From Jail to Peer Counselor: HIV Educator Training Increases HIV Testing

Skye Ross, LMSW, MPH
Alison O Jordan, LCSW
Randi Sinnreich, LMSW
Allison Dansby, LMSW
Presenter Disclosures

Skye Dina Ross

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
## Correctional Health Services

### At A Glance

<table>
<thead>
<tr>
<th>Facilities</th>
<th>12 jails: 9 on Rikers Island (1 female facility, 1 adolescent facility), 3 borough houses, public hospital inpatient unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Daily Population</td>
<td>~10,800 (2014)</td>
</tr>
<tr>
<td>Annual Admissions</td>
<td>60,000 (2014)</td>
</tr>
<tr>
<td>Community Releases*</td>
<td>60,000 / year</td>
</tr>
<tr>
<td>Length of Stay</td>
<td>mean=37 days; median~ 7 days</td>
</tr>
<tr>
<td>Electronic Health Record (adopted 2008-2011)</td>
<td>eClinical Works, customized for jail setting; care mgt templates; unidirectional interface with NYC DOC Inmate Information System</td>
</tr>
</tbody>
</table>

*Annual releases from NYC DOC Report of Discharges by zip code for CFY ‘14
Jordan et al., 2015(a)
Twin Epidemics: Mass Incarceration & HIV

Over 70% of people released to the community after incarceration return to the areas of greatest socioeconomic and health disparities.

Correctional Health is Public Health

Jordan et al., 2015-b
Transitional Health Care Consortium: Continuum of Care Model

**Jail-based Services**
- Medical screening on admission
- Health Insurance screening
- Primary care and treatment
- Treatment adherence counseling
- **HIV Peer Educator Training**
- Health education and risk reduction

**Care Coordination**
- Discharge Planning
- Health Insurance Assistance
- Health information / liaison to Courts
- Discharge medications
- Patient Navigation
- **HIV Peer Educators: Teachable Moments**
- Linkages to primary care, mental health and substance use treatment upon release
- Transportation from jail to community

**Community-based Services**
- Primary Care / Mental Health Treatment
- Community Case Management
- Health promotion
- Patient Navigation: accompaniment, home visits, and re-engagement in care
- Linkages to Care
- Treatment adherence
- Housing assistance and placement
- **Trained peer educators**
- Health Insurance Assistance / ADAP

*Jordan et al., 2015 (b)*
## Demographics

<table>
<thead>
<tr>
<th>Age</th>
<th>ALL</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td>16 - 84</td>
<td>16 - 68</td>
</tr>
<tr>
<td>Mean</td>
<td>34</td>
<td>45</td>
</tr>
<tr>
<td>Breakdown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16&lt;21</td>
<td>(13.4%)</td>
<td>(1.3%)</td>
</tr>
<tr>
<td>21&lt;31</td>
<td>(32.8%)</td>
<td>(10.1%)</td>
</tr>
<tr>
<td>31&lt;41</td>
<td>(21.6%)</td>
<td>(18.6%)</td>
</tr>
<tr>
<td>41&lt;51</td>
<td>(21.8%)</td>
<td>(44.3%)</td>
</tr>
<tr>
<td>51+</td>
<td>(10.2%)</td>
<td>(25.4%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>ALL</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic Black (%)</td>
<td>54.0%</td>
<td>61.0%</td>
</tr>
<tr>
<td>Hispanic (%)</td>
<td>33.0%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Non-Hispanic White (%)</td>
<td>8.7%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>ALL</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>89.0%</td>
<td>78.3%</td>
</tr>
</tbody>
</table>

*2011 Correctional Health Services new admission records (N=61,853)

Jordan et al., 2015 (b)
Peer Educator Training Programs: The Evidence

- Reduce HIV stigma and improve outcomes for those infected with HIV (Clark & Boudin, 1990)
- Improves participants’ knowledge of HIV (Ross et al., 2006)
- Increased HIV testing among peer educators (Ross et al., 2006)
- Cost-effective and effective in reducing behavioral risk among high-risk groups (Kegeles et al., 1996; Jones et al., 2008)
Hypothesis

• The HIV Peer Educator Training Program implemented in an urban jail will increase HIV testing among peers enrolled in the training program
HIV Peer Educator Training

• 6 session training
• Objectives: Participants will be able to
  o Discuss HIV incidence, prevalence, and trends for NYC
  o Describe the stages of HIV disease and impacts on the immune system
  o Understand the differences between rapid, standard, and viral testing
  o Define the criteria for AIDS diagnoses
  o Describe at least 2 benefits of ART
  o Define exposure, infection, modes of transmission, and risk-reduction (harm reduction model)
  o Practice the delivery of HIV/AIDS related concepts and definitions through role-play practice
  o Diffusion of HIV-related knowledge and knowledge of harm reduction techniques to other individuals in jail (“teachable moments”)
Peer Educator Training Curriculum

• Session 1: Overview of HIV/AIDS surveillance, incidence, prevalence, & trends for NYC
• Session 2: Defining HIV & AIDS and understanding testing
• Session 3: Criteria for AIDS diagnosis, effects on the immune system, stages of infection, PEP & PrEP, role play practice
• Session 4 + 5 (combined): HIV Transmission, Acquisition, and Prevention + HIV Prevention Counseling, with role play practice
• Session 6: Recap, practice, and graduation

Correctional Health Services HIV Prevention Peer Education Project HIV 101, adapted from Project Wall Talk
Methods

- 96 peer educators from cycles 14, 15, and 16 (October 2014 – January 2015)
- IRB-approved retrospective medical chart review for HIV testing during or within 1 year after participation in Peer Educator Training
- Comparison group: general jail population during the months of the peer educator training
Measures

- HIV testing (0: not tested within 1 year; 1: tested within 1 year; 2: known to be HIV+)
- Teachable moments (self-reported number of encounters within the jail during which knowledge gained in the peer educator training was shared with others)
Data Analysis

• Data was analyzed using SPSS version 19
• Frequencies, measures of central tendency
• Chi-square analysis
# Race/Ethnicity

<table>
<thead>
<tr>
<th>Demographics</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>11 (11.46)</td>
</tr>
<tr>
<td>White, Hispanic</td>
<td>11 (11.46)</td>
</tr>
<tr>
<td>African American/Black, non-Hispanic</td>
<td>45 (46.88)</td>
</tr>
<tr>
<td>Black, Hispanic</td>
<td>1 (1.04)</td>
</tr>
<tr>
<td>Asian/Pacific Islander, non-Hispanic</td>
<td>1 (1.04)</td>
</tr>
<tr>
<td>Other, non-Hispanic</td>
<td>2 (2.08)</td>
</tr>
<tr>
<td>Other, Hispanic</td>
<td>33 (34.38)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>18 – 25</td>
<td>6 (6.25)</td>
</tr>
<tr>
<td>26 – 35</td>
<td>11 (11.46)</td>
</tr>
<tr>
<td>36 – 45</td>
<td>31 (32.29)</td>
</tr>
<tr>
<td>46 – 55</td>
<td>39 (40.63)</td>
</tr>
<tr>
<td>56 - 65</td>
<td>9 (9.38)</td>
</tr>
</tbody>
</table>
HIV Testing Behavior

\( \chi^2 = 38.38, \text{ df}=1, \ p<.01 \)

Figure 2. HIV Testing among participants in the HIV Peer Educator Training (October 2014 – January 2015)*

Figure 3. Average HIV testing among the general jail population October 2014 – January 2015

*Excludes 12 participants who knew they were HIV positive prior to the training
Diffusion of Knowledge: Average, Per 5-Week Training

3919 Teachable Moments
30 Trained Peer Educators
2 Facilitators
Conclusions

- HIV Peer Educator Training is associated with a significant increase in HIV testing among program participants.

- HIV Peer Educator Training appears to be a cost effective method of dispersing information on HIV risk, prevention, testing, and treatment in NYC jails.
Implications for the Field

• There is an opportunity to reach people while they are in jails and prisons to provide them with information and tangible skills that will benefit their health and the health of their communities.

• Graduates become peer educators, allowing for cost-effective diffusion of knowledge of HIV transmission, testing, disease progression, treatment, and risk reduction techniques.
Recommendations

• Future evaluation
  o Larger sample
  o Impacts
    • Assess knowledge gained (pre-test/post-test)
    • Follow up to count teachable moments in the communities to which peer educators return
    • Qualitative interviews with peer educators to better understand the link between the training and their own motivation to engage in health-promotive behaviors
    • Formal cost analysis
  o Outcomes
    • Participants’ employment in the community, HIV status
    • Follow up with individuals peer educators spoke to (i.e. HIV testing, HIV risk behavior, HIV-related knowledge)
    • Recidivism rates among peer educators
Acknowledgments

• Thank you to the NYC Department of Health and Mental Hygiene Bureau of Correctional Health Services
Contact Us

- Skye Ross, sdr2132@columbia.edu
- Alison Jordan, ajordan@nychhc.org
- Randi Sinnreich, rsinnreich@nychhc.org
- Alison Dansby, adansby@nychhc.org
References