

# Community Health Program Planning 2009 Field Action Report

## EXPERIENCE OF HIV/AIDS TESTING, CARE AND DISCHARGE FOR INMATES IN CONNECTICUT

*Yale School of Public Health Student Team:* Jessica Hamon, Otis Pitts, Liliana Angelica Ponguta, Raphael Shaw, Chirisse Taylor, Diana Sanchez

*Connecticut AIDS Resource Coalition:* Shawn Lang

### BACKGROUND

#### The problem

According to statistics recently released from the U.S. Department of Justice, 1.6 % of male inmates and 2.4% of female inmates in state and federal prisons had HIV/AIDS at the end of 2006. Approximately one quarter of people living with HIV/AIDS in the United States pass through the correctional system, resulting in an overburden of infection on the correctional health care system and the public health system as a whole (Springer et al.) The disease affects women and minorities disproportionately in the prison system, especially young African American women (CDC, 2008). (AIDSAction, 2007; USDOJ, 2006).

Individuals in jails or prisons are exposed to the same risk factors that exist in the general public including unprotected sex, male to male sexual contact, and injection drug use (Hammett, 2006). Prison can be an opportunity for those with high-risk behaviors to have access to healthcare. HIV testing and counseling, antiretroviral and co-morbid therapies, and the implementation of efficient discharge and follow up services have been proven to be effective at reducing the prevalence of HIV in correctional settings.

However, amid the high burden imposed upon the correctional system by HIV/AIDS infection, treatment of HIV-infected prisoners has been criticized for years. A review of the existing literature suggests the persistence of widespread discrepancies across states, between the established standards of care and services for inmates with HIV and what is being done in the community (De Groot, 2000).

#### Policies Involved

Inmates are one of the few groups of Americans whose access to health care is a right protected by US Supreme Court case law (*Estelle v. Gamble*, 1976; *Duncan et al.*, 2007). The CDC recommends routine annual opt-out (i.e. non-mandatory) HIV testing in all healthcare settings, including correctional healthcare facilities and has published, in accordance with the Department of Health and Human Services, exhaustive standards of care for inmates newly diagnosed with HIV infection. Projects such as The Transitional Linkage into the Community (Project TLC) supported by Ryan White federal funding are designed to coordinate HIV positive inmates care and services upon release.

In reality, HIV testing policies vary between states with regards to who is tested, how often they are tested, and whether or not testing is compulsory. (AIDS Action, 2007). Furthermore, numerous barriers to HIV care for inmates related to high costs, difficulties in maintaining confidentiality, lack of trust in correctional staff as well as the social dynamics of correctional facilities still exist. (Spaulding, 2002).

Connecticut ranks 8th in the nation in the percentage of HIV positive prisoners, and the rate among incarcerated women is even higher at 15%. Very little research has been conducted to look at what happens in Connecticut prisons with regard to HIV prevention, educational efforts and treatment for inmates with HIV. The hypothesis is that there may be a discontinuity in the care of patients after their release in the community, contributing to the propagation of the disease. Given Connecticut's economic prosperity, our goal is to ensure that the vulnerable segments of the community receive adequate care and halt the progression of the pandemic.

### METHODOLOGY

*Four focus groups with HIV positive and negative former inmates, men and women from Hartford, CT, were implemented to describe the experiences of preexisting programs. Semi-structured, student-facilitated discussions covered the topics of prevention, care, drug abuse, and discharge services available in the Connecticut correctional system.*

### OBJECTIVE

Describe the experiences of the HIV/AIDS testing, care and prevention services for inmates in the Connecticut correctional system.

### QUOTATIONS FROM FORMER INMATES

- They talk about your meds very openly. They might say "here is your Kaletra." (*Woman, HIV positive*)
- It is very easy to get tested, you just simply put in a request and they get back to you. (*Woman, HIV status unknown*)
- The medication that is distributed in each unit is done at the same time and if for whatever reason you miss when they are giving out the drugs you may not get your dose. (*Woman, HIV status unknown*)
- I never participated in support groups. There is no confidentiality. No anonymity in prison. People stigmatize you. (*Man, HIV positive*)
- They show you the movie at first. They show you the safety movie too. After that you are on your own. A lot of services are lacking, for example, they do not give condoms to homosexual couples. (*Man, HIV status unknown*)
- I feel that the HIV+ positive patients are taken good care of; medications...But nobody knows who they are because nobody knows what type of medication you are taking. (*Man, HIV status unknown*)

### RESULTS

- ❖ Participants reported that HIV prevention, testing and care services were available in general within Connecticut correctional facilities at the time of their incarceration.
- ❖ HIV education in the form of written materials or via video was available and distributed upon intake. Settings for delivery of the educational resources hindered the learning process.
- ❖ Testing was available in general either upon intake or by request of the inmate.
- ❖ Participants experienced delays in obtaining an appointment for testing, in the reporting of results, and in administration of available medications.
- ❖ Participants had concerns about location of testing and treatment services and effects on inmate confidentiality.
- ❖ Quality and effectiveness of services upon release depended on the efficacy and diligence of the individual case worker.

### CONCLUSIONS and RECOMMENDATIONS

- ❖ Some former inmates are aware of HIV education, testing, treatment and release services.
- ❖ Participants recommended improvement in how services (e.g. education, testing, treatment, post-release care) are provided and arranged to ensure confidentiality and quality of care.
- ❖ The qualitative methodology allows us to conclude that the quality of service delivery can be improved, with particular attention to timing of education services, location of testing and treatment services, and confidentiality of inmates engaging in any of the said services.
- ❖ Further research with a representative sampling methodology is needed to determine actual awareness of services and prevalence of unmet needs for services within the prison system.

#### References:

- DeGroot AS. Shedding Light on Correctional HIV Care. *AIDS Reader*. 2000;10(5):285–286.
- Hammett, Theodore M., HIV/AIDS and Other Infectious Diseases Among Correctional Inmates: Transmission, Burden, and an Appropriate Response *American Journal of Public Health* 2006. 2006 June; 96(6): 974–978.
- Spaulding A, Stephenson B, Macalino G, Ruby W, Clarke JG, Flanigan T. Human immunodeficiency virus in correctional facilities: a review. *Clin Infect Dis* 2002; 35:305–12.
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- Duncan Smith-Rohrberg Maru, Sanjay Basu and Frederick L Altice HIV control efforts should directly address incarceration Volume 7, Issue 9, September 2007, Pages 568-569

#### Resources :

- AIDS ACTION. The Criminal Justice System and HIV/AIDS. Policy Brief. Oct 2007. <http://www.aidsaction.org>
- Connecticut Department of Correction (CT-DOC). Connecticut Department of Correction AIDS Program and Services available at <http://www.ct.gov/doc/lib/doc/PDF/Compendium/CompendiumALL.pdf>
- U.S. Department of Justice (USDOJ). <http://www.ojp.usdoj.gov/bjs/pub/pdf/hivp05.pdf>