

Linkage to Care and HIV positive individuals who were diagnosed in a correctional facility: The Florida Cohort Study

Objective: To describe the characteristics and linkages to care for HIV positive individuals with incarceration history and who were diagnosed in correctional facilities.

Background: One out of 7 persons living with HIV/AIDS in the U.S. will go through the correctional system. The current HIV prevalence rate in correctional facilities is 4 times higher than in the U.S. population. The correctional system provides much needed healthcare services including HIV testing and linkage to care in the community upon release. It is unclear whether testing positive in a correctional versus a non-correctional settings leads to better linkages to care. Therefore, the proposed study will examine linkage to care for those diagnosed in a correctional settings compared to those diagnosed elsewhere.

Methods: The study utilizes data from The Florida Cohort Study, from which 651 participants with HIV have been enrolled across the state of Florida. Descriptive statistics (frequencies) and cross tabulations were conducted.

Results: Of the 651 participants currently enrolled, 69% (n=436) reported being incarcerated at least once. Those who reported being incarcerated versus never incarcerated were more likely to be non-Hispanic Black (68.6% vs 46.7%; $p < .0001$); more likely to have less than a high school education (37.4% vs 20.8%; $p < .0001$); more likely to be unable to work or disabled (53.5%, vs 39.85% $p < .0001$); more likely to live further than 1 hour away from their HIV care provider (19.1% vs 11.5% $p < .0033$); and are more likely to have an HIV case manager (86.3% vs 75.7%, $p=.0016$). Fourteen percent (n=88) were diagnosed with HIV in a correctional facility. Those diagnosed in a correctional facility were more likely to have less than a high school education (42.1% vs 31.4%; $p=.0100$); less likely to be current alcohol consumers (62.7% vs 73.1%; $p=.0456$); live further than one hour away from their HIV care provider (28.4% vs 14.5%; $p=.002$); and took longer (≥ 6 months) from testing to treatment (33.7% vs. 14.9%; $p < .0001$) than those diagnosed elsewhere.

Conclusions: Although those who have been incarcerated are more likely to have a case manager, those diagnosed in a correctional facility took longer from testing to treatment. A better understanding of the treatment continuum among those persons diagnosed with HIV in correctional settings is needed.

****Remember: Total word count for the full abstract is no more than 350 words.**

In addition to your abstract, please include a **brief summary about the relevance of your abstract to the field/theme of the conference** (please be *succinct*):

Because so many HIV positive individuals go through the correctional system in any given year, the correctional system is an ideal setting for the HIV interventions as well as health disparities research. Interventions promoting linkage to care will lead to better disease control.