

# CAPITOL RESEARCH

## ● ● ● HEALTH

## Addressing HIV and Sexually Transmitted Diseases Among Prisoners

Inmates in state prisons and jails have higher rates of HIV and sexually transmitted infections than the general population. Incarceration is often the first time inmates are diagnosed with infections of which they were unaware. Treating the infections protects others in communities when inmates are released.

Incarcerated adults reflect the communities from which they come. They often have not had access to medical care outside of correctional facilities, and are more likely to be drug offenders, homeless or mentally ill. Their lives more likely include drug and alcohol abuse, lack of education, a history of physical abuse, unemployment and participation in unsafe sex practices. African-Americans and Hispanics have higher rates of incarceration compared to whites; African-American men are incarcerated 6.6 times as often as white men, according to the Bureau of Justice Statistics.

HIV and sexually transmitted infections disproportionately affect African Americans and Hispanics. HIV/AIDS is transmitted through unprotected sex or by sharing syringes or other injection equipment for drugs or tattooing, and most likely occurs before or after incarceration. In fact, HIV/AIDS affects federal and state inmates at nearly 2.5 times the rate of the general U.S. population, and 20,000 state prisoners had HIV or confirmed AIDS in 2008, according to the Bureau of Justice Statistics. (See table.)

Other sexually transmitted infections, such as gonorrhea and chlamydia, also occur more often among people entering corrections facilities than among the general population. These treatable infections can make people more susceptible to HIV infection if exposed, and can lead to infertility in women. Gonorrhea and chlamydia infections usually have no symptoms, so they often are diagnosed only after routine testing. According to the Centers for Disease Control and Prevention, screening inmates for these infections at intake provides an opportunity to treat them and prevent complications, as well as reduce transmission to families and communities when inmates are released.



### Correctional Health and Community Health

To stop the spread of infections in communities, state and local corrections, public health and community organization programs are helping inmates get tested and access treatment for HIV and other sexually transmitted infections.

Programs focus on testing, continuing treatment and prevention education to reduce health disparities, prevent further transmission of infections, and improve the health of inmates, corrections facility staff, inmates' partners, family members and communities. More than 20 percent of state and federal inmates were never tested for HIV or didn't receive their test results, the Bureau of Justice Statistics reports. In jails, more than 80 percent of inmates were never tested for HIV.

Not all states require inmates to be offered testing during prison intake, and inmates can opt out of screenings. When prisoners are tested in private rooms as part of other routine medical care and results are disclosed privately, they are more likely to consent to testing. At a time when some public health and correctional health resources are limited, experts suggest the testing of inmates be prioritized for:

- Inmates from communities with high levels of sexually transmitted infections and HIV/AIDS;
- Jails with the largest inmate populations; and
- Inmates in younger age groups, who are most at risk.

## Coordinated Policies During and After Incarceration

Community efforts to help inmates continue treatment of HIV and sexually transmitted diseases when they are released are based on partnerships between criminal justice (prison, jail, parole), public health and community support agencies (social services, medical/health clinics, treatment programs). These policies focus on supporting inmates' treatment during and after incarceration.

### Inside jail and prison walls:

- Test for infections on admission, and coordinate care for inmates who are transferred from jail to prison or are released into the community prior to treatment. When appropriate, test inmates again prior to release. Offer testing, treatment and prevention education programs for all inmates when possible, focusing on assuring confidentiality and avoiding stigma for those who participate.
- Offer programs to modify behaviors that put inmates at risk for transmitting infections, including providing condoms and clean syringes.
- Provide substance abuse and mental health treatment for inmates when needed to avoid further risk of infection.

### Transition planning and after release from prison or jail:

- Begin planning and registering for continuing medical care and health coverage as soon as possible after incarceration begins.
- For those taking prescription medications, provide medications for several weeks and instructions on how to obtain affordable refills upon release.
- Link inmates to mental health and substance abuse treatment, or community condom distribution and syringe exchange programs.
- To help them achieve healthy lifestyles, link inmates to community support programs for assistance with conditions of homelessness, unemployment and lack of education. Specific needs for community-based services include continued transition planning and counseling, stable housing, family education and support, education, employment and restoration of applicable benefits.



## New York Health Department Oversees Correctional Health Services

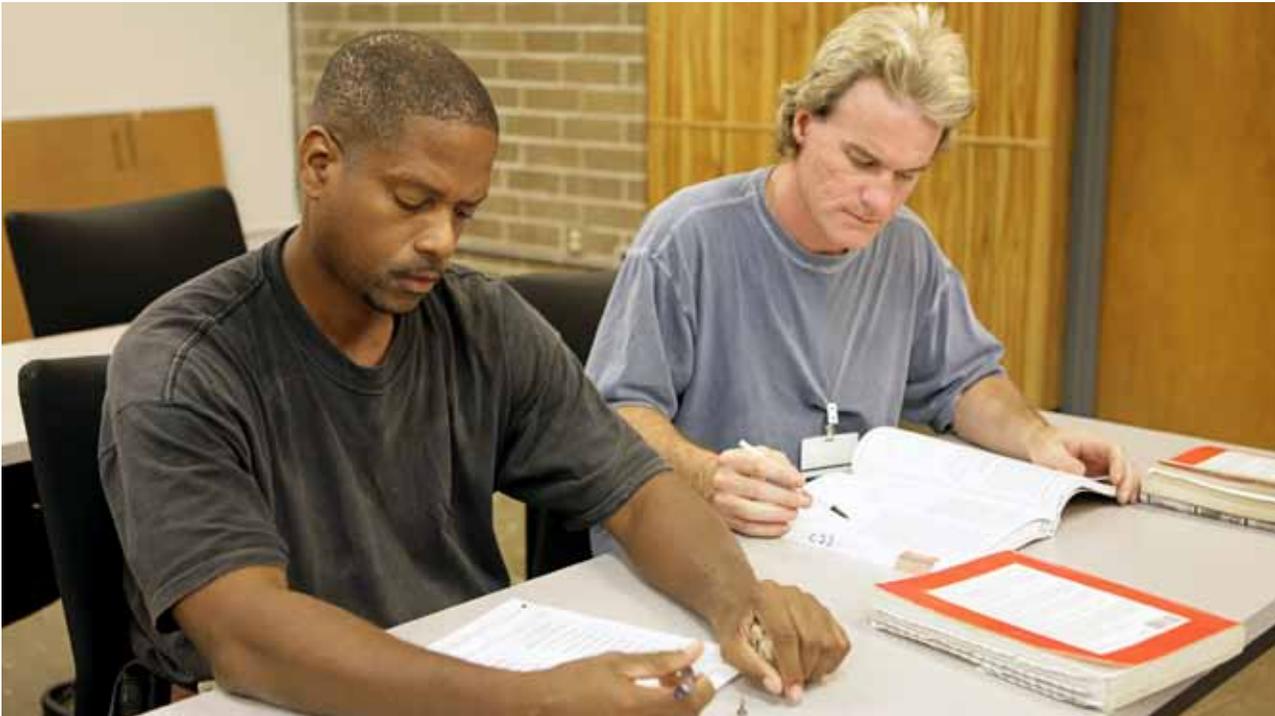
New York [Assembly Bill A903 and companion Senate Bill 3842](#) (2009) seek to improve medical care in prisons and jails by requiring the state health department to oversee correctional medical services in prisons and jails. The Department of Correctional Services benefits from the health department's expertise and assures high quality medical care for all HIV/AIDS- and hepatitis C-infected inmates through a facility review and inspection process. The bill authorizes reviews of similar services in local correctional facilities to begin in two years. The financial costs of the program were offset by the expected savings from initiating early treatment and decreasing the incidence of HIV and other sexually transmitted infections among the inmates. The average cost of caring for a person with early HIV disease is approximately \$14,000 a year, while the cost of caring for a person with advanced HIV disease is approximately \$34,000 per year.

Community support for the New York bill focused on the disproportionate impact of HIV and hepatitis C infection in black and Latino communities, and the need to address the epidemics both during and after incarceration. If inmates start treatment and education while they are incarcerated, inmates likely will continue treatment after release, encourage family and friends to seek testing and care, and avoid passing infections on to loved ones or seeking costly emergency services. Also, since women in New York's prisons are twice as likely to have HIV as men in prison and 80 times more likely than the general population, strong support existed for making quality medical care available to all female inmates.

## Illinois Communities, Public Health and Correctional Health Join Forces

An estimated 85 percent of those incarcerated in Illinois return to the greater Chicago area, followed by the greater East St. Louis and Springfield areas. Because of that, the Illinois Department of Public Health funds six local health departments to test inmates for HIV in county jails, and a program in all 39 state prisons which trains peer educators on HIV prevention. The department also supports a statewide case management network available for all low-income people with HIV, including inmates after release. The HIV Care Connect network of regional providers ([www.hivcareconnect.com](http://www.hivcareconnect.com)) provides comprehensive medical and case management services across the state. As Illinois Department of Corrections discharge planners learn the release date of an HIV positive inmate, they can contact any of the HIV Care Connect Regional programs, which serves as a clearinghouse where each inmate is matched to a case manager and medical provider for health care.

The AIDS Foundation of Chicago, one of the partners in that network, provides case management for HIV positive former inmates, as well as substance



abuse treatment, and housing and family support services. It also conducts cross-training of AIDS service providers and Illinois Department of Corrections staff to test and initiate treatment for inmates when needed. It is also applying recent Urban Institute research demonstrating that strong family relationships can diminish recidivism and families are the primary source of housing after release. Inmates and their families are supported through educational programs to encourage successful re-entry of inmates.

Chicago's health department will begin offering routine HIV and sexually transmitted infection testing to men with and without symptoms in the Cook County Jail later this year when new medical facilities open. Using current technology, test results will be available within 24 hours and medical treatment can be initiated before the detainee is released back to the community.

Helping inmates obtain continuous medical treatment for their infections after release remains challenging for corrections and public health officials, as well as community support organizations. Former inmates may face delays in obtaining proof of identification, residence or enrollment in Medicaid or Medicare, or they may return to custody before medical coverage can be established. Finally, former inmates who began treatment of HIV infection while in prison may not have their medical records, making it difficult to continue their previous treatment.

To help small community organizations, the Illinois legislature authorized the Quality of Life Endowment Fund in 2007 through a special Illinois Lottery Game fund to support HIV/AIDS prevention, education and treatment services. The "Red Ribbon Bonus Bucks" program generated \$1.4 million to be awarded later this year to 11 community agency

applicants serving the highest risk individuals, including the formerly incarcerated. Organizations that provide HIV prevention interventions or re-entry support services for HIV positive persons are eligible to apply, and half the awards will go to small organizations with budgets less than \$300,000.

### **Wisconsin Seeks Additional Medicaid Funding to Support Services**

Wisconsin enacted Senate Bill 647 in 2010, authorizing the Department of Health Services to apply for additional federal Medicaid funding to support expanded case management services and improve outcomes for all patients with HIV, including former inmates. Through a patient-centered medical home model, more intensive case management will arrange and follow each patient's compliance with prescribed medications, primary and specialist medical visits, inpatient medical care, dental and mental health care and other needs such as housing assistance. The additional funds will support nonprofit and public agencies providing services to persons with HIV or at risk of contracting HIV.

This publication was supported by Cooperative Agreement 1H25PS00138-02 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.



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## State Inmates with HIV or AIDS, 2008

Jurisdiction	Number	Percent
U.S. total	21,987	1.5
Federal	1,538	0.8
State	20,449	1.6
Alabama	275	1.1
Alaska	13	0.3
Arizona	179	0.5
Arkansas	118	0.9
California	1,402	0.8
Colorado	173	0.7
Connecticut	380	2.0
Delaware	132	1.9
Florida	3,626	3.6
Georgia	961	1.8
Hawaii	23	0.4
Idaho	28	0.4
Illinois	457	1.0
Indiana	NR	NR
Iowa	41	0.5
Kansas	46	0.5
Kentucky	131	0.9
Louisiana	458	2.2
Maine	9	0.4
Maryland	588	2.5
Massachusetts	264	2.4
Michigan	341	0.7
Minnesota	44	0.5
Mississippi	246	1.4
Missouri	304	1.0
Montana	6	0.2
Nebraska	16	0.4
Nevada	116	0.9
New Hampshire	16	0.6
New Jersey	520	2.1
New Mexico	33	0.5
New York	3,500	5.8
North Carolina	824	2.1
North Dakota	6	0.4
Ohio	414	0.8
Oklahoma	139	0.6
Oregon	55	0.4
Pennsylvania	727	1.6
Rhode Island	54	1.4
South Carolina	409	1.7
South Dakota	13	0.4
Tennessee	188	1.0
Texas	2,450	1.5
Utah	36	0.7
Vermont	14	0.7
Virginia	433	1.3
Washington	79	0.4
West Virginia	25	0.5
Wisconsin	132	0.6

Source: Bureau of Justice Statistics, HIV in Prisons 2007-2008, January 2010

Appendix table 1. Inmates in custody of state or federal prison authorities and reported to be HIV positive or to have confirmed AIDS, by jurisdiction 2006-2008