

A Syndemic Approach to STD 340B Correctional Facility Partnerships

for Viral Hepatitis Programs

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Terminology

- Correctional Facility: A jail, prison, or other detention facility used to house people who have been arrested, detained, held, or convicted by a criminal justice agency or a court; any place used for the confinement of persons charged with or convicted of a crime or otherwise confined under a court order
 - <u>Jail:</u> A type of correctional facility generally used to detain people awaiting trial or sentencing. For those who have been sentenced, jail sentences are usually shorter than those incarcerated in a prison. Jails also house smaller populations than prisons and are often under the jurisdiction of a local law enforcement agency
 - <u>Prison:</u> A type of correctional facility that incarcerates individuals convicted of a crime. State prisons are operated by individual states which have their own legislation regarding the prison system. Federal prisons are overseen by the Federal Bureau of Prisons and have different purposes and security levels



Correctional Facilities

 Correctional facilities have high prevalence of viral hepatitis, HIV, and STIs

- 30% of those infected with HCV spend at least part of the year in correctional facilities
- Rate of HCV is 10x higher in correctional facilities
- Rate of HBV is 38x higher in correctional facilities
- Rate of HIV is 3x higher in correctional facilities
- Addressing communicable diseases in correctional settings is vital for addressing the overall syndemic of viral hepatitis, HIV, and STIs throughout the community



Accessible link: https://www.cdc.gov/correctionalhealth/rec-guide.htm

AT-A-GLANCE: CDC RECOMMENDATIONS FOR CORRECTIONAL AND DETENTION SETTINGS

Testing, Vaccination, and Treatment for HIV, Viral Hepatitis, TB, and STIs

Recommendations current as of August 10, 2022



What is 340B and Why it's Valuable

- Federal law that requires drug manufacturers to offer **discounts** on medications sold to certain types of safety net providers for outpatient use with the purpose of stretching scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services
- Authorized by the Public Health Service Act and administered by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA)
- There are 16 Covered Entity categories, all authorized by different sections of the Public Health Service Act (PHSA)
 - Hospitals
 - Federal Grantees



Partnership Considerations

- Facility eligibility direct financial support or in-kind
- Meeting the patient definition:
 - 1. The covered entity has established a relationship with the individual and maintains records of the individual's health care;
 - 2. The individual receives health care services from an employee or paid contractor of the covered entity the responsibility of the care provided remains with the covered entity; <u>and</u>
 - 3. The individual receives health care services or range of services from the covered entity which is consistent with the service or range of services for which grant funding has been provided to the entity



Partnership Support

Prevention programs often award Section 318 funding to correctional facilities for:

- Personnel to implement disease intervention, partner services, outbreak response readiness, and other grant-specific activities and functions
- Specimen processing and testing for HIV, viral hepatitis, and STIs
- Hepatitis A/B vaccinations
- Materials and supplies for the prevention, treatment and care of viral hepatitis, HIV, and STIs
- Other services as determined by the prevention program



Partnership Support

In-kind contributions provided by health department prevention programs to correctional facilities may include:

Condoms, lubricant, educational brochures
Educational programming to incarcerated individuals
Medical education and training to correctional facility staff Partner services and linkage to care for individuals diagnosed with viral hepatitis, HIV, and STIs

• Testing support including rapid test kits, lab allocations, and

confirmatory testing

- Health department staff embedded within the facility to assist with viral hepatitis, HIV, and STI services
- Other in-kind services as determined by the prevention program and paid for by the qualifying grant funds



STD 340B Correctional Partnerships

- Alaska
- Arizona
- California
- Colorado
- Hawaii
- Indiana
- Iowa
- Louisiana

- Minnesota
- Mississippi
- Nevada
- New Hampshire
- New Mexico
- North Carolina
- North Dakota
- Ohio
- Oregon

- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Utah
- Washington
- Wisconsin



340B Cost Savings

Correctional facilities should reinvest their 340B cost savings into syndemic programming that aligns with the grant providing eligibility and:

- Expands testing & treatment and follows CDC testing & treatment recommendations
- Supports prevention programming within the facility
- Supports linkage to care including bridging services to ensure engagement in HIV, STI, or viral hepatitis prevention or care following release
- Provides sufficient staffing to support expanded syndemic services
- Provides supportive services that address the social determinants of health, health disparities and reduce recidivism



RESOURCES



https://nastad.org/resources/34ob-viral-hepatitis-programs-34ob-drug-pricingprogram-guidance-webinar-series

Technical Assistance Requests: hepatitis@nastad.org



SUMMARY

- Correctional facilities are valuable partners in public health work and provide opportunities for screening, testing, & treatment
- Partnerships with correctional facilities may look different for every jurisdiction
- A partnership may have larger implications than just programmatic work, providing correctional facilities with access to deeply discounted medications
- A 340B correctional facility partnership can mean improved services, increasing screening and treatment
- Health department administrators should communicate with one another to ensure syndemic services are being considered and implemented







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Discussion



