

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

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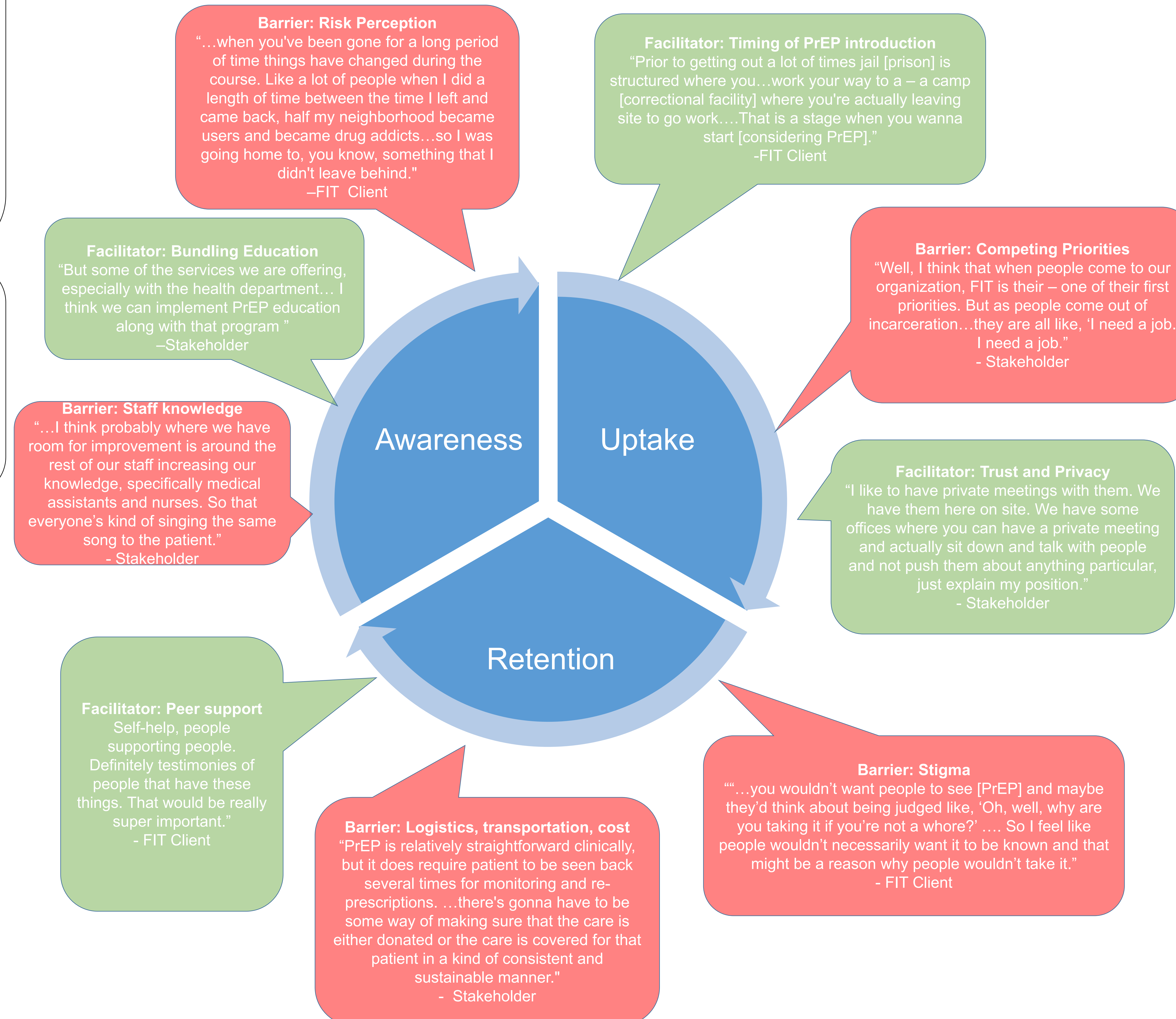
## Introduction

- 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 adaptation 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 literature<sup>1</sup>.
- 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).

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



## 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.

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## References

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

	Community Stakeholders (n=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