

Researchers offer new approach to track former prisoners' access to community HIV care

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A new monitoring approach developed by researchers from The Miriam Hospital could close a major gap by providing the ability to track whether HIV-positive prisoners are getting the community-based HIV care they need once they are released.

Reporting in the journal [Virulence](#), researchers say this new tool could play a major role in preventing the spread of the disease and could guide future strategies to improve the quality of care for prisoners, a population disproportionately affected by [HIV](#).

"Jails and prisons are an opportunity to diagnose and treat [inmates](#) with HIV, but when they are released, their care is suddenly interrupted, and many former prisoners may have limited or no access to treatment for many months, or they may stop taking their HIV medications altogether," says lead study author Brian Montague, D.O., of The Miriam Hospital. "This is a huge public health problem, because during this treatment gap, ex-offenders are not only putting their own health in jeopardy, but they are also more likely to infect others."

Although there is a strong national push for continuity of care for HIV-positive inmates transitioning to their communities, Montague says there is no systematic framework to evaluate how successfully these individuals are being connected to and actually receiving care once they are released.

"We need to understand the various factors that influence access to post-release HIV care as well as the quality of care being provided if we want to move the needle on the [HIV epidemic](#)," he says. "The method we've developed can be done systematically with existing data and, when validated, could guide future strategies to improve the quality of care for this vulnerable population."

Currently, an estimated 1.1 million people in the United States are infected with HIV. HIV/AIDS rates in jails or prisons are three times greater than that of the general population: each year, an estimated one in seven individuals infected with HIV passes through a correctional facility, suggesting that there is a disproportionate number of HIV-positive individuals in the criminal justice system. For many individuals, incarceration is the only time they will access HIV testing, education, counseling and treatment services.

During the transition back to the community, recently released prisoners face a number of challenges, including finding employment, securing housing and, in many cases, coping with substance use and mental health problems. All of these obstacles represent a possible barrier to HIV care.

In their report, Montague and colleagues from the University of North Carolina at Chapel Hill, Abt Associates, Inc. and the University of Texas Medical Branch studied clinical data from the Ryan White HIV/AIDS Program to track if HIV-positive ex-offenders are receiving community follow-up care. Ryan White is the only federal program designed to support services for people with HIV/AIDS and is a major source of care for inmates who have been recently released. Starting in 2009, all Ryan White funded HIV/AIDS care programs were required to submit encrypted, client-level data to the federal government to provide a clear picture of all individuals receiving care who receive care from Ryan White providers throughout the nation.

Researchers say linking Ryan White data with corrections release data could be the key to developing a system that can measure the level and quality of follow-up HIV care in the community, such as the time it takes former prisoners to schedule their first appointment and their health status at their first clinic visit. The system proposed uses a confidential identifier developed for Ryan White data reporting to link the release data sets with clinical data from community providers. The metrics developed from this linkage can also be used to monitor quality improvement and program development, allowing for the ability to share best practices among community providers and care sites.

Montague says the system is currently being validated in Rhode Island. Preliminary data from this study suggests the metrics are able to identify, with promising accuracy, the portion of prisoners being linked to care following release. If proven successful, this strategy for linking correctional release and clinical data could be applied to other data sets, such as Medicaid or state HIV viral load surveillance data, to evaluate service linkage across a variety of care environments. The researchers believe this will be critical particularly in light the expected changes in health coverage under the Affordable Care Act.

"It's important that both medical providers and correctional care systems recognize the importance of supporting the transition to community care and retaining ex-offenders in HIV treatment," he said. "By identifying best practices and encouraging their implementation on a broader scale, we can reduce the risks that prisoners and recently released inmates face when they re-enter the community, which could have a considerable impact on the incidence of HIV in this country."

Provided by Lifespan

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