



Using Community-Engaged Methods to Adapt a Post-Incarceration Intervention to Improve HIV Prevention and Care for Sexual and Gender Minoritized Adults

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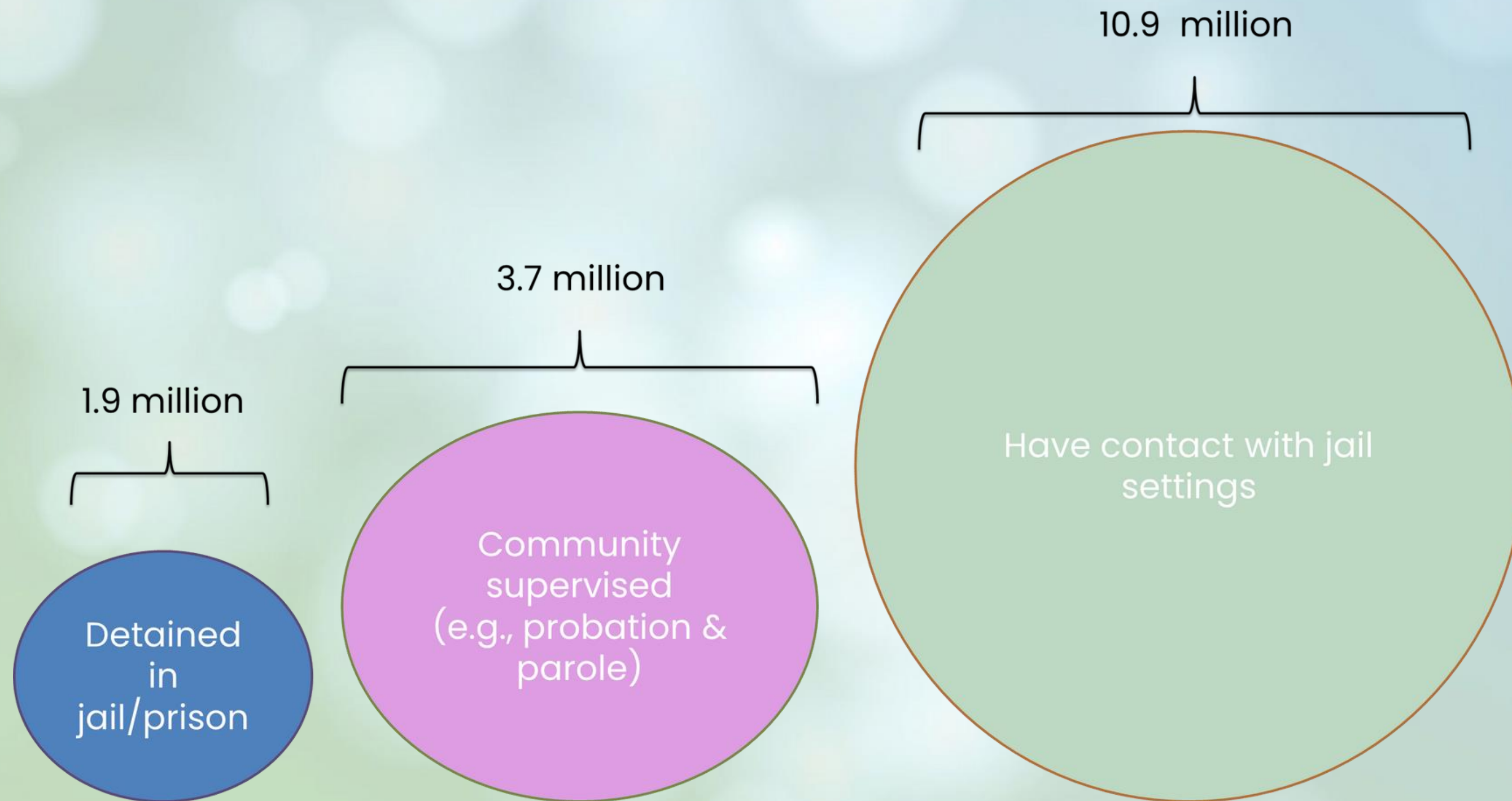
Disclosures



Positionality



Background

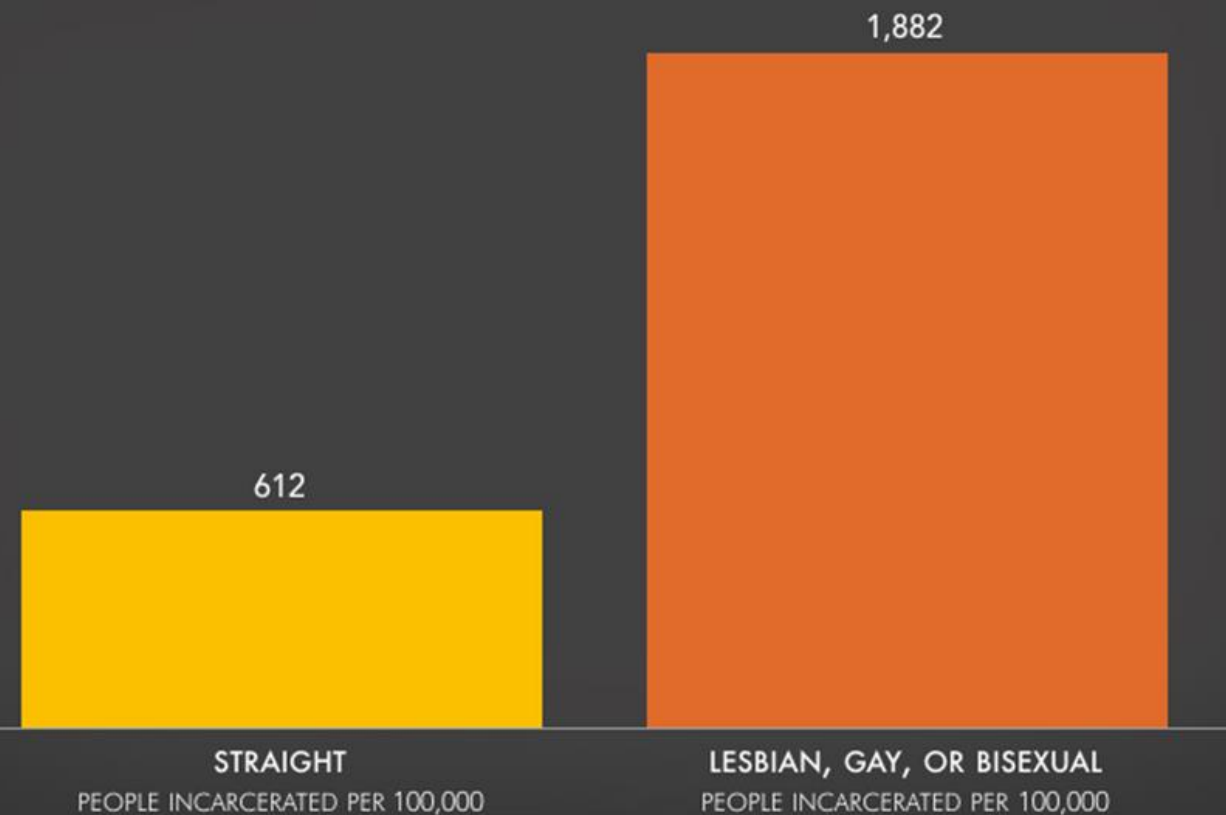




Background

Lesbian, gay, and bisexual people are incarcerated at three times the rate of straight people

Number of straight people, per 100,000, who are incarcerated, compared to the number of lesbian, gay, or bisexual people, per 100,000, who are incarcerated

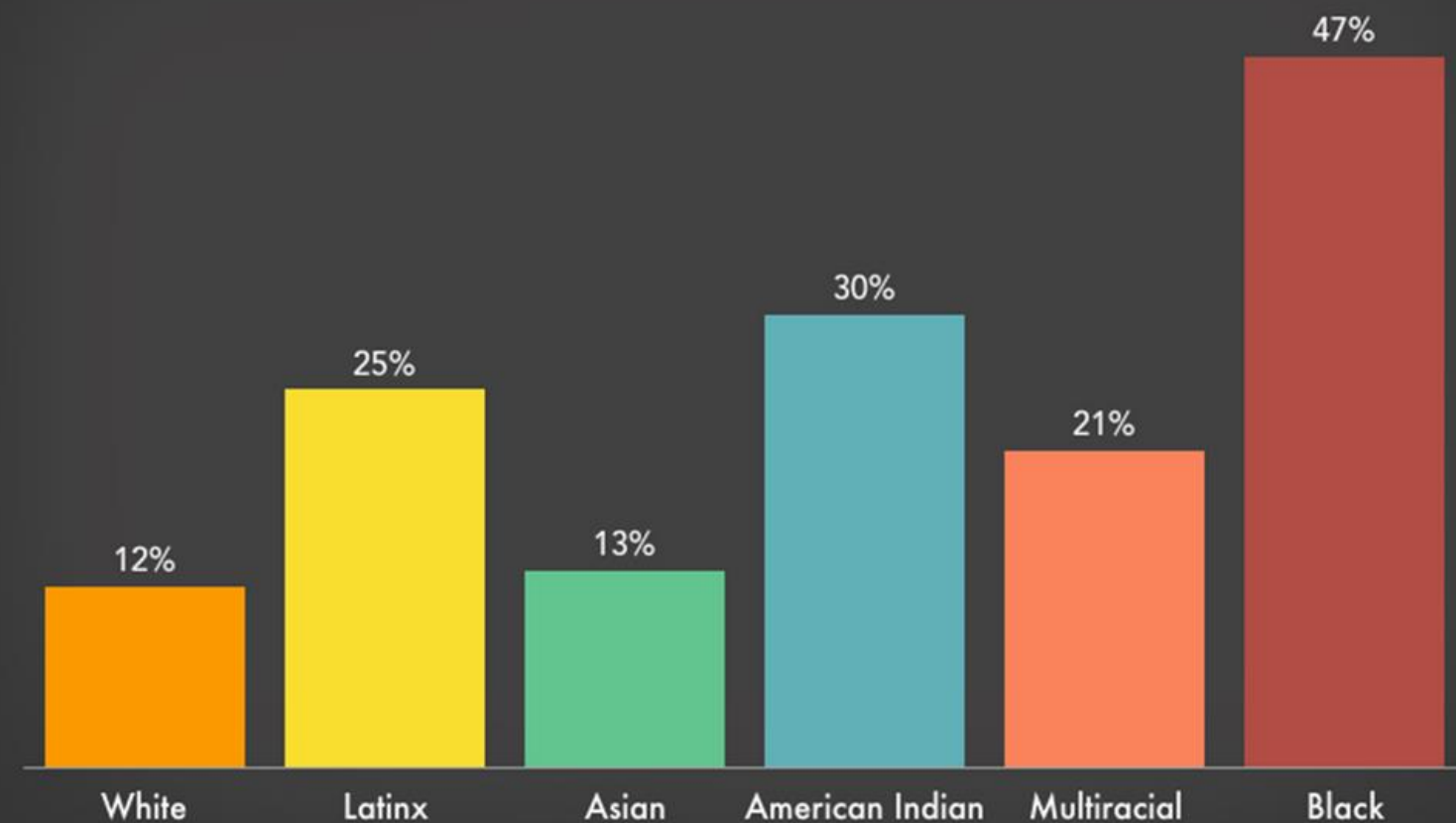


PRISON
POLICY INITIATIVE

Source: Ilan H. Meyer, Andrew R. Flores, Lara Stemple, Adam P. Romero, Bianca D. M. Wilson, and Jody L. Herman, *Incarceration Rates and Traits of Sexual Minorities in the United States: National Inmate Survey, 2011–2012*

BIPOC transgender people have especially high lifetime rates of incarceration

Percentage of transgender people, by race, who have ever been sent to prison or jail for any reason

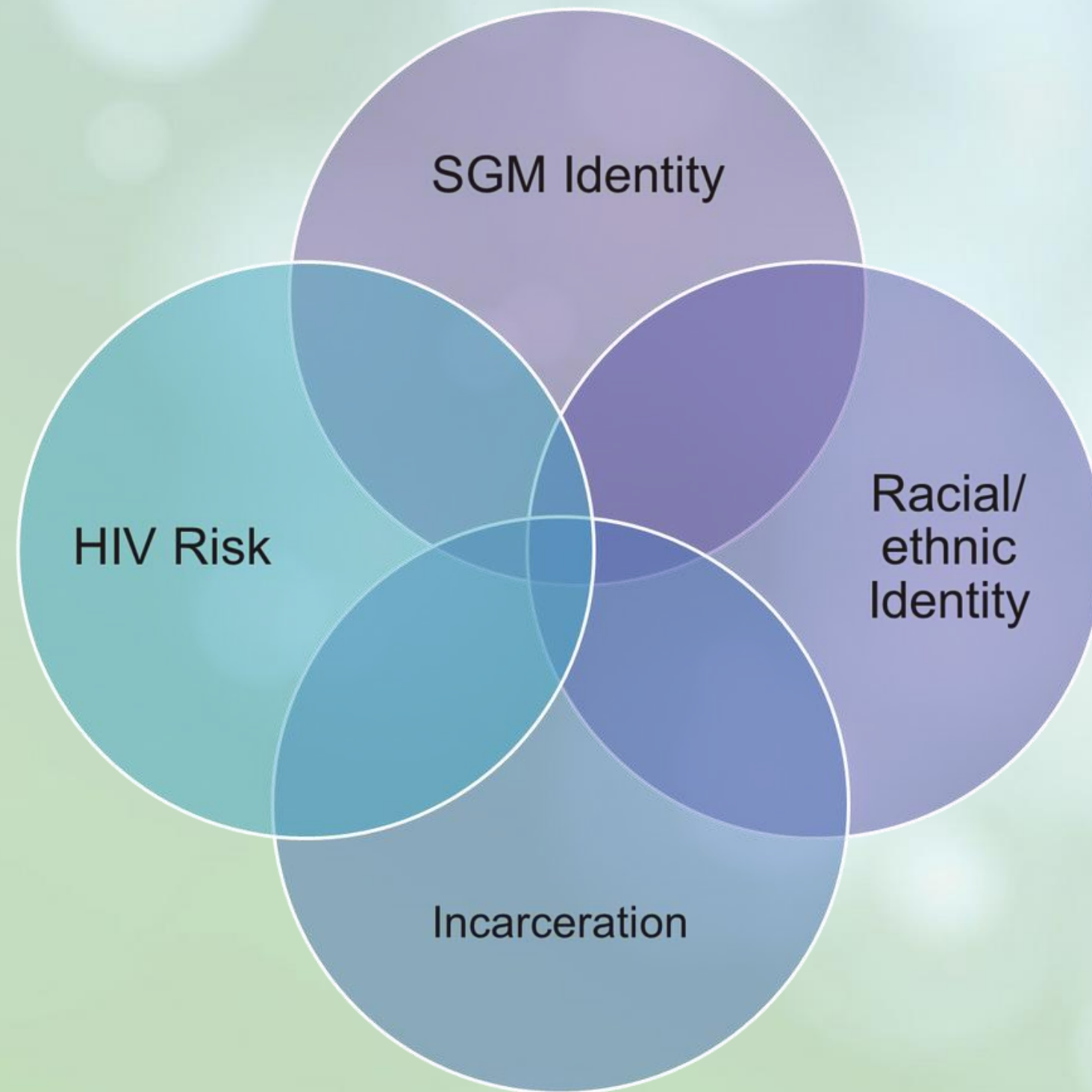


PRISON
POLICY INITIATIVE

Source: National Center for Transgender Equality and National Gay and Lesbian Task Force, *Injustice at Every Turn A Report of the National Transgender Discrimination Survey*



Background



- Few post-release services exist that affirm SGM identities and support SGMA's unique needs
- Adapting models to address barriers and leverage strengths of formerly incarcerated SGMA to optimize HIV prevention and care outcomes is essential

Study Purpose

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To adapt, refine, and test an existing post-incarceration clinic model on HIV prevention and care outcomes for sexual and gender minoritized adults (SGMA) being released from jail for feasibility, acceptability, and appropriateness.



Study Aims

Aim 1: Formative Work

Adapt an innovative post-incarceration clinic model to improve HIV prevention and care outcomes of SGMA being released from jail.

Aim 2: Pilot

Refine and test the tailored model for SGMA being released from jail for feasibility, acceptability, and appropriateness.

Rustbelt CFAR

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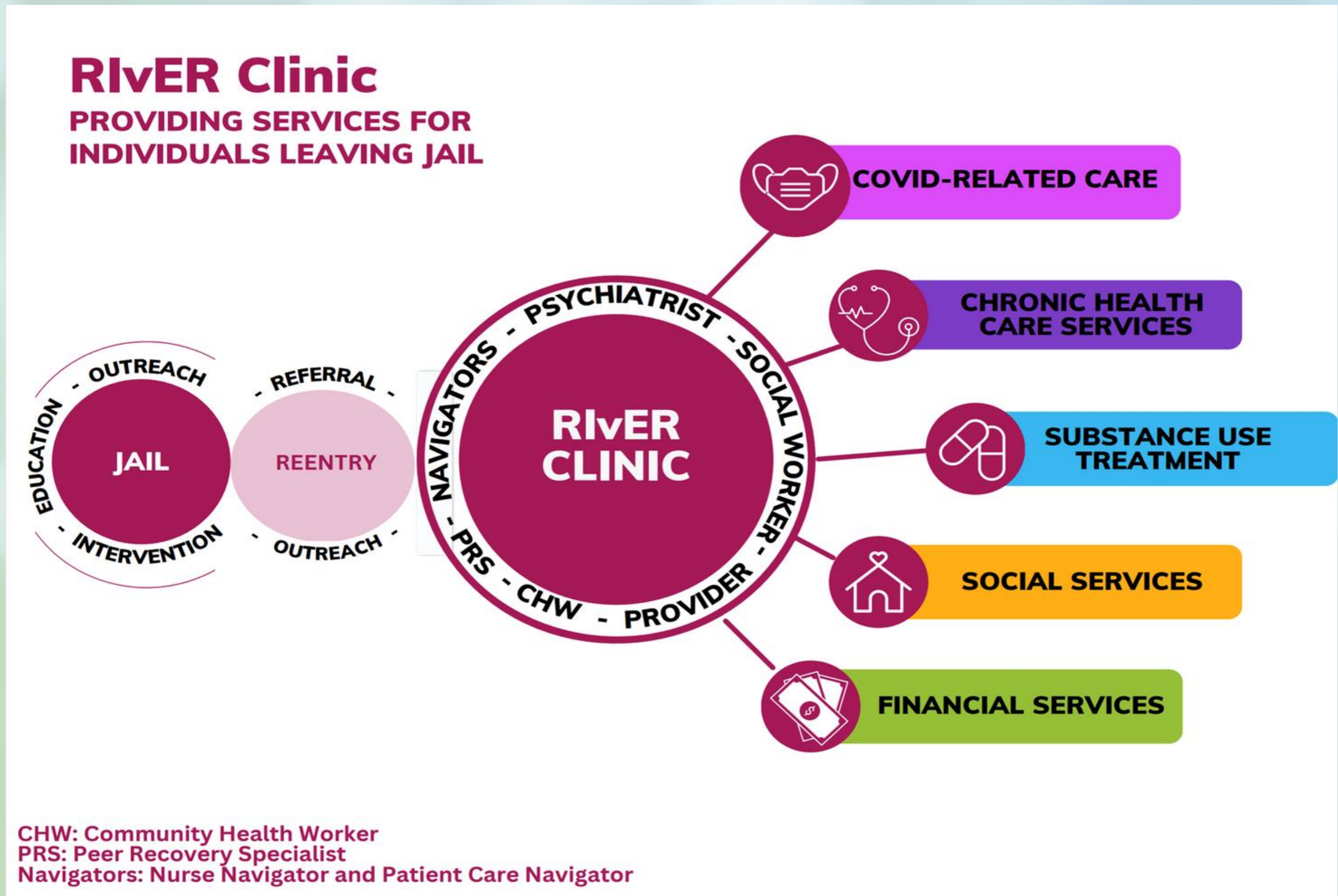


Reduce Systemic Racism ★	LGBTQ Inclusivity & Care ★	Priority Populations ★	Social Impact Media	Health Education	HIV Professionals Workforce Development ★	Modernization of HIV Laws	Data & Research Infrastructure ★
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Condom Distribution	Equitable PrEP/PEP Access	Protective Factors & Risk Reduction	Empowering Youth & Young Adults	Sex Positive Education for PLWH		
Prevention Strategies to End the HIV Epidemic						
Equitable Access to HIV Testing	Increased Utilization Initiatives	Partnerships	Community Health Workers/Peer Navigation			
Diagnosis Strategies to End the HIV Epidemic						
Viral Suppression	Linkages to Care	Support Networks for PLWH	Peer Support	Stigma Reduction	Integrated Care	Housing
Treatment Strategies to End the HIV Epidemic						

RivER Clinic Model

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How to get from A to B?



Methods

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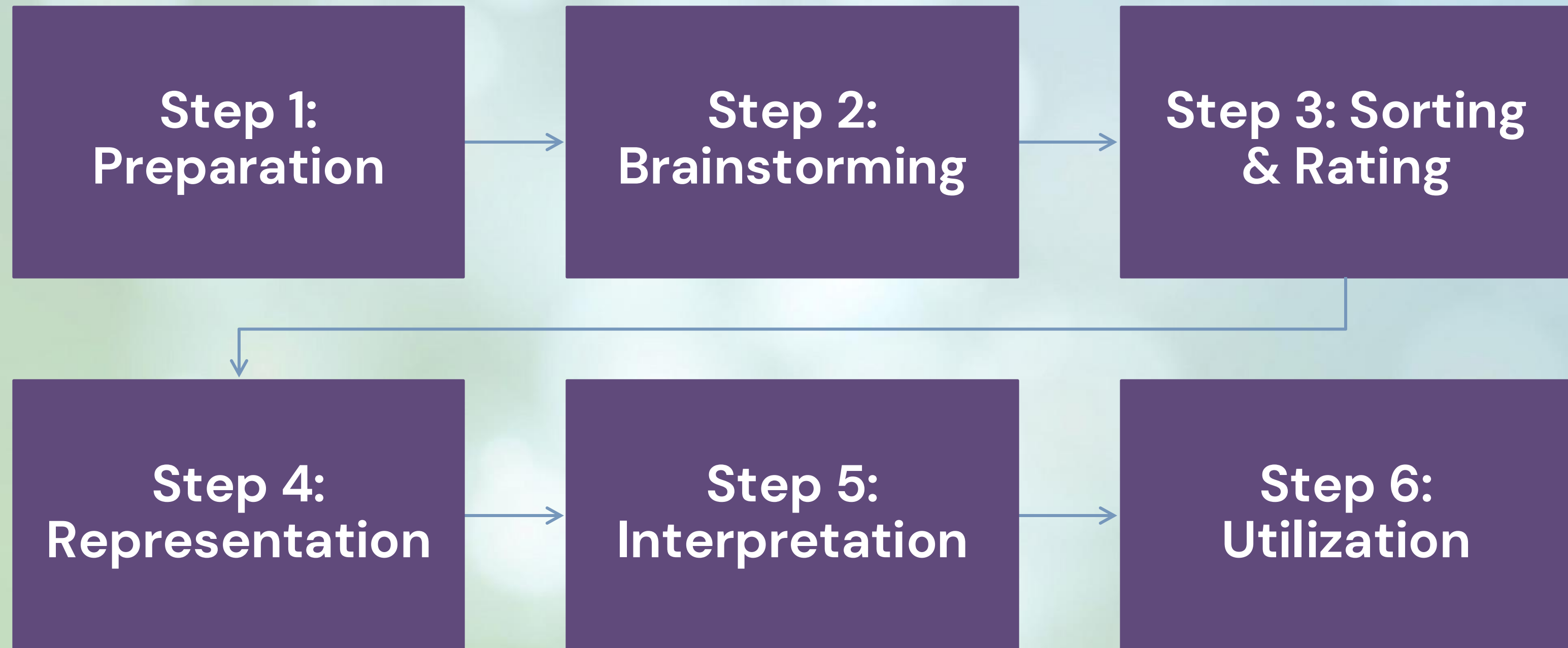


Formative work: Concept mapping

Implementation science work: Human-centered design

Concept Mapping

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Methods

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SGMA (n=16)

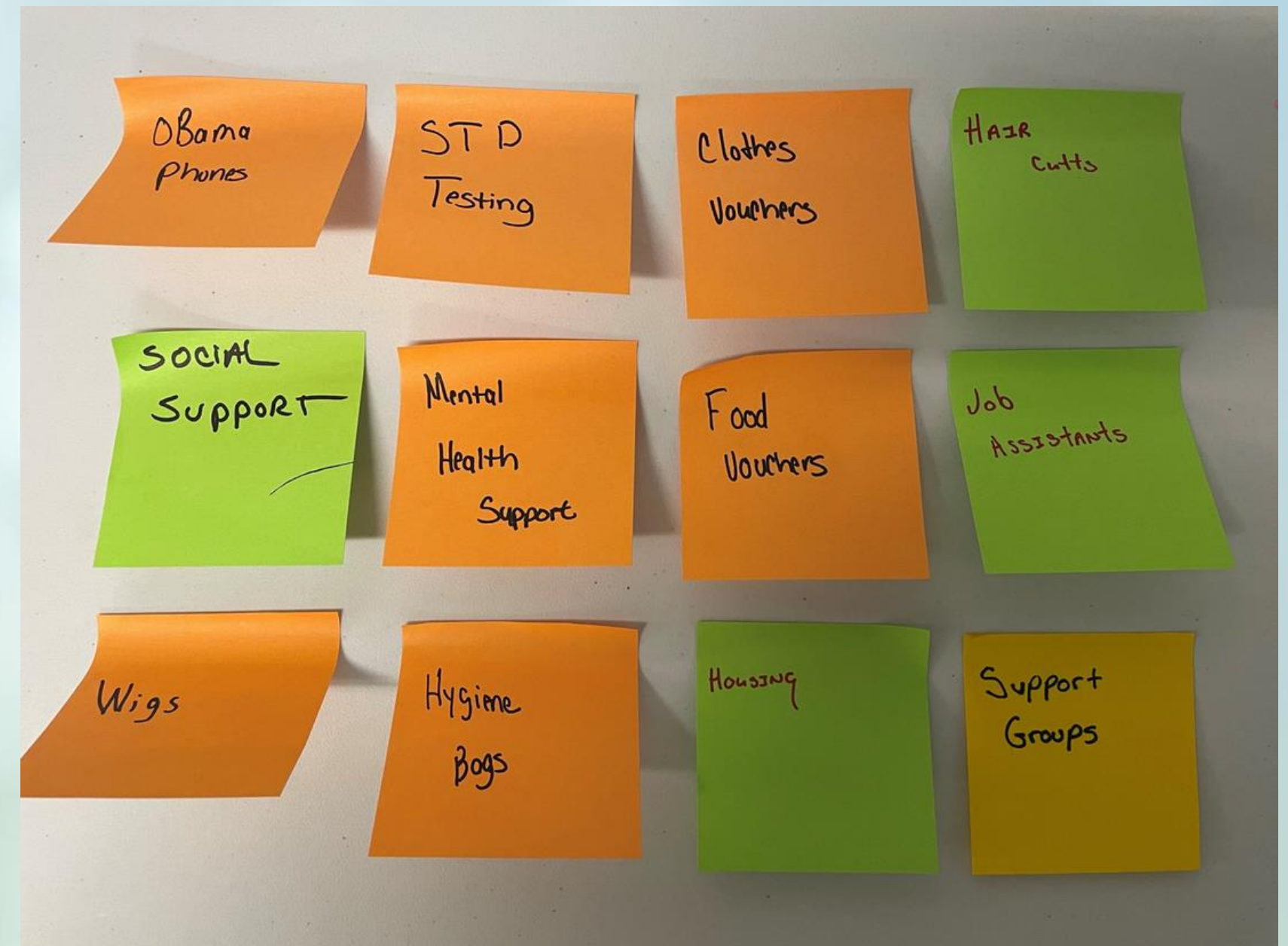
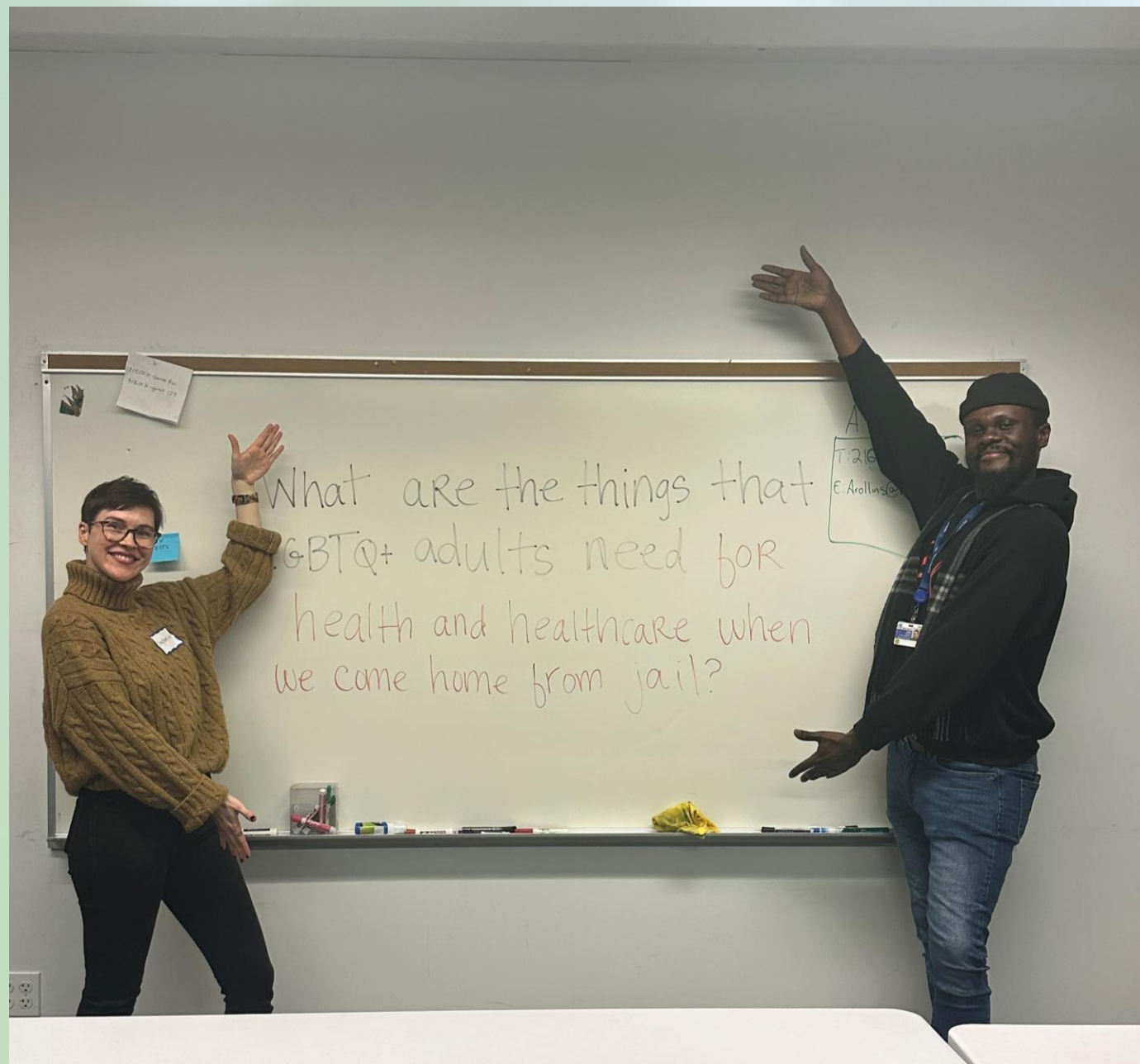
- Recent jail (<5 years)
- English-speaking
- Sample along HIV-status

Community Partners (n=13)

- Work serving SGMA
- English-speaking
- Self-reported criminalized identity

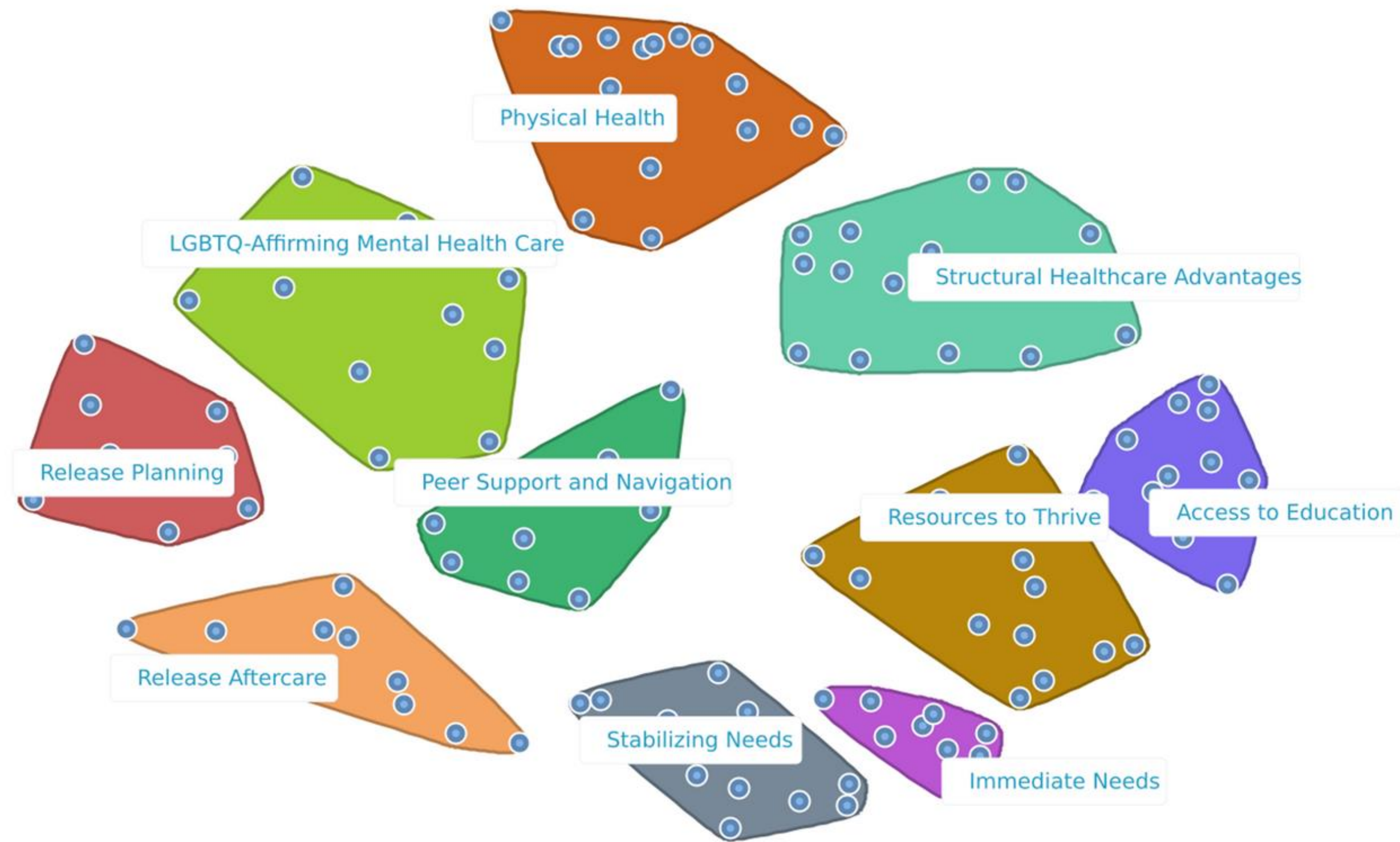
Concept Mapping Results

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Concept Mapping Results

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2-Phase Approach

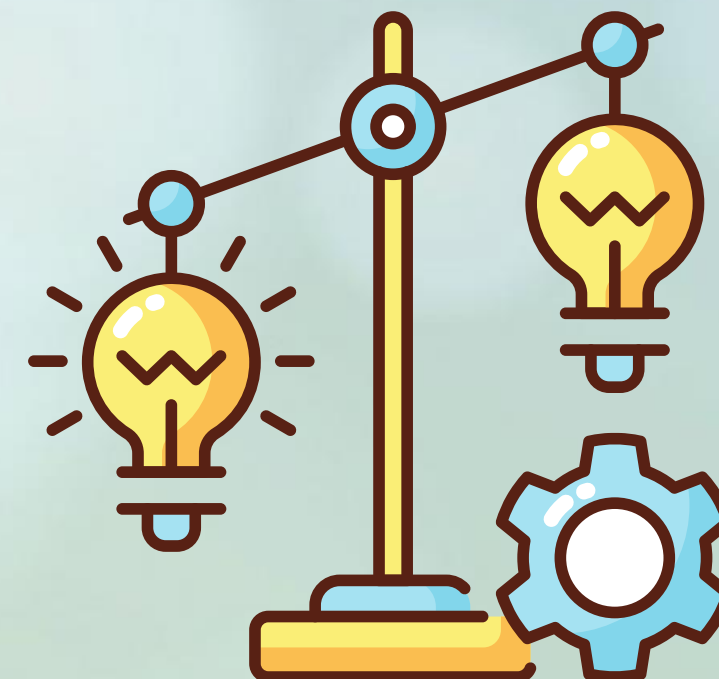
Phase 1:

Feasibility Assessment



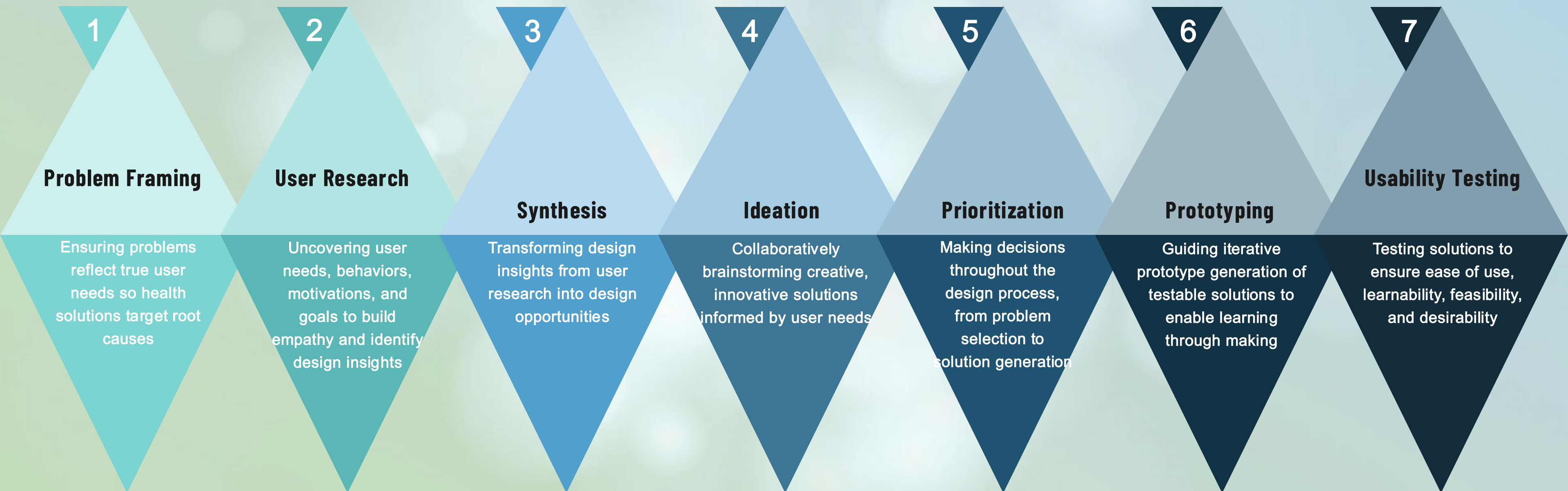
Phase 2:

Implementation Priorities





Human-Centered Design





Phase 1: Feasibility Assessment



Assess feasibility for adaptation
across 4 categories:

- 1) Include
- 2) Cannot Include
- 3) Referral
- 4) Needs Planning

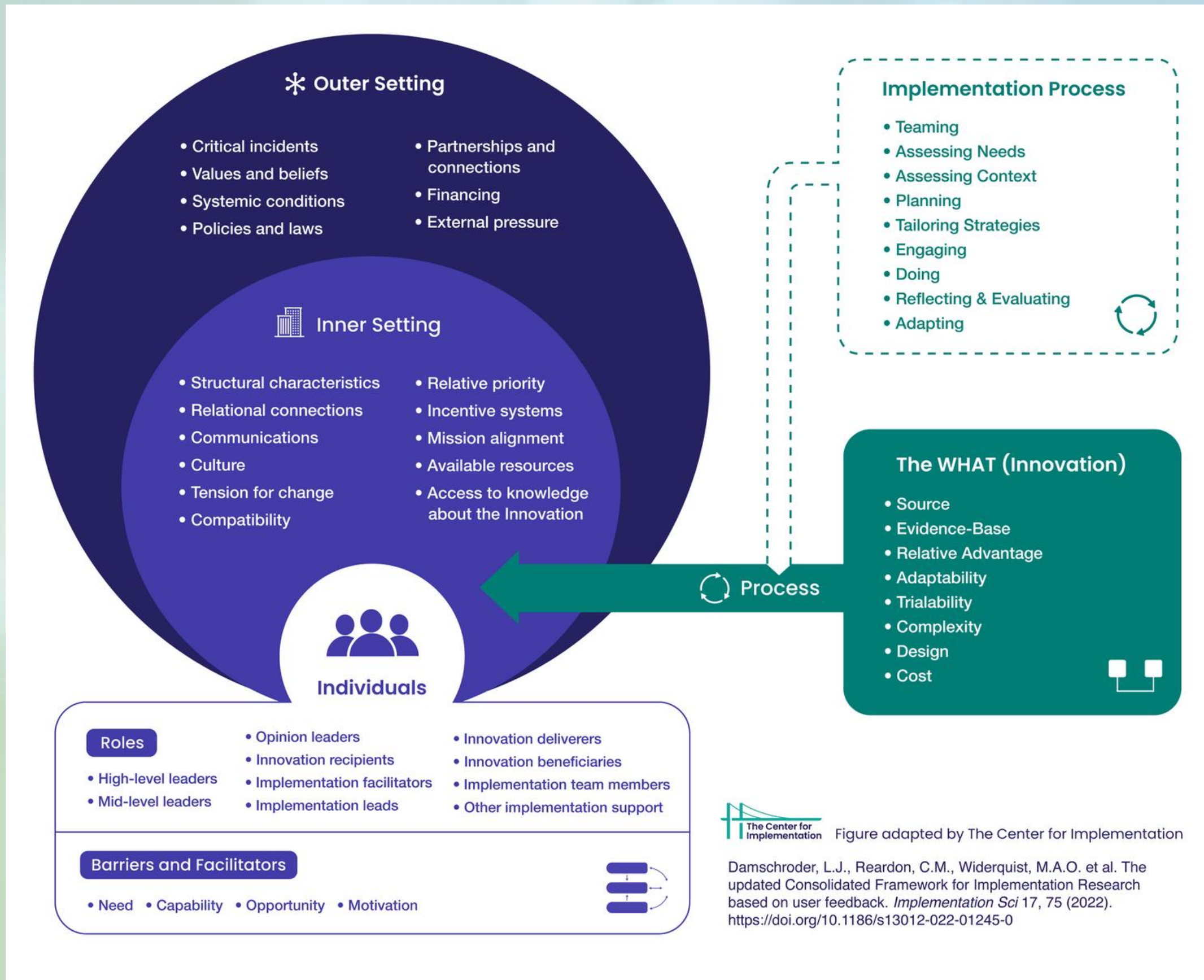


Phase 1: Feasibility Assessment

Include (n=50)	Referral (n=17)	Needs Planning (n=17)	Cannot Include (n=11)
Gender-affirming clothing	Individual therapy	Bedding (pillow, blankets)	Healthcare policy change
Co-location for benefits	Job resume assistance	Blood tests	DEI trainings
Substance use services	Employment opportunities	A ride from jail	Clinic hotline
HIV testing and medicine	Expungement clinics	Clothing vouchers	Transition plan prior to exit
Safer spaces	Support groups	Hormones	Furnished apartment
Peer support	Access to school	Haircuts	
Linkage to LGBTQ+ clinics	Group therapy	Prepaid cell phone	
Trans support	Housing resources	Stable mailing address	
Contact people in jail	Case management	STI treatment	

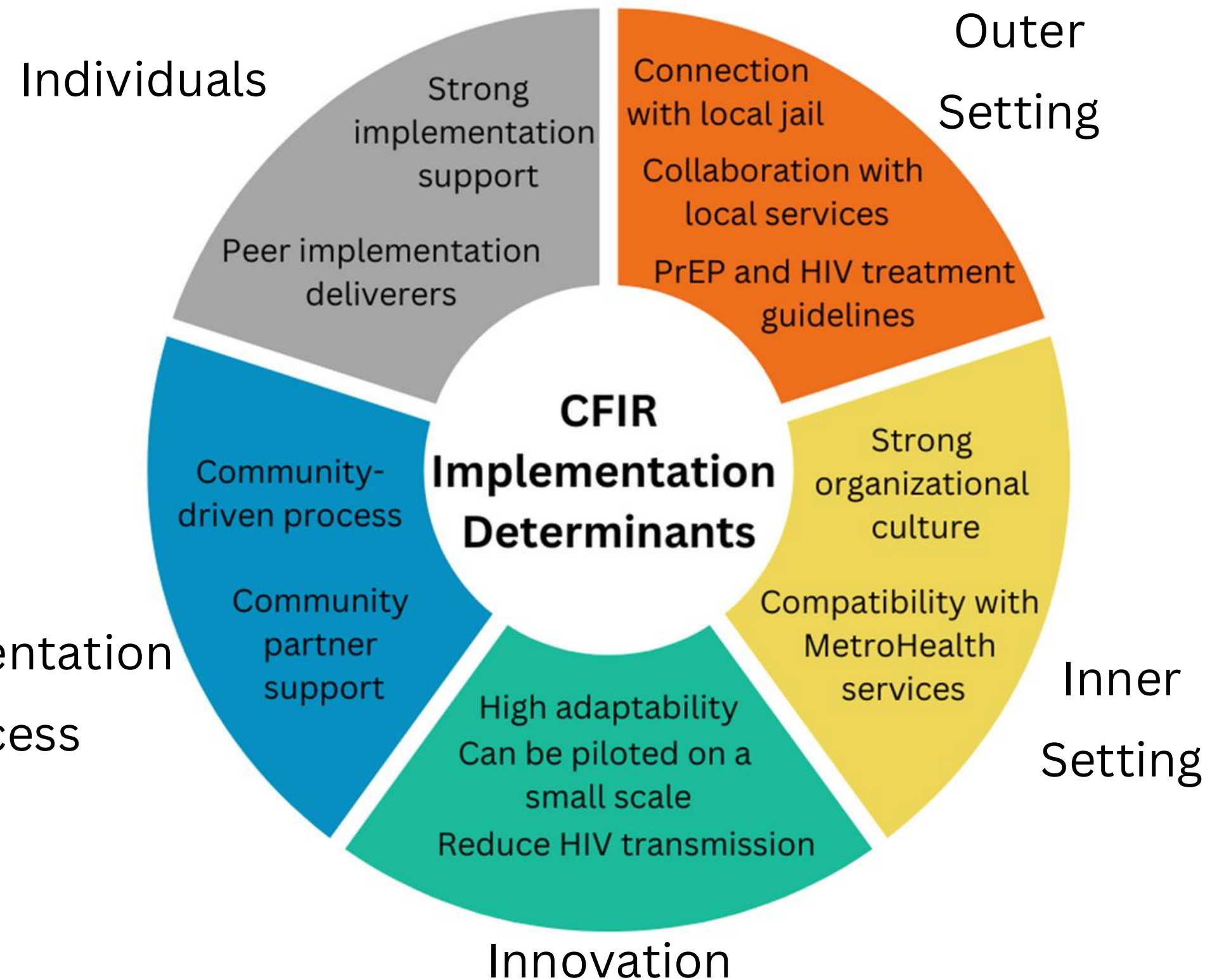
Implementation Framework

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Phase 2: CFIR Mapping

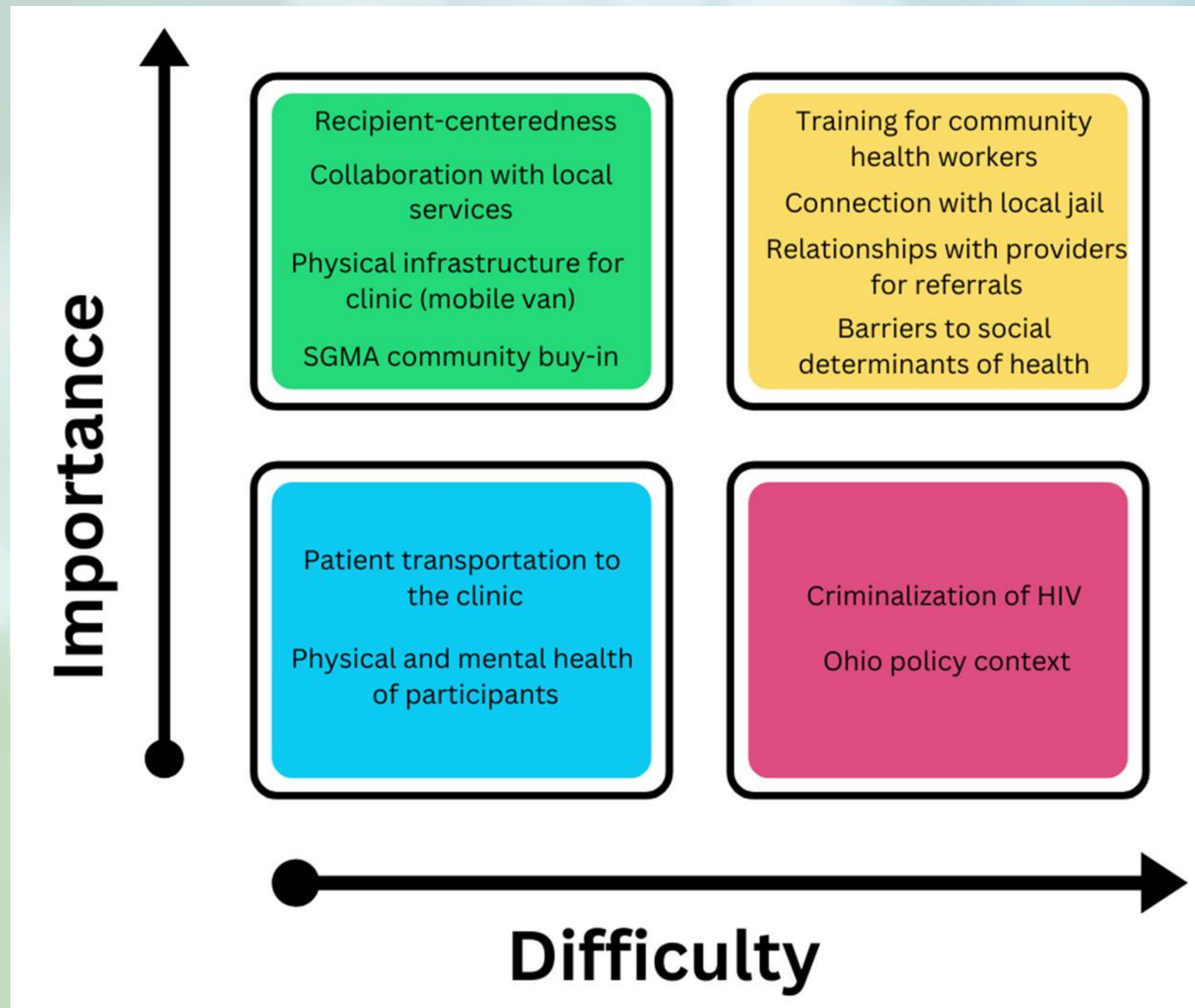
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Identify and prioritize implementation determinants (i.e., barriers and facilitators) using CFIR

Phase 2: Importance & Difficulty Matrix

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Phase 2: ERIC Mapping

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Map determinants onto
implementation
strategies using ERIC

Research | [Open access](#) | Published: 29 April 2019

Choosing implementation strategies to address contextual barriers: diversity in recommendations and future directions

[Thomas J. Waltz](#), [Byron J. Powell](#), [María E. Fernández](#), [Brenton Abadie](#) & [Laura J. Damschroder](#) 

[Implementation Science](#) **14**, Article number: 42 (2019) | [Cite this article](#)

64k Accesses | **58** Altmetric | [Metrics](#)

Phase 2: ERIC Mapping

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Determinants



SGMA community buy-in



Patient transportation to clinic



Connection with local jail



Physical infrastructure for clinic



Training for CHWs



Strategies



Conduct local needs assessment



Access new funding



Identify and prepare champions



Obtain formal commitments



Shadow other experts



Discussion

- Most community-identified intervention components will be included in our adapted RIVeR Clinic model
- Implementation determinants with high importance and low difficulty will be prioritized in the selection of implementation strategies
- Determinants with high importance and high difficulty will be prioritized to identify feasible strategies
- Reduction of access and engagement barriers for HIV prevention and care post-release for SGMA



Conclusions

- Developing and adapting interventions to pilot at the local level is the first step to scaling up systems-wide approaches to care and support to improve HIV and other health outcomes for SGMA returning to their communities
- Prioritizing the voices of SGMA with CLS lived experience as research collaborators is critical in this work



Thank you!

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<https://www.justhealthcollaborative.com/>



Background

- Over 600,000 people return to their communities from prison and around *seven million* more from local jails annually
- 62% and 71% of formerly incarcerated people return to prison within three years and five years

Collateral Consequences of Incarceration

- Formal: Structural conditions that disenfranchise individuals with a felony conviction by restricting voting rights, access to public housing, and employment opportunities, and additional obligatory legal fees
- Informal: Broader social, economic, and logistical effects of incarceration exposure, including barriers to essential needs like housing and economic stability, education opportunities, transportation, and healthcare and health insurance

Community Context

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- Ohio incarceration rate: 659 per 100,000 people
- In 2023, Cuyahoga County Jail recorded 20,312 total bookings
- Average length of stay is 30 days, including stays that lasted less than 1 day
- In 2019, Cuyahoga County reported 158 new diagnoses of HIV, an increase from the EHE baseline year (2017)

Community Partner

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Northeast Ohio Coalition for the Homeless (NEOCH) exists to eliminate the root causes of homelessness while loving our diverse community through organizing, advocacy, education, and street outreach.

- Harm-reduction
- Trauma-informed care
- Dedicated outreach staff for SGM clients
- SGM cultural competency training workshops
- Long history of working with populations impacted by the criminal legal system

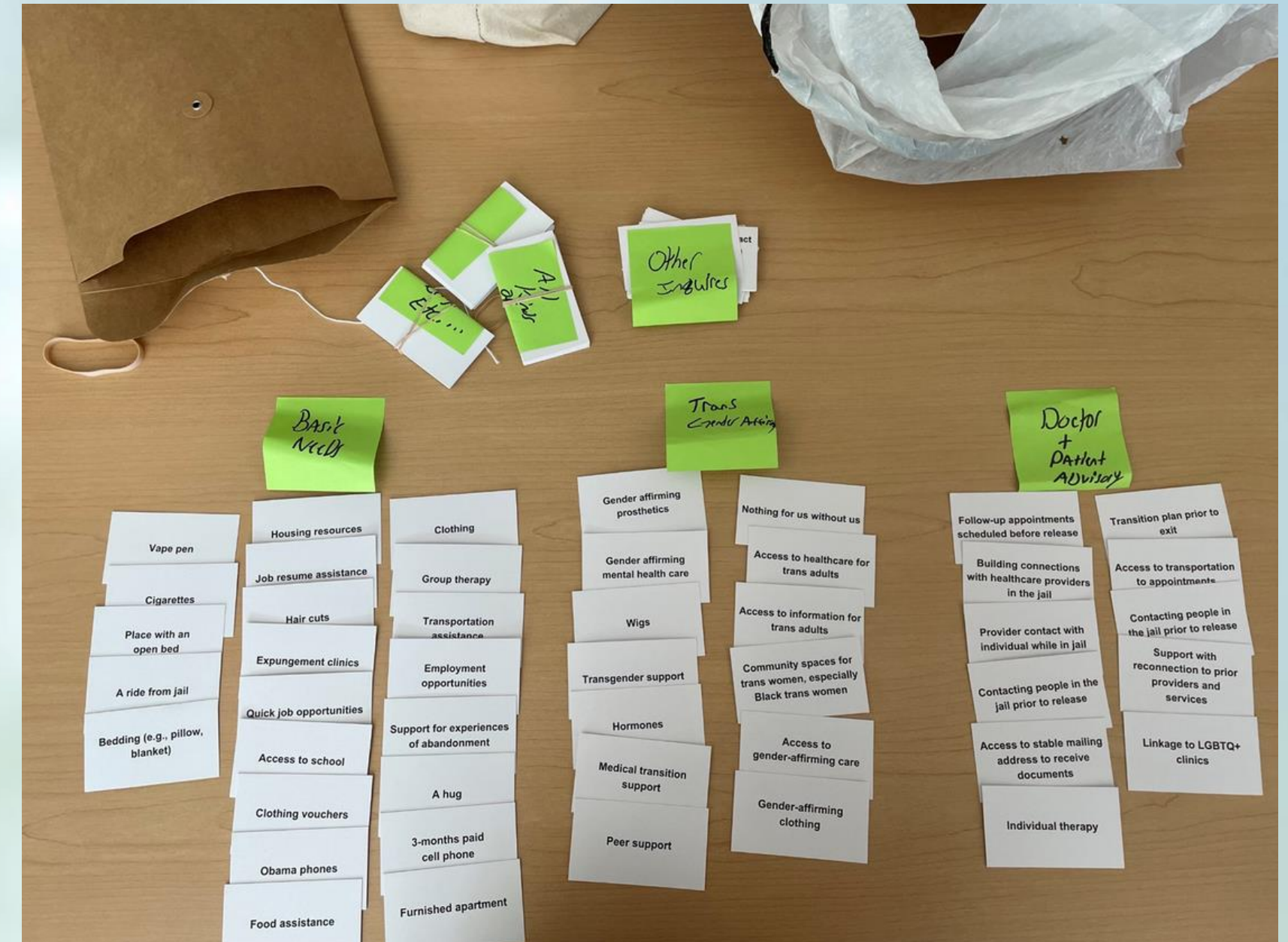
Concept Mapping Results

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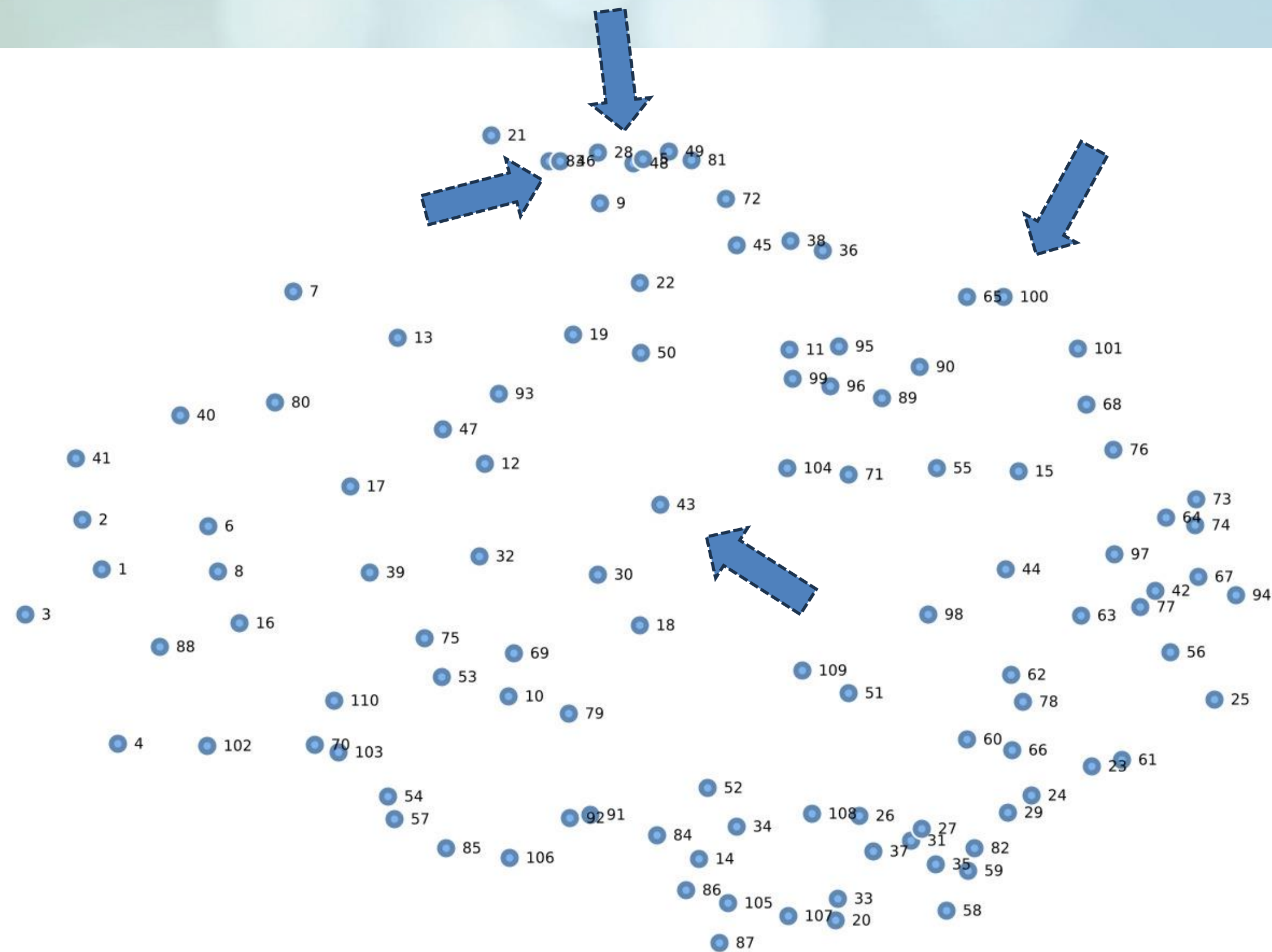
1) How important is this item for the health of LGBTQ+ adults when returning from jail?

2) How well does this item fit a mobile van reentry clinic model for LGBTQ+ adults returning from jail?



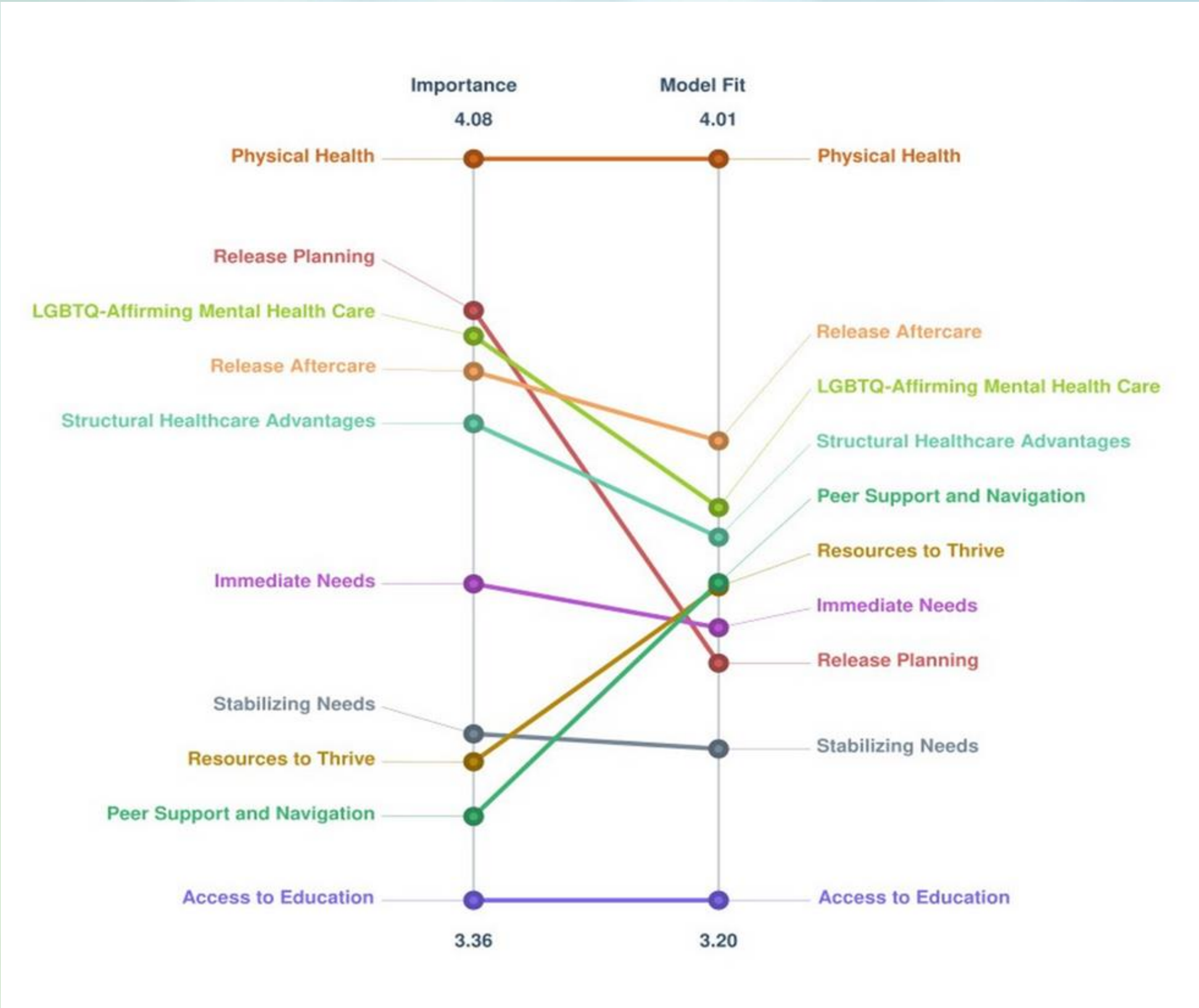
Concept Mapping Results

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Concept Mapping Results

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Adapted Model

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Figure 3. Adapted RlvER Clinic* Model to Improve SGMA Linkage to HIV Care Following Jail Detention



CHW: Community Health Worker (x2; From NEOCH)

*Leveraging services provided by MPI Dr. Mintz & informed by Aim 1 results