

# INCLUDING PATIENTS EXPERIENCES IN HCV LINKAGE OF CARE STUDIES THE IMPORTANCE OF SOCIAL WORK AND WELFARE FOR EFFECTIVE ACCESS TO MEDICAL CARE FOR VULNERABLE POPULATIONS

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## BACKGROUND

The 2030 goal of eliminating viral hepatitis cannot be reached without targeting prison populations.

**In France, HCV prevalence in prisons is:**

- **4,8%** (Prevacar 2012)
- 6 times higher than in the general population

HBV still poorly studied in prisons. National recommendations for treatment and healthcare protocols for prison health services exist but are unevenly applied across prisons and services.

Harm reduction services are below standard and safer sex interventions scarce (Pri2de, 2011). France can provide treatment and care for viral hepatitis but efforts are needed to reduce inequalities of access to diagnosis and care for vulnerable populations.

According to health care professionals, the main obstacle to continuity of care inmates is non-recourse at release and lack of linkage with outside health services.

**From the patients' point of view, what are the obstacles to access to care and welfare at release?**

## METHODS

Two-year field study of the experiences of men living with hepatitis C and/or HIV in France, as they go through prison and prison release

**Aim**

- Investigate health trajectories of HCV+ and/or HIV+ men who have been incarcerated in France
- Describe the obstacles to continuity of care at release

**Materials & Methods**

Health trajectories were constructed from data gathered through three-pronged fieldwork:

- **Ethnographic observation** (prisons, hospital, shelters, institutional workgroups)
- **Series of repeated biographical interviews** in and outside prison (n=18) : lifecourse, health trajectory, experience of illness, healthcare and incarceration, support network
- **Survey** (n=67) : sociodemographics, support network, access to welfare rights, history of incarceration, health, healthcare, compliance, medical history, treatment interruption due to prison release.

## POPULATION

**Population**

The group (n=18 + n=67) differs from the general prison population :

- All HCV+ and/or HIV+ men
- Are older (40 years old on average)
- Have been incarcerated more than once
- More often of foreign nationality

## RESULTS (1)

**Health trajectories of HCV+ and/or HIV+ men before and in prison (1)**

- Their perceived health is generally worse than the general population's
- They solicit healthcare professionals but trajectories show recurring periods without recourse to care
- HIV and HCV health trajectories differ greatly, in part because of the different political history of the diseases and different therapeutic advances.

## RESULTS (2)

**Health trajectories of HCV+ and/or HIV+ men before and in prison (2)**

- Those under treatment : treatment has been interrupted at least once
- HCV is experienced as less severe than HIV

**Prison release (1)**

HCV at prison release:

- More frequent delays in recourse to care than HIV
- Less challenging and stigmatizing experiences of the illness than HIV.

## RESULTS (3)

**Prison release (2)**

Treatment interruptions are short and are part of the multiple adjustments that patients undertake to cope with release.

These adjustments involve the tedious administrative procedures to (re)gain access to health and social welfare but also an embodied experience of release, (re)negotiation of personal and professional relationships.

Released inmates struggle to adjust to life in the community; they face expectations of autonomy and responsibility, after a prison sentence where little agency is allowed.

**Incarceration and release increase social vulnerability.**

## RESULTS (4)

**Prison release (3)**

**Contrary to some professionals' view, released inmates value their health and strive to take of their HCV infection.** Recourse to biomedical care can be delayed but is seldom neglected. Delays in recourse are due contextual factors such as lengthy and complex administrative procedures in welfare services and hospitals, time consuming procedures for access to housing, homelessness, mental health and substance abuse issues, and costly care and treatment before health insurance becomes accessible. In other words, **hepatitis is one of many vital priorities at prison release and many of these priorities fall into the purview of social work and welfare.**

## CONCLUSIONS

These results have been presented to professionals working in healthcare, social work, penal institutions, patients and activists. The discussions around patients' experiences have contributed to better knowledge of professionals' patient base and priority given to collaboration between medical staff and social workers.

Better understanding of hepatitis experience through **social science studies can contribute to more effective interventions.**

When targeting vulnerable populations such as in prison or at release, **linkage of care should formally include social work services** for HCV packages to be beneficial as, in the field, they grant access to care.

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