Positive Pathways

A Cooperative Initiative for
NYS Department of Corrections & Community Supervision (DOCCS)
NYS Department of Health AIDS Institute (DOH)
Community-Based Organizations (CBOs)
Columbia University

HIV in NYS Correctional Facilities (CFs):
The Public Health Challenge (I)

~55,000 offenders in NYS CFs

Estimated 5% are HIV+ (3,000)

Most (>60%) of HIV+ offenders are not known to
DOCCS Health Services

Majority of HIV+ offenders unknown to DOCCS Health Services are personally aware of their HIV status; choose not to disclose
Reasons for Non-disclosure (identified in focus groups & literature)

- Denial
- Confidentiality & inadvertent disclosure concerns
- Stigma associated with being HIV+
- Other reasons (not ready to disclose, waiting until released to seek care, etc.)

HIV in NYS CFs:
The Public Health Challenge (II)

- Majority of estimated 1,200-1,500 HIV+ offenders released annually are not linked to medical care for HIV upon release
- 40%-60% of HIV+ inmates known to DOCCS Health Services released between 2004-2008 filled medication prescriptions soon enough to avoid treatment interruption
- Biggest barrier to linkage of care is that most HIV+ offenders being released are not known to DOCCS Health Services
Poor offender health inside CF (offenders progress to AIDS)

Higher than necessary HIV transmission risk inside CFs (high viral load = higher transmission risk)

Higher transmission risk to NYS communities as offenders are released

Response....

Positive Pathways
Positive Pathways

Reduce stigma associated with being HIV+ in the correctional setting

Identify new & existing cases of HIV in DOCCS Correctional Facilities (CFs)

Ensure linkage to & continuity of HIV care & treatment upon & after release

Initiate HIV care & treatment during incarceration

CDC Funded Demonstration Project

Duration: 3 years; possibility of extension

Award Total: $931,950/year

- $548,554 – Services in NYS DOCCS facilities
- $91,087 – HIV test kits for facility based testing
- $292,309 – Staffing, evaluation consultants, travel & materials to run project

Total in NYS DOCCS Facilities: $639,641/year
Key Players

Department of Corrections & Community Supervision (DOCCS); 18 CFs

NYS Department of Health AIDS Institute (DOH)

Community Based Organizations (CBOs)

Columbia University
Positive Pathways Strategies

- Supportive services for 6 months post-release
- Education of Correction Officers
- Education of Health Services staff
- Evidence-based intervention with offenders
- Offender disclosure and/or test opportunity
- Education of offenders

Anti-Retroviral Treatment and Access to Services (ARTAS)

An evidence based individual level, multi-session intervention for people who are recently diagnosed with HIV
Pathways Advocate meets one on one with offenders scheduled for release who have no history of HIV testing within DOCCS (approx. 50%).

Use motivational interviewing techniques to discuss the following:

- benefits of knowing status;
- risk factors;
- encourage to test as appropriate; and,
- Positive Pathways services available post-release.

**Disclosure/Test Opportunity**

Significant majority of HIV+ inmates are aware of their status;
This encounter primarily serves as an opportunity to disclose!
Positive Pathways Training Components:

I. Video for Offender Population

II. Training for Health Services staff

III. Training for Correction Officers

Content (15 min. video):
- Address concerns about testing, quality of medical care, stigma associated with being HIV+, confidentiality and inadvertent disclosure

Format:
- Informal interviews with formerly incarcerated individuals living with HIV
- Narrated by formerly incarcerated individual
- Subitled in Spanish

Venue:
- Movie night pre-view
- Waiting room for medical services
- 2nd orientation at permanent facility
- Other venues as appropriate (to be determined by CF)
**Training for Health Services Staff**

Content (55 min. video & facilitated discussion):

- Role of Health Services staff in Positive Pathways
- Strategies to increase confidentiality and avoid inadvertent HIV disclosure
- Impact of HIV related stigma on offender willingness to test for HIV, link to medical care for HIV and initiate treatment

Format:

- DOCCS Health Services trainers participate in Training of Trainers workshop
- DOCCS Health Services trainers deliver training curriculum to ≥ 95% of Health Services staff

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**Training for Correction Officers**

Content (2 hour training curriculum):

- Emphasize 3 Cs (Care, Custody & Control)
- Address impact of confidentiality, inadvertent disclosure and stigma on 3 Cs, e.g., aforementioned issues can result in altercations between offenders, loss of control, increased risk of occupational exposure to bodily fluids, etc.
- HIV transmission, universal precautions and barriers to offender testing/linking to medical care for HIV

Format:

- DOCCS Security Trainers participate in Training of Trainers workshop
- DOCCS Security Trainers deliver training curriculum to ≥ 80% of Correction Officers
DOCCS correctional facilities represent important settings for the provision of HIV prevention, medical care and supportive services for a population that has often been underserved and is difficult to reach in the community!

HIV is now a treatable, long term chronic illness

When a person is on HIV treatment, it reduces the HIV viral load in the body and can help further reduce the chance of passing the virus to others

It is believed that stigma around HIV may make some offenders unwilling to come forward for treatment
Addressing stigma in the correctional setting is important to create an environment where offenders feel comfortable coming forward for treatment!
Social stigma refers to presence of negative attitudes or beliefs that are held against a specific group or class of individuals.

As a result of these attitudes or beliefs, these individuals are treated differently...

I. Overt ways such as physical or verbal abuse, mistreatment, discrimination or isolation

   e.g., using double gloves when approaching an offender believed or known to be living with HIV, name calling such as “he has the ‘monster’”

II. Subtle ways such as avoidance, fear, making assumptions, judgmental statements or loss of privileges

   e.g., maintaining increased physical distance, making assumptions that an offender is gay or lesbian.

Stigma is known to come in two forms:

I. Internalized or felt stigma is self-imposed by an individual when:

   - He or she holds negative attitudes about him or herself
   - He or she anticipates fear or discrimination by others

   Internalized stigma may be present even in the absence of any current external behaviors of others

II. External or enacted stigma is experienced when an individual has a discrete experience of being treated unjustifiably different based upon his or her status

   It is important to realize that even people living with HIV/AIDS may hold some of the attitudes that underlie HIV stigma.
The Forum for HIV Related Stigma in the Correctional Setting

- Offender to offender
- Administration to offender
- Correction Officer to offender
- Health Services staff to offender

HIV Stigma
Much of the stigma around HIV is based on ignorance about how the virus is transmitted and heightened fear about the risk of becoming infected.

“People are scared – they don’t want positive people near them; don’t want you to use this or that or the toilets. If they know, they exclude you – they put you over there.”
Formerly incarcerated man living with HIV

“When they transport you to another facility they shackle you to another person. If that person knows your status they are not going to help you. You are dependent on that person to help you if you have to go to the bathroom...to take your pants down...they won’t help you. It’s horrible.”
Formerly incarcerated woman living with HIV

Fostering reluctance on the part of offenders living with HIV to seek testing, care & treatment for HIV infection.

“Even if you want to disclose, you don’t need someone to hold it over you, you got the monster. For some people they could be on their death bed – they won’t take the medications.”
Formerly incarcerated woman living with HIV

“You feel it when they find out. It’s just not the same as it was before. They treat you differently – they use the knowledge.”
Formerly incarcerated man living with HIV
Ensuring HIV confidentiality is an important strategy to help reduce stigma associated with being HIV positive in correctional facilities.

Challenges of Confidentiality in a Secure Environment

- An offender having had an HIV or HIV-related test
- Results of any HIV-related tests
- Identified Contacts
- Protected HIV-related information
- Diagnosis with HIV or an HIV-related disease
Focus groups participants describe the challenges of maintaining discretion when taking medications on a daily basis

“It’s frustrating. When they shake you down, they throw all of your stuff out and I see you and you see me. They see all The different meds. They have wrong information.”

Formerly incarcerated man living with HIV

“There are other illnesses and such. So if someone saw the pills, I play it off, I have cancer, it’s for my ulcer.”

Formerly incarcerated man living with HIV

“There are medication runs at certain hours; there are no secrets in jails. We have to move these offenders from point A to point B and everyone wants to know. It is hard to hide. It’s not that they are putting the information out there, but they are.”

DOCCS Correction Officer
Offender discloses his/her HIV+ status
Another offender overhears
This offender discloses to other offender(s) or Correction Officer(s)
HIV information is wide-spread and can not be retracted
HIV stigma
Offender population is at high risk for HIV and other chronic infectious diseases;

Most offenders (approximately 80%) are eventually released back into the community; and,

Newly released offenders pose a risk to others through the spreading of infectious diseases, thus negatively impacting the public health of the communities to which they return.

Correctional health markedly affects public health!
**Positive Pathways Link to Public Health**

- Identify new and existing HIV positive cases during incarceration
- Connect HIV positive cases to medical care and treatment for HIV during incarceration so they enter the community with a reduced viral load
- Reduced viral load positively impacts the public health of the communities to which offenders return (reduced viral load = reduced transmission risk)

**Why We Care About Community Viral Load...**

- Community viral load can be used as a proxy measure for the likelihood of infection within that community
- As a community viral load decreases, the likelihood of new infections decrease (opposite is true as well)
- Can also be used as a measure of outreach & linkage to care efforts
- Used for program evaluation & continued targeting of hard to reach populations
The weeks immediately following release are a particularly-vulnerable period for formerly incarcerated persons. Increases in HIV transmission-risk behavior have been demonstrated during this period.

Issues such as child care, housing, transportation, substance abuse & mental health have been suggested as the principal areas that must be addressed to ensure medical follow-up after release (activities inherent in ARTAS intervention).

Robust programs for linking individuals to post-incarceration HIV care are essential for sustaining the clinical & public health benefits of antiretroviral treatment programs.
Pathways Advocates will work with participants for 6 months following release to identify/address these needs to achieve the ultimate goal of linkage to medical care for HIV and HAART adherence (inherent in the ARTAS intervention).
Services available in the community include:

- Scheduling 1st HIV primary care appt & accompaniment to all medical appointments;
- Phone call reminder before each appointment to ensure that he/she has transportation;
- Re-assessment of needs on an ongoing basis and make referrals;
- Accompaniment as necessary to nonmedical appointments, e.g., mental health, substance abuse treatment and social services;
- Verification of linkage to services (substance use treatment, mental health, etc.);
- Coordination with Community Supervision Officer to ensure arrangement for payment of treatment continuation through ADAP/Medicaid; and,
- Follow-up with participants lost to medical care.

Given the expense associated with incarceration, especially of HIV positive patients (whose HAART can cost nearly $15,000 annually), the program's potential to reduce recidivism rates through continued linkage to medical care and other essential services, is an added benefit.
References


