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Main Findings

- **Project START's Enhanced Intervention was successful: men in the Enhanced Intervention had lower rates of sexual risk 24 weeks after release compared to men in the Single Session Intervention.**
- Young men leaving prison are at risk for HIV, STD and hepatitis.
- Many young men leaving prison engage in unprotected sexual activity immediately after release from prison.
- Young men leaving prison are also at high risk for returning to prison.
- It is feasible to maintain contact with young men after they have left prison when there are sufficient resources for tracing.

Background

By the end of 2002, over 2 million adults were incarcerated in the US, and 93% of those were men. African Americans and Latinos were incarcerated at greater rates than Whites in the US, 7.6 times greater for African Americans and 2.6 times greater for Latinos. Nearly 40% of incarcerated men were under the age of 30. Young men of color are at high risk of incarceration and the health problems related to incarceration.

These young men also are our neighbors, frequently passing in and out of jail and prison and returning back to the community. Men who are incarcerated have disproportionate rates of HIV, sexually transmitted diseases (STDs) and hepatitis. Rates of HIV are 8-10 times higher for incarcerated persons than for the general US population; hepatitis C rates are 9-10 times higher, and STD rates among men entering jails are as high as 35%.

Men leaving prison face numerous challenges that may impede their ability to protect themselves against these diseases. Men often must re-establish relationships, find employment and housing and deal with addictions and mental health issues. Prisons present a unique opportunity for HIV/STD education and skills building to help men avoid risk after their release from prison.

Project START history

There are few services for men leaving prison and little research on HIV/STD prevention programs

for men leaving prison. Recognizing the need to develop and test interventions specifically for incarcerated men, the Centers for Disease Control and Prevention (CDC) funded Project START to develop an HIV, STD and hepatitis prevention program for young men aged 18-29 who are leaving prison and to test the effectiveness of the interventions in reducing sexual risk after leaving prison. Study sites at state prisons were selected in four states: California, Mississippi, Rhode Island and Wisconsin.

The first three years of the study were dedicated to formative research. During the formative research period, all investigators engaged in a process of intervention development to create a Single Session Intervention (SSI) and Enhanced Intervention (EI). The intervention was implemented through a behavioral trial where the SSI and EI were compared and participants were followed for six months after their initial release from prison.

How is this project unique?

- The interventions were designed specifically for young men (18-29 years) leaving prison.
- The EI started pre-release and continued post-release.
- The interventions were based on extensive formative research with incarcerated men and providers both inside and outside of prison.
- The interventions focused on sexual risk, with reincarceration as a secondary outcome.

Formative Research

Our formative research included three studies. First, we conducted qualitative research with 71 service providers working inside the prison and 97 working outside the prison. Providers inside prisons included wardens, correctional officers, teachers, nurses, physician assistants and chief medical officers. Providers outside the prison included staff from various services including HIV/STD, homeless, halfway house, medical and mental health, substance use, parole officers, faith-based personnel and vocational counselors.

Second, we conducted qualitative and quantitative research with 106 men, recruiting them while incarcerated and conducting interviews prior to release and at 1, 4, 12 and 24 weeks after release.

Third, we collected urine and blood samples from these men when they had been out of prison for 24



weeks to assess the feasibility of testing for STD and hepatitis among this population.

Formative Research Key Findings

Provider perceptions of risk

- Providers believed most men were sexually active immediately after release. They did not believe abstinence was an effective intervention outcome for sexual behavior.
- The most likely reason for HIV/STD risk was believed to be sexual activity combined with drug use.
- Reasons for sexual risk behavior included: “making up for lost time,” “being a man,” degree of HIV/STD knowledge and vulnerability, desire to escape and lack of future orientation.
- Peers, partners and family had a strong influence on risk behavior, both positively and negatively.
- Factors that could help reduce risk were: stable housing, availability of jobs and economic self sufficiency; and positive community support including needle exchange services, drug treatment and condom distribution.

Conclusion: Providers believed that an intervention that focuses directly on sexual risk reduction in the context of men’s lives as they reenter the community after release was most likely to be effective.

Risk behavior of men leaving prison

- Men engaged in unprotected sexual activity soon after release from prison, with 51% engaging in unprotected sex on the first day and 86% by the end of the first week.
- Rates of reincarceration were high: 72% had at least 4 prior incarcerations and 40% spent at least one day in prison or jail in the 24 weeks since their initial release.
- One-third of the young men reported they had ever been diagnosed with an STD, 2% were hepatitis C positive and 2% were HIV+.
- Most men had primary committed female partners. Only 8% consistently used condoms with their primary partners prior to incarceration.
- 1% reported sex with men.
- Almost 10% reported ever injecting drugs.
- After release, two-thirds used alcohol and half used marijuana, even though many were on probation or parole.

- Half of the men were unemployed prior to incarceration, 80% at 1 week post-release and 40% at 24 weeks post-release.

Conclusion: Young men faced many challenges after release. Programs should be comprehensive by focusing on HIV/STD and hepatitis risk as well as the context of risk and immediate needs of men post-incarceration.

Feasibility of STD and hepatitis testing

- Collecting specimens and providing results is feasible. Monetary incentives can increase participation.
- Of 33 men tested for STDs and hepatitis, 8 (24%) had Chlamydia, Trichomoniasis, HBV or HCV.

Conclusion: STDs are common among these men. Programs for men who have been incarcerated should be aware that many men acquire infections after release from custody and should be referred for screening, treatment and vaccination for STDs.

Behavioral Intervention Trial

Development

The intervention was designed based on the formative research we conducted with prison service providers and incarcerated men. Formative research helped us understand what the differences were in each state’s prison system, what would work within the structure of the prisons and whether it was possible to recruit men in prison and maintain contact with them after release.

We formed a committee with representatives from each research site to develop the intervention and intervention materials, pilot-test the intervention and refine the intervention prior to the randomized behavioral trial. We also developed referral lists and community resource guides for each site.

We hired interventionists and interviewers who had experience working with incarcerated populations. Each project staff member had to be cleared by the state’s Department of Corrections. We held two cross-site trainings prior to implementation. Intervention staff received follow-up trainings and regular supervisory meetings at each site.

Process

The Project START intervention trial 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,

Sidebar 1: SSI composite case example

Joe Jones was recruited as he neared the end of his three-year sentence. He was 21 years old, unmarried and planned to return to live with his parents in a rural area of the state. Due to his recruitment date, he was assigned to the SSI. In the intervention session Joe worked with the interventionist to review his knowledge about HIV, STDs and hepatitis and to identify his own risk (risk assessment). After this review Joe and the interventionist agreed that his primary risk was through unprotected vaginal and anal intercourse with casual female partners, particularly when he had been drinking or using drugs. The interventionist worked with Joe to identify barriers to condom use and to make a specific behavioral plan to have condoms available when going out to meet women. Joe acknowledged that his alcohol and drug use contributed to his risk and although he was skeptical about needing alcohol or drug treatment services, he accepted referrals from the interventionist. At the end of the session, Joe received a written copy of his goals and risk reduction plan. At 24 weeks post-release, Joe reported using condoms more consistently.

Mississippi, Rhode Island and Wisconsin. We used non-biased assignment to either an SSI pre-release or an EI. The EI included the two pre-release sessions and four individual sessions post-release. See Diagram 1 for the intervention design.

Although men were not paid to attend intervention sessions, they were provided with transportation and/or child/elder care reimbursement up to \$10 if applicable. Men were also offered free condoms and resource and educational materials at all post-release sessions that did not occur in a prison or jail. Participants were paid for completing each assessment session and were provided with pagers and voicemail to assist project staff in maintaining contact after release.

The intervention was based on the following conceptual framework:

Harm Reduction: reducing harmful consequences to participant and others.

Problem Solving: generating possible solutions, determining consequences, choosing best solution, creating a realistic plan of action.

Motivational Enhancement: enhancing motivation for behavior change through a client-centered but directive approach.

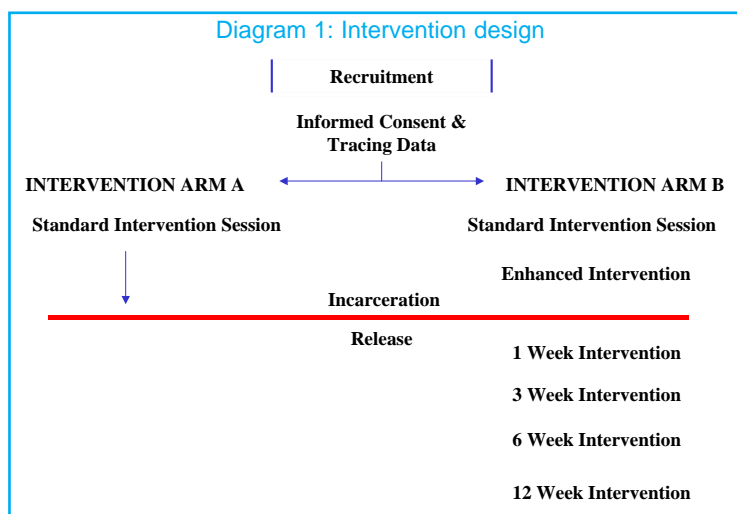
Enhancing Access to Services: facilitating referral and reducing barriers to use of existing community services.

Single Session Intervention (SSI)

This intervention took place about 2 weeks prior to release and lasted 60-90 minutes. Young men met individually with a trained interventionist. Together, they assessed the young man's HIV/STD/hepatitis knowledge and risks, then devised a personalized risk reduction plan. See Sidebar 1 for a composite case example.

Enhanced Intervention (EI)

Two sessions of this multiple-session intervention took place in prison prior to release, and four sessions were planned after release 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. Together, they created a participant plan.

The post-release sessions continued the plan developed during the in-prison session. In each session, the participant and interventionist assessed previous plans and goals, problem-solved difficulties, and focused on new goals identified by the participant. Each session included a review and update of the HIV/STD/hepatitis risk reduction plan developed in the first session. All sessions ended with an updated plan that addressed post-release needs and used existing community resources where available. See sidebar 2 for a composite case example for the EI.

Evaluation

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. In three sites (MI, RI and WI), assessments were conducted using audio-computer-assisted self-interview (A-CASI) technology. In one site (CA), the use of laptop computers for research was prohibited in the prison and all assessments were conducted face-to-face. Young men were reimbursed for participating in the evaluation, with the amount varying by cost of living in each state (\$180-\$200 if all assessments were completed).

Some post-release assessments were conducted by telephone when it was not possible to conduct an in-person assessment. Assessments were conducted in prison for participants who were reincarcerated and at a variety of community sites for participants who were released. In-prison assessments did not include questions about sexual behavior or substance use that occurred during that incarceration. For each participant, one staff member delivered the intervention and a second staff member conducted the assessments.

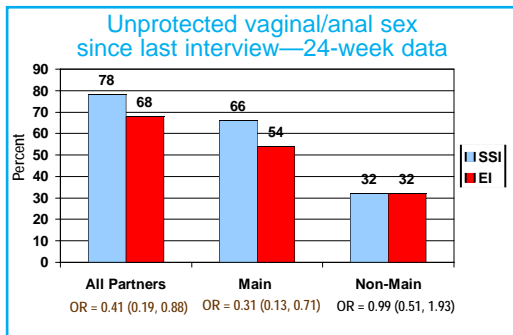
Sidebar 2: EI composite case example

John Smith was recruited 60 days prior to his release from a two-year sentence. He was 27 years old, unmarried and planning to return to live with a friend after release. Due to his recruitment date, he was assigned to the enhanced intervention. In the first intervention session Joe worked with the interventionist to review his knowledge about HIV, STDs and hepatitis and to identify his own risk (risk assessment). John and the interventionist agreed that his primary risk was through unprotected vaginal intercourse with the mother of his two children who was a regular but not committed sexual partner. They developed a plan to support John in introducing condoms into this relationship. In the second session prior to release John worked with the interventionist to define broader post-release goals. In this process John prioritized finding work and realized that renewing his drivers license and developing a resume were the first steps toward this goal. He developed a step-by-step plan toward these goals, discussed his immediate post-release plans and scheduled a time and place to meet for the first post-release session. John met with the interventionist three times post-release. He missed his third post-release session when he was briefly re-incarcerated due to a parole violation. By the final post-release session John has enrolled in an employment development program and had successfully negotiated condom use with his regular partner.

Intervention Key Findings

Project START is at the beginning of its analysis stage and these findings are just the beginning. We are continuing to analyze our results and expect to have more detailed data on sexual risk behavior and reincarceration by the end of 2004.

Reduction in sexual risk behavior



- 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 all 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 sexually transmitted infections 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 Project START intervention was effective in reducing sexual risk behavior.

Lessons Learned - Challenges of Prison Research

Feasibility of Research in Prison Systems

- Working in prisons presents numerous challenges such as: postponing work during lock downs, needing clearance by the Department of Corrections for all project staff, locating an appropriately private space for interviews and interventions and complying with prison regulations.
- Despite all this, Project START conducted formative research, developed interventions, recruited over 500 men at 8 prisons across 4 states, conducted interventions both inside and outside the prison and had excellent retention rates.

Needs of Incarcerated Men

- HIV/STD intervention programs for incarcerated men who are being released should address strategies to reduce risk behaviors associated with HIV/STD transmission, and other needs like housing, employment, mental health issues and reintegration with family.
- These intervention programs should cover the period from pre-release to reentry into the community.
- The first weeks post-release are crucial. Risk behavior resumes soon after release.
- Programs need to go beyond simply providing community referrals, to making facilitated referrals (locate “friendly” agencies and staff, call the agency and make the appointment, follow-up to make sure appointment is kept).

Recruitment and Retention

- Recruitment and retention for research studies is feasible if you learn the prison system and work within it.
- It is possible to maintain contact with men post-incarceration. It is resource-intensive and requires dedicated, well-trained staff.
- Young men experience high rates of reincarceration. Programs should develop relationships with correctional institutions that allow them to maintain contact with participants who are reincarcerated

Selected Papers and Presentations

Grinstead O, Seal DW, Wolitski R, et al. HIV and STD testing in prisons: perspectives of in-prison service providers. *AIDS Education and Prevention*. 2003;15(6):547-560.

MacGowan RJ, Margolis AD, Gaiter J, et al. Predictors of risky sex of young men after release from prison. *International Journal of STD & AIDS*. 2003; 14(8):519-523.

Seal DW, Margolis AD, Sosman J, et al. HIV and STD Risk Behavior among 18-25 Year Old Men Released From US Prisons: Provider Perspectives. *AIDS & Behavior*. 2003;7:131-141.

Seal DW, Belcher L, Morrow K, et al. A qualitative study of substance use and sexual behavior among 18-29 year old men while incarcerated in the US. *Health Education & Behavior*. (in press)

Sosman J, MacGowan RJ, Margolis AD, et al. The feasibility of STD and hepatitis screening among 18-29 year old men recently released from prison. *International Journal of STD & AIDS*. (in press)

Wolitski RJ. Project START reduces HIV risk among prisoners after release. Presented at the XV International Conference on AIDS, Bangkok, Thailand. July 2004. Abstract #WeOrC1296.

Project web site

www.cdc.gov/hiv/projects/projectSTART

Copies of this report are available at www.caps.ucsf.edu/publications/STARTS2C.pdf