

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

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

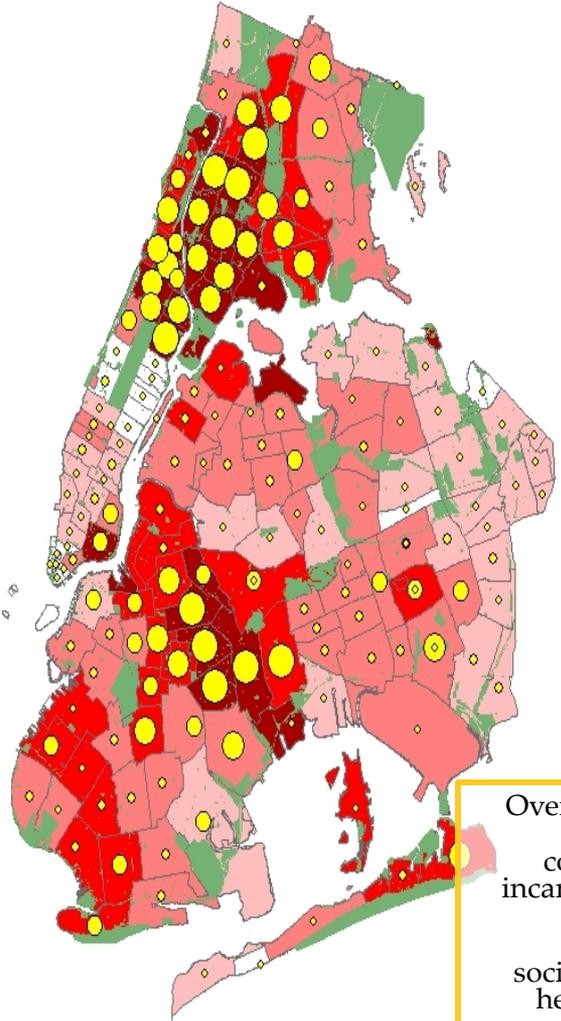
*Annual releases from NYC DOC Report of Discharges by zip code for CFY '14

Twin Epidemics: Mass Incarceration & HIV



Number of Discharges to the Community from NYC Jails by Zip Code and Socioeconomic Status for 2014

- Legend**
- Number of Reentrants**
- ◊ 1 - 100
 - ◊ >100 - 250
 - >250 - 500
 - >500 - 850
 - >850 - 1400
- Median Income (2007)**
- < 25K
 - 25 - 35K
 - 35 - 50K
 - 50 - 75K
 - >75K
 - Parks

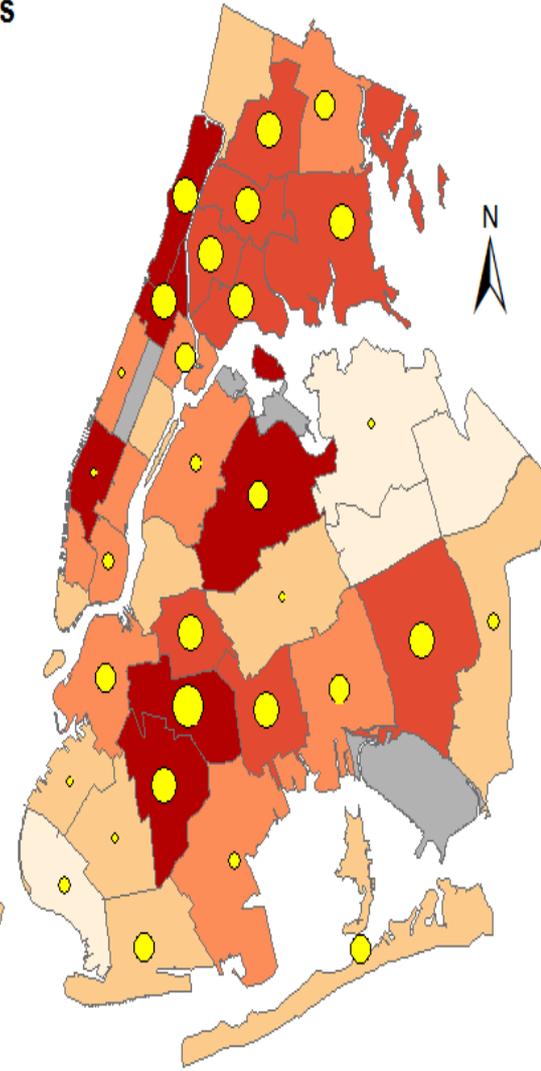


Number of New HIV Diagnoses

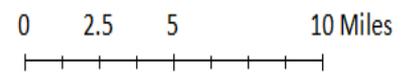
- 0 - 15
- 16 - 40
- 41 - 90
- 91 - 130
- 131 - 217

Number of Inmates Released

- ◊ 341 - 526
- ◊ 526 - 818
- 819 - 1363
- 1363 - 2552
- 2553 - 3917
- Non-residential zones

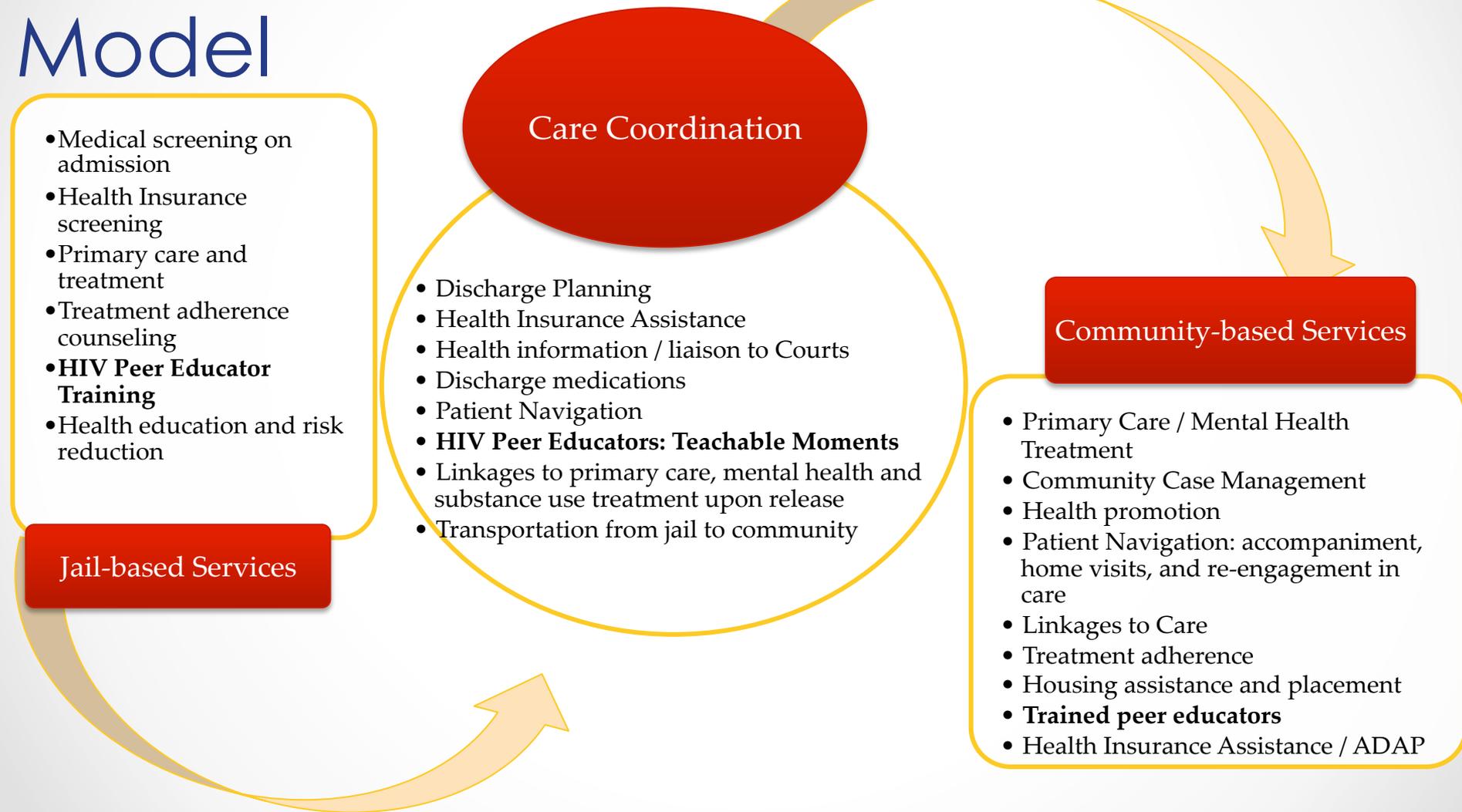


Over 70% of people released to the community after incarceration return to the areas of greatest socioeconomic and health disparities



Correctional Health is Public Health

Transitional Health Care Consortium: Continuum of Care Model



Demographics

Age	ALL	HIV
Range	16 - 84	16 - 68
Mean	34	45
Break down	16<21 (13.4%)	16<21 (1.3%)
	21<31 (32.8%)	21<31 (10.1%)
	31<41 (21.6%)	31<41 (18.6%)
	41<51 (21.8%)	41<51 (44.3%)
	51+ (10.2%)	51+ (25.4%)

Race	ALL	HIV
Non-Hispanic Black (%)	54.0%	61.0%
Hispanic (%)	33.0%	30.0%
Non-Hispanic White (%)	8.7%	7.0%
Gender	ALL	HIV
Male (%)	89.0%	78.3%

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

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
 - Discuss HIV incidence, prevalence, and trends for NYC
 - Describe the stages of HIV disease and impacts on the immune system
 - Understand the differences between rapid, standard, and viral testing
 - Define the criteria for AIDS diagnoses
 - Describe at least 2 benefits of ART
 - Define exposure, infection, modes of transmission, and risk-reduction (**harm reduction model**)
 - Practice the delivery of HIV/AIDS related concepts and definitions through role-play practice
 - 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

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

Demographics	N (%)
Race <ul style="list-style-type: none"> White, non-Hispanic White, Hispanic African American/Black, non-Hispanic Black, Hispanic Asian/Pacific Islander, non-Hispanic Other, non-Hispanic Other, Hispanic 	<ul style="list-style-type: none"> 11 (11.46) 11 (11.46) 45 (46.88) 1 (1.04) 1 (1.04) 2 (2.08) 33 (34.38)
Age <ul style="list-style-type: none"> 18 - 25 26 - 35 36 - 45 46 - 55 56 - 65 	<ul style="list-style-type: none"> 6 (6.25) 11 (11.46) 31 (32.29) 39 (40.63) 9 (9.38)

HIV Testing Behavior

($\chi^2= 38.38$, $df=1$, $p<.01$)

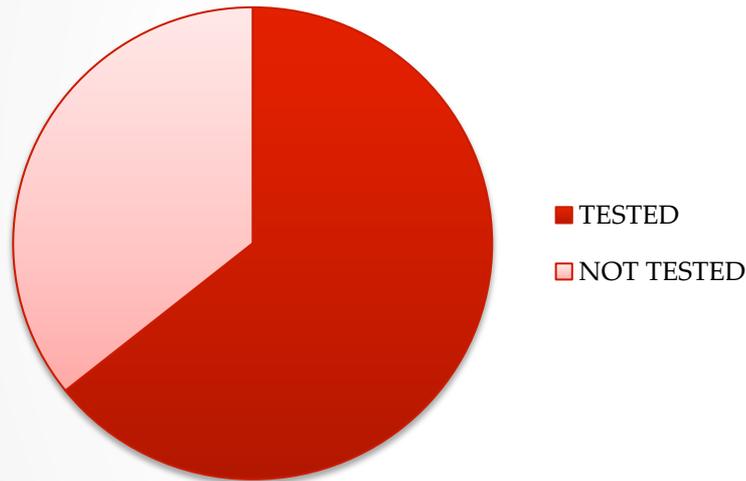


Figure 2. HIV Testing among participants in the HIV Peer Educator Training (October 2014 – January 2015)*

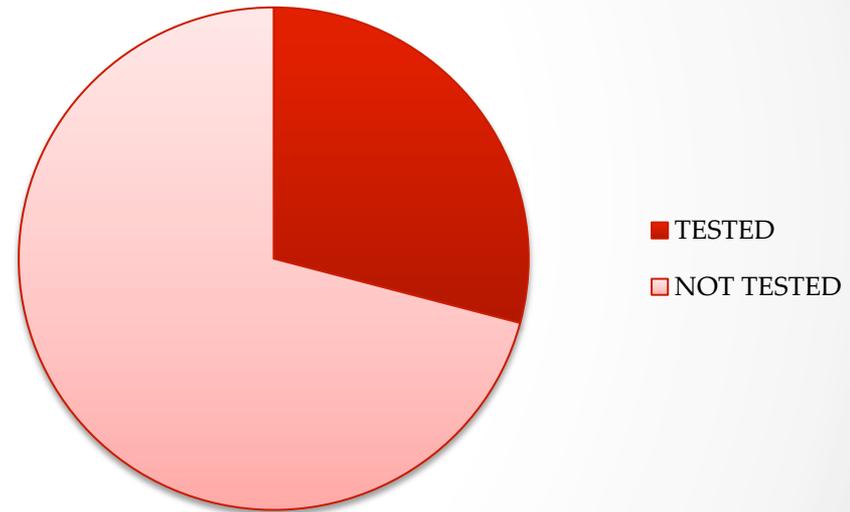
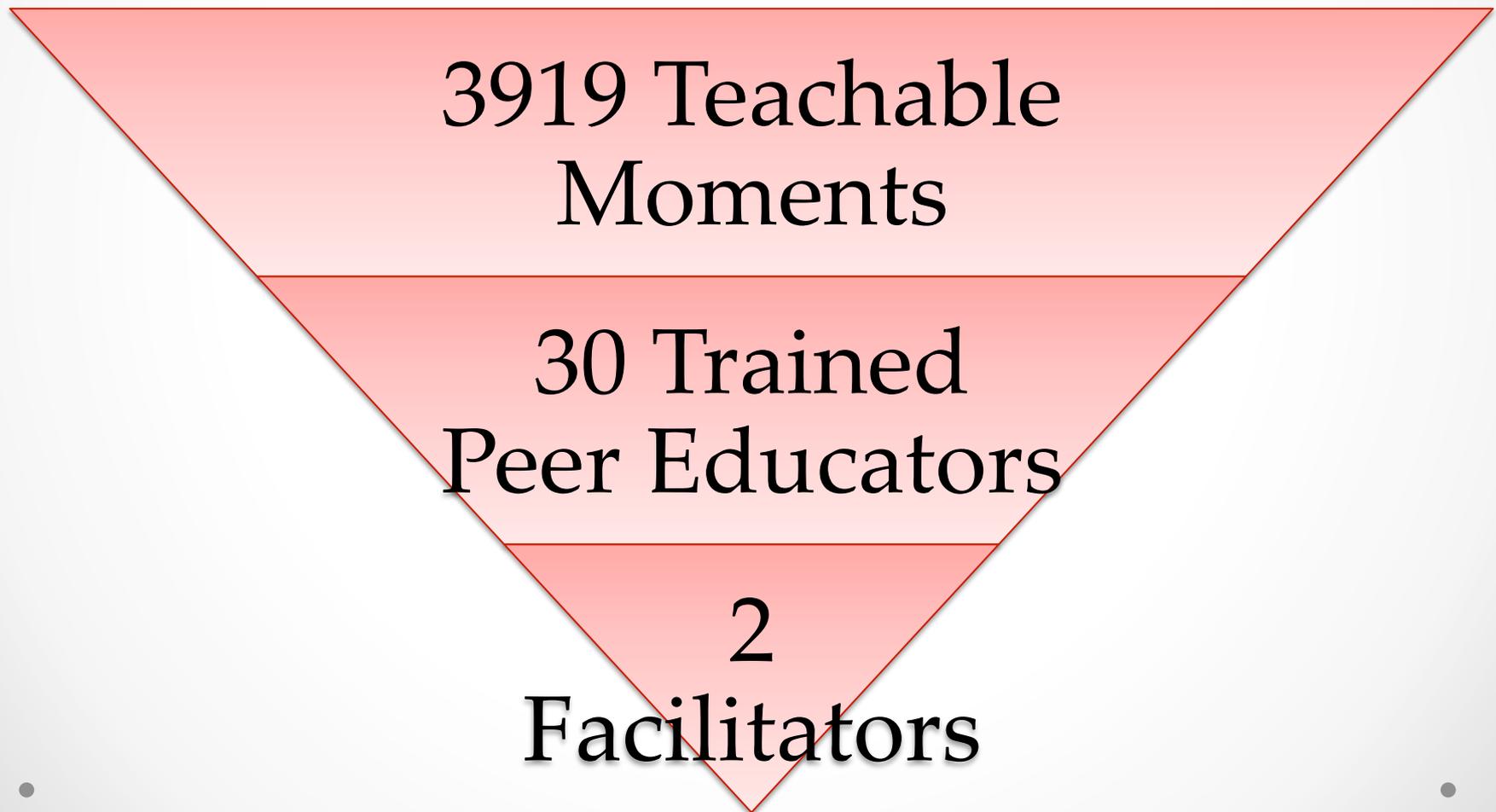


Figure 3. Average HIV testing among the general jail population (October 2014 – January 2015)

● *Excludes 12 participants who knew they were HIV positive prior to the training

Diffusion of Knowledge: Average, Per 5-Week Training



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
 - Larger sample
 - 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
 - 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

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References

- Clark, J. & Boudin, K. (1990). Community of women organize themselves to cope with the AIDS crisis: A case study from Bedford Hills Correctional Facility. *Journal of Crime, Conflict, and World Order*, 17(2), 90 – 109.
- Fisher, J.D., & Fisher, W.A. (1992). Changing AIDS-risk behavior. *Psychological Bulletin*, 111(3), 455 – 474.
- Jordan, A.O., Macdonald, R., & Richards, S. (2012). Warm transitions: Linkages to care for people with HIV returning home from Rikers Island jails. *NYC Correctional Health Services & The Fortune Society* (ppt) at Ryan White Grantee Meeting, 2012.
- Jordan, A.O., Cohen, L.R., Harriman, G., Teixeira, P.A., Cruzado-Quinones, J., & Venters, H. (2013). Transitional care coordination in New York City jails: Facilitating linkages to care for people with HIV returning home from Rikers Island. *AIDS and Behavior*, 17(S2), S212-S219.
- Jordan, A.O., & NYC Department of Health and Mental Hygiene/Correctional Health Services (2015-a). Linkages and care engagement: From NYC jail to community provider. *AIDS Education and Training Center and National Resource Center Health Disparities Collaborative* (ppt), March 24, 2015.
- Jordan A.O., et al. (2015 – b). It's A Match: Medicaid Health Homes and Correctional Health Services Coordinate Care. (ppt)
- Kegeles, S.M., Hays, R.B., Coates, T.J. (1996). The Mpowerment Project: A Community-level HIV Prevention Intervention for Young Gay Men. *American Journal of Public Health*, 86 (8), 1129 – 1136.
- Kenneth T. Jones, MSW, Phyllis Gray, MPH, Y. Omar Whiteside, MEd, Terry Wang, MSPH, Debra Bost, BA, Erica Dunbar, MPH, Evelyn Foust, MPH, and Wayne D. Johnson, MSPH (2008). Evaluation of an HIV prevention intervention adapted for Black men who have sex with men. *American Journal of Public Health*, 98 (6), 1043-1050.
- NYC Department of Health and Mental Hygiene (2014). HIV Surveillance Annual Report, 2013.
- NYC Department of Health and Mental Hygiene (2015). Discharges from NYC Jails by zip code and socioeconomic status.
- Ross, M.W., Harzke, A.J., Scott, D.P., McCann, K., & Kelley, M. (2006). Outcomes of Project Wall Talk: An HIV/AIDS peer education program implemented within the Texas prison system. *AIDS Education and Prevention*, 18(6), 504 – 517.
- Toch, H. (1997). *Corrections: A Humanistic Approach*. New York: Harrow and Heston, ch. 2.