the State Pen

The Newsletter of the California/Nevada Chapter of the American Correctional Health Services Association

Volume 11
Number 1
Spring 2000

HIV Infection Among Incarcerated Women: An Epidemic Behind the Walls

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Even though women are less likely to be incarcerated than men (one in 10 inmates in US prisons and jails is a woman), incarcerated women are three times more likely to be HIV infected than incarcerated men. The proportion of inmates with HIV (US prisons: 2.3% of men and 3.5% of women) is much higher than the proportion of HIV infected persons in the general population (US free population: 0.6% of men, 0.1% of women). This difference is amplified in the Northeast, where HIV prevalence among incarcerated men is 7% and 13% among incarcerated women.

In addition, the number of HIV infected women in prison has risen steadily since 1980, due in part to the steady increase in the total number of women who are incarcerated. The prevalence of HIV infection among incarcerated women rose 88% in 1995, while the rate among men rose 28%.

Why So Much HIV Among Incarcerated Women?

In most prison systems, the prevalence of HIV among women is two- to three-fold higher than in men. Numerous studies have shown that the same behaviors that lead to incarceration put women at increased risk for HIV infection. Links between drug use, sex work, victimization, poverty, race and HIV explain the prevalence of HIV infected women behind prison walls. Recent reports on the status of women inmates in the US have revealed the following:

- 84% of the total US female inmate population, or 65,338 women, reported a history of "ever" using drugs. 74% used drugs regularly.
- Most of the 84,400 women who were in prison in 1998 were incarcerated in state facilities (63,735). 37% of state women inmates were charged with drug-related offenses, while 72% of women in federal prisons were charged with drug-related offenses. Since 1980, the rate of incarceration of women for drug charges has increased three-fold, (11% to 34%), while the rate of incarceration for violent offense has declined by half (49% to 28%).
- Almost two-thirds of women in prison are women of color. Black women are twice as likely as Hispanic women and eight times more likely than White women to be in prison. HIV has disproportionately impacted women of color in recent years.
- According to self reported data, between one half and two thirds of incarcerated women have been physically or sexually abused before

(*continued on pg 4)*

Uh… Did Somebody Say "Election?"

In the last newsletter, it was announced that ballots for the Board of Directors would be coming out in the very near future. As it is now the very FAR future, you may be wondering what happened to the ballots. Unfortunately, the national chapter of ACHSA is in a state of turmoil (hopefully in the midst of being resolved), and since we get our membership rosters directly from them we were unable to know who composed our current membership.

This problem appears to be close to being put behind National, so we anticipate getting ballots out to the membership for the positions of President, Treasurer, and Communications Coordinator quickly. We appreciate your patience and understanding in this matter!

$10 Gift Certificates

A gift certificate, good for $10 off dues, conferences, regional meetings, or any other CA-NV ACHSA chapter activities will be issued to members who submit articles, news items, or other contributions to *the State Pen* (that's $10.00 for <u>each</u> contribution!). Get out your pens, fire up the word processors, and send us the latest on your work sites, your accomplishments, case studies, humorous or sad stories (or whatever else you may have). We want your input to make *the State Pen* a networking and outreaching format. Contributions need not be grand or wordy, but please type or print!

Don't Forget… Visit Us on the Internet!

For the most up-to-date information, visit our site on the World Wide Web! You can find us here:
http://members.tripod.com/~achsa/index.htm
or here: http://achsa.tripod.com/index.htm

Thanks to Mr. Alan Wild for the use of this logo!

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<u>Contact Us!</u>

Board members may be contacted via the e-mail addresses to the left, or via snail mail at:
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To Stress or Not To Stress

Keith Harris, PhD
San Bernardino County Department of Behavioral Health

Almost everyone feels the effects of stress. Sometimes we all experience family pressures, personal crises, financial problems and work demands. The sources of stress are unavoidable, but the ability to manage stress is a capacity that can be learned and, if practiced, can prevent the more serious conditions that come with chronic stress.

Stress is an Epidemic

According to the American Institute of Stress (1999), 43% of adults in the U.S. suffer adverse health or emotional effects from stress. About three-quarters of patient visits to primary care physicians involve stress complaints or disorders, and an estimated one million American workers are absent on an average workday because of stress related conditions. One three-year study indicated that 60% of employee absences were due to psychological problems, many of these stress-related. Nearly half of all American workers report symptoms of burnout, which is a chronic and disabling reaction to job stress. A 1998 survey by the Families and Work Institute found that 26% of workers reported they were "often or very often burned out or stressed by their work."

An American Psychological Association (APA) article, "Stress in the Workplace" (1997), identified an inability to control the flow of work as a primary cause of work-related stress. "When you feel powerless, you're prey to depression's traveling companions, helplessness and hopelessness." The article note that many workers have "too much responsibility and too little authority." A 1999 CNN news article reported a National Institute of Occupational Safety and Health (NIOSH) study of American employees that found "overwhelming workloads, poor social environments at work, conflicting expectations, job insecurity, and the loss of control over the pace of work."

Although people now tend to associate stress primarily with work situations, many other factors, such as marriage problems, parenting difficulties, drug and alcohol use, legal problems, personality difficulties, and poor health are major contributors.

The Warning Signs of Stress

According to the APA article, the symptoms of acute stress are easily recognized:

- Emotional distress: anger or irritability, anxiety, and depression.
- Muscular problems, including tension headache, back pain, and jaw pain.
- Stomach, gut, and bowel problems.
- Elevation in blood pressure, rapid heartbeat, sweaty palms, and heart palpitations.

Recognizing the sources and symptoms is essential to the effective management of stress. If left unaddressed, acute stress can become chronic, and chronic stress can lead to catastrophic physical and emotional consequences.

How to Manage Stress

The most effective strategy for stress management is multidimensional; marshal as many supports and allies in your life as possible.

- Mobilize family and social support.
- Talk to someone who can help you objectively evaluate your options.
- Take credit for your achievements, strengths, and assets.
- Find ways to adjust your home or work environment to eliminate stressors or lessen their impact.
- Address any serious family or relationship problems.
- Avoid drugs and alcohol, get regular physical exercise.

If your stress symptoms become serious, seek professional help quickly. Early intervention is the most effective kind.

(continued from page 1)

incarceration. These figures probably underestimate the prevalence of such histories among incarcerated women.

Incarcerated women frequently report histories of sexual and physical abuse. As many as two in three incarcerated women (33-65%) report prior sexual abuse and as many as two in five (19-42%) report a history of childhood sexual abuse. More than 80% of women in prison have experienced significant and prolonged exposure to physical abuse by family members or intimates. In contrast, in studies of women who are not currently incarcerated, approximately one in seven women reported a history of forced sex, one in five women (20%) report a history of childhood sexual abuse, and about one in four (25%) women report a history of physical abuse. (Note that these studies of women in "free living" communities did not explore histories of incarceration, thus there may be some overlap between the populations). The impact of prolonged sexual and physical abuse prior to incarceration on incarcerated women's health care, mental health care, and risk behaviors is thought to be profound.17,18

Incarceration represents an opportunity for health care and mental health care that may reduce the long-term sequelae of physical and sexual abuse. Although unproven, it is likely that selected interventions (such as HIV education, sexual abuse recovery, mental health care) in the appropriate setting may also reduce HIV risk behavior among these high-risk women after release from prison. For those women that are already HIV infected, incarceration represents an opportunity to initiate a comprehensive HIV care plan and to build a framework for continuity of care that extends to the community to which she will return.

Management of the HIV-infected Incarcerated Women

The life circumstances of this population, as described above, are a critical reminder that an HIV-infected incarcerated woman has many concerns that affect her ability and willingness to engage in the complex course of intervention that is characteristic of effective HIV treatment. An incarcerated woman's experiences and concerns are the framework within which a provider must construct her HIV management plan.

Making the Diagnosis

Especially in state prison systems, there may be elective or mandatory HIV testing at the beginning or the end of incarceration. Most systems allow elective testing when medically indicated at any time during incarceration as well. In prisons or jails where there is no mandatory testing, the issue of convincing female prisoners to be tested becomes very important. When approached in a sensitive manner, incarcerated women are often willing to be tested for HIV. Factors that can encourage women to be tested include the impact of HIV infection on their present or future children and concerns about having acquired HIV infection in the context of other sexually transmitted diseases. Many of these women may have been tested in the course of prior pregnancies and may therefore be familiar with the concepts and procedures related to performing the HIV test. However, younger women (who have had fewer arrests, fewer pregnancies, and may have had fewer opportunities for interacting with HIV testers and counselors) may be more resistant to testing.

Given the high prevalence of HIV infection and HIV risk behaviors among incarcerated women, it is extremely important to use every opportunity to discuss HIV testing and to promote safer lifestyles. The following clinical situations indicate HIV testing and HIV education:

- Diagnosis of another (non-HIV) sexually transmitted disease
- Requirement for detoxification after admission to jail (discussion of HIV risk and test is recommended after the detoxification period is over)
- History of treatment for a sexually transmitted disease
- Presence of Hepatitis B or C infection (suggesting other blood/sexually transmitted infections may be present)
- History of sexual abuse (can be associated with HIV risk behaviors)
- History of sex work19
- Request for pregnancy testing

The incarcerated woman's fear of stigmatization by her peers and by correctional staff has a markedly negative impact on testing programs in prisons and jails. The closed setting of correctional institutions makes confidentiality difficult to maintain (particularly if a clinic or care provider is identified as being associated with HIV). Peer education programs that reduce stigmatization and increase the general awareness of HIV (and the prevalence of infection among their peers) in the female prison or jail population appear to have a positive impact on a woman's willingness to be tested.20

Initiating and Managing Treatment
Once the diagnosis of HIV is made, clinicians should discuss treatment with the patient. It is becoming increasingly important to spend a great deal of time educating patients prior to initiating therapy. Some correctional facilities for women schedule an initial discussion with the HIV physician specialist, followed by an additional one to two visits at two-week intervals prior to the initiation of therapy. Clinicians and patients should address timing of medication, special meal restrictions, and side effects prior to instituting therapy. The physician or nurse case manager should provide a written description, in the appropriate language, of the regimen, accompanied by pictures of the pills. For illiterate patients, instructions that include pictures of their pills accompanied by drawings of clocks (showing dosing times) are usually very helpful. The patient should be asked to recite the medication regimen from memory at each visit. Incarcerated women are usually ready partners, once treatment is initiated, and exhibit better adherence while incarcerated than has been reported among patients in the community.

Care of Pregnant Incarcerated Women
In 1998, 1,400 women gave birth within prisons, but the number of those who were HIV infected is unknown.22 The extent of prenatal screening for HIV infection performed in federal and state prisons is also unknown at this time.
Transmission of HIV infection to the fetus has been all but eradicated in the US due to the success of pre-natal HIV testing programs in the community. However, leading pediatric HIV researchers have raised concern about reaching high risk women who seek care late in the course of pregnancy.23
The correctional setting provides a critical opportunity to reach a group of women who may not have accessed pre-natal testing in the community. Therefore, incarceration represents an opportunity to intervene, should maternal HIV infection be diagnosed, and an opportunity to teach women about the need for HIV testing and treatment during future pregnancies. According to standards set forth by Centers for Disease Control and Prevention,24 thorough and non-judgmental discussion of HIV testing and antiretroviral therapy is a required component of pre-natal care.

Management of HIV-infected Women in Correctional Settings: Established Guidelines
The high prevalence of HIV infection among incarcerated women has had a dramatic impact on the type of care provided in correctional health units and on the cost of providing that care. Health care budgets for women's correctional facilities can be two-fold higher than budgets for men's correctional facilities. Those institutions that provide care for women populations where HIV is highly prevalent rank among the most expensive health care programs in the country.25

Due to the recent increase in HIV patients within corrections, some institutions have developed flexible approaches to providing medications that address women inmates' needs. For example, women who are expected to be poor adherers can "graduate" to keeping their medications on person if they demonstrate adherence by attendance at the medline window. In some other institutions, a "strip pack" containing a one-day supply of medication is provided. This diminishes medline staffing needs while allowing for monitoring of medication and avoids the distribution of excess medication. (Release of strip packs is approved by a licensed doctor over the phone.)
Weekend admissions, dietary requirements and the timing of administration make adherence to and continuity of medications formidable tasks. One correctional facility for women recently addressed the problem of weekend admissions by making a three-day supply of medications available in "contingency" for use during weekends and extended holidays when less experienced M.D.s are covering the HIV infected patients.
Continuity of access to medication after release is addressed by providing a supply of medication at discharge that is sufficient, in theory, to cover the time period between release from incarceration and the first clinic visit post release. Some facilities provide a thirty-day supply of medication at discharge, recognizing how difficult it may be for women to locate a place to live, to reconnect with their families, and to attend to their medical needs after release from prison or jail. In fact, discharge planning programs have by now become a widely accepted component of correctional HIV management, helping incarcerated women make smoother transitions into the community and continue to access HIV medical and related services after incarceration. A number of innovative inmate release plans have been devised to ensure continuity of HIV care, such as the StadtRelease plan formulated for various prison systems by a national medication distributor, Stadtlanders. Other states, like

Georgia, have created similar plans with the assistance of a number of ART drug manufacturers.

HIV Education in Correctional Settings

In recognition of the important role that HIV education plays in the reduction of HIV risk behaviors, many women's correctional facilities offer an array of HIV and safer sex education programs, peer led groups, drug treatment, counseling, and vocational training programs for their incarcerated female population. Bedford Hills in New York paved the way for future and existing models of HIV care by offering sexual and physical abuse recovery as a component of its program, AIDS Education and Counseling (ACE).

Programs that provide basic understanding of the virus, the disease, and build skills that diminish HIV risk are critically important in correctional settings. Programs that include these components have been published in detail.26 Providers and patients need to have the same points of reference if the patient is ever to understand concepts of bacteria and viruses. Incarceration is also an excellent opportunity to discuss risk reduction practices.

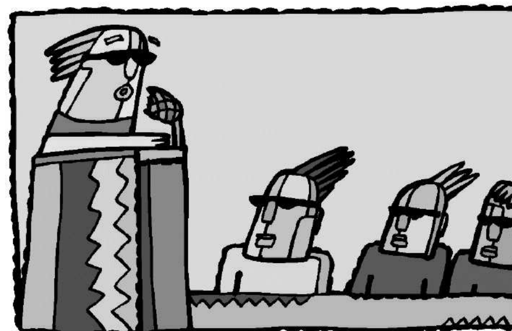
Conclusion

Correctional management of HIV can be viewed as a network of interconnected services that can address the various needs of an incarcerated woman infected with HIV. By testing for HIV infection and screening for gynecologic infections among incarcerated women, correctional health care providers can play a critical role in public health strategies for treating and reducing the spread of infectious diseases. By diagnosing HIV and instituting a plan for treatment, correctional facilities for women can play a critically important role in the reduction of morbidity and mortality among HIV infected women in high risk populations. By instituting comprehensive prenatal diagnosis and treatment protocols, correctional facilities can reduce vertical transmission. By diagnosing and treating sexually transmitted diseases, and using every sexually transmitted infection as an opportunity to teach about HIV, correctional facilities for women can reduce susceptibility to HIV and may also reduce horizontal transmission.

Overall, incarceration provides a critical opportunity for the education, diagnosis, and medical care of HIV-infected women and high-risk HIV seronegative women. Education and empowerment of these women who live with HIV and who are at risk of HIV, will help reduce their vulnerability. Above all, if we can address their HIV care and engage them as partners in an HIV management plan, it will not only benefit the women as individuals, but also the communities to which they may return.

This article originally appeared in the HEPP (HIV Education Prison Project) News. Reprinted by permission. For subscription information to HEPP News, see page 7.

Mark Your Calendars!
Conference 2000…
September 28 & 29,
at the Radisson Hotel,
Sacramento, CA!



Join other Correctional Health Professionals for an opportunity to acquire new knowledge and network with others in our rather unique profession!

Watch your mailboxes for flyers containing more information!

(for some proposed topics, see the table on page 8)

Subscribe to HEPP News or HIV Inside

About HEPP

HEPP News, a forum for correctional problem solving, targets correctional administrators and HIV/AIDS care providers including physicians, nurses, outreach workers, and case managers. Published monthly and distributed by fax, HEPP News provides up-to-the-moment information on HIV treatment, efficient approaches to administering HIV treatment in the correctional environment, national and international news related to HIV in prisons and jails, and changes in correctional care that impact HIV treatment. Continuing Medical Education credits are provided by the Brown University Office of Continuing Medical Education to physicians who accurately respond to the questions on the last page of the newsletter.

If you would like to subscribe to HEPP News or HIV Inside, complete the following and fax it to:
(800) 671-1754.

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Name: ____

Facility: ____(optional) #of HIV infected Inmates______

Check one: ❏ Physician ❏ Physician Assistant ❏ Nurse Practitioner ❏ Nurse/Nurse Administrator
❏ Pharmacist ❏ Medical Director/Administrator ❏ HIV Case Worker/Counselor ❏ Other

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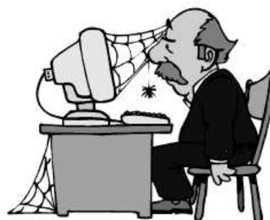
WANT TO LOSE WEIGHT?

To figure the amount of calories needed each day to maintain your current weight, multiply your weight by 10. For example: If you weigh 190 pounds, multiply 190 x 10 = 1,900 (calories needed to maintain your weight). If you desire to lose weight you will need to eat and/or burn fewer calories than what is needed to maintain your weight. For example: If you eat and/or burn 500 fewer calories per day, you will lose on the average 1 pound per week (3,500 calories = 1 pound). Remember, as you lose weight you must decrease your calories according to your weight. (Consult your health care provider before engaging in any weight loss activity)

DID YOU KNOW?



Approximately 40 million Americans suffer from sleep disorders, which includes insomnia, narcolepsy, sleep apnea, and restless legs syndrome. Additionally, an estimated average of 56,000 accidents occurs annually as a result of driving drowsy, claiming 1,500 lives. Driving drowsy or sleepy is thought to be as serious as drunk driving.

Don't Drive Drowsy!

Corrections Related Internet Links

With over 50% of American households now having internet access, the number of corrections related links are growing everyday. Here are some you may find useful (many of these can also be found on the ACHSA website; see page 2 for details):

1. National Institute of Justice: http://www.ojp.usdoj.gov/nij/new.htm
2. Bureau of Justice Statistics: http://www.ojp.usdoj.gov/bjs/
3. The Corrections Connection: http://www.corrections.com
4. Mental Health in Corrections Consortium: http://www.mhcca.org/
5. Jail Net: http://jail.net/
6. Title 15 Adult Facility Regulations: http://www.bdcorr.ca.gov/regulations/t-15_adult_regs/t15-toc.htm
7. Title 15 Juvenile Facility Regulations: http://www.bdcorr.ca.gov/regulations/t-15%20juv-regs/t15-juv-regs-toc.htm
8. Prisons.com: http://www.prisons.com/
9. Correctional Marketplace: http://www.correctional.com/
10. TJN's House (one of my favorites…hehehe) http://home.earthlink.net/~kcnp/index.htm
11. Internet Prisons News Group: news:alt.prisons (found on your news server)

Obviously, this isn't all the links out there; The Corrections Connection, for example, is a treasure trove for information regarding all aspects of connections, and contains links to many, many organizations and topics related to corrections. Many others also have links to other sites. Get out there and explore… you might be surprised!

Natural Selection!

An unidentified man, using a shotgun like a club to break a former girlfriend's windshield, accidentally shot himself to death when the gun discharged, blowing a hole in his abdomen.

A man accidentally shot himself to death in Newton, N. C., when, awakening to the sound of a ringing telephone beside his bed, he reached for the phone but grabbed instead a Smith & Wesson .38 Special, which discharged when he drew it to his ear.

A 24-year-old salesman from Hialeah, Fla., was killed in March when his car smashed into a pole in the median strip of Interstate 95 in the middle of the afternoon. Police said that the man was traveling at 80 MPH and, judging by the sales manual that was found open and clutched to his chest, had been busy reading.

Tentative Conference Topics

♦ Forensic Dentistry (bite marks!)	♦ Use of restraints and their alternatives
♦ Dietitian paned and the uses of consulting dietitians in corrections	♦ Legal issues, with Linda Garret
♦ Malpractice defense, including collaborating efforts with custody (with Nancy Hudgins)	♦ Grant writing workshop
♦ A report on the Board of Corrections Mental Health grant	♦ The Choices Program at the San Mateo County Jail
♦ Mental Health; possibly preventing their recidivism	♦ Competency testing for nurses, using Standardized Procedures
♦ Telephone triage	♦ Cure TB project

None of these topics is set in stone, but all have been proposed (as have others), and speakers are being sought at press time. More information to follow!

Basic Correctional Health Care Academy

Correctional healthcare professionals work in an environment that requires more than the basic skills learned in nursing or medical school and gained through experience in traditional healthcare settings. A great deal of time and money is spent recruiting, interviewing, and checking the backgrounds of correctional health care staff who will eventually be called upon to make life and death decisions in the normal course of their work.

Orientation plans are designed to get these individuals familiar with the unique operational policies and procedures of each facility and give them as much information as possible, on the job, to make good judgments and serve the inmate-patient well. However, we all share the same frustration when staffing is short and these new, unprepared nurses must step out and carry this load without a complete understanding of why and how we do the things we do.

Deputies and correctional staff come to the facility after months of specialized training. Training that is mandated for each and every officer prior to setting foot in this very difficult and highly volatile environment. Training they need to do the best job possible.

All healthcare professionals have had training prior to receiving their license and many have had job experience that has sharpened their skills and abilities. These individuals do not need additional training in how to be a nurse or physician; however, they lack the tools and knowledge necessary to make them good correctional healthcare professionals.

A Basic Correctional Health Care Academy is being designed to address these issues and help to bolster the knowledge base of correctional healthcare professionals; new and old. A five-day curriculum of training based on standards and correctional healthcare principles will give professionals a solid base to begin or enhance their work in the correctional health care field. A Statewide pool of well known, respected correctional health care professionals has made a commitment to this effort and will teach in their area of expertise.

Topics include the history and background of correctional healthcare, safety concerns in dealing with the incarcerated population, standards and accreditation, receiving-screening, mental health identification and treatment, responding to trauma, legal-medical issues, and much more. It is anticipated that the first academy will commence in the fall and be offered three times annually. Classes will be held at the San Bernardino County Sheriff's Academy in cooperation with San Bernardino Valley College.

For more information please contact Kathy Wild, Health Services Administrator with the San Bernardino Sheriff's Department. She can be reached at (909) 463-5007 or via e-mail: kwild@sanbernardinosheriff.org

Application For the California/Nevada Chapter of the ACHSA

Name____
Mailing Address____
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Address____
Work Telephone No.___________________________
Specialty/Discipline____________________________
Position____

Are you a member of …
ACA? Yes☐ No☐ National ACHSA? Yes☐ No

The American Correctional Health Services Association (ACHSA) is an affiliate of the American Correctional Association (ACA). Although not mandatory for ACHSA membership, please indicate if you are a member of the ACA on application.

In order to be a member of the California/Nevada Chapter of the ACHSA, you must be a member of the national ACHSA; please indicate if you are a member of the national ACHSA on application.

Annual dues for ACHSA are: $45.00 (National) and $25.00 (State). Total due = $70.00

Please make check payable to: ACHSA, California/Nevada Chapter, and send to: Treasurer, 2140 Shattuck Ave., Box 2491, Berkeley, CA 94704.

Membership is open to all individuals interested in correctional health services

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