Center for Innovation and Engagement

TIPS FOR WORKING WITH PEOPLE WITH HIV WHO HAVE BEEN INCARCERATED

Why this Topic?

People with HIV (PWH) who have been incarcerated face significant challenges across the HIV care continuum. Mass incarceration attributed to the "war on drugs," racially charged arrests, and sentencing, among other factors, disproportionately impact Black/African American people, particularly men, in the United States.[1,2] These same populations are also burdened by the HIV epidemic. People with HIV who are incarcerated often learn about their status during incarceration and studies have shown viral load rebounds and reduced CD4 counts post-incarceration.[3,4] Invest in re-entry care for people with HIV and explore ways to mitigate the impact these systems have on their health outcomes.

Relevant Statistics

The following statistics pertain to people with HIV in the United States:

- One in seven people with HIV are incarcerated at some point in their lives.[5]
- HIV prevalence among incarcerated people is 1.5 percent, three times higher than the general adult population.[6]
- While Black/African American people constitute 13 percent of the American population, they make up 44 percent of all people in prisons and jails and half of all newly reported HIV diagnoses.[7]
- In one study, 75 percent of people with HIV initiated their first antiretroviral treatment while incarcerated.[8]

Assessing Current Capacity

Organizations are uniquely positioned to offer a wide range of resources to link and retain people with HIV who have been incarcerated in care. Here are a few questions to consider:

- ☐ What systems do you have in place to connect formerly incarcerated people with HIV to primary care, dentistry, behavioral health, pharmacy, specialty care, and medical case management?
- ☐ How can you secure safe and affordable housing, vocational training and other employment opportunities, and facilitate access to transportation and technology?
- ☐ Can you provide co-located services and programming at your local jail or prison?
- ☐ Can you provide discharge/reentry planning for PWH to ensure a continuity of care from incarceration to release back to the community?
- ☐ Are formerly incarcerated people with HIV included in your staffing model?
- ☐ Are your staff competent navigating medical and non-medical related policies that impact people who have been incarcerated, specifically people with HIV?

Tips to Build Organizational, Systems, and Staff Capacity

Below are a few tips to ensure your organization can effectively serve people with HIV who have been incarcerated:

- ☐ Recruit and retain mission-driven staff, whose beliefs, values, and attitudes are aligned with the needs of clients.
- ☐ Integrate paid peer educators with lived experience in your staffing model. They bring a deeper understanding of how intersectionality impacts health and that allows room for professional growth while making a living wage.
- ☐ Build staff expertise in working with the client population, acknowledging their unique strengths and needs, by providing regular and effective training.
- ☐ Focus on client-centered services and accessibility. Often individuals need Single Access Point organizations for care coordination, substance use services, harm reduction programs, testing, pharmacy treatment adherence, trainings/education, and employment, among others.
- ☐ Ensure your organizational structure, policies and procedures embrace the client population (e.g., removing questions that ask about incarceration on employment documents).
- ☐ Address physiological and safety needs, recognizing that some client needs do not align with your priorities. For example, they may need clothes, a haircut, hygiene kits, cellphones, shoes, a wallet, or laundry services, and their secondary or tertiary focus is connection to medical care.
- ☐ Ensure clients are enrolled in ADAP programs/pharmacy to decrease any lapses in health insurance and treatment adherence.

Centering Health Equity in HIV Service Delivery

Achieving health equity is mission-critical for all health organizations as it demonstrates a commitment to social justice, and it requires organizations to embrace culture change and be more action-oriented. Consider the following:

- ☐ Every team at your organization has a role in centering health equity, from human resources and IT to more direct service or patient-facing departments.
- ☐ Leadership and coordination with a commitment to addressing social determinants of health are needed throughout all organizational units.
- ☐ Work to systematically eliminate racism and discrimination, including microaggressions, in the workplace. Action-minded leadership, appropriate resources, racial bias training, and space for staff to engage in critical conversations around race, are necessary for real change to occur.
- ☐ Acknowledging and embracing the contributions of individuals with lived experience of incarceration is a key component to improving health equity. Prioritize partnering with people with HIV who have been incarcerated to provide for HIV service planning and delivery more effectively.

How to Provide Intersectional Services to People with HIV Who Have Been Incarcerated

To provide intersectional HIV services to this client population, consider the following:

- ☐ Ensure your organization's approach to HIV services affirm different intersecting identities (e.g., race, ethnicity, age, disability, gender identity, sexual orientation, socioeconomic class, religion). Collect these data from clients using reliable and valid measures.
- ☐ Address social determinants including food insecurity, employment, and particularly access to safe and affordable housing.
- ☐ Navigate clients to city agencies for identification (e.g., Social Security, Medicaid, state/city ID).
- ☐ Establish boundaries that do not re-criminalize or demoralize clients who are in recovery and relapse. Refocus conversations on harm reduction, substance use education, and therapy, rather than fostering fear of incarceration and parole.
- ☐ Prior to release from incarceration, partner with and encourage the client to contribute and commit to the transitional plan. Ensure all questions and concerns are answered using accessible language and literacy best practices.
- ☐ In the transitional plan, focus on the weeks immediately after a person with HIV is released, as there are known increases in mortality, overdose, and risk behaviors.
- ☐ Have a benefits specialist meet with the client to ensure that the individual has active insurance upon release to avoid gaps in treatment.
- ☐ Center medical case management in all services to ensure clients are linked to and engaged with medical care and have an opportunity to achieve optimal HIV and other health outcomes.

Eugene Eppes, Criminal Justice Linkage Specialist at Alliance for Positive Change

Stories from the Field

The Alliance for Positive Change (Alliance) is a New York City-based nonprofit that provides New Yorkers with HIV and other chronic health conditions medical care, peer support, and housing assistance.

During the pandemic, Alliance received a call for support. A man with several chronic conditions who uses a wheelchair was released from prison without a wheelchair with limited guidance on how to access services and resources.

With less than 12 hours notice and no clear picture of the individual's unique challenges, Alliance went into action to ensure his basic needs were met. The organization provided him with a cellphone, food and nutrition incentives, a welcome home backpack (including clothes, personal protective equipment, and snacks), organized and coordinated pick-ups with the Department of Corrections and Community Supervision, and set up meetings to help him register for entitlement and benefits.

"Alliance provides skills, services, and support that show people they can do something meaningful with their lives."

– Joyce, Alliance Peer Worker

Conclusion

To advance health equity and achieve optimal health outcomes for people with HIV who have been incarcerated, it is important not to isolate HIV from other physical and behavioral health issues. Instead, establish and maintain a strong relationship with this client population and remove the numerous barriers they face as they transition back to the community. There are existing models and policies that your organization can build on to successfully meet the needs of people with HIV who have been incarcerated and various lessons learned from the past few decades that can help facilitate this process. Access tools to both improve health outcomes and to support clients in achieving self-actualization and autonomy after release.

Stakeholder Engagement/ Community Partnerships

Your organization can effectively lead people with HIV who have been incarcerated through the HIV care continuum by collaborating with a wide range of stakeholders. Here are some tips to consider:

- ☐ Engage with and learn from communities representing people with HIV who have been incarcerated.
- ☐ Develop a vast network of community-based providers who can address client issues that are not HIV-related and/or outside the scope of your organization (e.g., a faith-based organization may run a food bank to address food insecurity).
- ☐ Develop formal relationships and connections with other organizations that provide post-incarceration services, including those that provide HIV care services.

How to Sustain Efforts

To sustain HIV care efforts, consider these strategies:

- ☐ Designate internal champions to ensure accountability for the best interests of formerly incarcerated people.
- ☐ Provide regular trainings to your staff to ensure they are knowledgeable about emerging issues related to the criminal justice system and HIV prevention, care, and treatment.
- ☐ Assess protocols on a regular basis.
- ☐ Utilize the national network of Ryan White HIV/AIDS Program providers (RWHAP) for support, best practices, and other tools of the trade to avoid recreating the wheel.
- ☐ Apply or request access to community resources and grants to develop and evaluate your processes and programs.

References

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Additional Resources

NYC Correctional Health Services Report: Tools and Tips for Providing Transitional Care Coordination
https://targethiv.org/sites/default/files/file-upload/resources/ihip_NYC_opt_handbook.pdf

National Commission on Correctional Health Care
https://www.ncchc.org/

The Center for HIV Law and Policy
https://www.hivlawandpolicy.org/

NASTAD Fact Sheet: Ryan White HIV/AIDS Program Part B and ADAP Coverage of Treatment and Services for Justice-Involved People Living with HIV (PLWH)
https://nastad.org/sites/default/files/2021-12/PDF-ADAP-Justice-Involved.pdf

Journal Article: HIV Among Persons Incarcerated in the US: A Review of Evolving Concepts in Testing, Treatment and Linkage to Community Care
http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC3682655&blobtype=pdf

Journal Article: Transitions to Care in the Community for Prison Releasees with HIV: A Qualitative Study of Facilitators and Challenges in Two States
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4524841/

Institute for Healthcare Improvement Website
http://www.ihi.org/

CIE Center for Innovation and Engagement

About CIE

The Empowering to Improve Replication Project is an intervention-based, implementation science pilot program led by NASTAD's Center for Innovation and Engagement (CIE) in collaboration with Northwestern University and Howard Brown Health. CIE is funded by HRSA's HIV/AIDS Bureau (HAB), RWHAP Part F, Special Projects of National Significance (SPNS), under a three-year cooperative agreement entitled Evidence-Informed Approaches to Improving Health Outcomes for People with HIV. The purpose of this initiative is to identify, catalog, disseminate, and support the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving HIV health care or who are at risk of not continuing to receive HIV health care. Learn more at **www.CIEhealth.org** and **www.TargetHIV.org/CIE**.

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Written by: Anthony J. Santella

Reviewed by: NASTAD

Designed by: Impact Marketing + Communications