



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

---

Siddharth Raich, MPH  
Education and Research Director

 Center for  
**HealthJustice**

***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

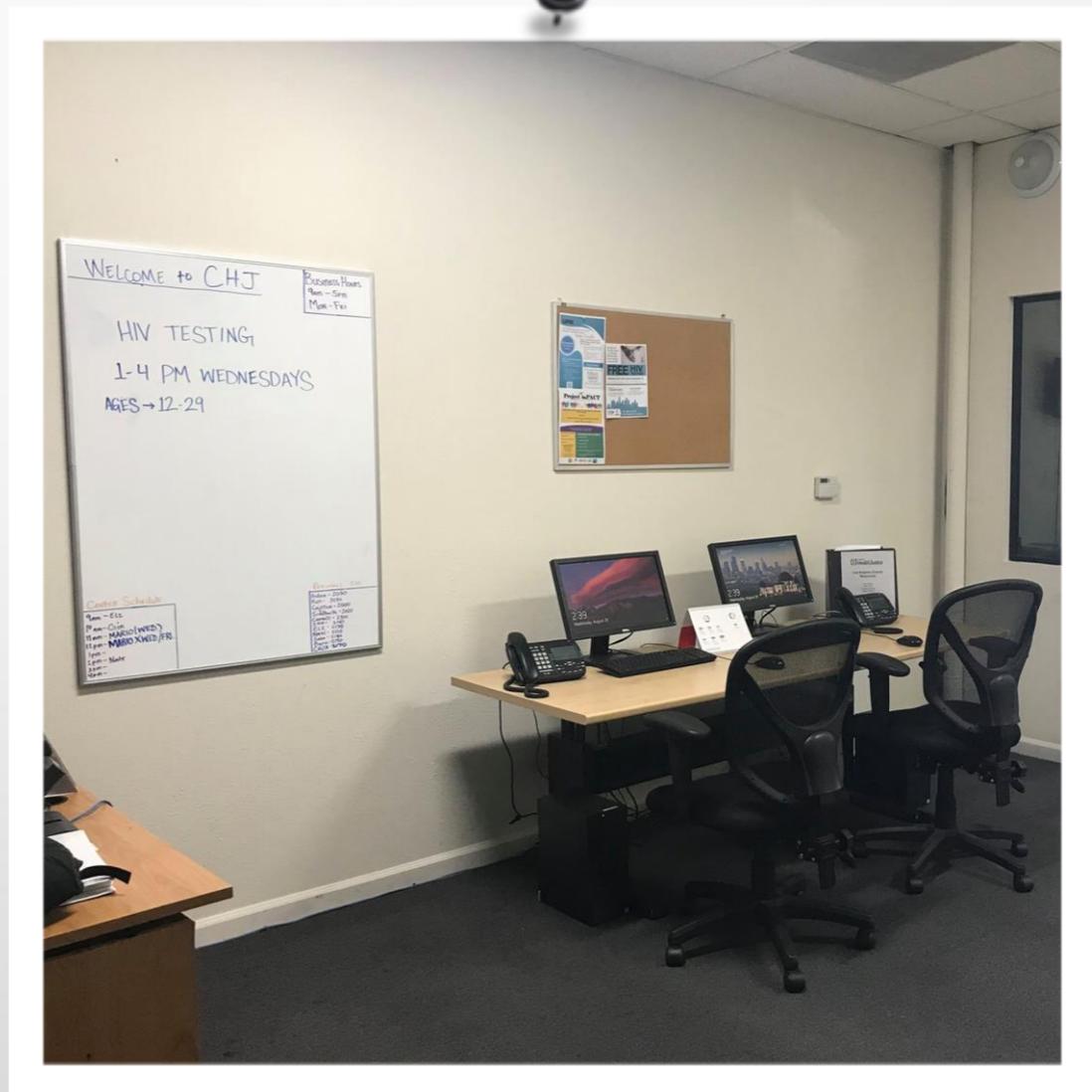
# Background and Objective

- 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](mailto:siddharth@healthjustice.net)
- For more information, visit our website [www.heyhj.org](http://www.heyhj.org) and/or social media channels [@hey\\_chj](#)