

IDENTIFYING AND UNDERSTANDING THE NEEDS FOR HEPATITIS C (HCV) EDUCATION TO ENHANCE HCV HEALTH LITERACY AND HCV CARE FOR PEOPLE IN AUSTRALIAN PRISONS



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Background

- Hepatitis C virus (HCV) is a major health challenge in Australian prisons.
- Prison-based HCV services are well established but barriers remain to engagement in HCV care cascade.
- The PIVOT study evaluated a 'one-stop-shop' point-of-care HCV RNA testing intervention to enhance treatment uptake in a reception prison.
- Utilising Squier et al's Health Literacy Skills Framework,¹ this analysis sought to identify and understand the need for HCV education to improve HCV health literacy (knowledge; attitudes; capabilities) and enhance engagement with HCV care for people in prison.

Methods

- Semi-structured interviews were conducted with twenty-four male PIVOT study participants.
- Purposive sampling ensured comparable representation of those with:
 - 1) prior HCV testing history (standard pathology / no prior testing) and,
 - 2) injecting drug use history (IDU; ever / never).
- Health Literacy Skills Framework identifies the components: *prior knowledge, comprehension, health literacy skills.*

Results

All participants were newly incarcerated males who participated in the PIVOT study intervention.

Participants widely viewed HCV education as important in both improving awareness of disease, risks, and prevention, and enhancing engagement with HCV testing and treatment services.

Prior knowledge (such as history of IDU, prior testing experience, community-based drug rehabilitation programs) highly influenced *Comprehension* and perceptions of existing HCV education.

"You get adequate stuff [education], yeah. If you are interested, you can get more." – IDU, prior testing.

1. Squiers L., Peinado S., Berkman N., Boudewyns V., & McCormack L. (2012). The Health Literacy Skills Framework. *Journal of Health Communication*, 17:sup3, 30-54.

Whilst educational videos at prison induction contributed to *Health Literacy Skills, Comprehension* remained moderate to low among most participants.

"Yeah, I reckon they [other people in prison] don't really know much about [HCV], it's a bit overwhelming. I reckon if they knew a bit more information they would come forward and get tested. I reckon there needs to be a couple more goal programs on hep C and cleanliness and whatnot." – IDU, no prior testing.

"Yeah, [the video] gives you a rundown of what to do and what not to do and whatnot, but I reckon there could be a few more I don't know suggestions and whatnot about coming forward and getting a hep C test or treatment." – IDU, no prior testing.

Participants recommended normalising conversations around HCV and utilising peer educators as potential modes for improving *Health Literacy Skills* and *Comprehension*; it was believed these strategies would likely reduce stigma and barriers for engagement with HCV services in prison.

"So you feel that you have a connection with the people who are saying it?"

"You can listen, because obviously they are experienced...if you're a criminal [the person speaking/educating] you will listen to that, because they've experienced it, they've done it, screws [officers] haven't experienced it you know what I mean." - IDU, prior testing.

"Everyone, like everyone should know about [HCV] and how easy it is and how it lasts, everything. I reckon everyone should be educated on it anyway." - no IDU, prior testing.

Conclusion

HCV education was considered to have an important role in improving awareness of disease and prevention measures and reducing stigma in prisons. A more targeted, comprehensive, and multi-modal HCV education program for people in prison may help overcome barriers to enhancing HCV testing and treatment uptake, by fostering stronger HCV health literacy among people in prison.

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