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# *Provider Perspectives Regarding the Health Care Needs of a Key Population: HIV-infected Prisoners After Incarceration*

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*During incarceration, many HIV-infected prisoners receive care and are adherent to medication. However, following release, many have difficulty engaging in HIV care and remaining on antiretroviral therapy. Community-based service providers for HIV-infected releasees have a deep understanding of the health needs and challenges these individuals face on community re-entry. We conducted in-depth qualitative interviews with 38 health care and service professionals in two southern U.S. states regarding the barriers releasees faced in meeting their health needs, including HIV care and treatment post release. Individual, community, and organization-level barriers to HIV care and treatment adherence post release were identified, and offered unique insight into the ways that these multilevel obstacles affect HIV-infected former prisoners' abilities to engage in care and access necessary social services. Provider perspectives should be considered when designing interventions to support HIV care after release.*

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Incarcerated individuals are increasingly recognized as a key population at increased risk of HIV infection. Incarceration is viewed as an opportunity to detect HIV infection and enhance HIV care, education, and prevention skills for those found to be seropositive. In 2012, prison systems in the United States released more than 637,400 individuals back into communities across the nation (Carson & Golinelli, 2012). Of those released from prison each year, more than 135,000 had been diagnosed with HIV infection, although the proportion receiving their diagnosis in prison relative to those who were aware of their serostatus prior to incarceration is unknown for the United States as a whole (Spaulding, Seals, et al., 2009a). While many prison systems screen for HIV infection and provide effective HIV care to inmates during incarceration, most correctional facilities are not funded to provide a comprehensive package of HIV services after release (Palepu et al., 2004; Springer et al., 2004; Stephenson et al., 2005). The lack of transitional services, combined with the personal challenges many prisoners face in accessing and using HIV care after release, results in a disruption in care for many HIV-infected, former prison inmates (Eldred & Malitz, 2007). Antiretroviral therapy adherence drives both individual health outcomes and an HIV-infected person's infectiousness to others. Therefore, inadequate engagement in care of recently released HIV-infected prisoners poses a significant threat not only to the individual's personal health but also to the public health.

Research we have conducted has shown that HIV-infected released prisoners experience a number of barriers to engaging in HIV care. The research showed that, during in-depth interviews conducted with former prisoners living with HIV, many perceived the infection to be manageable and a secondary priority to other basic needs, such as housing, family reconciliation, and avoidance of substance abuse relapse (Haley, Scheyett, Golin, Kaplan, & Parker, 2006). While HIV-infected released prisoners encountered numerous competing demands and other barriers to care, several factors have also been identified that can facilitate successful engagement in HIV care, such as receiving education courses during incarceration, arranging care coordination between

correctional facilities and community care providers (Booker et al., 2013), and providing transportation assistance (Althoff et al., 2013).

Community-based agencies are often the first point of contact for HIV-infected releasees, and they may serve as a facilitating factor that can enhance prisoner access to needed health-related services. Therefore, health care and service professionals at these agencies, particularly nurses and case managers, offer an important perspective regarding the health-related needs of their clients and the barriers these clients face after reentry. However, few studies have been published to date that express the perspectives of health care professionals regarding the challenges of reentering a community for an HIV-infected person recently released from prison (Seal, Margolis, Sosman, Kacanek, & Binson, 2003).

The objective of this study was to explore community-based health care providers' (HCP) perspectives regarding individual-, community-, and organizational-level factors that affect HIV care engagement in HIV-infected persons recently released from prison. The views and experiences of these professionals can provide critical insights to inform interventions to enhance transition from prison to the community for incarcerated individuals living with HIV.

## Methods

Our study was conducted as part of the formative phase of the Individuals Motivated to Participate in Adherence Care and Treatment (imPACT) Study; a National Institute on Drug Abuse-funded trial of a multidimensional intervention to maintain suppression of HIV following prison release in North Carolina and Texas. The main aim of this sub-study was to assess health care workers' experiences with and perceptions of the health care needs of HIV-infected, formerly incarcerated individuals.

### Study Sample and Design

We conducted a qualitative study using in-depth semi-structured interviews with community-based health care and service professionals with at least

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