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]

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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 adherence[6]

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

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Institutional Distrust

Physician characteristics

Patient characteristics

Socio-demographics

Personality characteristics

Cultural background

Prior experiences

Physician

Health care related distrust

Health care system

Health care system characteristics

Adherence

Health care utilization

Health care quality

Health behavior

Health Status

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 analysis[8]
- **Questions related to HIV risk, PrEP knowledge and interest, barriers to PrEP uptake and adherence, and experience disclosing sexual orientation/identity.**

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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.

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Major themes

Lack of privacy

Institutional Distrust

Perceived dehumanization

Lack of autonomy

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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

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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.

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"[There's] nothing going on in this building that the cops don't know."

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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 ... "

Dehumanizaton

- 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

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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.

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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

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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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