Health Disparities in HIV-Positive Incarcerated and Post-Incarcerated Populations

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Background and Objective

- CHJ focuses exclusively on serving people impacted by incarceration
- Since 1999, CHJ has advocated for policy change and addressed social inequities
- 17,000-20,000 individuals incarcerated across 7 facilities
- Approximately 11% of PLWH have some history of incarceration
- LAC Jail population:
  - Relatively young (57% age 18-34)
  - Predominantly Black and Latinx (79%)
  - High rates of mental health disorders (22%)
Methods

• Recruitment inside MCJ, CRDF, Juvenile Hall
• Screening forms, Addiction Severity Index, GPRAs
• 6 week cohort with 8 hours of health education
• Reentry Center
  • Youth-friendly safe space
  • LGBTQ+ Community Resources

• Components
  • Community Advisory Board (CAB)
  • Group Sessions
  • Individual Sessions
  • Referrals/Linkage
Results

• After completion of the module, based on pre/post test results:
  • Youth and adults showed a 24% reduction in “don’t know” responses regarding HIV transmission
  • 30% increase in awareness of co-infections of HIV and STIs
  • 22% increase in awareness of unsafe sex while under the influence of drugs or alcohol
  • 18% increase in knowledge of new anti-retroviral treatments, one/two pills a day, and other HIV treatment options
  • 21% increase in awareness of various community collaborators for housing resources, substance abuse treatment, and care options.
Discussion

• Information retention barriers: mental health challenges, literacy issues, language barriers
• Condensed health messages
• Social structures within locked settings
• Access to accurate and age-appropriate information
• Unaware of community resources
• Juvenile Hall to Jail to Prison
Limitations

• HIV:
  • Testing must be requested
  • Treatment covered by Ryan White Funds
  • PrEP available upon request

• HCV
  • More common in locked settings than HIV
  • Lack of testing; must be requested
  • More complicated to treat inside

• Challenges in locked settings:
  • Lockdowns
  • Lack of sleep
  • Fewer treatment options
Future Directions

• Early Interventions/Primary Prevention
• Priority on Mental Health Services
• Multidisciplinary Team
  • Cons: Startup Cost
  • Pros: Cost Savings Over Time
• Peer Navigation
  • Cons: Boundary issues & proper training
  • Pros: Client focused, “On their terms and turf”
Thank You!

• Questions? Contact me at siddharth@healthjustice.net
• For more information, visit our website www.heychj.org and/or social media channels @hey_chj