

Structural Syndemics and HIV Care Among Justice Involved South Floridians Living with HIV.

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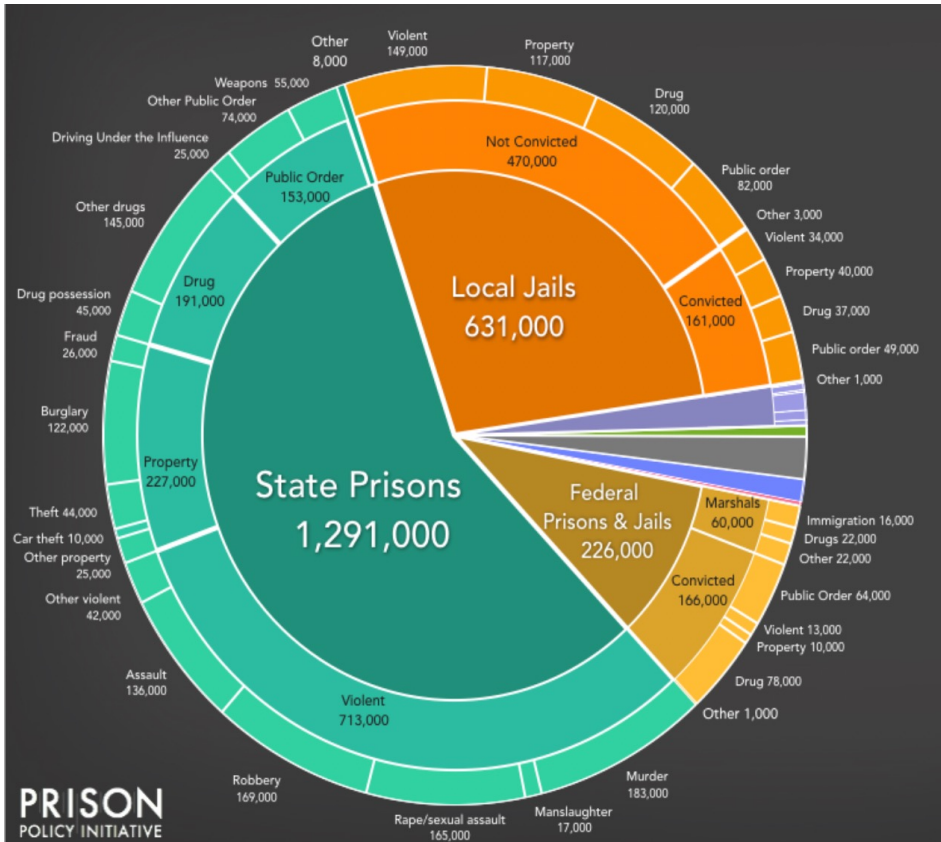
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Mass Incarceration in the United States



	Prisons	Jails	Community Supervision
Jurisdiction	Federal or State	Local	State, Federal, Local
Status	Convicted of a felony	Pre-Trial or convicted of a misdemeanor	In lieu of or post-incarceration
Length	More than one year	Less than one year	Varies



HIV

HIV prevalence rate among incarcerated persons: **1.5%**

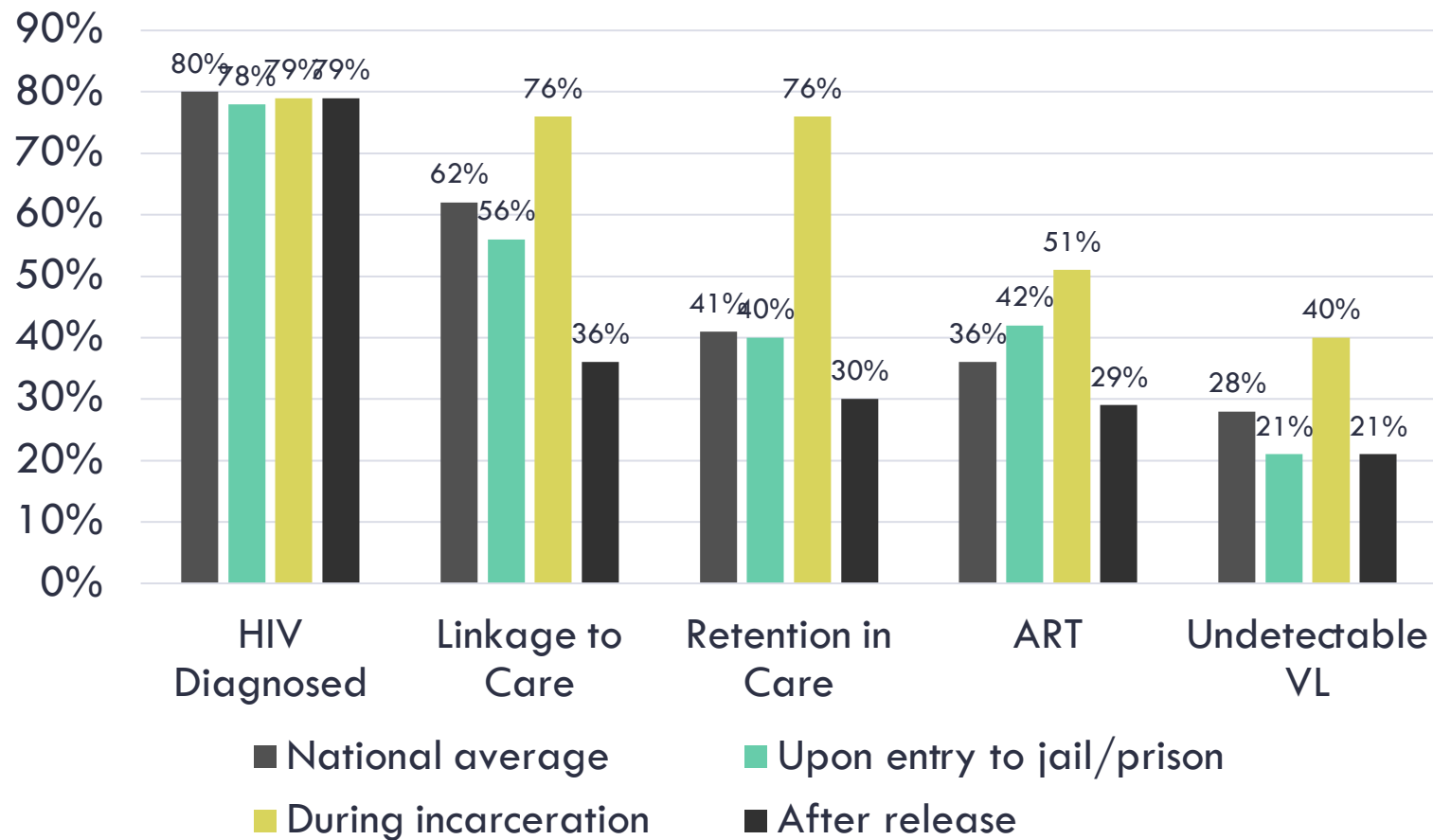
Three to five times higher than HIV prevalence in general population

Hyperendemic in urban jails and some state prisons: **3-5%** prevalence (**3%** in FL)

An estimated **25%** of people living with HIV are incarcerated each year



HIV care cascade: before, during, and after release from incarceration



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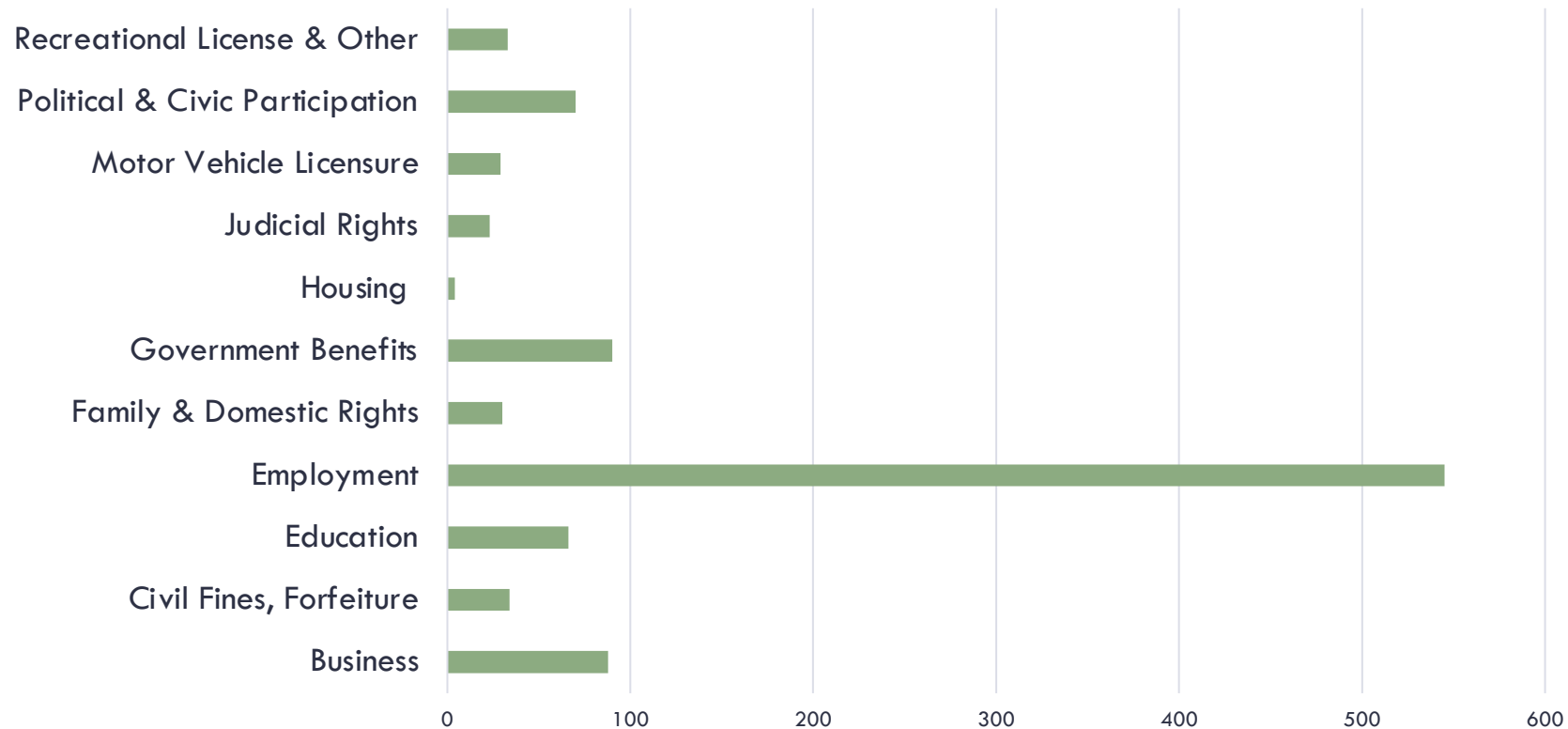
Barriers to Care Engagement Post Incarceration

- **Continuity of Care:** little discharge planning, health records, and short supply of medications
- **Competing Priorities:** high need social determinants of health (e.g., housing, employment, transportation)
- **Additional Barriers to Meeting Basic Needs:** over 40,000 collateral consequences nationwide (e.g., employment, housing, SNAP)
- **Stigma, Discrimination, and Mistrust:** “scarlet F”, legal discrimination, institutional distrust due to history of mistreatment
- **Challenges Navigating Complex System:** lack of health coverage, higher rates of ED use (Miami 38%)
- **High Risk of Death:** first two weeks of release 12.7x higher risk of death, opioid overdose death 40x



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Over 1,000 Collateral Consequences of a Criminal Conviction in Florida



06 Post-Release Care



Miami Transitions

Miami Community Stakeholder Perspective

“[Some inmates] got so codependent on being told what to do, how to move, kind of like in a weird way like a soldier, you know, like the war is over and the soldier goes home, they don’t know what to do anymore. They don’t see a future for themselves.”

“There’s an overall fear of doctors too. Some people just afraid to go to the doctor.”

“The [healthcare] bureaucracy can be frustrating to navigate, and [returning citizens] just give up, quite honestly.”

Respondents describe the re-entry period as a vulnerable and lonely time due to internalized shame and stigma that leads them to feel that “[they’re] this criminal, and people know [they’re] coming, so they don’t want to be around.”





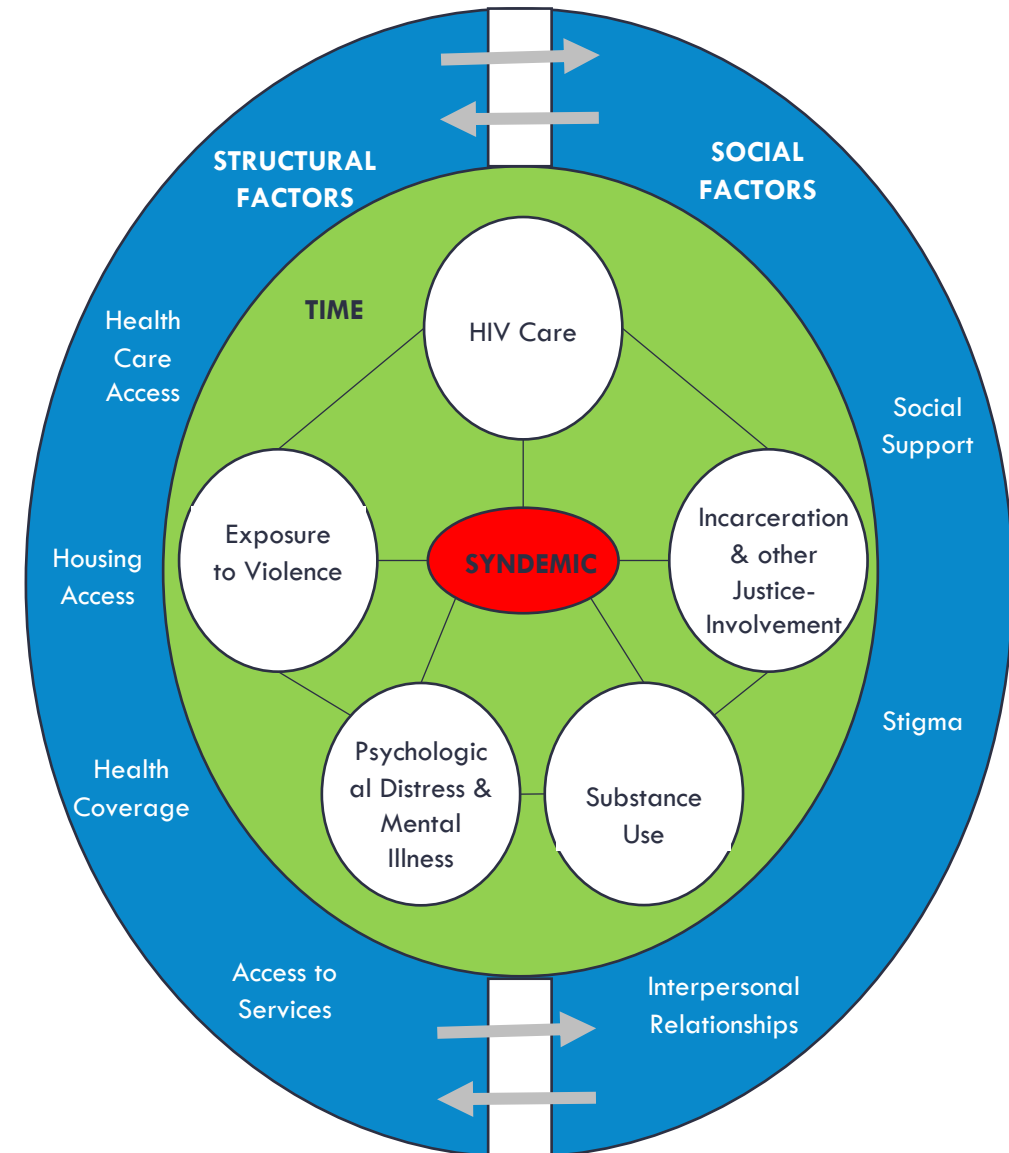
The goal of this study is to understand the clustering of HIV, justice involvement, mental illness, substance use, and exposure to violence, how the social and structural context contributes to this clustering, and how this clustering influences the trajectory of HIV care for justice-involved people living with HIV.



Justice Affected Care Syndemics

The **life course perspective** emphasizes how individual health trajectories (e.g., HIV care) unfold along different pathways, with particular sensitive periods that may drive the direction of these health trajectories.

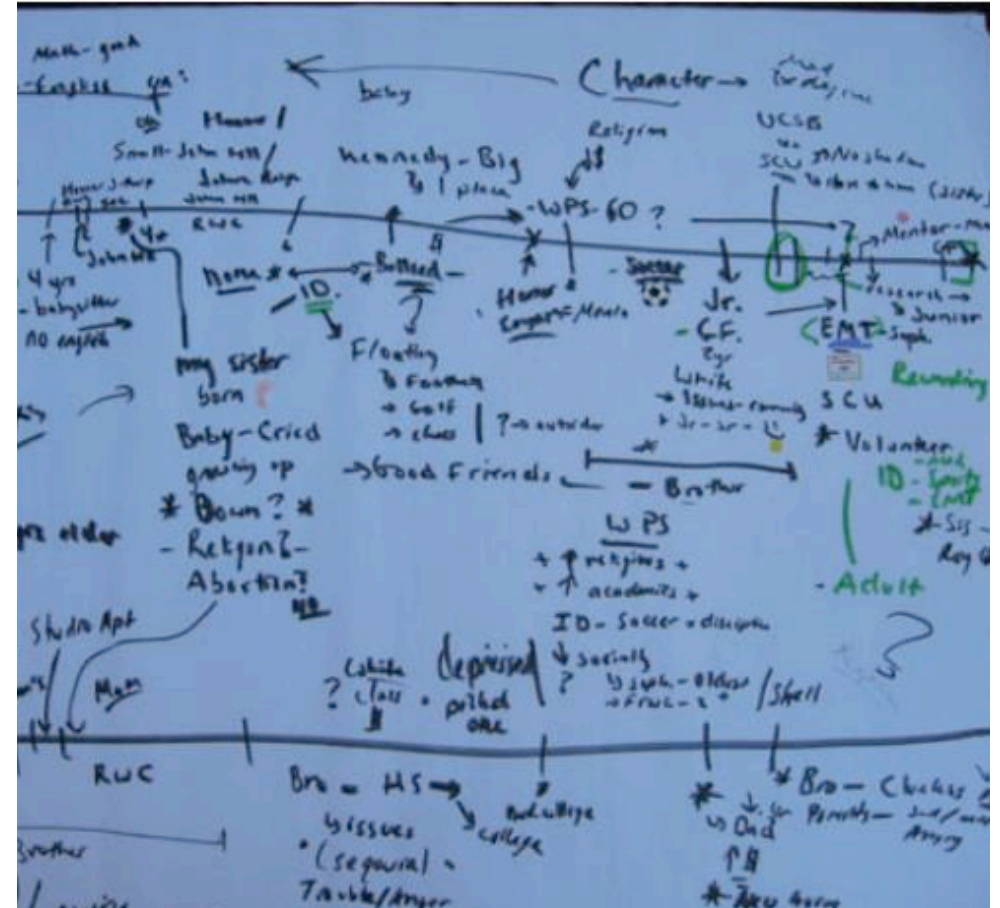
The **syndemic model of health** examines why certain diseases cluster and the ways in which social environments, especially conditions of social inequality and injustice, contribute to disease clustering and interaction as well as to vulnerability.





Justice Affected Care Syndemics

- Adapted life history calendars
 - open-ended interviewing technique to co-construct a timeline of life events
 - elicit motivations, emotions, and significance of events for the participant including how events unfolded over time
- Interviews lasted mean 60 minutes, range 35-1:45
- Recruitment strategy – consent to contact database
- Data collection – virtual adaptations, flexibility, payment





Justice Affected Care
Syndemics

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Eligibility & Sample

To be part of this study, you must be diagnosed with HIV, aged 18 years or older, be able to complete an interview in English, live in South Florida, and have been incarcerated (prison/jail) or under community supervision (probation/parole) within the past 5 years.

Mean age 50.7 years, median 55, min 29, max 68

CJ-Involvement

Non-Hispanic White Cis Women	5
Non-Hispanic White Cis Men	1
Non-Hispanic Black Cis Women	4
Non-Hispanic Black Cis Men	8
Hispanic White Cis Women	1
Hispanic White Cis Men	3

Jail	16
State Prison	3
Federal Prison	3
Community Supervision	8

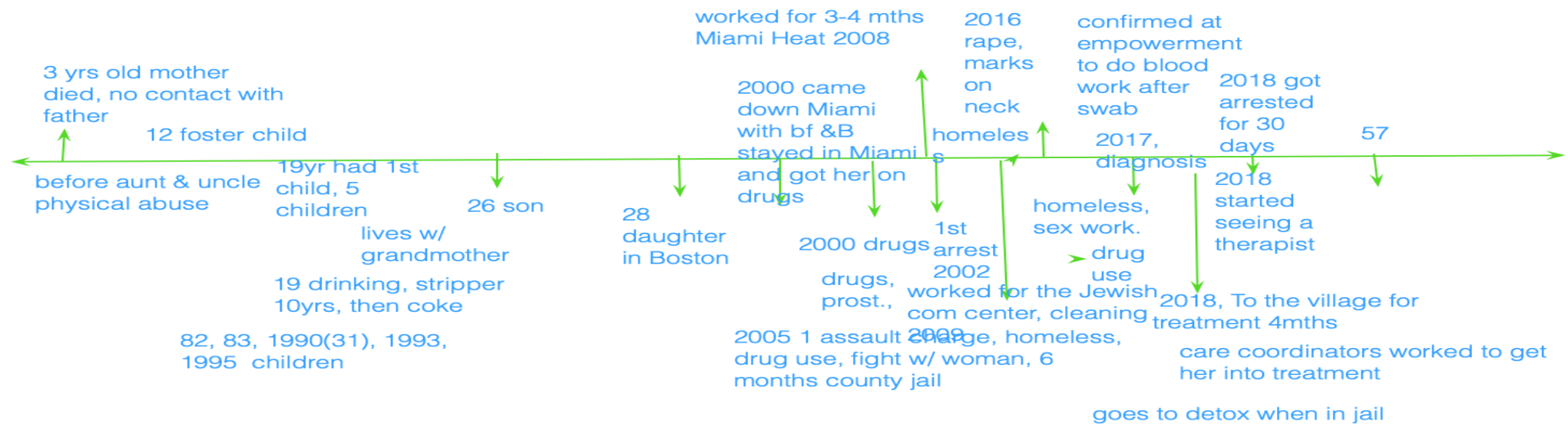


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Justice Affected Care Syndemics

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Justice Affected Care
Syndemics

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Divergent Trajectories of Care

“Once I got out [in 2007], I just acted like I did not have it. And you know what I'm saying? I didn't seek any treatment. You know what I'm saying? I just went on about my life. Like what they told me was a lie. That's how I carried myself after that, when I got out of prison at that time. I can't talk about this with nobody... All these years, only time I ever got treatment was anytime I might have got arrested and went into jail, and I got treatment when I was in jail, but once I got out again, I never followed up on anything. My real treatment started basically, once I got in federal prison in 2015.”

One 52-year-old participant became homeless at age 19, engaged in selling sex to men to “survive.” Was diagnosed with HIV at age 22 and “Went on a bender for months – doing crack cocaine, drinking, not eating. Not taking care of myself. I didn't tell nobody.” The only time he was on medication was when he was “forced into treatment” in prison (never received meds at jail). It wasn't until his early 40s that decided he needed to “start taking care of himself” and went to the doctor for HIV treatment.”





Justice Affected Care
Syndemics

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Divergent Trajectories of Care

One 46-year-old participant has been unhoused since 1995 when her abusive mother kicked her and her child out of the house. She was diagnosed with HIV in 2001 and said “I was kind of like psyching myself out like I really don't have this. I feel great.” She didn't start treatment until she was hospitalized for pneumonia in 2010. She has been to different county jails about 20 times, all for minor crimes (e.g., driving without a license, prostitution, trespassing). “They are cruel to people in jail. Once we go in there we have no rights. You don't get treated fairly.”



- **Interviewer:** Okay. So tell me a little bit, you mentioned that you've been incarcerated about 20 times more or less.
- **Participant:** Yeah.
- **Interviewer:** So, was a good portion of that post your HIV diagnosis?
- **Participant:** Yes.
- **Interviewer:** Has any time you've ever been incarcerated.. have you ever had access to your HIV medication?
- **Participant:** No.
- **Interviewer:** No. Okay. And how many times have you been, and again an estimate, how many times have you seen a doctor when you've been incarcerated?
- **Participant:** Just on the intake. That was it.
- **Interviewer:** Never more than that. And what's the longest stretch you've been locked up for?
- **Participant:** About nine months.



Justice Affected Care
Syndemics

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CJ Involvement & HIV Treatment

Emerging findings: Primary transmission routes were sex work and injecting drug use

Long gaps between diagnosis and first treatment due to stigma
Sometimes 10 to 20 years

Gaps in coverage disrupt care and coverage stigma

Gaps in complimentary mental health services (depression, suicidal ideation, and (childhood abuse)

other histories of trauma and lack of social support led to high levels of homelessness and mistrust

Experiences of violence: Parents, romantic partner, COs, “street violence”

Mistreatment from family members when they learn HIV status

"Y'all going to lock me up, but I need my medicine."





Next Steps and Future directions:

Manuscripts in progress

Interventions with community health workers for PLWH reentering society

Studies to understand how to coordinate care for PLWH who are justice impacted

Interventions who are justice impacted that include housing and mental health services



Research Team

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