

Correctional Health and the HIV Stages of Care

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The focus of both the 12 Cities Project from the Department of Health and Human Services and the Centers for Disease Control and Prevention's (CDC) Enhanced Comprehensive HIV Prevention Planning is on the 12 jurisdictions (metropolitan statistical areas) that account for 44% of the U.S. HIV epidemic. The average HIV prevalence rate in the jails in these 12 jurisdictions is 4.25% (Zack, 2012). The current focus of the federal government's approach toward addressing HIV is based on the "treatment cascade" (CDC, 2011), articulated by the CDC's recently published *HIV in the United States: The Stages of Care* representing five major stages of care including testing and diagnosis, linkage and retention in care, and provision of antiretroviral therapy for the purpose of viral suppression (CDC, 2012). The ecosystem-based intervention study (p. 178), compares an individual-level intervention (based on Project START) and a group (ecosystem)-level intervention and highlights a critically important population and setting—prisons and jails—in the context of the stages of care.

The original Project START research study did not target people with HIV (Grinstead et al., 2008; Wolitski & the Project START Writing Group, 2006), although many community providers implementing Project START since its translation from research to practice have modified the intervention to work specifically with people with HIV. This ecosystem study compared individual and group interventions, and found no differences across conditions on the primary planned analyses. However, post hoc analyses demonstrated that the individual-level Project START, adapted for people with HIV, resulted in significantly higher levels of HIV medication usage, higher levels of HIV medication adherence, and significantly lower reincarceration rates than the second intervention study arm, the group-level intervention. A decrease in sexual risk behaviors was also reported by both study arms at the 12-month follow-up survey. The staff of The Bridging Group, who translated the original Project START research into community practice (see www.thebridginggroup.com), is currently examining results from this study as well as results from the pilot testing of community providers that have modified Project START to formally adapt Project START for People with HIV. This will be an important contribution to creating and improving tools needed to increase testing and, improve access and retention in care, medication adherence, and viral suppression among people being released from prison and jail.

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