

Reducing Viral Hepatitis Transmission in Persons Experiencing Incarceration Through Education and Peer-Based Interventions

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Introduction

The CDC estimates that chronic HBV prevalence is up to six times higher in prison populations compared to the national average. Chronic HCV prevalence in the US prison population is estimated to be up to 35%, versus a national prevalence of only 1.3%. The Hepatitis Education Project (HEP) has been conducting hepatitis education in the Washington state prison system since 2001 and began training male and female peer educators in behavioral intervention in 2015. Based on information in past studies that have proven health education as a successful tool for reduction of disease transmission, HEP aims to increase viral hepatitis awareness and prevention in the Washington State Department of Corrections. HEP achieves this by contract to conduct viral hepatitis education at each of the prisons throughout Washington state. HEP also provides training in harm and risk reduction to small cohorts of peer educators.

Methods

HEP conducts a total of 64 classes that include a curriculum that covers transmission, prevention, and treatment, as well as harm and risk reduction methods. HEP also conducts four peer education courses, six sessions each, at one male facility and one female facility. These courses use evidence-based curriculum developed for low-income injection drug users to reduce HIV risk. HEP modified the curriculum to use in a prison setting to reduce drug, tattoo, and sexual risk factors for transmission of viral hepatitis. Students are trained in tools they can use to spread harm reduction education to their peers while they are incarcerated and after their release.

The SHIELD Model

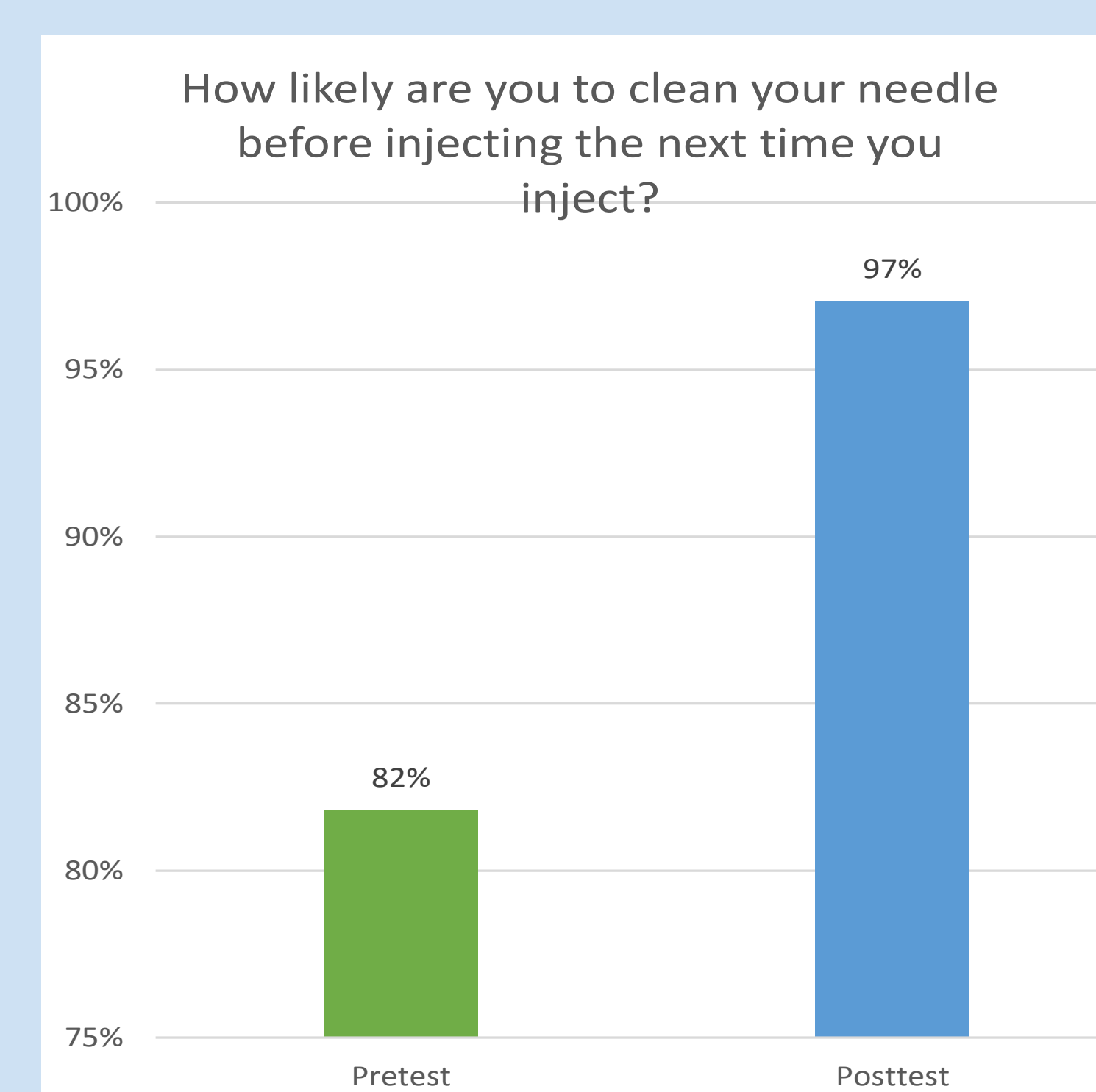
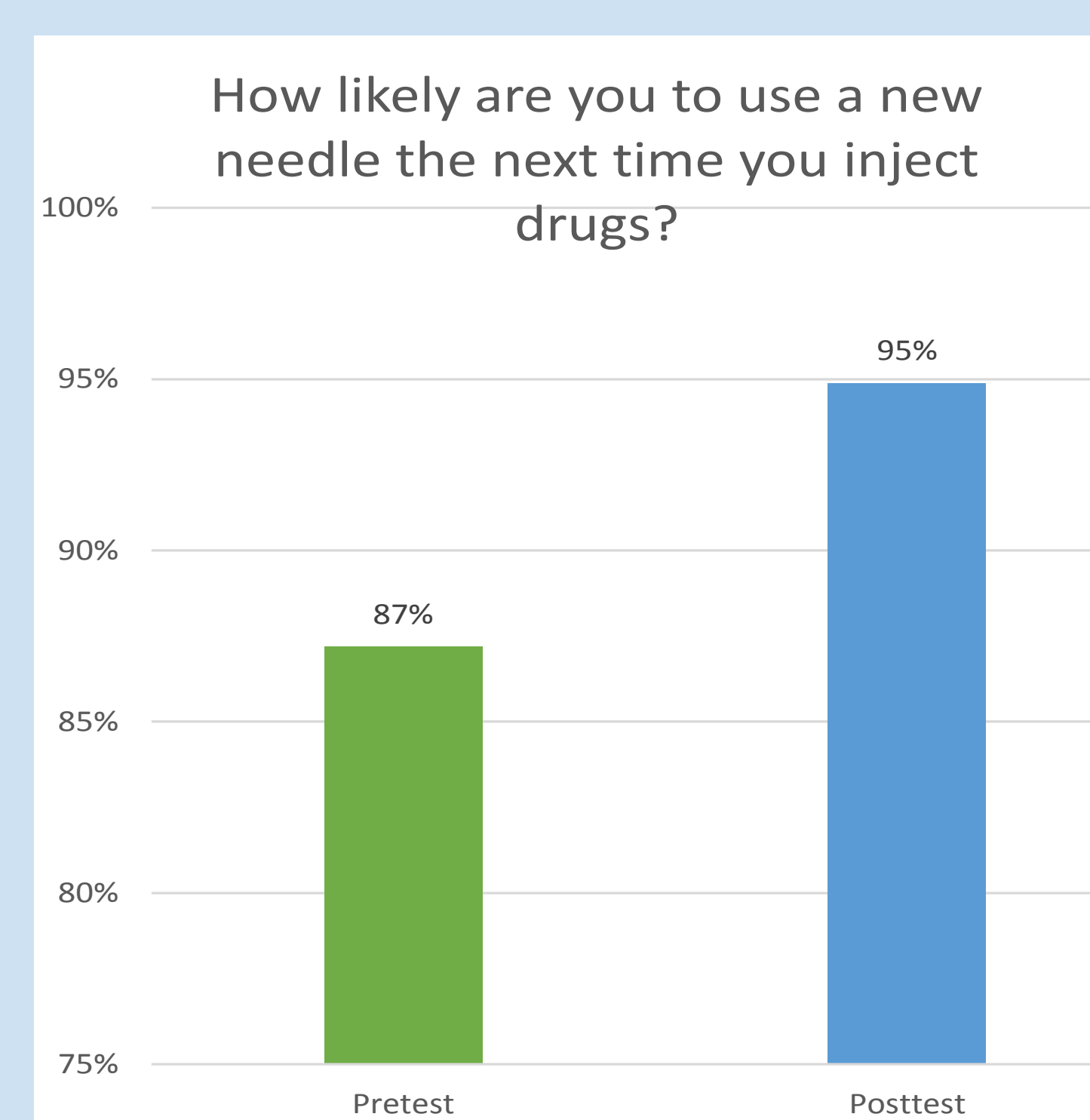
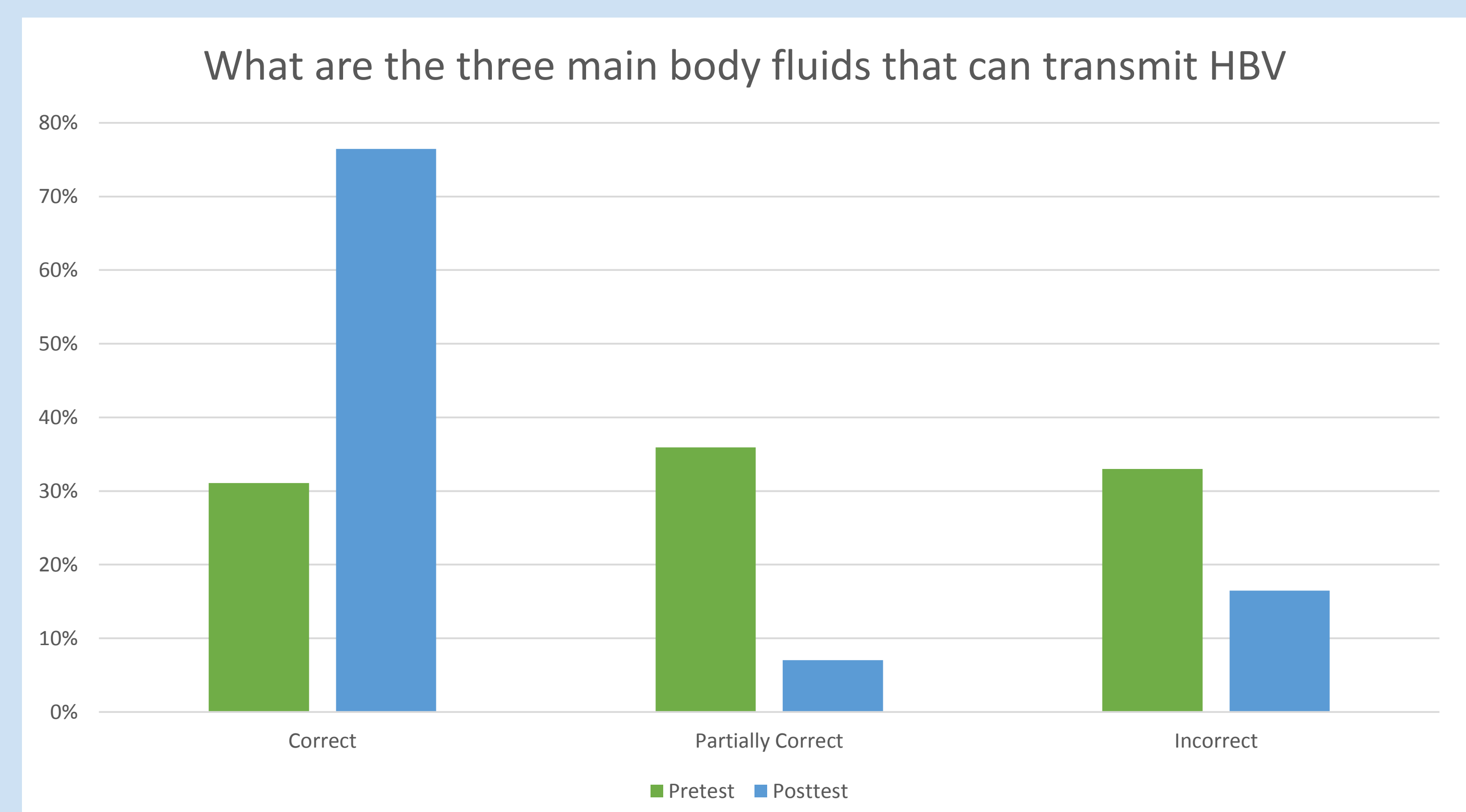
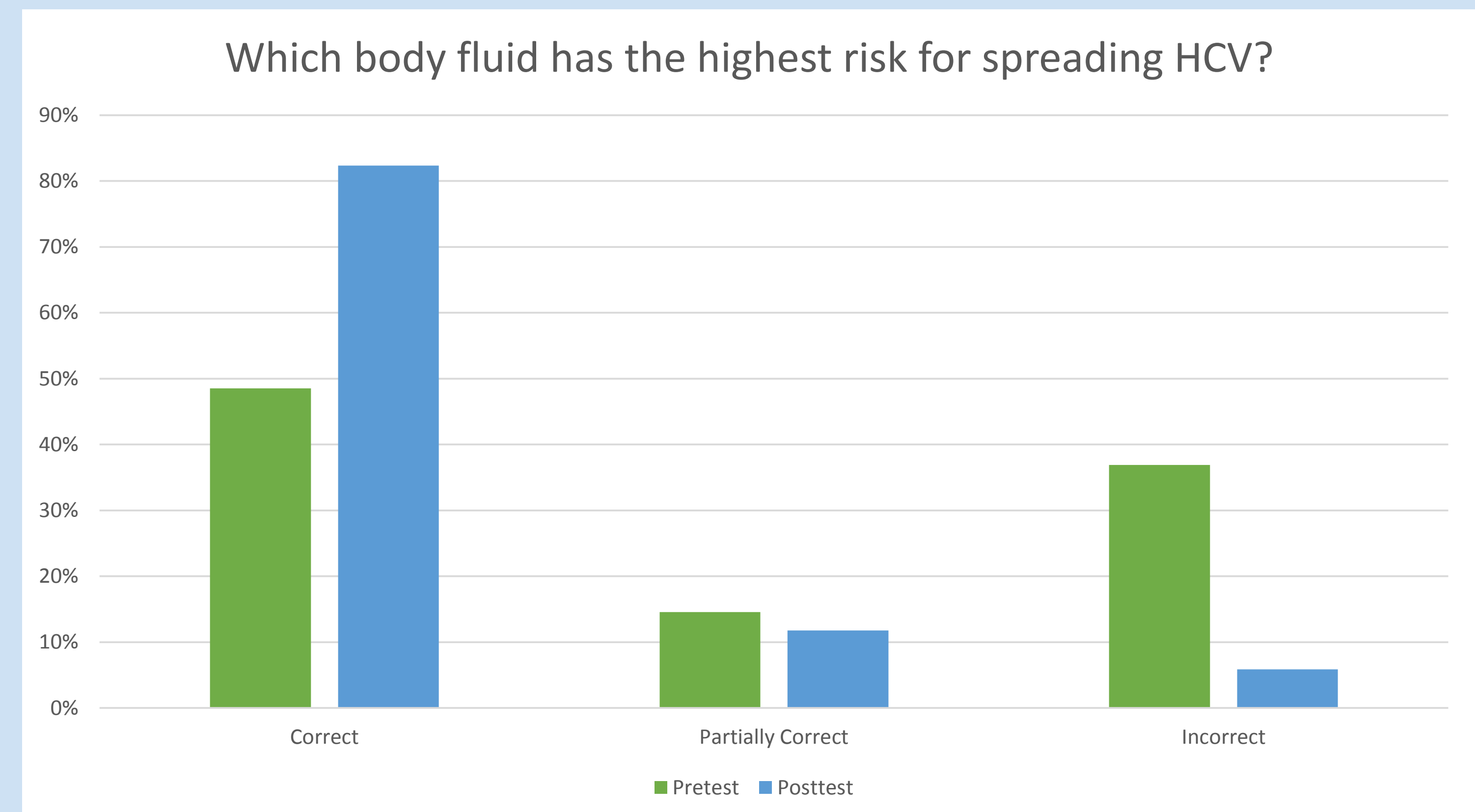
The evidence-based SHIELD (Self-Help in Eliminating Life-Threatening Diseases) relies on communication within peer networks to reduce risky behaviors. The original curriculum was adopted and disseminated by the CDC for HIV prevention. HEP's SHIELD model utilizes one to two facilitators to train peer educators during six interactive small-group sessions that involve roleplays, group discussions, and demonstrations. Participants improve their own health behaviors and promote risk reduction within their social networks. HEP integrates viral hepatitis risk reduction and revised the goal of the intervention to address risk reduction within participant's communities upon release as well as during incarceration. HEP gives participant priority to those who have a personal history of drug use and/or tattooing.

Results

Over the last five years alone, HEP has conducted viral hepatitis training to over 5,000 incarcerated students at thirteen correctional facilities. HEP has completed SHIELD peer education training to over 100 students. Surveys have proven an increase in viral hepatitis knowledge, a desire to share this knowledge and communicate with peers on safer practices, and a decrease in future risky behaviors for participants. The results of these surveys demonstrate that there has been an increase in viral hepatitis knowledge, and (see graphs).

Limitations

Correctional institution buy-in is sometimes challenging and class content has been restricted at times. The intervention requires the coordination of correctional staff that are already overburdened. Custody issues and participant job duties can restrict participants from attending. Other issues considered for implementation included availability of safety and security personnel, class time, and location.



Conclusion

Community-based organizations are able to make an impact with incarcerated populations. Viral hepatitis programs provide knowledge and tools for correctional populations and enable participants to spread vital information to their peers and knowledge to protect themselves.

