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Copies of this report are available at

www.caps.ucsf.edu/publications/prisonS2C.pdf

Background

There are more than two million adults incarcerated in the US and four million more on probation or parole. Rates of HIV are 8 to 10 times higher for incarcerated persons than for the general US population, hepatitis C rates are 9 to 10 times higher, and sexually transmitted disease (STD) rates among men entering jails are as high as 35%. Because many prisoners are serving short sentences for parole violation, and return to prison is common, at-risk individuals move frequently between prisons and their home communities. (National Commission on Correctional Health Care, 2002)

There is an urgent need to develop effective, accessible HIV prevention programs and population-specific HIV education materials for prisoners and their partners. Despite this, institutional barriers have impeded development and evaluation of such programs. Prisoners in the US have virtually no access to condoms, bleach, clean syringes, comprehensive HIV prevention education or support for transitioning out of prison. Rules protecting the security of the institution also limit access by community-based organizations (CBOs) and researchers.

Staff at Centerforce, a CBO, have provided comprehensive HIV prevention education at San Quentin State Prison since 1986. Since 1992 they have been evaluating many of these programs in collaboration with the Center for AIDS Prevention Studies (CAPS), UCSF.

What is Collaborative Research?

Collaborative research is research that is conceived, planned and conducted collaboratively between academic researchers and community service providers. Together, Centerforce and CAPS have developed surveys, conducted needs assessments, developed programs, analyzed data and disseminated findings. We believe that collaborative research results in more effective programs and more relevant research findings.

Interventions and Findings

Most of the intervention and evaluation projects described here were conducted at San Quentin State Prison in Marin County, CA. San Quentin is a medium-security prison housing approximately 6,000 men who are incarcerated for an average of two years. San Quentin is unusual in its proximity to several urban centers, which facilitates visits with prisoners and the involvement of CBOs.

Some programs were also conducted at a second men's prison (California Medical Facility) and two women's prisons (Valley State Prison and Central California Women's Facility).

Programs for Incoming and Current Prisoners

Prisoner Peer Education Project

All men entering San Quentin are mandated to receive HIV/STD/TB/hepatitis education, which is taught by prisoner peer educators. Centerforce staff select, train and supervise peer educators in cooperation with prison staff. The training includes 30 hours of instruction over five days. Trainees learn about HIV/STD/TB/hepatitis transmission and the interpersonal and structural issues related to HIV prevention as well as the mechanics of HIV prevention (condom use and needle cleaning). They also learn public speaking skills.

Peer educators also are supervised for a minimum of one hour per week and receive additional training and supervision on an ongoing basis. Each year, about 40 prisoners are trained as peer educators. Peer educators provide various services at the prison, including the HIV orientation, pre-release counseling, and other health education programs. *Started 1991, ongoing.* (1)

HIV/STD/TB/hepatitis Orientation Program

Men arriving at the prison meet with prisoner peer educators for an hour-long program including basic information about HIV/STD/TB/hepatitis transmission and about specific risks in the prison setting. The majority of men coming to San Quentin receive this intervention, which reaches up to 10,000 new prisoners per year. After the orientation, voluntary confidential HIV testing is offered. A bilingual/bicultural Spanish-speaking prisoner peer educator is available to meet with monolingual Spanish speakers. The HIV orientation program is ongoing with the full support of the prison administration, which provides the program space and assigns a correctional officer to supervise the activity.

Our evaluation found that peer educators were as effective as professional HIV educators and that prisoners preferred peer educators. *Started 1991, ongoing.* (2)

Programs for HIV+ Prisoners

Health Promotion Program

We developed and evaluated the effectiveness of a 20-hour pre-release intervention for HIV+ prisoners. The goal of the intervention was to improve

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HIV+ prisoners' health and well-being while reducing behaviors that may transmit HIV to their sexual and drug-using partners after release. The interactive intervention sessions were conducted inside the prison by representatives of CBOs and included sessions on self-esteem, health maintenance, community resources, stress management, legal issues and barriers to care after release. The topics often changed to reflect the needs of the prisoners. There was also a resource fair where a variety of service agencies came to the prison. (3)

Methods

We compared the post-release outcomes of program participants to the outcomes of a comparison group who were unable to attend the intervention because they were being released too early. All participants received both a pre-intervention and a post-intervention survey, and were followed for an additional survey in the community 30-60 days after release. A total of 123 men (94 intervention and 29 comparison participants) agreed to be assessed after release from prison; 66% were contacted and assessed after release.

Findings

- Over half of participants were in a main relationship.
- 50% of main female partners were HIV+, and all of main male partners were HIV+.
- 40% always used condoms with main female partners, and nearly 60% always used condoms with other female partners.
- After release, participants in the intervention group were more likely to have used a condom the first time they had sex (81% v 68%), less likely to have injected drugs (46% v 67%), and, among those who injected drugs, less likely to have shared injection equipment (6% v 25%).

Started 1996, ended 1999.

Structural Ecosystems Therapy (SET)

Interactions with family and other support systems are critical to reducing HIV transmission risk and improving HIV-related medical adherence among HIV+ persons. SET aims to increase constructive interactions and communication in participants' families and broader ecosystems such as friends and caregivers, and uses these systems to support and maintain positive behavior change. HIV+ men being released from prison either receive a family therapy intervention or an individually focused risk reduction comparison intervention. We are testing the effectiveness of the intervention in reducing sexual and drug-related HIV transmission risk and increasing medical adherence. *Started 2004, ongoing.*

Programs for Prisoners Preparing for Release from Prison

Pre-Release HIV Prevention Program

With input from prisoners and service providers, we developed a peer-led, single-session pre-release intervention addressing condom use, needle hygiene and referrals to CBOs. The intervention consisted of a 30-minute individual session with a peer educator. Using a standardized format, the peer educator discussed the participant's plans after release, assessed his risk to contract or transmit HIV and offered individualized education, risk reduction counseling and referrals. Peer educators conducted the intervention under the supervision of a trained health educator. (4)

Methods

A total of 414 prisoners were randomly assigned to standard care or to receive the pre-release intervention. Participants completed a baseline face-to-face survey. Follow-up assessment was conducted via telephone two to four weeks after release. We interviewed 43% of the baseline sample at follow-up. Findings must be interpreted cautiously due to this follow-up rate; however, attrition analyses revealed no risk behavior differences between those interviewed and those not interviewed at follow-up.

Findings

- Most men return to a main partner and have unprotected intercourse within hours of their release from prison.
- Men in the intervention were nearly twice as likely to use a condom at their first intercourse after release from prison as compared to the no-treatment group (38% v 20%, $p=.05$).

Started 1994, ended 1996.

Programs for Prisoners Transitioning out of Prison

Project HIP HOP

Project HIP HOP (Health in Prison, Health out of Prison) targeted 18-29 year old men who were being released from prison. The intervention was based on a prevention case management model that focused on preventing sexual and drug-related risk that could lead to HIV, STD or hepatitis infection. It used techniques of harm reduction, motivational interviewing and problem solving. HIP HOP was the local site name for a national study (Project START) which also was conducted in Mississippi, Rhode Island and Wisconsin.

Project HIP HOP consisted of a Single Session Intervention (SSI) and Enhanced Intervention (EI). The intervention was evaluated through a behavioral trial where the SSI and EI were com-

pared and participants were followed for six months after their initial release from prison.

Two sessions of the EI took place in prison prior to release, and four sessions out of prison at 1, 3, 6 and 12 weeks post-release. The first in-prison session was the same as the SSI. The second in-prison session focused on the participant's needs after release and included assessment, planning, problem-solving and facilitated referrals for housing, employment, financial problems, social relationships, substance use and mental health treatment, legal problems and avoiding reincarceration. The following methods and findings are for Project START, the 4-state national trial. (5,6)

Methods

Project START involved 522 young men between the ages of 18 and 29 (52% African-American, 23% White, 14% Hispanic, 12% other). Men were recruited from eight state prisons in four states: California, Mississippi, Rhode Island and Wisconsin. Young men answered survey questions to assess risk behavior prior to release and at 1, 12 and 24-weeks after release. Retention was excellent, with 83% of men completing the 24-week follow-up assessment.

Findings

- At 24 weeks, men in the EI (68%) were significantly less likely than men in the SSI (78%) to report unprotected vaginal or anal sex with any partners since the last interview. This effect was driven by differences in risk with main partners (as opposed to non-main partners).
- Many men had main and non-main partners who were themselves at increased risk of HIV/STDs or hepatitis.

Conclusion: These men were at considerable risk for HIV/STDs before and after incarceration. Greater risk reduction occurred with main partners than with non-main partners, protecting not only the men but their partners as well. The EI of the Project START intervention was effective in reducing sexual risk behavior.

Started 1998, ended 2004.

Get Connected

Centerforce provided five months of HIV Prevention Case Management (PCM) to individuals leaving three state prisons in California. A case manager worked with clients two months pre-release and three months post-release to deliver comprehensive client-centered needs assessments, individualized care and treatment planning, facilitated referrals to community resources, liaison work with parole agents, and HIV risk reduction education/counseling. An average of 39 case management hours were delivered to 54 women and 65 men in the program. (7)

Methods

Program effectiveness was evaluated by measuring HIV risk behavior, reincarceration, access to services and program retention. Case managers completed risk assessments at 1-week and 10-weeks post-release, and documented when a client stopped receiving services due to being lost to follow-up or returning to jail or prison.

Findings

- Clients reported significant increase in use of condoms and decrease in sex under the influence of alcohol after program participation.
- Regardless of race or age, women and those receiving multiple health services were more likely to complete the program.
- PCM appears to facilitate healthy behavior for individuals leaving prison.

Started 1999, ongoing.

Prison Risk Project

We will conduct formative research with men of color who have sex with men who do not identify as gay--and their service providers--to understand the issues that these men face as they leave prison. Results will be used to tailor a health services intervention. We will evaluate the implementation process and the outcomes of the intervention, document intervention tailoring and implementation and evaluate the effectiveness of the intervention. *Project will start early 2005.*

Programs for Women with Incarcerated Partners

Love Your Man, Love Yourself: The Women Visitors' Project

In the Health Promotion Program, we found that nearly half of HIV+ prisoners had a main partner and had unprotected sex with that partner almost immediately after leaving prison. We therefore developed a single session, peer-led group intervention for women visiting their incarcerated partners. The intervention included basic HIV information and information about risks specific to having an incarcerated partner, encouraged women to share this information with others and encouraged interaction and social support. An additional goal of this project was to describe the population and their HIV prevention needs. (8)

Methods

86 women completed baseline surveys, 81 completed post-intervention surveys, and 67 were followed one month after the intervention.

Findings

- Women had a high level of general knowledge about HIV/AIDS, but many did not consider

Materials Available

Program description and intervention outlines are available on CAPS website: www.caps.ucsf.edu/projects/Centerforce/.

Information about Centerforce is available at www.centerforce.org.

A detailed description of Project START can be found at: effectiveinterventions.org/en/Interventions/ProjectSTART.aspx.

The video *Inside/Out: Real Stories of Men, Women, and Life after Incarceration* and the accompanying discussion guide can be ordered online at www.centerforce.org or by calling Centerforce at 415/456-9980.

Survey instruments from each of the intervention studies are available from Olga Grinstead at CAPS: olga.grinstead@ucsf.edu.

Acknowledgments

We would like to acknowledge our funders: California Office of AIDS, Centers for Disease Control and Prevention, Health Resources and Services Administration, Northern California Grantmakers, National Institutes of Mental Health, National Institute of Nursing Research, University of California Universitywide AIDS Research Program. We'd also like to acknowledge the warden and staff of San Quentin State Prison, The House at San Quentin, and, of course, all of our study participants.

themselves to be at risk of transmission because they were monogamous. Many women were unaware of HIV risks specific to incarceration.

- Despite their stated denial of risk, the majority of women had been tested for HIV multiple times and worried about HIV infection.
- Most women had never used condoms with their primary partner; of all the women who had overnight prison visits, none had used a condom.
- Nearly 20% of our sample reported having a secondary sexual partner, and most used condoms with secondary partners.

Started 1996, ended 1999.

We also created the videotape *“Inside/Out: Real Stories of Men and Women and Life After Incarceration.”* This 17-minute film focuses on the health risks in prison and highlights the need for honest communication around health issues when planning for the future.

HOME Project

The HOME Project (Health Options Mean Empowerment) aims to refine, implement and test our intervention for women with incarcerated partners. The project is based on a theoretical model of HIV risk and risk reduction among women with incarcerated male partners that includes individual (misinformation, risk denial and minimization, isolation), couple (relationship pressures), and contextual (institutional policies) factors. Based on our formative research findings, we have developed a multi-component intervention that includes community events, group workshops, and one-on-one outreach by peer educators. The HOME intervention activities address a variety of topics relevant to women with incarcerated partners, such as communication, resume-writing and job-finding skills; information about the criminal justice system; health issues for women, children, and prisoners; accessing community resources; and HIV/STD/hepatitis prevention and treatment.

Methods

This study included formative qualitative and quantitative studies to learn more about women’s prevention needs. For the qualitative study we interviewed 20 women visiting male partners and 13 correctional officers. For the quantitative study 117 women completed baseline surveys and 99 completed follow-up surveys 30 days after their partners had been released from prison. We will test the effectiveness of the HOME intervention in reducing risk behavior using a longitudinal quantitative survey, qualitative interviews, and pre- and post-intervention cross-sectional surveys. *Started 10/02, ongoing.*

Challenges

Conducting programs and research within a prison setting presents certain barriers and limita-

tions. For example, prisoner movement is limited, and programs must deal with resistance from prison staff, including correctional officers and health care providers. Institutional lockdowns (e.g., in cases of bad weather, escapes, riots, or executions) occasionally prevent program staff from entering the prison. While most of these barriers did not require intervention or evaluation design modifications, some programs required additional time to complete data collection, and in some cases, evaluation goals had to be modified to take institutional barriers into account.

Although working with prisoners while they are incarcerated helps develop and sustain relationships with them upon release, recently released men and women face considerable obstacles to successful community reentry which can inhibit service delivery and program retention.

Lessons Learned

- HIV prevention interventions at prisons are feasible. Successful programs call for flexible program, research and funding approaches as well as collaborative relationships with prison personnel.
- Peer educators are important. Prisoners and their partners prefer peer educators and respond with increased attendance and attention.
- Researchers wanting to work in prisons would do well to identify and partner with CBOs that are already providing services to prisoners.
- HIV prevention programs in prisons must go beyond HIV and beyond prison walls. The more comprehensive a program, the more effective it will be.
- Prisoners are also a part of the community outside the prison walls, and their relationships outside of prison must be addressed. Partners and families of prisoners are in need of HIV education and prevention services.
- Prisoners need to be introduced to community prevention services before they are released. After release, men face the stresses of community and family reentry and may have difficulty accessing and completing treatment.
- Women who visit their incarcerated partners face multiple challenges that affect their ability to protect themselves from HIV/STDs, including misinformation about prison policies, isolation, relationship pressures and denial of risk.
- In addition to teaching prisoners about HIV risk reduction, transitional case management services facilitate referrals to community resources for drug/alcohol treatment, adequate housing and employment, and to other services to prevent reincarceration.
- Collaborative research projects provide needed resources for prisons, and prisons see CBOs and researchers as a valuable resource.

References

1. Grinstead O, Zack B, Faigeles B. Collaborative research to prevent HIV among male prison prisoners and their female partners. *Health Education and Behavior*. 1999;26:225-238.
2. Grinstead O, Faigeles B, Zack B. The effectiveness of peer HIV education for male prisoners entering state prison. *Journal of Health Education*. 1997;28:S31-S37.
3. Grinstead O, Zack B, Faigeles B. Reducing postrelease risk behavior among HIV seropositive prison prisoners: the health promotion program. *AIDS Education & Prevention*. 2001;13:109-119.
4. Grinstead OA, Zack B, Faigeles B, et al. Reducing postrelease HIV risk among male prison prisoners: A peer-led intervention. *Criminal Justice & Behavior*. 1999;26:453-465.
5. Wolitski RJ and the Project START Study Group. Project START reduces HIV risk among prisoners after release. Presented at the XV International Conference on AIDS, Bangkok, Thailand. July 2004. Abstract #WeOrC1296.
6. Project START: HIV/STD/hepatitis prevention for young men being released from prison. www.caps.ucsf.edu/publications/STARTS2C.pdf
7. Zack B, Myers J, Kramer K, Gardner, M. Housing, medical care and social services are associated with better outcomes among individuals transitioning from prison to the community. Presented at the XV International Conference on AIDS, Bangkok, Thailand. July 2004.
8. Comfort M, Grinstead OA, Faigeles B, et al. Reducing HIV risk among women visiting their incarcerated male partners. *Criminal Justice & Behavior*. 2000;27:57-71.