

PATHWAYS TO HEPATITIS C & HIV CARE IN CORRECTIONAL SETTINGS: PARTNERING WITH PEOPLE IN PRISON TO CO-CREATE POLICIES AND GUIDELINES

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Background:

Studies suggest that routinely offering screening for Sexually Transmitted and Blood-Borne Infections (STBBIs), such as hepatitis C or HIV, results in high uptake of testing in correctional settings. However, increases in uptake reported are inconsistent and unintended harms and consequences from these policies have been reported. To optimize implementation of routine STBBI screening in correctional settings, this project is incorporating the experiences and preferences of key stakeholders (people with lived or living experience [PWLLE] of incarceration, Correctional Health Services [CHS] staff, and correctional officers) in British Columbia (BC), Canada into the development of routine STBBI screening policies and guidelines for Provincial Correctional Centres (PCCs).

Methods:

A Committee consisting of PWLLE of incarceration, researchers, clinicians, CHS staff, and representatives from community-based organizations oversee the development and implementation of the project. Education workshops for PWLLE of incarceration are conducted by a Peer and a Facilitator; and staff workshops are conducted by a Registered Nurse. Surveys are completed pre- and post-workshop to determine knowledge changes and preferences for STBBI testing and care in BC PCCs.

Results:

To-date, 71 PWLLE of incarceration and 13 CHS staff completed surveys. For PWLLE, top selected barriers to STBBI testing in PCCs were being afraid to know the results (23%), concerns around privacy (18%), and stigma (36%). The most preferred times for STBBI testing among PWLLE included at time of intake (66%) and in the first week after intake (37%). Through an anonymous CHS survey, 30% (4/13) of health staff reported using potentially stigmatizing behaviour/words with clients, and 57% reported observing a colleague using stigmatizing behaviour/words with clients in the last 12 months.

Conclusion:

Preliminary results indicate to improve STBBI-related health outcomes in corrections, policy, education and guidelines should address: 1) culturally-safe and trauma informed care, 2) confidentiality/privacy, 3) stigma, 4) protocols that ensure consistent implementation, and 5) the timing of testing.

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