

# HIV/AIDS Incidence in Arkansas: The Effects of Healthcare Organisations and Prison Churn

Edmern Mers\*

Department of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa

## Introduction

The most important ideas for studying infectious diseases and inequality based on location are revealed by the similar patterns of incarceration and HIV/AIDS: cerebral stir or coercive portability. The term "cerebral churn" refers to the criminal justice system's removals and returns to and from communities, particularly incarceration and reintegration. Churn is linked to concentrated disadvantage in the neighbourhood and contributes to neighbourhood instability. Churn is also concentrated in one area, with many returning to the most disadvantaged neighbourhoods after leaving prison. It is essential to examine the prison context, the lives of people who return from prison, and the communities they return to in the course of studying infectious disease pathways and churn. Churn includes both admissions and returns, whereas re-entry focuses on the process of returning home from prison. Both can exist as distinct concepts; However, we consider them to be components of comparable social punishment processes. For instance, as per the Agency of Equity Measurements, the majority of people who were released from prison in 2005 (67 percent) were re-arrested within three years and returned to impoverished areas. [1,2].

## Description

Many individuals going into detainment facilities enter with prior medical conditions. Stress, exposure to infectious diseases, and living with a large number of people all contribute to health issues. Well-established research focuses on the negative effects of incarceration on community integration as well as the social, economic, and health disadvantages that result for people who have spent time in prison. Western and Pettit Prior to their incarceration, individuals entering and exiting prison are members of vulnerable populations. They may have been subjected to racial discrimination, issues with their mental health, unemployment, poverty, or homelessness. Family relationships can be strained in prison, and mental health disorders and midlife physical health issues are linked to prison. People who have been incarcerated in the past frequently return to neighbourhoods that are characterized by residential instability as well as a lack of resources, both in terms of the capacity of their institutional and social network. Both of these factors can increase a person's risk of encountering significant challenges in constructing a life for them after incarceration. Carrera churn is a type of residential instability that has been shown for a long time to weaken neighbourhoods' social infrastructure. In turn, the health of communities and the people who live there can be affected by residential instability. Low neighbourhood collective efficacy is the result of social cohesion among neighbours and residents' propensity to intervene for

the collective's benefit. People may feel a greater desire or responsibility to improve and maintain the health of their neighbourhoods when they intend to live in them for a long time, own their homes, and have the financial means to invest in them. Conversely, drawback prodded by race and class private isolation, imprisonment, and concentrated neediness leaves inhabitants disengaged and coming up short on the necessary resources to cultivate aggregate adequacy.

Churn can also raise neighbourhood crime rates, according to some research. Additional prison admissions raise crime rates when a certain proportion of a neighbourhood's residents are incarcerated. Further imprisonment in areas currently vigorously influenced by the law enforcement framework might amplify social complication levels and hinder a local area's capacity to lay out casual social controls [3,4]. After a period of incarceration, returning home is frequently a challenging process, and it can be challenging to re-establish routines, establish social ties, and achieve economic mobility. Indicators that people frequently experience anxiety and loneliness in addition to the material difficulties they face upon their release from prison include intense poverty, physical pain, and substance abuse issues. These are common challenges for people returning from incarceration [5,6].

## Conclusion

As a result, some of the most vulnerable communities to infectious disease transmission already exist in areas with high rates of crime and incarceration. High people group level paces of return from a time of detainment makes unsteadiness and makes networks more defenceless against HIV transmission pathways. Black male incarceration, housing precocity, and surveillance of people returning from prison all serve to destabilize and dissolve relationships, increasing HIV/AIDS risk among men and women in low-income Black communities. HIV/AIDS risk is also increased by other obstacles, such as economic uncertainty. It is difficult for people who have been released from prison to successfully live with HIV/AIDS due to a combination of poverty, trauma, and a lack of institutional support.

## Acknowledgement

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## Conflict of Interest

None.

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\*Address for Correspondence: Edmern Mers, Department of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa, E-mail: edmernm@gmail.com

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