

Perceived barriers to and facilitators of HCV treatment uptake in jail: A qualitative study

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Disclosures

- Research support from National Institute on Drug Abuse (K99DA043011)
- Educational activities supported by independent educational grants from AbbVie & Gilead Sciences

HCV in correctional settings

- Incarcerated individuals bear a disproportionate burden of HCV
- Interrelationship between high risk behaviors and incarceration
- US HCV-antibody prevalence 17.4%

HCV in jail vs. prison

- Jails – Short term facilities
- There are 18x the number of admission to US jails vs. state and federal prisons^{1,2}
- HCV treatment limited by short length of stay
- Linkage to care is challenging
 - ~1/3 linked to care after incarceration with combined transitional care coordination/patient navigation intervention³

1. Zeng Z. Bureau of Justice Statistics, Office of Justice Programs. 2018.
2. Carson AE. Bureau of Justice Statistics, Office of Justice Programs. 2018.
3. Akiyama et al. BMC ID. 2019.

New York City Jail System

- Average daily population ~8,000
- Total annual admissions ~50,000
- Length of stay
 - Median ~8 days
 - 32% stay for ≤ 4 days
 - 21% stay for ≥ 3 months



Study aim

- To understand attitudes toward HCV treatment among persons incarcerated in jail

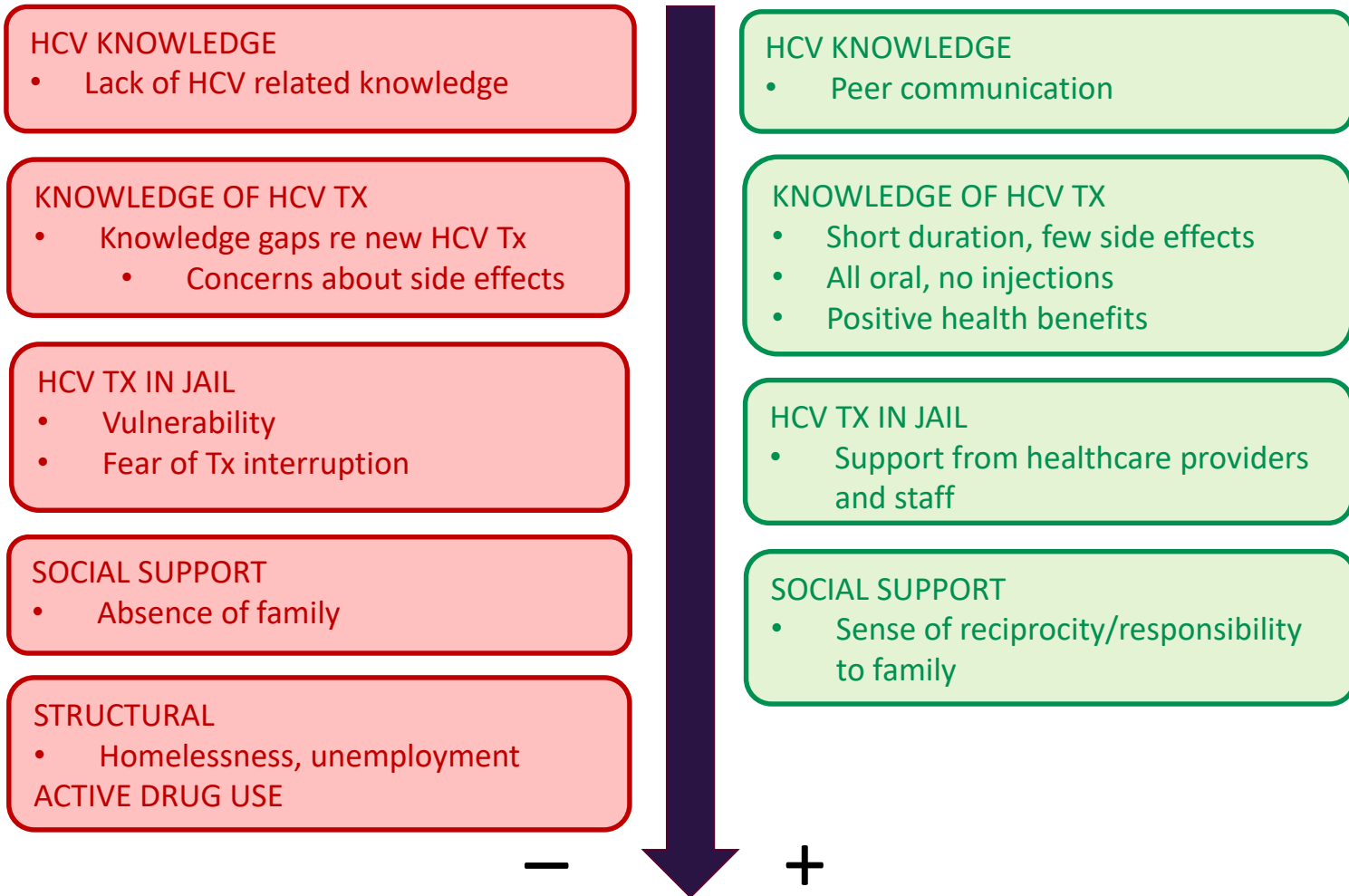
Participants, Design, & Analysis

- Inclusion criteria: 1) HCV antibody +; 2) 18 years of age or older; and 3) fluent in English or Spanish.
- 1 hour face-to-face interviews - NYC jail clinics
- Iterative, thematic analysis

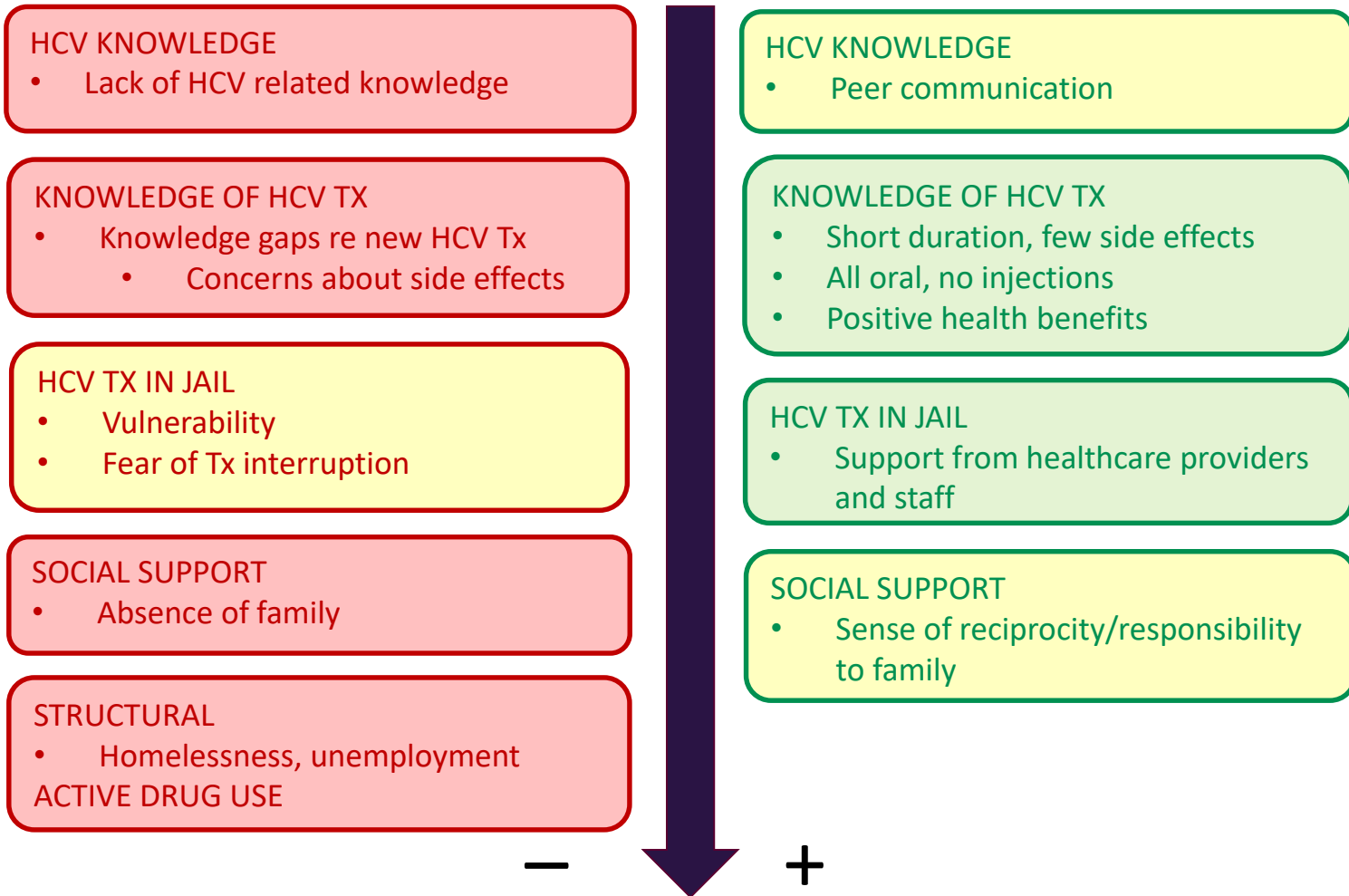
Participant characteristics

Characteristic	N = 36 (%)
Age, mean years (SD)	40 (10)
Female	15 (42)
Race/ethnicity	
Latina/o	19 (53)
Caucasian	9 (25)
African American	7 (19)
Asian	1 (3)
English speaking	34 (94)
High school graduate	13 (36)
HCV risk factor	
IDU	28 (78)
INDU	6 (17)
Other	2 (5)
Mean (SD) age of:	
First drug use	15 (5)
First injection	25 (9)
First arrest	26 (10)
First incarceration	28 (11)
On methadone prior to incarceration	9 (25)
Aware of HCV antibody status/exposure prior to enrollment	32 (89)
Aware of new HCV therapy	22 (61)
HCV = Hepatitis C virus, IDU = Injection drug use, INDU = intranasal drug use	

Summary



Summary



Attitudes toward HCV treatment in jail

HCV TX IN JAIL

- Fear of treatment interruption

“I don't want to have to start over... I don't know if it's true, but with antibiotics or antiretrovirals, if you start and then stop, your body can become resistant to the drug. And you might have to do something that's more a rigorous regimen and I just don't want to do that.”
- 22-year-old African American woman

HCV knowledge

HCV KNOWLEDGE

- Peer communication

“I had a roommate not too long ago. He’s Hep C, he said yo, get the treatment. You know what I mean? I said okay. He said, yo just get the treatment. Whatever you do, get the treatment. Don’t just leave it like it is, man.”

- 41-year-old African American man

Social support & reciprocity with family

SOCIAL SUPPORT

- Sense of reciprocity/responsibility to family

“I have such a love for my children, alright. And not wanting to see them suffer anymore. My kids suffered like 12 years with the addiction I put them through.”

- 60-year-old African American man

Implications

- Treatment in jail vs. community - complex decision
- Patients aware environment pre/post-release may not be conducive to initiating/continuing treatment
- Attitudes toward HCV treatment may be hindered by **social isolation**, housing, employment instability, substance use, **and the short term jail environment itself.**

Conclusion

- Patient-centered approaches to increase HCV treatment uptake and linkage to HCV care after incarceration in jail should focus on:
 - Promoting HCV-related knowledge including **leveraging peers for knowledge dissemination**
 - Promoting **social support**
 - Jail healthcare plans focused on linkage to:
 - substance use and mental health services
 - housing, transportation, employment services

Acknowledgements

Einstein/Montefiore

Alain Litwin

Chinazo Cunningham

Julia Arnsten

Funding

K99DA043011 - National
Institute on Drug Abuse
(NIDA)

Correctional Health Services (CHS)

Ross MacDonald

Monica Katyal

Justin Chan

Fatos Kaba

Zachary Rosner

Rodrigue Joseph

Wendy McGahee