Barriers and Facilitators to the HIV (PrEP) care continuum: perspectives of key stakeholders and formerly incarcerated individuals

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Introduction

- Individuals recently released from incarceration are at an increased risk for HIV acquisition.
- Unfortunately, they experience individual and structural barriers to accessing effective HIV prevention tools such as HIV pre-exposure prophylaxis (PrEP) once released.
- Although formerly incarcerated transition programs (FIT) are effective at reducing barriers to post-release primary care, they have yet to be applied to reduce barriers to PrEP care.
- We explored potential barriers and facilitators to post release PrEP implementation within an existing formerly incarcerated transition program from the perspectives of formerly incarcerated individuals (FIT clients) and community stakeholders (community health clinicians, community health workers). Our goal is to use the information to inform the adaption of formerly incarcerated programs for PrEP services.

Methods

- We conducted 28 semi-structured in-depth interviews March-July 2019 (14 FIT clients and 14 community stakeholders) based on an in-depth interview guided grounded in Bowen's feasibility framework and in PrEP implementation literature¹.
- We used a rapid assessment method to summarize interview transcripts based on the domains of the semi-structured interview guide and then characterized the contents of the summaries as potential barriers or facilitators to steps of the PrEP cascade (awareness, uptake, retention).

Table 1: Demographic information for community stakeholders and FIT participants interviewed

participants interviewed			
	Community Stakeholders (n=1	14)	FIT Clients (n=14)
	col %		
Male gender	57%		71%
Mean age (yrs)	50 (SD 12)		39 (SD 11)
Caucasian/White race	79%		57%
Non-Hispanic ethnicity	100%		86%
Education level above high school degree	100%		50%
Heard of PrEP	71%		50%
Profession			
Clinician	43%		
Re-entry council member	36%		
Community health worker	21%		
Abbreviations: FIT, formerly incarcerated transitions; PrEP, pre-exposure prophylaxis; SD, standard deviation			

Results: Barriers and facilitators from FIT clients and community stakeholders to each step of the PrEP Cascade

"...when you've been gone for a long period of time things have changed during the course. Like a lot of people when I did a length of time between the time I left and came back, half my neighborhood became users and became drug addicts...so I was going home to, you know, something that I didn't leave behind."

—FIT Client

Facilitator: Timing of PrEP introduction

"Prior to getting out a lot of times jail [prison] is
structured where you...work your way to a – a camp
[correctional facility] where you're actually leaving
site to go work....That is a stage when you wanna
start [considering PrEP]."

-FIT Client

Facilitator: Bundling Education
But some of the services we are offering, especially with the health department... I think we can implement PrEP education along with that program "

—Stakeholder

Barrier: Staff knowledge
"...I think probably where we have room for improvement is around the rest of our staff increasing our knowledge, specifically medical assistants and nurses. So that everyone's kind of singing the same song to the patient."
Stakeholder

Awareness

Uptake

Facilitator: Trust and Privacy
I like to have private meetings with them. We have them here on site. We have some offices where you can have a private meeting and actually sit down and talk with people and not push them about anything particular, just explain my position."

- Stakeholder

Barrier: Competing Priorities

"Well, I think that when people come to our

organization, FIT is their – one of their first

priorities. But as people come out of

incarceration...they are all like, 'I need a job.

I need a job."

- Stakeholder

Retention

Facilitator: Peer support

Self-help, people
supporting people.
Definitely testimonies of
people that have these
things. That would be really
super important."
- FIT Client

Barrier: Logistics, transportation, cost
"PrEP is relatively straightforward clinically,
but it does require patient to be seen back
several times for monitoring and represcriptions. ...there's gonna have to be
some way of making sure that the care is
either donated or the care is covered for that
patient in a kind of consistent and
sustainable manner."
- Stakeholder

Barrier: Stigma

""...you wouldn't want people to see [PrEP] and maybe they'd think about being judged like, 'Oh, well, why are you taking it if you're not a whore?' So I feel like people wouldn't necessarily want it to be known and that might be a reason why people wouldn't take it."

- FIT Client



Conclusions

- Our study was able to gain insight from previously incarcerated individuals and from key stakeholders in one NC FIT program regarding perceived barriers and facilitators to the steps of the PrEP care continuum.
- Community stakeholders and FIT clients recommended several strategies to improve each step of the PrEP cascade, such as education of clients and stakeholders, key timing of PrEP introduction, cultivating an environment of trust and privacy, and implementing peer support systems to improve PrEP uptake and retention.
- Clients also identified critical barriers, such as stigma, competing priorities, and logistical and funding challenges that must be overcome before PrEP can be adopted among formerly incarcerated individuals in a non-Medicaid expansion state.

Next Steps

• Future interventions involve implementing the feedback gained through this qualitative analysis into an actionable plan for integrating PrEP into the pre-existing FIT program or expanding the current FIT programs for HIV prevention.

Acknowledgements

- We would like to thank our study participants for their time and comments.
- Jon Oguntoye BA for assistance with project management.
- The community health centers affiliated with the NC FIT program for allowing us to conduct onsite interviews
- Mr. Paul Mihas and the UNC Odum Institute for Social sciences for their feedback regarding qualitative analysis
- Funding for this project was supported by a supplement from the University of North Carolina at Chapel Hill Center for AIDS Research (P30 AI50410) and NIAID/NIH grant number T32AI007001

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