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Institutional distrust among gay, bisexual and other men who have sex with men as a barrier to accessing pre-exposure prophylaxis (PrEP)

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HIV and criminal justice-involved populations



- HIV rates are three times higher among criminal justice-involved populations^{1,2}
- During community re-entry individuals often engage in HIV risk behaviors^{3,4}



Pre-exposure prophylaxis as an intervention

- PrEP knowledge among incarcerated MSM is low, but interest is high once they learn more^{5,6}
- Barriers exist to uptake and adherence⁶

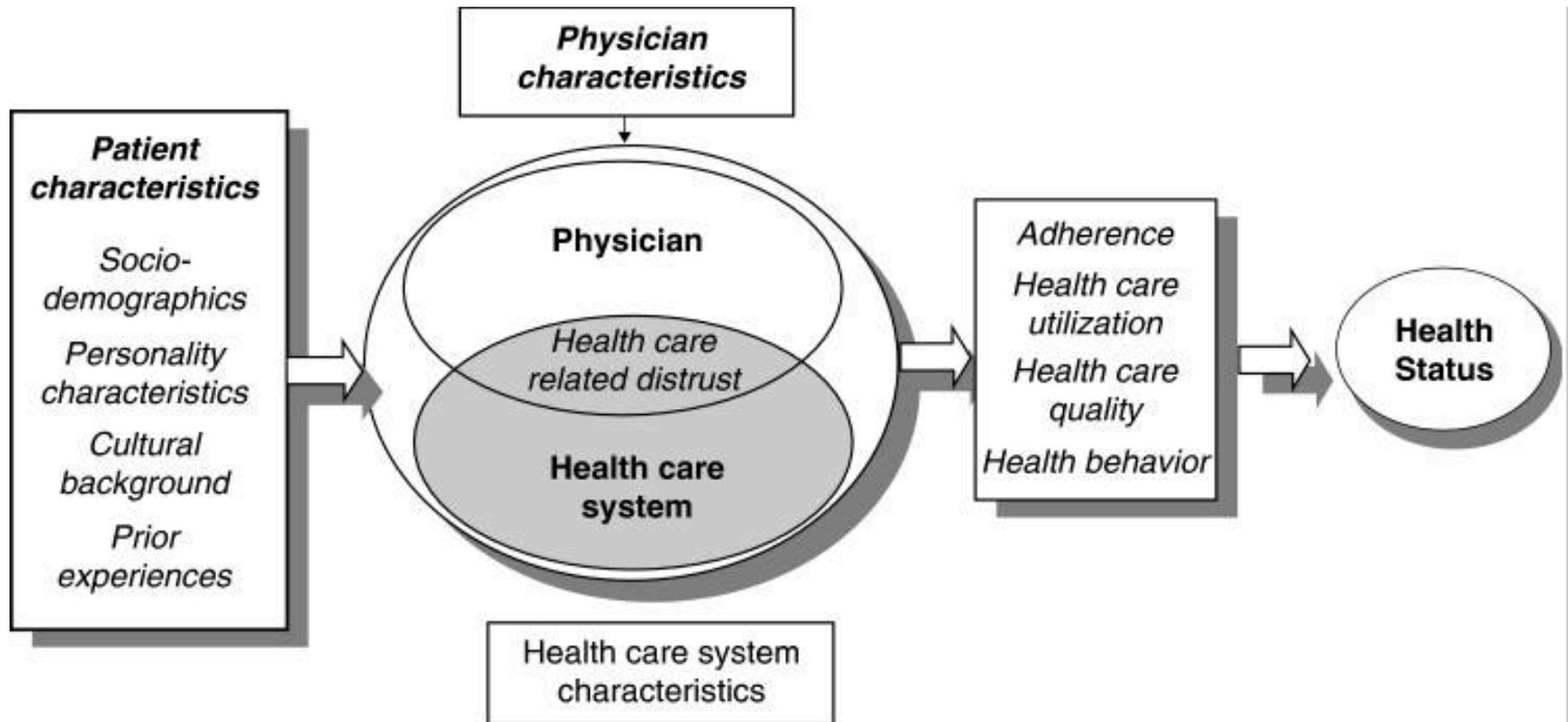


PrEP is a prevention method in which **people who do not have HIV** infection **take a pill daily to reduce their risk** of becoming infected.

Source: Hiv.gov



Institutional Distrust



Armstrong et al., 2006. "Distrust of the Health Care System and Self-Reported Health in the United States" Conceptual model of health care distrust



Methods

- Semi-structured, qualitative interviews with 26 MSM who were incarcerated
- Rhode Island Department of Corrections (RIDOC) in Cranston, Rhode Island
- General inductive analysis⁸
- **Questions related to HIV risk, PrEP knowledge and interest, barriers to PrEP uptake and adherence, and experience disclosing sexual orientation/identity.**

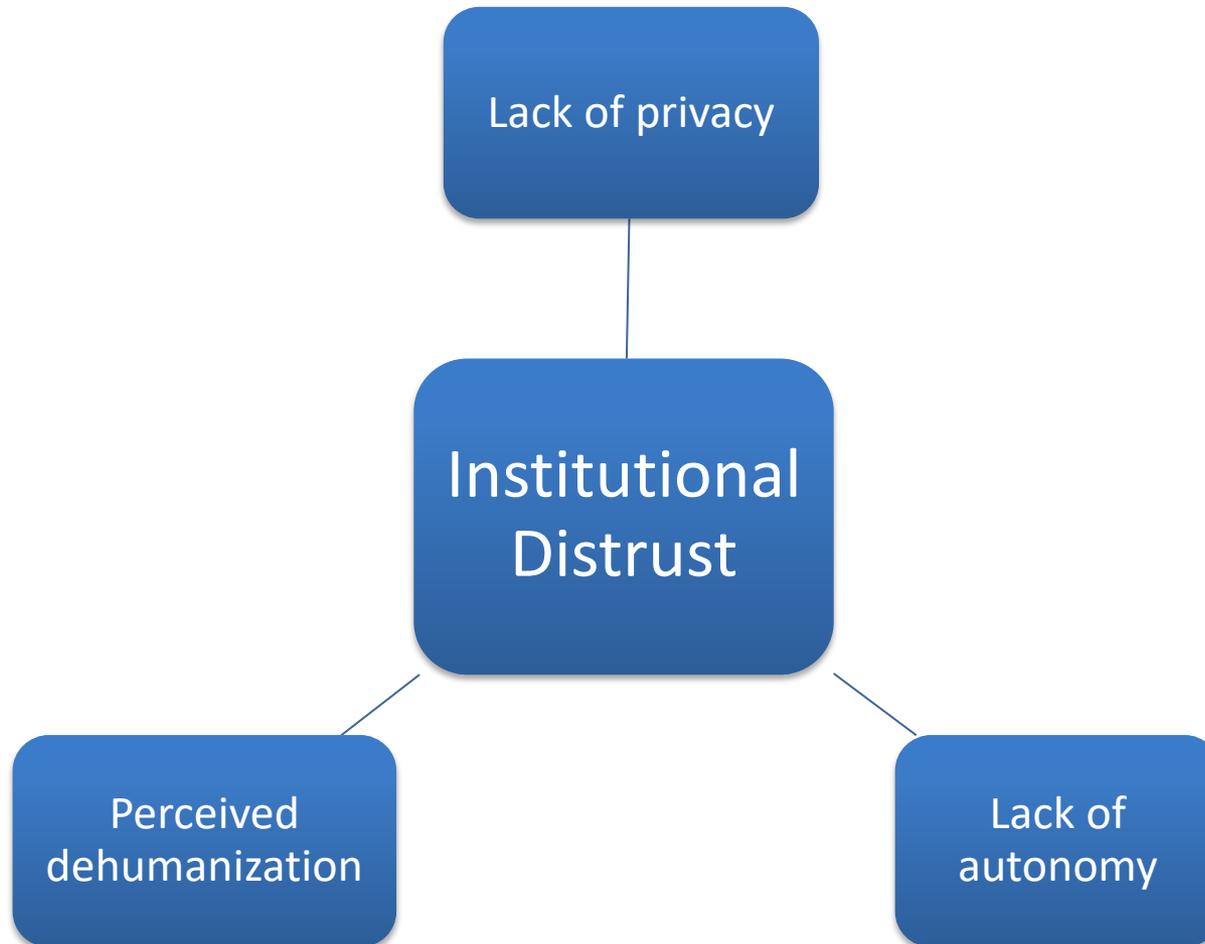


Results

- A total of 26 incarcerated MSM at the RIDOC were interviewed.
- Sixteen were White, 8 were Black, and 2 were Hispanic.
- Participants ranged in age from 23 to 57 and the average age was 38.



Major themes



Lack of Privacy

- Proliferation of gossip (staff and individuals who are incarcerated)
- Reluctance to disclose sexual identity/orientation to staff/other people who were incarcerated
- Even if disclosed at intake



I was hesitant, like I said at first, I don't know why I was hesitant, probably just because you don't want people to find [sexual identity] out outside of that meeting, and like you don't want inmates to find that out because then all of a sudden if your identity is [revealed] people can make fun of you very easily in here [...] and who knows it could even spark people to, to want to physically get involved with you. Not physically in a good way, but to hurt you, you know.



“[There’s] nothing going on in this building that the cops don’t know.”



Lack of autonomy

- Participants felt they could not exert authority over medical decisions.
- Long lines to receive medications, delays in treatment, feelings that they were not taken seriously in medical concerns
- Negative treatment and inability to make decisions surrounding health care



“I was on my psych meds. But I haven’t been taking them anymore [...] Yeah, I wasn’t able to. [...] Well [because] I didn’t like it. Cause every morning you have to stay in the line ...”



Dehumanization

- Dehumanized based on status as an incarcerated person during medical care
- Incarceration-related stigma, feeling providers didn't think they "deserved" treatment.
- Disempowering and led to medical distrust



There's like plenty of people in here [staff], you know what I mean like they don't care about you, like they don't know, [...] his daughter might go to jail, they might pass through the same process that I'm passing right now, you know what I mean.



Discussion

- A unique finding of this study is how interactions with correctional health systems, not just incarceration itself may lead to dehumanization and lack of autonomy in medical decision making.
- Perceived substandard care during incarceration may affect future help-seeking behavior



Implications

- Greater privacy measures in CJ settings (especially surrounding medical care)
- Patient-centered care that takes into consideration patient priorities and preferences, cultural humility training for CJ staff.
- Open settings and presence of COs may dissuade individuals from disclosing sensitive information needed to screen for PrEP clinical indication.
- Processes for PrEP screening and disclosure of sexual identity/orientation should also incorporate information relevant to reasons for collecting risk information



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