

Feasibility and acceptability of a peer-led, status-neutral, post-incarceration HIV intervention: preliminary findings from the DEST2nation pilot study

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Background: HIV disproportionately impacts people with criminal legal system involvement (PCLSI) who also face barriers to HIV-related care post-release. Our community-academic collaborative engaged a 10-member PCLSI community advisory board (CAB) to co-design a status neutral, post-incarceration intervention for people with and at risk for HIV co-located at a reentry-focused community-based organization (CBO). They proposed a Community Health Advocate (CHA) with shared lived experience to support linkage to community-based HIV-related care and navigating the partnering reentry-focused CBO due to its size and complexity of services (housing, insurance, employment, etc.).

Methods: We enrolled 30 PCLSI living with (n=15) or at risk for HIV (n=15) who were CBO clients and returned from jail or prison in the past year. Participants completed 4 research visits over 6 months and met with the CHA monthly to coordinate HIV-related care and social services. Pilot evaluation examined: a) linkage to HIV-related care via electronic medical record confirmation; b) intervention acceptability (Acceptability of Intervention Measure); c) participant satisfaction (Client Satisfaction Questionnaire, range: 8-32); and d) participants' perceptions of the intervention (qualitative interviews).

Results: Ten (67%) participants with HIV received an ART prescription and eight (53%) completed HIV-related lab work. Among HIV-negative participants, four (27%) completed clinic-based HIV testing and one (7%) received a PrEP prescription. Participants met the CHA 5 times on average, and received referrals for healthcare (85%), housing (69%), and employment (69%). Participants reported high acceptability (>95%) and satisfaction (29.8 ±2.5). Qualitative interviews revealed high intervention satisfaction attributed to the CHA's emotional support, communication, lived experience and assistance navigating CBO services.

Conclusion: Collaboration and leveraging PCLSI voices resulted in a feasible, acceptable and highly valued intervention addressing important structural and psychosocial needs for most participants. Next, we will test the intervention's effectiveness in boosting HIV-related care engagement in a multisite randomized controlled trial.

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