Providing Hepatitis Education to Inmates

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Disclosures

• Gilead Advisory Board

• Janssen Speakers Fee
Educational Objectives

1. Provide overview of hepatitis C in US prisons and jails
2. Discuss education program logistics, successes, challenges
3. Identify key aspects of program implementation and discuss best practices
The Hepatitis Education Project

- Community-based 501c3 organization in Seattle, WA
- Educate community members, providers, and patients
- Provide testing, vaccination, medical case management
- Advocate for improvements to viral hepatitis policy at the local, state, and federal levels (increasingly global)
- HEP has worked in corrections since 2001
Background

- HCV prevalence: 10-40% inmates; 1-2% general US population
- Treatment access:
  - New generation of therapy curative for >90%
  - Nearly all HCV patients are treatment candidates according to guidance
  - Only ~9% of chronic HCV patients cured (Source: Yehia et al 2014)
- Most HCV+ inmates will not qualify for treatment during incarceration
- Stigma and misinformation persist
Background

• HCV+ and HCV- need accurate information pertaining to:
  – Navigation of correctional health services
  – Disease transmission and prevention
  – Treatment options inside and outside the walls
  – Self-care for chronic illness
  – Community-based resources for use upon release
Background

• Patient education also helps providers in corrections by increasing the health IQ of their patient population.

• To improve public health, hepatitis education in prison is just one important aspect of a multifaceted effort to more effectively manage and monitor viral hepatitis in correctional settings.
HEP’s Educational Programs in Corrections

Our Programs:

• Hepatitis and blood-borne pathogen training (aka Hep 101)
• Project SHIELD
• Youth Adaptation to Hep 101
• Prisoner Mail

Our Partners:

• Washington State Department of Corrections (WA DOC)
• King County Correctional Facility (KCCF)
• King County Juvenile Detention
Hepatitis and Blood-borne Pathogen Education (AKA Hep 101)
Hepatitis and Blood-borne Pathogen Education (aka “HEP 101”)

- **Our curriculum addresses a range of issues relevant to the diverse developmental and cultural composition found in correctional populations, and includes the following:**
  - Modes of disease transmission, methods for prevention, including risk reduction and immunization, disease outcomes, and options for treatment
  - Tools needed to avoid behaviors that result in acquisition of hepatitis, HIV, and other blood-borne and sexually transmitted infections
  - Resources for offenders upon release, including links with community and public health facilities
  - Counseling for persons with chronic HBV or HCV infection regarding preventing transmission to household, sexual, and drug-use contacts, including risk reduction; these persons will also be counseled regarding ways to reduce further liver damage, including limiting alcohol and drug use
HEP 101 in WA DOC: The Basics

• WA DOC is medium-sized, state-operated prison system
  – ~18,000 inmates
  – ~3,000 living with hepatitis C
  – Universal opt-out testing for HCV, HBV, and HIV: 18% of men HCV Ab+ on entry, 25% of women
  – Hepatitis C treatment is prioritized for highest need patients, primarily determined through a variety of liver function tests

• 12 state prisons and over a dozen work-release facilities

• HEP is contracted service provider
HEP 101 in WA DOC: The Basics

• In 2001, HEP brought in as contractor to provide education
  – Contract outlines scope of work as well as financial compensation for services

• Scope of Work:
  – 13 WA DOC Facilities
  – 64 annual HEP 101 classes
    • 24 at men’s intake (2x/month)
    • 6 at women’s intake (1x/every-other-month)
    • 8 at Monroe Correctional Complex
    • 4 at each of 3 larger institutions
    • 2 at each of 7 smaller institutions (including 2 “camps” and 1 work release)

• FY2016: 12 classes now delivered by WebEx, replacing in-person facilitation

• Over 900 WA DOC inmates reached annually through this program
HEP 101 in WA DOC: How it Works

Program Director at HEP schedules classes in collaboration with DOC Infections Prevention Nurses (IPN) and Health Care Managers (HCM) according to the scope of work.
HEP 101 in WA DOC: How it Works

• HEP Program Director:
  – Works to schedule class dates and times that work best for each individual facility
  – Personally travels to all 13 sites, delivers classroom curriculum and supplies inmates and IPNs with literature and resources
  – Utilizes a PowerPoint slideshow, bringing a projector, laptop, and all cords to facilities
  – Supports IPN and HCM in recruiting class participants
  – Keeps an attendance record and invoices DOC bi-monthly using sign-in sheets signed by DOC officials
  – Has a yellow contractor badge to allow ongoing access to multiple facilities
HEP 101 in WA DOC: How it Works

• IPN and HCM (on site at each facility):
  – Books classroom and liaises with IT and security on site to assure security clearance for facilitators and participants (security) and any electronic equipment (IT)
  – Posts flyers and makes announcements (kiosk, verbal) to advertise upcoming classes
  – Accepts signups via inmate kite or signup sheet (or both), and creates “callout”
  – In some cases, the facility may require the class for certain inmates. In these cases, the IPN liaises with the appropriate people within her/his facility.
  – Some IPNs choose to attend the class and support facilitation, others are unable
HEP 101 in WA DOC: WebEx

• In 2015/2016, contract updated – 12 of 64 in-person HEP 101 classes replaced with classes provided via WebEx (video conferencing software)

• In addition to the normal work of recruiting participants, clearing facilitator equipment and visitor approval, and reserving a space for the class, WebEx classes also require the DOC facility to arrange:
  – A classroom with a live internet connection that offenders can access
  – A monitor or screen/projector so the facilitator and presentation can be seen
  – Audio in and out so the facilitator can be heard and the facilitator can hear participants
  – Ideally, a webcam so facilitator can see class participants
  – A WebEx host located at DOC headquarters off-site to initiate the WebEx
  – Custody supervision of class
  – An IPN or HCM to facilitate the class on site
HEP 101 in WA DOC: WebEx

• Pros:
  – WebEx classes save time and cost of travel for HEP staff to and from certain facilities
  – Allowed funding of Project SHIELD in WA DOC

• Cons:
  – Lose the “in-person touch”
  – Myriad technical issues
  – New processes always challenging
  – Is it really time- and cost-saving?
HEP 101 in WA DOC: Successes

• Longstanding relationship between WA DOC and HEP: >12 years
• Over 900 individual inmates reached annually with high-quality educational programming
• Qualitative feedback shows that class participants both enjoy and appreciate the opportunity to learn about these topics
• Inmates have shown knowledge increases on pre- and post-tests about viral hepatitis and HIV
HEP 101 in WA DOC: Successes

• Medical staff have reported an increase in requests for vaccination and testing after classes take place and have reported learning new information themselves from classes they observe, especially pertaining to prevention and also community-based resources.

• The presence of HEP as a contractor on site at the prison facilities allows prison medical staff to interface regularly with an expert organization and to increase the resources they can offer to offenders.
  – For example, HEP staff routinely supply DOC medical staff with educational handouts and literature and inform them about community-based programs to help patients on release.

• Facilitation of class by an “outsider” as opposed to DOC “insider”.

• Relationship between WA DOC and HEP has created opportunities for many other collaborations (ie Risk Reduction Training).
HEP 101 in WA DOC: Challenges

• One-off nature of the class, no ability to follow up/provide continuity

• Prison bureaucracy can turn routine tasks into big challenges – communication can be difficult from outside agency perspective

• Cancellations happen

• Scheduling can be time and energy consuming

• Every prison facility operates differently, has different rules, and requires different processes
HEP 101 in WA DOC: Challenges

- IPNs have large workloads and variable ability to engage in educational programming
- Attendance can be hit or miss depending on a variety of factors
- Voluntary vs. required attendance
- Saturation
- WebEx is a new process and will take time to implement well
HEP 101 in KCCF

• HEP visits King County Correctional Facility (KCCF) twice per month as a volunteer service provider
• 1 men’s class and 1 women’s class per month
• Classes are on a set schedule, but there is no pre-class signup or announcement process
• Officers do an “all-call” announcing the class – attendance is hit or miss depending on what’s happening in the jail that day and the quality of the announcement
• We are not able to utilize a computer or powerpoint slideshow in this setting
• We reach about 150 individuals annually at KCCF, and have good relationships with release planners and the medical and program directors
• HEP’s relationship with the jail is different than with DOC and the jail is a very different place to work
HEP 101 in Juvenile Detention

• Managed by HEP’s outreach staff (as opposed to corrections)
• Abbreviated curriculum
• Broader focus
• Have had more difficulty maintaining program
Project SHIELD in WA DOC
Project SHIELD in WA DOC: The Basics

• What is Project SHIELD?
  – Self-help in Eliminating Life-Threatening Diseases (SHIELD)
  – Evidence-based HIV intervention, CDC DEBI (www.effectiveinterventions.org)
  – WA DOC and HEP adapted curriculum for viral hepatitis and correctional setting
  – Teaches HIV/HCV/HBV risk reduction skills alongside communication skills
  – Trains inmate “Peer Educators” who are charged with talking to those in their social networks about risk reduction and safer practices
  – Rooted in harm reduction theory
Project SHIELD in WA DOC: The Basics

• Why Project SHIELD?
  – Incarcerated people use drugs, get tattoos, and have sex and/or engage in these behaviors upon release
  – People need practical strategies for reducing their risk for disease transmission, abstinence is only one of many such strategies
  – Not everyone who could benefit from HEP 101 class has the interest or opportunity to attend
  – The impact of using peers:
    • People learn from people like themselves
    • People trust people like themselves
    • People understand people like themselves
    • Peers reach individuals who we might not be able to reach
Project SHIELD in WA DOC: How it Works

• Project SHIELD is a 12-hour training: One SHIELD Cycle includes six individual two-hour training sessions

• Our scope of work charges us to provide 2 cycles annually at each of 2 WA DOC facilities – one men’s and one women’s facility

• SHIELD “Peer Educators” are taught:
  1. HIV and viral hepatitis risk reduction strategies: safer drug use, safer sex, and safer tattooing
  2. Practical communication skills for spreading risk reduction messages amongst social networks

• SHIELD cohorts are intentionally small, but the idea is that the messages travel
Project SHIELD in WA DOC: How it Works

• Classes are arranged collaboratively between HEP and DOC:
  
  – HEP: Takes lead on facilitation, prepares most materials, assists IPNs with recruitment and other logistical matters
  
  – IPNs: Take lead on recruitment, reserve space for classes, arrange for materials and personnel clearance, assist with facilitation
EXAMPLE: HIV, HBV, HCV Tattoo Risk Ladder

Options:

- Not getting a tattoo
- Getting a tattoo with a clean needle, but reusing ink
- Using a brand new needle and new ink every time you get a tattoo
- Getting a tattoo on the street or in prison with a used needle and ink
- Getting a tattoo in a licensed tattoo shop
HIV, HBV, HCV Tattoo Risk

Tattoo Risk Ladder

Highest Risk Behaviors

- Getting a tattoo on the street or in prison with a used needle and ink
- Getting a tattoo with a clean needle, but reusing ink
- Using a brand new needle and new ink every time you get a tattoo
- Getting a tattoo in an licensed tattoo shop

Lowest Risk Behaviors

Not Getting a Tattoo
P.E.E.R. Communication Skills

- Pick the right time and place
- Evaluate their situations
- Explore safer options
- Provide resources and referrals
Project SHIELD: Successes

• 79 trained inmate peer educators
• Strong collaboration between HEP and DOC
• Implementation of harm reduction education in correctional setting
• Class very well received by participants, medical staff, and administration
• Growing potential to expand to other DOC facilities
• Building capacity to utilize peers as class facilitators
• Unofficial, prelim data shows:
  1. Peer educators show knowledge increases about disease transmission
  2. Peer educators show strong intention to reduce their own risk behaviors
  3. Peer educators feel increased confidence in communication skills and intention to spread risk-reduction information

www.hepeducation.org

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Project SHIELD: Challenges

• Administrative concerns:
  – Buy-in for harm reduction model in correctional setting
  – Potential for misuse of peer educator role

• Participant recruitment and retention

• Follow-up and tracking long-term data

• Keeping Peer Educators “on message”

• Much more labor and facilitation intensive for all parties

• Expanding SHIELD to new facilities
Responding to Prisoner Mail
Summary

- HEP provides 2 programs in WA DOC as a contracted service provider – Hep 101 and Project SHIELD
- HEP volunteers to provide Hep 101 at KCCF
- HEP used to provide and plans to provide classes at King County Juvenile Detention in the near future
- HEP replies to prisoner mail from across the country
- HEP creates and distributes educational literature for inmates
Lessons Learned and Best Practices

• Hepatitis education is sorely needed (and greatly appreciated)

• Outside agencies can contract to provide these services and there are benefits for a DOC to utilize an outside agency

• Implementing takes time, collaboration, patience and persistence

• Use evidence-based models and be ready to explain why they are important and why they are beneficial for the system to implement both in the short and long term

• Money talks, show the cost of the problem and how your program can impact

• Once implemented, keep records and data to show the impact of your program
Lessons Learned and Best Practices

• Buy-in from administration is the biggest key, and may require sustained relationship building and an insider “champion”

• Open and effective communication with all stakeholders and all departments is essential (esp. custody)

• Correctional settings can pose a myriad of logistical challenges
  – These vary between systems and between facilities within a system

• The fastest way to get your education program in trouble is to spread inaccurate or false information, must be especially mindful if program is peer-based

• Collaboration is not only essential for successful implementation but has added benefits
• Booklet now available for download and printing
• English and Spanish versions available
• Download from: http://www.hcvinprison.org/resources/71-main-content/content/179-resources-for-health-educators

Want to learn more about hepatitis C in corrections? Join the conversation.

Become a partner of the National Hepatitis Corrections Network at: www.hcvinprison.org
Special Thanks to our Partners

• Washington Department of Corrections
• King County Correctional Facility
• King County Juvenile Detention
Questions and Discussion