Science to Community

HIV prevention for women visiting their incarcerated partners: the HOME Project

Prevention #16 August 2007

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Main Findings

- The HOME Project helped reduce women's HIV risk and risk behavior in three main areas:
  1) decreased unprotected sexual intercourse,
  2) increased HIV testing, and
  3) increased communication with their partners about HIV-related topics.
- Conducting intervention and research activities with women visiting incarcerated men is feasible, as long as these activities are sensitive to the specific needs of the population

Background

CAPS and Centerforce, a community-based organization that has been providing services to prisoners and their families for thirty years, have been collaborating since 1993 to design and evaluate HIV prevention interventions for incarcerated men and their female partners. Our previous work with male prisoners includes the evaluation of a peer-led HIV education orientation for arriving prisoners;[1] development and evaluation of a pre-release intervention for men leaving prison;[2] development and evaluation of a health promotion intervention for HIV+ prisoners preparing for release;[3,4] and a multi-site study to conduct formative research and develop and test an HIV, STD and hepatitis intervention for young men preparing for release from prison.[5,6]

Early in the course of these studies, men expressed a need for HIV prevention interventions specifically tailored for the needs of the women with whom they were in romantic and sexual relationships. In response, we conducted formative research with women visiting men imprisoned in a California state prison and we piloted a single-session intervention designed for this population that was taught by a peer educator.[7]

Our formative work with women visiting incarcerated men indicated that it was feasible to engage women in intervention and research evaluation activities. However, a single-session intervention did not have a measurable effect on the HIV risk behavior of study participants. We decided to develop a multi-component intervention targeting the specific needs of women with incarcerated male partners. We designed and evaluated Health Options Mean Empowerment (HOME), an intervention to reduce HIV risk among women whose male partner was being released from state prison.

Why this project?

The United States has the world's highest per capita incarceration rate, and many people are affected by their own or a loved one's incarceration. There are 2.4 million adults behind bars in the US on any given day, and 7.5 million people a year are released from correctional facilities. The majority of inmates are people of color who are taken from and later returned to low-income neighborhoods. Although some people serve very long sentences, other people are incarcerated for a relatively short time (e.g., several months). Being sent back to prison for a parole violation shortly after being released from custody is common. This means that individuals may move frequently between prison and their home neighborhoods.

Ninety-three percent of prisoners in the US are male. Women with male partners who have a history of incarceration are at particular risk for HIV infection. Prisoners are over 5 times more likely than people in the general population to be HIV+ and are 3.5 times as likely to have an AIDS diagnosis. Incarcerated men also have a high incidence of injection drug use. Women with incarcerated partners are primarily low-income women of color for whom racism, poverty and sexism contribute to increased HIV risk and whose life stressors are exacerbated by their partner's imprisonment.

Methods

All of our intervention and evaluation work took place at a center for visitors at San Quentin State Prison, a state prison for men in northern California. This visiting center was located outside of the prison gates and was owned and operated by Centerforce.

Formative research

We conducted qualitative interviews with 20 women visiting male partners within one year of release from prison, and 13 correctional officers who worked in visiting areas at the prison. We also conducted a longitudinal quantitative study exploring the domains of a theoretical model of women with incarcerated male partners' HIV risk and risk reduction that included individual, couple and contextual factors. In the longitudinal study, we interviewed women during their partner's incarceration (N=117) and again 30 days after his release from custody (N=99, 85% follow-up rate).

Intervention evaluation

We collected data during the intervention period using the same longitudinal quantitative survey

Training Activities for HOME Peer Educators

Orientation. Meet with the peer educator coordinator (PEC) for an overview of the HOME project, the role of peer educators and the importance of maintaining confidentiality. Sign confidentiality agreement and set personal goals for supervision and training.

Inside/Out video. Watch the Inside/Out video with the PEC and other available peer educators. Discuss the issues raised, and how peer educators could facilitate a discussion of the video with other women visitors.

HIV/AIDS and HCV information session. Learn basic information about HIV/AIDS and HCV in a 1-on-1 or small group session with the PEC. Talk about the special circumstances affecting HIV and HCV risk for women with incarcerated partners, including prison policies about HIV testing and medical treatment.

Building resource awareness. Meet with the Intervention Activities Coordinator to review the informational brochures distributed by the HOME project and to learn about local CBOs and service providers who participated in HOME activities.

Community building skills. Participate in designing and decorating the HOME project bulletin board. Contribute ideas about information that is important for women visitors.

Outreach skills. Meet with the PEC to discuss effective outreach skills and how to develop these skills. Set personal goals for conducting outreach with women visitors at the prison and/or with women in the community who have incarcerated partners.

A HOME Peer Educator with her certificate of completion

used in our formative research, with N=202 participants completing the baseline questionnaire and N=156 completing the follow-up 30 days after their partner's release from custody (77% follow-up rate). We also conducted two cross-sectional surveys, one immediately prior to the launch of the intervention (N=205) and one immediately after the intervention left the field one year later (N=207). In an effort to capture community-level impact of the intervention, participation in the cross-sectional surveys was open to all women visitors. Finally, we conducted longitudinal qualitative interviews with the HOME project peer educators. All women who completed the orientation session and subsequently attended at least one supervision session were invited to participate in a qualitative interview (N=11). Between three and six months after their first interview, the peer educators were invited for a follow-up interview (N=9).

Intervention

Overview

The HOME Project trained women visitors to be peer health educators, both for other women visiting men at San Quentin and for women in the peer educators' home communities. The HOME Project also included community-building activities (such as group lunches for women waiting to enter the prison); general-health workshops (on a variety of topics like diabetes, blood pressure, obesity, and smoking cessation); sexual-health workshops on HIV/AIDS and other sexually transmitted diseases; and facilitated community referrals and support services geared specifically to the needs of women who visit men in prison. We fielded our intervention from February 2005 through January 2006.

We named our intervention the Health Options Mean Empowerment (HOME) Project in an effort to appeal to women's interest in health issues beyond HIV and to focus on women's lives away from the prison in their homes and home communities, with an allusion to their incarcerated loved one eventually being "back home." Throughout the intervention we attempted to maintain a neutral stance regarding the women's relationships with incarcerated men. This approach enabled women to participate fully in the intervention even when they were feeling ambivalent about their relationships.

Recruitment

HOME staff members were present either in the center for prison visitors or in the area where visitors wait to enter the prison during all hours that the prison was open for visiting (Thursday through Sunday for eight hours each day). HOME staff members would approach women visitors, engage them in conversation, offer refreshments and information about visiting the prison if needed, and tell them about the HOME intervention and evaluation activities.

Although the HOME Project was designed specifically for the needs of women in romantic or sexual partnerships with incarcerated men, all women who were visiting incarcerated men were allowed to participate in the intervention activities. We decided to include mothers, sisters, friends and other non-partner visitors in project activities because we understood that women visiting prisoners experience exclusion in many areas of their lives, and we did not want to add to these experiences by prohibiting their participation in what at the time was the only program in operation for visitors at this prison.

HOME Peer Educators

Our formative research with women visiting incarcerated men made clear that women visitors had many constraints on their time that restricted their ability to attend regularly scheduled, multi-component intervention groups. We developed a peer-education component for HOME that was designed to encourage maximum participation by adapting training and supervision to each woman's schedule. Women who showed interest in the HOME project were informed about the peer educator program and met with the peer educator coordinator (PEC), who explained that participation in the program was open to any woman visiting a prisoner who wanted to be involved, was willing to sign a confidentiality agreement protecting information about other visitors, and agreed to meet in person or talk on the phone with the peer educator coordinator on a regular basis for training and supervision.

Women who accepted these conditions were scheduled for a peer educator orientation session (which could occur immediately if the woman and the PEC were available). Upon completion of this session, the woman was considered to be a HOME peer educator and began receiving bi-

monthly reimbursement of $50. The PEC held an individual supervision session with each peer educator in person or on the phone approximately once a week, and peer educators continued to receive training sessions either one-on-one or in small groups as their time permitted (*see sidebar for training activities*). Peer educators who completed a series of six training activities were presented with a certificate of completion.

HOME activities

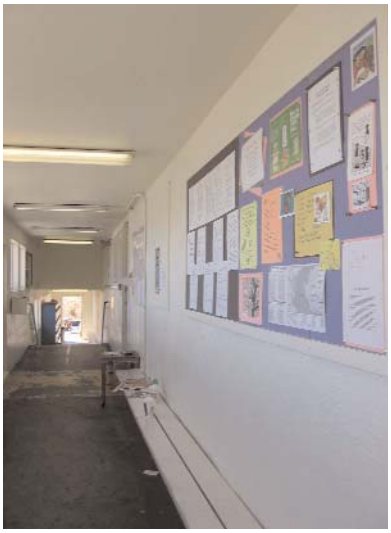
All HOME activities were free and required no advance registration; participants in HOME activities were not remunerated. Since one of our intervention goals was to link women to resources in their residential neighborhoods, many of our activities involved inviting a speaker or outreach worker from a CBO or a local service provider to give a presentation, talk one-on-one with visitors and distribute information about available services. These activities happened on average once per week. Examples of speaker events were:

- Nurses from local hospitals and clinics who checked blood pressure, demonstrated how to conduct a breast self-exam, and answered general women's health questions;
- Outreach workers from the Alameda County Health Education and Prevention Unit who facilitated group discussions about HIV transmission and communicating with one's partner about HIV risk;
- Nutritionists who prepared sample meals and distributed pamphlets on preparing healthy food at home; and
- Legal aid consultants who answered questions and provided referrals for obtaining help with issues such as child support and social assistance

When an outside speaker was not present, the HOME intervention staff conducted small-scale activities such as demonstrations of male and female condoms, discussions of women's health concerns, or coaching on how to write letters to politicians or prison officials to advocate for incarcerated loved ones. Such activities happened on a daily basis, with the intervention staff members choosing the activity in response to the needs or interests of the visitors who were present. The intervention staff members also were continually available for one-on-one discussions with women who wanted to talk in private; these conversations typically resulted in the HOME staff member making facilitated referrals to pertinent services in women's communities.

Health Fair

In addition to this series of featured speakers, the HOME Project organized a health fair that was held in the prison visitors' parking lot on a weekend visiting day. Representatives from eight community-based health or social service organizations distributed literature and materials, answered questions, and provided referrals to all visitors entering and leaving the prison that day. During the health fair, free acupuncture and yoga instruction as well as refreshments were also provided.



The visitor waiting area at San Quentin with the HOME bulletin board.

Selected Key Findings

Please note: *Certain journals require us to embargo results; others prohibit press release prior to publication. All results presented here are pre-publication. Please do not quote without written permission of Dr. Olga Grinstead Reznick (Olga.Grinstead@ucsf.edu).*

Reduction of HIV Risk and Risk Behavior

- Among women who had one or more acts of unprotected vaginal or anal intercourse (UPI) in the 30 days after their partner was released from prison, women in the intervention sample had 29% fewer UPI acts than women in the comparison sample.
- Thirty days after their partner's release from prison, nearly three times more women in the intervention sample than in the comparison sample reported having recently tested for HIV (34% vs. 13%).
- Although women in the intervention and comparison samples were equally likely to *want to* talk to their partners about HIV risk and risk-related topics, women in the intervention sample talked with their partners about twice as many HIV risk and risk-related topics.

Feasibility of Conducting Intervention and Research Activities

- Program participants reported in interviews that the HOME staff members maintained confidentiality, were nonjudgmental and created an atmosphere conducive to learning about and discussing sexual health issues.

"I don't feel as uncomfortable talking about [sexual health] or picking up and maybe reading about something that I didn't know what it meant, as far as a sexual disease or how it could be contracted. I feel more comfortable sitting and actually reading something like that [at the program site] than I would anywhere else. I've never picked up anything like that anywhere. I didn't even talk to a doctor about it. I just don't."

"That's how the [HOME staff] seem up there to me–they're not nosy. That is such a big deal to me."

- HOME peer educators reported that program participation decreased their sense of isolation and provided them with important information about sexual health. They endorsed the approach of receiving sexual health training with the intent that they conduct outreach with other women visitors.

"Having someone learn to be a peer educator, at the same time they're learning for their selves also. It's like you're learning, but you're really not just realizing that you're really learning. It's like kind of a subtle kind of thing."

"I've been doing a whole lot of stuff through my years. And as I get older I get wiser too and being a peer educator and knowing about certain stuff it just really puts something to mind and it helps me out a whole lot."

Recommendations

- At-risk women are well served by HIV prevention interventions that are tailored to their specific circumstance and needs.
- There are multiple ways to reduce HIV risk in couples' relationships, including condom use, HIV testing and partner communication.
- Peer education is a feasible and potentially effective means of addressing the HIV prevention needs of women with incarcerated male partners.
- Involving peer educators in a dual role of intervention recipient and service provider can be a way of respectfully imparting sexual health information and enabling women to tailor this information to their own needs.
- Participants are well served by intervention designs that are flexible and able to accommodate various constraints on their time and availability.

Lessons Learned

- Numerous survey participants remarked that the process of responding to questions helped them reflect on their own HIV risk and risk behaviors. This suggests the potential for survey participation to itself be considered a form of intervention with this population.
- In the interviews conducted with HOME peer educators, women sometimes had difficulty responding to questions asking for examples of training activities in which they participated, or of times they conducted outreach with other women. However, at other points in their interviews, these same women spontaneously described active participation in training and outreach. This suggests that our efforts to design a peer educator program that was "low-threshold" and accessible may have resulted in women finding the process so easy and natural that they did not recognize the program's infrastructure.

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For more information on the HOME Project, see:

www.caps.ucsf.edu/projects/Centerforce/HOME.php

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Materials available

- Evaluation instruments: longitudinal survey (baseline and follow-up); cross-sectional survey. See www.caps.ucsf.edu/tools/surveys/#15
- Further information on peer educator training activities (see sidebar).
- List of HOME intervention activities.

Acknowledgements

We would like to thank all of the HOME participants and our funders at the National Institute of Nursing Research for their contributions to this project.