

# HIV/AIDS: Studies shed light on benefits of enhancing links to primary care and services in jail settings and beyond

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Of all the life events that knock people out of HIV care, going to jail is one of the biggest disrupters, says Anne Spaulding, MD, MPH, assistant professor of epidemiology at Emory's Rollins School of Public Health.

(Medical Xpress)—More than nine million people are admitted into U.S. jails every year, disrupting access to health care for the tens of thousands who are HIV positive.

Several studies from an Emory University six-year project to link people with HIV/AIDS who are in jail or recently released with primary care and other services show positive outcomes related to [viral suppression](#) and continuity of care.

The findings, available online, are being presented this week at the 2012 Ryan White Program Grantee Meeting in Washington, DC, and will be part of an upcoming special edition of the journal *AIDS and Behavior*.

The EnhanceLink project spanned 10 communities and 20 separate jails throughout the U.S. and voluntarily tested more than 210,000 inmates between 2007 and 2011 for HIV. Jails are short-term facilities for those awaiting trial or serving brief sentences.

As a result 9,837 HIV positive persons were offered EnhanceLink services like HIV education and discharge planning and 8,026 (82 percent) accepted those services. The majority of those accepting services had been previously diagnosed. Researchers implemented and evaluated innovative models of HIV testing in jails and linked HIV-infected individuals to community services upon release.

"Of all the life events that knock people out of HIV care, going to jail is one of the biggest disrupters. And we know that [HIV prevalence](#) among jail detainees is higher than the general population, which creates a great public health need to connect these infected detainees to services during jail and after release," says Anne Spaulding, MD, MPH, assistant professor of epidemiology at Emory's Rollins School of Public Health.

Spaulding, a physician who has researched public health issues among jail inmates for more than 15 years, was the principal investigator of the Evaluation and Support Center for EnhanceLink and lead author on three of the papers.

She says the findings show that teaching this population about HIV [primary care](#) and linking them with housing, transportation and other services upon discharge makes them much more likely to continue physician care and medications once they are released.

The \$21.7 million dollar initiative was funded by the HIV/AIDS Bureau of the U.S. Department of Health and Human Services, Health Resources and Services Administration.

One of the EnhanceLink studies focused on [viral suppression](#) following release from jail, offering an opportunity for researchers to gauge how many releasees had favorable clinical outcomes. They found that 26 percent of the participants were able to suppress their viruses for six months following discharge.

"When you treat HIV you want to suppress the virus and get the virus level in the blood so low that it can't be transmitted to another person. This not only treats and benefits the patient but it is also prevents new cases," says Spaulding.

Findings from an EnhanceLink cost analysis study showed that the interventions Spaulding and her fellow researchers used were cost-effective from a societal perspective. They found that the average cost per linked client was \$4,219; the average cost per six-month sustained linkage was \$4,670 and the average cost per client achieving viral suppression was \$8,432.

Using data from the literature to estimate the likelihood someone would be linked to care in the absence of EnhanceLink, the cost per additional quality-adjusted life year saved was \$72,285. This means that interventions to link HIV infected persons leaving jail to enter community care were cost-effective.

"Not only were the recipients of EnhanceLink services able to suppress their viruses, the project sites were able to do it in a realm of reasonable health care expenditures. And for the amount of quality years of life this intervention can bring, it's comparable to keeping people on dialysis," says Spaulding.

Spaulding says the lack of programs to help HIV infected persons leaving [jail](#) connect to community care may explain why areas of the country with high incarceration rates, such as the Southeast, constitute the leading edge of the US HIV epidemic.

**More information:** To view the studies, please visit:

- [Jails, HIV Testing, and Linkage to Care Services: An Overview of the EnhanceLink Initiative](#)
- [Viral Suppression Among HIV-Positive Persons Following Jail Release](#)
- [Cost Analysis of Enhancing Linkages to HIV Care Following Jail: A Cost-Effective Intervention](#)

Provided by Emory University

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