reentry programs (e.g. halfway house or rehabilitation program) that coordinate treatment logistics, employed supportive staff, and incorporated health-related programming

"I'm glad I got it [the treatment] administered on a program. [...] because I knew I couldn't miss a day because if I didn't take my medication, they were calling my counselor. My counselor would come get me and make me go and take my medication. [...] If it was on the streets, it might've been a different story because sometimes [...], you forget to take your medication, you're not really on point. Cause you got other things going on" (37-year-old male)

Conclusion

- Public health interventions to improve engagement in the HCV care continuum both during and after incarceration should focus on:
  - Facilitating expedient completion of HCV treatment during incarceration
  - Securing linkage with community-based reentry programs
  - Working through other social determinants of health: insurance coverage, housing, employment, identification

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