The Pennsylvania/MidAtlantic AIDS Education and Training Center
University of Pittsburgh, Graduate School of Public Health
Department of Infectious Diseases and Microbiology

Case Finding and Secondary Prevention with the Incarcerated and Recently Released: Clinical Risk Assessment and Screening Guide

A Reference Tool

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HIV risk assessments for all patients entering primary care in prisons and jails or after release are invaluable tools for clinicians and patients alike. HIV risk assessment is an ongoing process, not a one-time clinical intervention. Results can assist providers in: 1) knowing when to offer a voluntary HIV test; 2) identifying patients who are HIV positive yet unaware of their status; 3) identifying patients who are HIV positive but not in care; 4) helping to prevent new infections by working with persons who are infected with HIV and their partners on risk-reduction strategies and care.

Secondary Prevention with the Incarcerated and the Recently Released

The Importance of HIV Prevention and Treatment in Prisons/Jails

Incarceration can provide inmates with an opportunity for education about HIV, and to receive treatment if needed.

- An incarcerated, HIV-positive individual may learn to reduce his/her risk behaviors during incarceration, in turn reducing transmission.
- Many inmates experience an improved quality of life: consistent shelter, food, medical care.
- Prison/jail can provide an inmate the opportunity to get clean and sober, and learn prevention education and practices.
- As a result of education and care, there can be a reduction of transmission upon release, as former inmates recognize their risk behaviors and implement safer sex and drug practices.
- They may become interested in sharing HIV information with partners, other family members and friends.

HIV Testing

The incarcerated population often comes from high-risk backgrounds. Although each prison/jail setting has different protocols for HIV testing, **provide a mechanism to make it available!** The earlier the diagnosis, the better the quality of life for the patient, and the lower the risk of transmission.

- Offer HIV testing to every inmate. "Normalize" the process. As clinicians and inmate populations become more comfortable, inmates will not feel singled out, this message will be spread to the general population. More inmates will seek HIV testing.
- Earlier treatment can be offered, when appropriate.
- Offer risk reduction education.
- Utilize the services of an interpreter as needed. Rely on medical staff or anonymous telephone services available to health care providers. Do not utilize inmate interpreters.
- Link to community care and fiscal resources for treatment.
- Address issues of institutional confidentiality.
- Where an inmate is released before test results are returned, assure that counseling and results are followed up by appropriate local health department referrals.

Discharge Planning and Continuity of Care

Remember that:

- Inmates are from our communities, and returning to our communities
- Prison/jail health care and prevention are part of the continuum of community health care and prevention

- Public health, local treatment providers and the prison/jail health care team must work together

HIV treatment is best when addressed in the greater context of comprehensive care, which includes substance abuse treatment, and social, psychological and financial support.

Key Components

- Corrections personnel, community care providers and the inmate make a personal link prior to release
  - Call or write for referrals for transitional housing, drug treatment, medical care, support groups, job opportunities
  - Utilize community providers that come into your institution to provide support services
  - Refer to a provider who can help with the processes/systems typically encountered by the inmate upon release
  - Identify case managers at outside agencies who have a special interest in working with prisoners and are skilled in working with their issues
- Give inmates cards/brochures with information on appointments, clinics, AIDS service organizations, local health department, public assistance applications, drug assistance program applications
- Best practices indicate that the initial period after release is very important in determining whether a person relapses into substance abuse and high-risk behaviors, and is lost to follow-up

General Case Finding and Risk Assessment Guidelines

1. **Your approach to the prisoner**. Body language conveys much information to the patient about your attitude. Review the chart before you enter the room; make direct eye contact and face the patient while speaking. Maintain an open body posture, avoid appearing hurried and take time to listen.
2. **Confidentiality is essential**. Assure patients that all answers are confidential. Inform the patient about your prison/jail clinic's confidentiality policy. Make sure that the interview occurs in a safe, private environment.
3. **Ask patients how they wish to be addressed**. Address patients professionally and in the appropriate gender based upon how they self-identify. If you are not sure about how a patient prefers to be addressed, ask the patient.
4. **Be culturally sensitive and non-judgmental**. Both primary care clinicians and HIV treatment specialists should approach the interviewing of HIV-positive patients and at-risk patients in a culturally sensitive and non-judgmental manner regarding sex and drug and alcohol risk behaviors.
5. **Be honest!** If you don't know the answer to a specific question or issue, then say so. Patients appreciate honesty and it helps to establish a good rapport.
6. **Assume nothing**. Just because a person does not "look or act like someone who might have HIV" does not mean that they may not be at risk for HIV infection or already HIV infected. Conduct a risk assessment with **all patients during every clinical encounter.**
7. **Explain that discussing sensitive topics may be uncomfortable**. Discuss and explain why you are asking about such personal topics. Discussing such issues is understandably difficult for patients **and** clinicians. Background, religion, gender and other psychosocial issues may impact a patient's ability to be frank and comfortable about disclosing HIV risk behaviors.
8. **Explain the importance of the information for the patient's care**. Reinforce the clinical importance of risk assessment to the patient's treatment plan. It may be useful to begin with: "Let's talk about some issues that can be uncomfortable for many people. I want you to know that I ask the same questions of all of my patients. … The answers that you provide will help me determine your risk for illnesses such as HIV or other STIs and help decide what kind of care and treatment you may need."

9. **Use language that is understandable**. Questions should be clear and concise. Define terms when needed. Affirm the patient's understanding periodically during the encounter.
10. **Demonstrate active listening skills**. Restate patient responses for clarity, lean forward slightly to show interest, and use "I see" and "um-hmm" where appropriate to indicate listening. Do not overuse these terms since they can indicate that the clinician is not listening or communicate disinterest in what the patient is saying.
11. **Ask open-ended questions**. Clinician-patient time is limited; however, open-ended questions are more likely to get the answers that you need. Listen without interruption to patient responses. It may be useful to begin with:
    "How do you feel about…?"
    "What have you heard about HIV or other STIs…?"
12. **Offer HIV testing to**:
    a. All patients
    b. All pregnant women or to those considering pregnancy.
13. **Offer Sexually Transmitted Infection (STI) screening** (syphilis, hepatitis B, herpes, GC, chlamydia, etc.) to:
    a. All primary care patients annually.
    b. More frequently for those with high-risk behaviors.
14. **For the reluctant patient**: If the patient refuses to engage in a risk assessment during the initial visit, continue to approach the patient after trust and rapport have been established, which may take several visits.
15. **For frequently seen patients**: Assessments may begin with "Since our last visit…" and history questions may be tailored appropriately.

Determining Sexual Risk for All Prisoners or Former Prisoners

These guidelines will enable health care providers in prisons, jails, community corrections, and other health care settings to effectively assess the prisoner or former prisoner's HIV risks. Realizing that past behavior can often be a predictor of future behavior, these guidelines can be adapted to the setting and continue to build clinician-patient rapport without compromising the confidentiality of the inmate.

For all patients: • *Protect yourself* • *Protect your partner(s)* • *Get tested to find out*

A careful sexual risk assessment is essential for all patients. Incorporating HIV prevention and risk reduction into treatment and care is an effective tool for clinicians to understand the patient's high-risk behaviors. It is also important to ask about sexual risk at all clinical encounters throughout the course of treatment and care since information about HIV changes. The patient's sexual behavior may change and sexual partners may change. Furthermore, complicating factors may influence high-risk behavior such as onset of depression, anxiety, stress and alcohol and substance use.

General Sexual Risk Assessment Questions for All Prisoners/Former Prisoners

1. Have you ever or do you currently have sex with men? With women? Both?
2. Can you share with me the number of current sexual partners? How about in the past week? One month? Six months? One year?
3. Can you tell me about your past sexual activity?
   a. What kind of sex have you had? Vaginal, anal, oral?
   b. Do you use condoms?
   c. If not always: "Tell me about the reasons you do not always use them."
   "For what kinds of sex do you use condoms?"
4. Have you been forced to have sex against your will?

5. Do you or have you ever used female condoms or other barrier contraceptive methods?
6. Do you or have you ever had sex in exchange for money, housing, food or clothing?
7. Have you ever felt that a sex partner has put you at risk for sexually transmitted diseases? If so, which ones, and why?
8. Have you ever had a sexually transmitted infection? Which infection(s)? When?
9. What have you done to reduce your risk of getting or spreading HIV and other STIs?

Assessing Drug and Alcohol Risk

Risk associated with substance use is a well-known route of HIV transmission. The risk exists not only for the person using substances but also for his/her sexual partners. Data suggests that drug and alcohol use significantly impacts the virologic response of the HIV-positive person. Responses should be evaluated in terms of risky behavior that can potentially spread HIV infection, either directly through sharing needles, syringes or works; or vaginal, anal or oral sex with someone who does these things. Referral for substance use counseling or treatment may be necessary.

1. Do you drink alcohol or use drugs? How much per day? Per week? Have you had sex while under the influence of alcohol or drugs? How many times in the past month? Past six months?
2. Do you or your sexual partners currently inject drugs, including steroids? Have you in the past?
3. Have you or any of your partners ever shared needles, syringes or works to inject drugs? What about equipment for body piercing and tattoos?
4. Have you or your sexual partners ever had unprotected vaginal, anal or oral sex with a person who injects drugs or shares needles, syringes or works?
5. Have you or your sexual partners ever had sex in exchange for money, drugs or alcohol?

All HIV-Positive Prisoners or Former Prisoners

• Protect yourself • Protect your partner(s) • Get and stay in care

The following additional questions will help assess special health risk factors for the HIV-positive person and target areas for support and resources. In addition, adherence to HIV medication can reduce the risk of HIV transmission by lowering viral load.

1. Have you notified your partner(s) of your HIV status?
    a. If yes, what was his/her reaction? (If a threat or violence occurred, offer referral for domestic violence counseling.)
    b. If no, why not? Would you like help from a partner notification program?
2. Has your partner(s) been tested?
    a. If yes, how long ago and what were the results?
        1. If positive, is he/she under treatment?
        2. If negative, reaffirm importance of safe-sex practices and suggest new test if it has been six months or longer.
    b. If no, why not? Counsel on the benefits of testing.
3. Are you currently on antiretroviral medications?
    a. If yes: What medicines do you take and when? (Frequently, patients may be confused and take medication incorrectly.)
    b. If not currently, have you ever been on antiretroviral regimens? If yes, when, what medications, and what dosage?
    c. How often do you take your medication exactly as prescribed?
        1. What keeps you from taking your medication exactly as prescribed?
        2. If due to side effects, discuss medical management of specific side effects and adherence counseling.

d. If non-adherence is due to financial or logistical concerns, refer to the appropriate social services for assistance.

4. Do you know what re-infection is?
   a. Explain that HIV-positive patients can become re-infected with other strains of HIV. Explain the potential results associated with re-infection to their health.
   b. Discuss the importance of condom use during vaginal, anal, or oral sex with all partners to reduce the spread of HIV or re-infection.

Reducing symptoms of depression and other mental health issues can also help reduce HIV risk behaviors. Substance use, untreated mental health problems, stigma and poverty can interfere with the patients' ability to protect themselves, protect partners and obtain treatment and care. Patients who answer yes to mental health concerns should be assessed for referral. See the section on referral opportunities for more information.

5. Has becoming HIV positive affected your outlook or behavior?
   a. Do you feel more depressed?
   b. Do you feel anxious? Nervous?
   c. Do you have trouble falling asleep or waking up early?
   d. Are you more irritable?
   e. Are you using alcohol or drugs when you feel anxious or depressed?
   f. Are you having more or less sex since your diagnosis?
6. Do you reach out to community programs, friends, family, clergy and other organizations to find support? If not, why?

Referral Opportunities

The goal of risk assessment is simple: Identify people who are unaware of their HIV status and link them to care. During risk assessment, clinicians may uncover issues that may be a priority for the patient and if addressed effectively can support the HIV-positive person's treatment access, adherence and health outcomes. Although no clinician can be expected to address every patient need, providers should be knowledgeable about potential resources and expert at facilitating good referrals.

1. When the risk assessment reveals problems, ask open-ended questions like:
   "Of the things that we have talked about today, which would you like help with?"
2. Discuss the options if you can.
3. Refer patients to social services for support as needed.
4. Assist patients in finding specific community programs and resources.

Remember!

1. Refer only to known and trusted services.
2. Stigmas exist to getting help for some issues, especially mental health and HIV services.
3. Patients may need help accessing referral services.
4. Only offer referrals that the patients have defined as a priority for them.
5. Be sure to follow up at the next visit.
6. Referrals are critical for HIV-positive patients; many providers have opted not to start patients on antiretroviral therapy because of untreated substance abuse and mental health illnesses. Both of these issues can significantly impact virologic success in the HIV-positive patient. Consult the DHHS guidelines for more information.
7. Human service and other support systems may differ according to jurisdiction; please consult the list of resources for guidance and support.

Barriers to Case Finding and Secondary Prevention

How providers and clinic personnel speak with patients about HIV prevention is the foundation of Case Finding and Secondary Prevention. Without provider willingness to broach the subject, clinician education on the subject matter, and effective communication between providers, patients, and staff, asking the hard questions remains just that, hard! Here are some typical issues that emerge about case finding and secondary prevention:

Barrier #1: "We already ask about sexual history. Isn't it the same as risk assessment?"

The information gathered during the medical history is part of the clinical evaluation. Client-centered risk assessment is a tool providers use to help clients reduce their risk of contracting or spreading HIV and other sexually transmitted infections.

Barrier #2: "There are too many time constraints in prisons/jails to conduct an in-depth interview like this!"

Conducting a thorough risk assessment takes about 10 minutes. Risk assessment captures a range of patient characteristics and issues that contribute to the development of a comprehensive plan of care for the patient, including contraception use, sexually transmitted infections, drug and alcohol use and pregnancy.

Risk assessments can be an effective continuous quality improvement (CQI) tool. When incorporated into the medical chart, providers can report valuable data on the patients assessed, including epidemiology and demographic markers for HIV infection.

Barrier #3: Prison/jail philosophy does not incorporate HIV assessment into the medical care of prisoners.

This issue is a national priority; therefore, it is important that all primary care settings adopt a philosophy that incorporates HIV prevention into HIV treatment and care. The entire treatment team must share in this responsibility. Clinics should consider making risk reduction and assessments part of the patient record. Clinicians are then able to monitor this important ongoing intervention.

Barrier #4: Lack of prison/jail policy on HIV prevention

It is important that all clinics have policies that encourage the integration of risk assessment and risk reduction into primary care and ongoing prevention education of prisoners.

Barrier #5: Clinicians feeling uncomfortable with the topic

Clinicians and prisoners may be uncomfortable talking about sexual behavior and/or drug use. You may not have all the answers, or stumble on some words. That's okay; acknowledge the discomfort and move into the assessment.

Barrier #6: Lack of training for clinicians and staff

It is important to integrate ongoing education on case finding and risk reduction for prison/jail clinicians and staff. Contact your regional AIDS Education and Training Center for assistance.

Think about it…

What are the barriers in your clinic? How will you address these barriers?

Additional Resources

Pennsylvania/MidAtlantic AIDS Education and Training Center
130 DeSoto Street, A453 Crabtree Hall
Pittsburgh, PA 15261
Phone: 412-624-1895
Fax: 412-624-4767
www.pamaaetc.org/

Selected Web Sites

AETC National Resource Center	www.aidsetc.org/
AIDSinfo—HIV/AIDS Medical Practice Guidelines	www.aidsinfo.nih.gov/guidelines/
Centers for Disease Control and Prevention	www.cdc.gov
Divisions of HIV/AIDS Prevention	www.cdc.gov/hiv/dhap.htm
Health Resources and Services Administration	www.hrsa.gov
HRSA HIV/AIDS Bureau	www.hab.hrsa.gov
Pennsylvania Department of Health	www.health.state.pa.us
Pennsylvania/MidAtlantic AIDS Education and Training Center	www.pamaaetc.org/

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