

Identifying the HIV/AIDS/STD-related needs of African American ex-offenders

**Council on Crime and Justice's
Eliminating Health Disparities Initiative
Planning Grant – Final Report**

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Identifying the HIV/AIDS/STD-related Needs of African American Ex-offenders

Minnesota leads the nation in racial disparities in the criminal justice system in imprisonment. In fact, racial disparities are apparent in all aspects of the criminal justice system from arrest to probation. In 2000, the Council on Crime and Justice created the Racial Disparity Initiative (RDI) in response to these alarming racial disparities. In 2002, the Minnesota Department of Health funded RDI's Eliminating Health Disparities Initiative (EHDI) to address the health effects of the disproportionate incarceration of African-Americans in Hennepin and Ramsey Counties. The project focused specifically on the HIV/AIDS/STD-related needs of African American ex-offenders.

The health effects associated with incarceration exacerbate existing health disparities in the larger African-American community. African Americans are disproportionately affected by HIV and AIDS. In addition, African Americans are disproportionately represented in prisons across the country. Prison is a high-risk environment for infectious diseases, including HIV/AIDS. The HIV rate in prison has been cited as 5 to 6 times higher than the rate in the general population. When a significant number of individuals of color are exposed to the prison environment and returned to their communities, the entire community feels the impact. What at first glance may seem a health risk for only inmates is actually a health risk for the entire community.

Methods

EDHI worked with community and professional stakeholders to identify the HIV/AIDS/STD-related needs of African American ex-offenders. Specifically, focus groups and individual interviews were conducted with professionals in the field of HIV/AIDS/STD and with African American ex-offenders, both those who are HIV positive and those who are HIV negative. Service providers and ex-offenders attended separate focus groups. The ex-offender focus group consisted of both men who were HIV positive and men who were HIV negative.

Ex-offenders were recruited through flyers placed in our target communities and with organizations that serve either ex-offenders or people who are HIV positive. Ex-offenders were offered financial incentives to participate, \$15 for participating in an interview or \$20 for participating in a focus group (Focus group participants were paid more for the longer time commitment). Approximately, 15 ex-offenders participated in the study.

Initially, professionals were identified through rosters of organizations involved in HIV/AIDS/STD prevention and treatment. These professionals frequently offered names of other professionals who were then contacted as well. In the end approximately 20 service providers representing most of the HIV/AIDS/STD services in Minneapolis and Saint Paul participated in the study.

All participants were asked about HIV/AIDS/STD-related needs, barriers, and resources. Specific questions addressed existing services and their quality, specific needs of African American ex-offenders, service gaps, and barriers to creating or receiving services. Participants were asked to address both HIV/AIDS/STD prevention and treatment.

Results

Results from the service provider interviews and focus group are discussed first. Next, results from the ex-offender interviews and focus groups are presented. While HIV positive and HIV negative ex-offenders were interviewed separately, their comments were so similar that they are presented together in this report. The results presented here were then used as a basis for planning HIV/AIDS/STD-related services for African American ex-offenders.

Results from Service Provider Interviews and Focus Group

Services for African Americans

The following organizations were cited as having services specifically designed for African Americans: Turning Point, the Urban League, the City, Community Fitness Today, the Men's Center, and Wake Up We're Affected.

While most respondents didn't offer services customized for African Americans, all stated that their services are open to African Americans. Many seemed to feel that this was sufficient, that their services adequately addressed the needs of African Americans. Some added that they felt that having services not specifically customized to any population meant that all populations were treated equally.

Services for Ex-Offenders

No organizations were reported as currently having services specific to ex-offenders. One organization said they were developing a program to provide housing and employment related services for ex-offenders. All organizations reported that their services were open to ex-offenders.

Program Evaluation

Those organizations receiving Ryan White Title 3 funding are mandated to conduct program evaluations. Program evaluation primarily consisted of patient satisfaction surveys. Many organizations expressed interest in conducting an additional evaluation of their prevention efforts. They want more information on what is working to change behavior and what isn't. This is further discussed in the Service Gaps section.

Program Improvement

When asked in what ways they would like to improve their services, providers most frequently talked about increasing outreach, obtaining additional funding, and increasing their collaborations with other organizations and institutions.

All organizations agreed that they would like to do more outreach. Some were interested in conducting more outreach about their services. They want more people to know about and make use of their services. Others wanted to do more outreach on prevention. One specifically wanted

to address gay/lesbian/bisexual/transgender prevention issues in the African American community.

Many organizations cited the need for increased funding. Several reported that the funding would be used to increase staff so they can expand their services or offer the same services to more people. One organization wanted to expand services to include an on-site pharmacist, education and support to partner's of their clients, and education to people who are "just interested" in HIV/AIDS.

Some organizations expressed an interest in expanding their collaborations with other organizations. For example, one organization wanted to work more closely with agencies working specifically with African Americans. Another organization wanted to work in collaboration with Minnesota prisons.

Service Gaps

Housing was identified as the most important HIV/AIDS/STDs-related service gap facing African American ex-offenders. The majority of respondents stated that they would like to see more services helping African American ex-offenders find affordable housing that allows in people with felony convictions. In addition, if the person is HIV positive, he/she will require housing that is "HIV friendly." Housing for ex-offenders is a crucial issue for a few reasons. As one respondent stated, "Unless basic needs are met, ex-offenders will not concern themselves with health care." Housing is essential if HIV positive ex-offenders are going to follow their medical regimen. Housing is equally as critical if HIV negative ex-offenders are going to follow HIV/STD prevention practices. Housing is particularly an issue for ex-offenders as landlords are legally allowed to discriminate against those with a felony conviction.

Respondents also identified the need to evaluate what works and what doesn't in HIV/AIDS/STD prevention as the second highest priority. Respondents noted that there are many prevention education programs. Several are customized to specific populations. And yet, the HIV infection rate among African Americans continues to increase. Respondents want to know what works and what doesn't in prevention education. As importantly, they want to learn what interventions not only change knowledge, but also change behavior.

Along the same lines as housing, many service providers mentioned the importance of employment services. Employment too is a basic need that must be met if ex-offenders are going to focus on their health care. As with housing, African American ex-offenders need assistance finding living wage employment that is accepting of people with a criminal record. HIV positive ex-offenders also need employment that is "HIV friendly."

In addition, respondents identified health insurance coverage as a significant gap affecting African American ex-offenders. While in prison, offenders receive treatment without having to coordinate it or pay for it. Once released, they are suddenly on their own. Ex-offenders need assistance acquiring health coverage that begins the day of their release and that provides for affordable health care and medication.

Finally, many respondents cited a need for mental health services for African American ex-offenders. One respondent cited the need for family counseling services to support the whole family through the ex-offender's release. Two other respondents reported a need for chemical dependency treatment for ex-offenders, especially inpatient services. While most respondents didn't state exactly what mental health issues need to be addressed, they agreed that there are many issues facing ex-offenders. Moreover, HIV positive ex-offenders face additional mental health concerns that require attention.

Results from Ex-Offenders Interviews and Focus Groups

Is HIV/AIDS/STD a Problem in Prison

About two-thirds of respondents reported that HIV, AIDS, and STD's are a problem in prison. Most who felt it was a problem, felt it was a serious one. Most believed more education was needed in prison about HIV/AIDS/STDs.

There wasn't agreement on what to do about the problem. Several believed that testing should be strongly encouraged if not mandated. Some mentioned that condoms should be made available in prison. A few believed that infected inmates should be isolated from other prisoners.

About one-third of respondents reported that HIV/AIDS/STDs were not a problem in prison. Several cited the fact that they didn't know anyone in prison who was HIV positive as proof of this.

HIV Testing in Prison

Every respondent knew HIV testing was available in prison. They also knew how to access it if they wanted. Everyone seemed satisfied with the availability of testing in prison, though some felt it should be made mandatory.

Almost everyone agreed that privacy around HIV testing in prison was handled well. Prisoners were not aware of each others HIV test results. They believed that prison staff was aware of prisoners HIV status, but they did not share this information with the inmates.

Service Gaps Inside of Prison

While most respondents reported that HIV/AIDS/STD education was available in prison, they noted that it was not mandatory. While some respondents emphasized that the information was there if you wanted it, others were concerned that too many people who needed the information chose not to access it.

For HIV positive individuals it was noted that more education needed to be provided on treatment options. HIV positive inmates need to be educated so they can make informed decisions about their treatment needs.

It was noted also that more education about HIV/AIDS needs to be conducted with all inmates to reduce the stigma around HIV and AIDS in prison.

Respondents had mixed feelings about the medication provided in prisons. Some of the HIV positive ex-offenders reported that they did not receive the newest medications for HIV in prison. This concerned them. Other HIV positive offenders reported that medications were easier to access in prison than outside. These respondents were satisfied with the medications they received in prison.

Finally, several participants cited the need for the prison to make condoms accessible to prisoners. Respondents felt that educating about prevention wasn't enough if prisoners weren't given the tools to act on that knowledge.

HIV/AIDS/STD -related Services Outside of Prison

All respondents could name at least one organization that provides HIV/AIDS/STD related services. Most respondents knew of the Minnesota AIDS Project and the Aliveness Project. Other projects mentioned were Public Health, Regions Hospital, Hennepin County Medical Center, and the Delaware Clinic. The programs listed below under Services specifically for African Americans were also identified.

About two-thirds of respondents could name an organization that provided HIV/AIDS/STD-related services specifically for African Americans. Organizations named included African American Family Services, the Urban League, African American AIDS Task Force and Sabathani Center. About one-third did not know such services existed suggesting that further marketing of these services may be needed.

None of the respondents were aware of HIV/AIDS/STD related services specifically designed for ex-offenders. Notably, none of the service providers who responded to our questions were aware of such services either. Thus, no such service seems to be available.

In discussing case management and treatment services, all HIV positive respondents stated they were satisfied with the quality of services. As one stated, "These people give 101% even with their limited resources."

Respondents did feel that prevention/education services could be improved. Some stated that existing services aren't working to change behavior. Specifically, they want education programs that successfully encourage HIV testing as well as behaviors related to prevention. All felt that more education services are necessary. This is discussed further in the Service Gaps Outside of Prison section.

Service Gaps Outside of Prison

Ex-offenders unanimously agreed that there is a need for more education around HIV/AIDS/STDs. For HIV negative ex-offenders, more education is needed about prevention. Respondents also wanted to see more education about HIV testing that specifically encourages

people to be tested. In addition, several respondents believed that HIV negative ex-offenders would benefit from education about the history of HIV and the experience of having HIV.

Respondents felt that HIV positive ex-offenders needed more education about their treatment options including new technologies and medications as they become available. Respondents reported that HIV positive individuals also need education about prevention – both to protect others from their infection and to protect themselves from becoming infected by another strain of the virus. Finally, HIV positive individuals often need help educating their families about HIV and AIDS.

Respondents also reported that the community at large needs more education in order to reduce the stigma around HIV and AIDS.

Service providers and ex-offenders agreed that education efforts need to be made more effective. As one ex-offender stated “A lot of people know about HIV and AIDS but it goes in one ear and out the other.” When asked how to make HIV/AIDS/STD-related prevention efforts most effective, respondents had several answers. Many respondents stated that HIV positive individuals needed to do more of the outreach. They felt that once ex-offenders knew someone with HIV, they would be more likely to believe that it could happen to them. Moreover, once they heard from someone with first hand experience about what it was like to be infected with HIV or to have AIDS, they would be more likely to take action to prevent it from happening to them.

Respondents had other ideas as well. One respondents suggested prevention efforts that focused on the couple rather the individual. Another suggested more outreach needed to be done specifically with African American communities. A third suggested outreach efforts more specifically customized for heterosexuals. A fourth suggestion was mandatory HIV/AIDS/STD education in high schools. Finally, a few respondents suggested that African Americans need to be educated by people with whom they identify. Thus African Americans are needed to educate other African Americans.

Respondents who were HIV positive also cited case management services immediately upon release from prison as a service gap for HIV positive African American ex-offenders. Respondents felt that existing case management services were good but that they were not reaching ex-offenders soon enough. HIV positive African American ex-offenders should have an appointment with a case manager scheduled before their release to occur immediately upon their release.

Summary of Findings

The service providers and ex-offenders differed somewhat in their priorities around HIV/AIDS/STD for African American ex-offenders. However, there were two points of agreement. The first is that HIV positive ex-offenders need better case management in preparation for release and to help them after release. While ex-offenders focused more on health-related case management, service providers also emphasized the need for housing and employment services.

The second point of agreement was around education. Both service providers and ex-offenders agreed that more education around HIV/AIDS and other STDs is necessary. Even more importantly, all concurred that more effective education is necessary. Service providers expressed concern that they did not know what makes education efforts effective. More specifically, they need more information on how to change behavior, not just knowledge. Ex-offenders agreed that they do not see behavior changing. Ex-offenders suggested more often using HIV positive individuals as educators. In addition, some emphasized the importance of having African Americans as educators for the African American community.

Next Steps

This study was undertaken to serve as the basis of a process for planning HIV/AIDS/STD related services for African American ex-offenders. An advisory group consisting of both system and community stakeholders was developed to guide the process. A plan was developed incorporating both education and pre and post-release case management for offenders. The plan was funded by the Minnesota Department of Health.

Project Description

The project has two major components. The first focuses on education regarding HIV/AIDS, other STD's, Hepatitis C and immunizations. The second focuses on pre and post release advocacy for men and women of color, with priority given to HIV positive and/or Hepatitis C positive inmates. Pre and post-release advocacy involves (but is not limited to) transportation and a birth/ disease control packet upon release as well as assistance with health planning/ management, employment, and housing. A concentrated effort to engage the inmate's family (wherever possible) in positive health-related decision making will also be a component of post-release advocacy.

Education and Advocacy for MCF – Lino Lakes and either MCF-Stillwater or MCF-Rush City

CCJ proposes to implement pre-release health education classes to compliment the pre-release planning currently being offered in the Minnesota Correctional Facilities of Lino Lakes and either Stillwater or Rush City. The classes will serve to plant the mental seeds that one must protect both himself and his partner. The classes are open to all men of color, with priority given to African- American males.

In the first year, CCJ will facilitate all the pre-release educational sessions. At the same time, we will be developing a program whereby the second year, inmates are trained as peer educators to take over much of the educational efforts. This inmate peer education concept was piloted in San Quentin Prison in California and proved more successful than staff facilitated programs. CCJ will run a 10 week class schedule with 15 inmates for two quarters, thus 60 inmates could reap the benefits (between the two facilities).

CCJ will also evaluate the effectiveness of these educational classes. A common theme in the focus groups held during the planning process was that current prevention education practices change knowledge, but not behavior. CCJ will not only be educating inmates about critical

health-related issues but will be working to increase knowledge about best practices in prevention that can benefit educators nation-wide.

CCJ will also conduct pre and post release advocacy. A criterion for participation requires all advocacy clients to be HIV positive and/or Hepatitis C positive men of color with further priority given to African- American men. They must also be returning to Hennepin or Ramsey County. Pre and post-release advocacy involves (but is not limited to) transportation and a birth/ disease control packet upon release as well as assistance with health planning/ management, employment, and housing. A concentrated effort to engage the inmate’s family (wherever possible) in positive health-related decision making will also be a component of post-release advocacy.

The purpose of the “case advocacy” component of the project is to develop a post-release strategy that differs from the traditional case management. It is the Council’s theory that a more assertive advocacy strategy may be more successful in transitioning Hepatitis C and HIV+ prisoners into community settings. Again, this component of the project will be evaluated and the findings used to inform best practices.

Post Release Advocacy for MCF- Shakopee:

Due to the increasing rate of infection for HIV/AIDS/ Hepatitis and other STD’s among women of color, CCJ proposes to provide post release advocacy for all women of color regardless of their HIV or Hepatitis C status, combined with one to one education on target health related issues. Post release planning for women will replicate those services offered for men as will evaluation of the services.

In the first year of project implementation CCJ staff estimate to advocate, pre and post release, for 30 clients in the first year (across all of the above mentioned institutions).

Intervention Design

Education	Pre-Release Planning	Post Release Advocacy
Lino Lakes	Lino Lakes (Hepatitis C/HIV+)	Lino Lakes (Hepatitis C/HIV+)
Stillwater or Rush City	Stillwater or Rush City (Hepatitis C/HIV+)	Stillwater or Rush City (Hepatitis C/HIV+)
	Shakopee (limited)	Shakopee (At-Risk Women of Color)

Outcomes

The outcomes for the education component are as follows. In the short-term, the project will increase knowledge about HIV/AIDS, Hepatitis C, immunizations, and other areas of health disparities (e.g., diabetes, cardiovascular disease). In the long-term, the project will reduce HIV/AIDS, Hepatitis C, and other STD risk behavior among class participants once they are released from prison.

The outcomes for the case advocacy component are as follows. In the short term, offenders receiving case advocacy will gain access to needed services, increase their self advocacy skills, and receive needed support to assist them in both successfully transitioning into the community

and managing their health. In the long term, this will both reduce recidivism and decrease health complications related to their illnesses.