5th Annual NHCN Meeting Notes on Changes and Action Steps

The 5th Annual Meeting of The National Hepatitis Corrections (NHCN) network took place on Wednesday, March 15th, 2017 at the Atlanta Airport Marriott in Atlanta, GA.

In attendance were 73 network partners from 24 different states as well as the District of Columbia, Canada, and Australia.

The goal of the meeting was “to provide a networking and collaborative space to discuss hepatitis C care in correctional settings.”

The meeting agenda, list of attendees, and copies of all PowerPoint presentations can be found at the following page of the NHCN website: http://www.hcvinprison.org/annualmeeting.

For more information or to follow up, please email mandy@hepeducation.org.

Key notes from the meeting include:

List of key questions network partners has for the foreseeable future in regards to hepatitis C management in correctional settings:

- Cost Effectiveness: What is the cost of not treating HCV in correctional settings?
- How can we improve continuity of care upon entry and improve linkage to care upon release?
- How can we address the behavioral components of HCV?
- How do we bring correctional systems to the forefront of medicine?
- How do we secure funds from local governments?
List of Action Steps Created During Networking Sessions – these action steps were identified as things stakeholders can do right now to address viral hepatitis in corrections:

Policy

- The opioid epidemic combined could be an opportunity to convince legislators to better address HCV.
- Humanize the language we used about HCV and people in prison. Avoid “inmate”, “offender”, and “prisoner” when possible and use “person”, “people”, “men/women”, or names.
- Frame HCV in context of elimination.

Research

- Integrate practices to better capture data. End “Data ego” and make data more open-sourced.
- Incorporate HCV treatment into MAT.
- Target younger populations for education.
- Collaborate with high-level clinics a university health center and invest in developing quality correctional healthcare providers.

Collaboration

- Implement programs that empower individual healthcare consumers as opposed to always relying on patient navigators.
- Partner with community based organizations for linkage to care and education programs.
- Corrections should increase partnerships with outside service providers.
- Understand that of peer-based program models are about empowerment while Corrections is about disempowerment, use peer models to change norms.
- “Inside/out” models of linkage-to-care, in which people on health linkages begin before release and continue, during, and after release are much more effective than “inside only,” “outside only,” warm handoffs, or “meet you at the gate” models.