Prison Based Peer Health Education

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Centerforce
Information, education and advocacy for individuals, families and communities impacted by incarceration
Risk Behaviors On the Outside

- 70-83% of people in state prisons report a past history of drug use
- 45-57% report IVDU in month before incarceration
- 75% of IDUs spend some time in correctional facilities
Risk Behaviors Inside Prison

- **Injection Drug Use**
  - Estimates of IDU use inside range from 3-28% among adults

- **Tattooing Inside Common**
  - 36.5% report tattooing from Ohio study
  - Risk for HCV approximately 3X greater among those who get tattoos inside

- **Male-male sex**
  - 84% of incarcerated population is male
  - Estimates of male inmates who have had sex (oral or anal) with other male inmates range from 4-30%
Why Peer Health Educators?

- Trusted/Credibility
- Language/Terminology
- Behaviors
- Motivations
- Context
- Timing
- Creates a community of knowledge
Material Development

- Collaborate as a colleague
- Translator
- Designer
- Language, Terminology
- Behavior
- Motivations
Centerforce’s PHE Program

- 3 State Prisons:
  - San Quentin (SQSP) – 5 peers
  - Central California Women’s Facility (CCWF) – 7 peers
  - Valley State Prison (VSP) – 9 peers

- Estimated to reach > 3,000 incarcerated people per year
Centerforce Peer Health Educators

- Full time peer health educators
  - Interested in health, mentoring
  - Good presenters
  - Humble
  - Passion for learning
  - Patient
  - Diverse
Centerforce’s PHE Program

- **What:**
  - 1-2 hour presentations
  - 24 hour training
  - Group meetings – support/education for chronic conditions
  - 1:1 communication
  - Educational materials (e.g. posters, brochures)
  - Video / DVD development

- **Who:**
  - Medical & program facilitator
  - Community speaker
  - Peer educator

- **When:**
  - Reception
  - General population
  - Pre – release
Peer Health Educator 24 Hr. Training

– Peer Health Education Skills
  ■ Role of Peer Health Educator
  ■ Awareness of Personal Health Values
  ■ Cultural Humility
  ■ Behavior Change, Stages of Change, Harm Reduction

– Health Topics
  ■ STDs
  ■ HIV
  ■ Hep A, B, C
  ■ TB & Cocci

– For each topic, cover
  ■ Symptoms, sequelea
  ■ Testing, vaccinations, results
  ■ Prevention inside and out
  ■ Treatment
Group Meetings

- Disease specific support or discussion groups on inside
  - Secondary, Tertiary Prevention
  - Monthly
  - Peer-designed, peer led
  - Health providers available to answer disease and institutional process questions
  - Knowledge and skill building
1:1 Risk Reduction Counseling & Support

- Peer Health Educators available 24/7
- Always in role as PHE
- Provide information in conversations when appropriate/welcome
Evidence of Effectiveness

- (VERY few) evaluations of PHE on inside improved factors associated with risk behavior:
  - Self-efficacy for condom use, reducing IDU
  - AIDS knowledge
  - Communication and condom skills
  - Intentions to use condoms
  - Condom attitudes
  - Condom use at first sex post release
Key Components

- Space
- Security staff
  - Support
  - Availability
- Outside supervisor
  - Funding
  - Acceptance by institution
- Long term relationship
  - Relationships, relationships, relationships
Key Components Cont’d

- Consistency
- Consider scale/scope of your program
- Training for outside/inside staff
- Ability to select peer health educators
- Peer health educators who are
  - Open minded
  - Good presenters of complex information
  - Engaging
  - Multi-ethnic, backgrounds, experiences
Key Components Cont’d

- Materials, trainings, etc.
  - Developed by and for people who are incarcerated
  - Adaptable

- Evaluation
Benefits

- Opportunity
  - High risk population
  - Time
  - Reflective period

- Lack of access to information

- Cost effectiveness
  - Salaries
  - Risk reduction
  - Reach One, Teach One
Benefits

- Translators
  - Trust
  - Awareness
  - Empathy
- Myth busting / Fact promoting
- Availability
Resistance/Barriers

- Funding
- Funders
  - Disease specific funding
  - Information too complicated
  - Must be presented by “health professionals”
  - Usefulness
  - Evaluation capacity
- Visitors
  - Seeing them as disease vectors
  - Sharing with each other
Contact Info

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