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Step Back...Move Ahead:

A Closer Look at an Idaho HIV Prevention Project for Incarcerated Men

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### Abstract

The purpose of this study was to evaluate the effect of Step Back...Move Ahead, an HIV and HCV prevention intervention with inmate participants. Although the intervention has been implemented for three years in Idaho, it has not been evaluated for effectiveness as a knowledge changing intervention. In 2006, over 150 Idaho inmates completed the six-session group level intervention and participated in the research project by completing in a pre and post intervention survey. Results from this study show a change in the knowledge of inmate participants, an increase in understanding of risk, a marked increase in understanding of viral disease transmission and risk reduction, and an increased understanding of the risk of prison tattoos. Based on this preliminary evaluation of Step Back...Move Ahead, it is possible to draw the conclusion that the intervention is effective in changing the knowledge of participants, and more importantly that further evaluation of the program is warranted regarding risk behavior and post release behavior change. This initial study also provides validation for continued implementation, revision and analysis of Step Back...Move Ahead in Idaho correctional institutions.

### Step Back...Move Ahead:

A closer look at an Idaho HIV prevention project for incarcerated men

Incarcerated populations have higher rates of Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis C Virus (HCV, than the general population. There are just over 4 million people living with HCV in the United States, with an estimated 1.4 million of those in incarcerated populations (Herman, 2000). HIV and AIDS cases occur at rates 5 times higher among prison inmates than in the general population. (Krebs & Simmons, 2002)

The connection between injection drug use and HIV/HCV transmission is well understood, and effective transmission prevention can be as simple as the provision of clean needles to those who intend to inject. In 33 states, needle exchange harm-reduction programs are financially supported by local and/or state governments. Harm reduction programs serve to promote clean needle use, but they also allow prevention workers direct access to needle users (CDC 2002). Rural and frontier states, like Idaho, often do not have well developed harm reduction programs or accessible drug treatment facilities. Prevention workers in rural states often face a hidden and secretive culture of needle users, and they struggle to find ways to identify and target significant numbers of needle users with HIV/AIDS and HCV prevention messages. An additional barrier to prevention messages and clean needles for injection drug users (IDU) in Idaho exists in the form of paraphernalia laws. Idaho Code §37-2701 states “possession of a syringe is prohibited when there is intent to use the syringe for the injection of controlled substances” (Idaho Code, n.d.). Paraphernalia laws serve a political purpose with a sense of controlling the

use of illicit drugs, yet they do little to help the problem, and increase the risk of using potentially infectious needles.

Step Back...Move Ahead, a group level HIV and HCV prevention intervention for the incarcerated, is an effort to reach the needle users within the prison population in Idaho. The program originated as a combined effort between the North Central District Health Department and the Idaho Correctional Institution- Orofino. The intervention was developed to reach injection drug users and other addicts housed at the Orofino prison.

#### Review of Related Literature

The Centers for Disease Control and Prevention award funds to all 50 states for HIV prevention (CDC, 2002 ). In the early days of the epidemic in this country, prevention funds were distributed without great concern for effectiveness. The hope was that local community planning groups made up of representatives of those populations most affected and infected would know the prevention needs of their communities and that the needs would be recognized and met locally. This method of getting the prevention messages to those who most needed it seemed to work to lower transmission rates for a few years, but since 1994 the rate of new infections has remained steady at about 40,000 newly detected infections annually in the United States (CDC, 2000). As the political climate in this country changed in the mid-1990s, the CDC was asked to prove that prevention dollars spent by states were actually serving to reduce the number of HIV infections (ASTHO 2000). This challenge to the CDC was passed on to the state health departments which had been funded by the CDC to carry out HIV prevention work. The question from the late nineties regarding HIV and evaluation became, "How can we prove whether prevention efforts are effective when people participate anonymously in

interventions they may or may not need?" The expectation for extensive evaluation became a significant barrier for interventionists. Rural states and other programs were challenged by the expectation to demonstrate cause and effect relationships in a context in which there were too many variables, many of which were private or illegal. Most HIV prevention experts had not been trained in program evaluation. The mandate from the CDC changed to require that only those most at risk for HIV would be targeted for intervention (Gentry, Gilliam, Holtgrave, & Francisco, 2002). Prevention efforts in rural and frontier states had long struggled with the idea of reaching those most at risk for HIV infection without disseminating risk reduction education to the general population.

In Idaho, funds for prevention are limited. The Idaho Care and Prevention Council (ICPC), Idaho's HIV community planning body, struggled to provide sufficient proof that the HIV interventions were targeting people at risk, or slowing the spread of HIV. In 1999, the CDC mandated that all written materials and images used in federally funded interventions had to pass materials review board examination mandated by the CDC, with state oversight (Gentry, et al, 2002) . Prior to the mandate, many interventions were taking place in gay bars, at drag shows, and other places where men who have sex with men gather. Interventions for injection drug users often provided bleach kits to promote clean needle use (Smutny, 2003). The materials used to educate and promote safer sex and harm reduction were often explicitly sexual, and used language some might have found offensive. With the new mandate, and the resulting paradigm shift with interventionists, a new era of HIV prevention began. Workers in the field of HIV prevention found the limitations to be exasperating, but the message was clear. In order to continue to fund prevention interventions, the CDC had to see proof that prevention

dollars were actually reducing the number of HIV infections, and this prevention effort would be in the form of materials the United States could be proud to display on buses and pamphlets. The disparity between the reality of sexual transmission and the new mandates for materials review sent many HIV prevention experts packing. In Idaho, the ICPC, STD/AIDS program and prevention contractors attempted to provide interventions within the guidelines. In the meantime, the number of HIV infections in Idaho continued to rise (STD/AIDS, 2004). The CDC continues to press for rigorous evaluation of federally funded HIV prevention projects, but without additional funding, there is little hope for low incidence, poorly funded states to demonstrate long-term behavioral outcomes based on research of funded interventions without resources, support, or training to conduct extensive investigations of what works. (Gentry, et al 2002).

Recently, a research study revealed that the average lifetime care costs for one individual with HIV likely exceeds \$600,000 (Schackman, et al. 2006). Considering that the HIV prevention contract for Idaho's North Central District Health Department totals less than \$300,000 in ten years of implementation, it may be possible to find a happy medium between rigorous evaluation of prevention programming and continued efforts to reach the populations most at risk for HIV infection. If these interventions have helped one person to avoid infection, the investment, when weighed as a cost benefit analysis, has been well worth the price. As an added benefit, interventions like Step Back...Move Ahead address other sexually transmitted diseases and HCV for added cost effectiveness, if they are truly helping individuals to change behavior and to reduce risk.

In 2002, during an STD/AIDS conference in Boise, a statement was made in passing by a conference attendee. The statement, though sadly not the speaker's identity, had a

powerful impact on subsequent development and implementation of Step Back...Move Ahead. The comment, although it cannot be quoted exactly, included a strong and pointed challenge that included these words: it is no longer ethical to provide HIV interventions without including Hepatitis C prevention information. It was apparent that the inclusion of HCV materials and lessons would make Step Back...Move Ahead more meaningful and helpful to the inmate participants. The rapid increase in the incidence of HCV in the United States to over 4 million infected persons is a grim reminder that HIV prevention messages alone may not be effective in reaching needle users (Allen, 2003).

It is time for all funded HIV prevention interventions to attend to the HCV crisis as well. Inclusion of HCV materials message is supported in a health belief model of behavior change theory and has a practical application in prison interventions. Idaho incidences of HIV infected individuals with needle use as a primary risk factor supports the combining of HIV and HCV prevention messages in prison interventions (Smutny, 2003). Needle use, drug related arrests and subsequent incarcerations are all on the rise in the United States (Harrison & Karberg , 2003). The primary HIV and HCV risk factor for both infections is injection drug use among those who eventually spend time in the correctional setting (Boutwell, Allen, & Rich, 2005).

As the rate of HCV rises in the nation and in Idaho, it is important to recognize that although the Sexual and Reproductive Health Program in Idaho provides funding for HIV prevention, there are currently no state funds available for HCV prevention programs beyond the dissemination of pamphlets (D. Anderson, R.N., personal communication, November 2006). Interventionists who recognize the connection between HIV and HCV

must find creative ways to incorporate information on both viruses into educational and prevention efforts (Boutwell, Allen, & Rich, 2005).

Step Back...Move Ahead demonstrated a collaborative relationship between North Central District Health Department and the Idaho Department of Correction (IDOC). The intervention design and curriculum include design and curriculum includes both HIV and HCV education and prevention messages. Step Back...Move Ahead sessions also serve the inmates by providing them with information regarding HIV and HCV testing and treatment policies and procedures of the IDOC. The inclusion of testing and treatment policy education for the inmates has served to reduce the confusion surrounding such policies (S. Whipple, personal communication, June, 2003). Most inmates who participate in the intervention are not aware that they have been tested for HIV. Each inmate is tested for HIV and elevated liver enzymes as part of the intake process into IDOC at the Reception and Diagnostic Unit. Testing procedures the offenders have been through are explained to inmate participants during Step Back...Move Ahead sessions. HCV antibody tests are not conducted in IDOC institutions until the inmate has had two blood tests revealing higher than normal levels of liver enzymes (Whipple, 2006).

The liver enzyme test, although not conclusive, is a good indicator of liver health (Allen, 2003). An explanation of the procedures surrounding HCV antibody testing in IDOC institutions helps the inmates to understand repeated liver enzyme tests they may have had in the past. Researchers, IDOC staff and the current warden at ICI-O support discussions to clear up confusion about prison policies and procedures regarding infectious disease testing and transmission.

According to Susan Whipple, an R.N at ICI-O, many inmates ask to be tested for HIV. She is not sure if they are participating in high risk behaviors while in prison, or if they are not aware that they have been tested in the past. Because sexual encounters and needle use are forbidden in the institution, it is hard to get an accurate picture of what risk behaviors may have taken place during incarceration (Whipple, 2005). Although inmates at ICI-O are not openly disclosing sexual and drug use behaviors, they are more forthcoming when it comes to discussing tattoos and their origin. Tattooing with used needles and ink is a leading cause of HCV transmission in prisons (Herman, 2000). Other studies have revealed data consistent with the assumption that prison inmates are giving tattoos to each other without proper sterilization techniques.

In one study conducted in Georgia, of those inmates who reported receiving a tattoo in prison, 59% claimed they thought the needle was clean, and 10% claimed they did not know about the sterility of the needle (CDC, 2006). The study also found that the inmates recognize a risk of HCV in tattooing. In the same study, the majority of inmates surveyed were aware that HIV can be transmitted through unprotected sex (88%), needle sharing (83%), and infected blood (78%) (CDC, 2006).

These findings are consistent with the general messages gathered from Step Back...Move Ahead session discussions with inmates. One HCV infected inmate participant in Step Back...Move Ahead revealed that he was a tattoo artist and had done “hundreds” of tattoos in prison. His story is especially poignant and memorable. He openly shared with the group that the numerous small dots on his fingertips were from testing tattoo needles to make sure the ink was flowing prior to beginning a new tattoo. Because ink is not readily available in prison, he said he often saved leftover ink in a

small vial and thought nothing of mixing contaminated ink back in with the clean.

Because HCV can remain viable indefinitely, he could have been exposing others to HCV. A simple observation of the number of visible tattoos at ICI-O and NICI, combined with an awareness of best practice sterilization techniques for tattooing points to one high risk behavior occurring frequently in our prisons.

The idea of working with prison inmates as the focus of an HIV and HCV prevention program is often misunderstood. At first glance, the logic behind working with inmates as the focus of HIV/HCV interventions is based on an assumption that men in prison likely have an increased risk of exposure to HIV through sexual encounters with other men and through illicit needle use in prison (Krebs & Simmons 2002). Although there is surely risk to some based on these factors, it is difficult to collect data about inmate behaviors that can lead to further sentencing and loss of privileges (Jones, K. personal communication, November 2006). Most prisons and all but a few jails in this country consider condoms to be contraband and sexual behaviors are punishable offenses in Idaho prisons. If inmates are participating in anal intercourse, they most likely do not have access to condoms (Krebs & Simmons, 2002). Prison rape is also a concern, and the Step Back...Move Ahead facilitator has been encouraged by the warden and deputy wardens at ICI-O and NICI to discuss the Prison Rape Elimination Act of 2003 with the inmate participants in order to provide reinforcement to them regarding the availability of support and guidelines for reporting.

Even with a greater number of inmates living with HIV than the general population, it is difficult to determine if significant numbers of HIV infections are occurring in the prison setting (About AIDS, n.d.). Many states do not test inmates upon

release (Comfort, Grinstead, Faigeles, & Zack, 2000). Idaho inmates are not tested for HIV as they are released from incarceration. (Whipple, 2005).

It is important to use caution when discussing sero-conversion rates during incarceration (Krebs & Simmons, 2002). Inmates who had a negative HIV test upon entry into the system may have been within the window period where antibodies are not yet present. Without repeat antibody testing it is not possible to know for sure if an inmate was in fact infected when they arrived (CDC, 2002). In Idaho, the correction system tends to move fairly slowly, and subsequently, inmates are often held in county jails for up to 6 months. Those inmates who have no further risk behaviors after being locked up and spend 6 months or more in county jail can be more certain of their negative HIV status. Idaho is not prepared to fund the testing of all inmates upon release from IDOC institutions, but it is worth mention that some states have found the rate of infection during incarceration to be lower than the rate of infection in the general population (Krebs & Simmons, 2002).

According to data on breakdown of criminal offenses in Idaho resulting in prison sentences, at least 50% involve drug or alcohol related offenses, but there is not data specific to those whose drug use involves the use of needles as a delivery system. (IDOC, 2005). The risk for HIV and HCV may be more significant for offenders who are out of institutions where drugs are more readily available, and may be related to greater access to sex and needles. The bottom line in Idaho is still the same; there are few places where interventionists can access needle users with prevention messages, and reaching offenders when they are incarcerated appears to be a successful means of reaching a population most at risk.

## Method

### *Purpose*

The setting for Step Back...Move Ahead is Idaho Correctional Institution-Orofino, and the North Idaho Correctional Institution, Cottonwood, Idaho. The 509 bed prison houses male inmates of all custody levels (IDOC 2004). The setting was chosen to be the site of an HIV prevention intervention by the North Central District Health Department to reach a large number of those who face increased risk for HIV and HCV in north central Idaho. The author of this research also developed the intervention as an employee of the North Central District Health Department. With the Idaho STD/AIDS Program an evaluation plan was developed for the collection of data.

The curriculum, facilitation and evaluation of this program are based on an emancipatory paradigm, recognizing the need for social change within the established prison system. Over the years, the author/interventionist developed a personal philosophy which includes recognition the prison as a complex system that is broken in many ways, just like the inmates are broken when they arrive. The goal of this author as a social worker, and as a group facilitator is to help inmates to recognize themselves within the brokenness as people with a potential for wellbeing in spite of the systems in which they live.

Among those at significant risk for HIV infection are people who use needles to inject drugs. Nationally, 36% of all HIV infections are primarily or secondarily attributed to injection drug use (CDC, 2002). According to the Idaho Epidemiological Profile (2004), those HIV positive persons who identified injection drug use as their primary risk

factor account for 16% of all Idaho HIV cases. Additional needle related HIV cases result from sexual relationships in the categories of men who have sex with men and also use injection drugs, and those heterosexuals whose sex partners are needle users. HCV is also primarily spread through needle use (Herman, 2000).

Step Back...Move Ahead is currently funded as an HIV prevention intervention by the Idaho Sexual and Reproductive Health Program, formerly the Idaho STD/AIDS Program. Step Back...Move Ahead has been implemented as a curriculum portion of an HIV prevention contract with the North Central District Health Department since 2003. Each year the curriculum has been adapted to incorporate new information, materials and facilitation methods. The core curriculum and its components have been approved by the Idaho Department of Health and Welfare's Materials Review Board and by staff at the Idaho Correctional Institution – Orofino. All sessions are facilitated by the same trainer/teacher. The intervention and curriculum are reaching the intended population of those most at risk for HIV and HCV transmission (Day, 2004).

A one-time outreach and recruitment session, Step Up, was offered in housing unit day rooms to introduce the intervention. The Step Up session included a personal risk assessment component. Inmates who self identify as having participated in risky behavior, including any history of needle use or sex with other men, were encouraged to sign up for the full intervention. Inmates who do not attend Step Up were also allowed to sign up for the full intervention. The six sessions were held weekly. Certificates of completion were awarded to those who attended at least five of six sessions. Repeat participation was not allowed. Course sessions occurred in a classroom separate from housing units. Participants were given folders with all course handouts. At least one

handout was provided for each session. Session 1 included filling out forms, a pretest and an overview of the entire program. Sessions 2 and 3 focus on the effects of HIV on the human body, risk hierarchy, and condom use. Session 4 addressed prevention and includes information regarding other sexually transmitted diseases, treatments and prevention. Session 5 is the Hepatitis session with information regarding transmission, prevention and treatment. Session 6 provides time for closure, posttest, and the presentation of certificates. A facilitator's guide and replication information are available from the North Central District Health Department, Lewiston, Idaho.

In order to determine the effectiveness of Step Back...Move Ahead, only data collected during 2006 were analyzed. Ten cycles of the intervention were completed in 2006. All 10 cycles were included in the analysis. Data was compiled as an aggregate. Individual cycles of the intervention were not considered as unique samples. Individual questions from the pre and posttest were not considered individually, or in topical groupings.

### *Participants*

The sample for this study is made up of those inmates who participated in Step Back...Move Ahead at ICI-O and North Idaho Correctional Institution during 2006. With the exception of ICI-O housing unit B-1, in which participation is mandatory, the sample is representative of the inmates eligible to sign up for the intervention. Although some researchers assume prison inmates cannot be considered as voluntary participants, the Step Back...Move Ahead facilitator/author and prison staff at ICI-O make efforts to give inmates a choice about participation. NICI participants are required to attend, and therefore cannot be considered as voluntary participants. The groups at NICI represent

those who have already been screened for and present with high-risk behavioral history. Although the ideal group size is 10-15 participants, efforts to accommodate inmate interest in the program often makes the group size larger than ideal. Including all who want to participate has been a higher priority than group size. The sample is convenient and made up of those who are available.

### *Design and Procedure*

The study completed was of a quantitative design and looked specifically at descriptive data for all variables. This study is not an attempt to evaluate long-term effectiveness of Step Back...Move Ahead on risk behavior or post release behavior. It is not the intent of this research to evaluate or recommend changes to prison policy or regulations, or to deem Step Back...Move Ahead an effective behavioral intervention. The study intent is to look for changes in HIV and HCV knowledge.

The prison tattoo question and perceptions of changes in knowledge provided simple frequency data. Process monitoring surveys and pretest/posttest data were analyzed using a comparative *paired t test* in SPSS. Pretest/posttest scores were compared for evidence of increased HIV/ HCV knowledge. Inmate participants completed Thurston scales regarding the level of knowledge they thought they had prior to the intervention compared to knowledge after the sessions were complete. Both HIV and HCV knowledge scales were analyzed using the *paired t test*.

All inmate participants in Step Back...Move Ahead groups were adult men. For the purpose of this study, the term inmate will refer specifically to offender participants who participated in the intervention. For the purpose of this study, no distinction was made between custody levels of participants (Grinstead, et al., 1999). Each unique group

had a cycle number which was not retained in the aggregate data, but could be gleaned from the survey tools.

Participants completed demographic questions, and a roster of unique identifiers was compiled and entered into a database using a coded system. The HIV/HCV knowledge pretest/posttest were identical to each other. Although it was recommended that a standardized, previously studied instrument may have provided more reliability, the program was developed by an educator, not a researcher. Course evaluation forms specific to this intervention have been approved by the Idaho Materials Review Board, a requirement for all HIV related educational tools developed with CDC funds.

During session 1, inmate participants completed the pretest and demographic questionnaire. Pretest knowledge questions were read aloud to the participants. Each question was read twice. Participants indicated their answer choice by circling the word true or false on the provided answer sheet. Pretests, demographic information and unique identifiers were collected during session 1. Session 6 included the posttest. After the posttests were collected, time was allowed to discuss each question to reinforce knowledge.

All data collected was analyzed using SPSS. A total number of correct answers from the pre and posttest were analyzed using a *paired t test*.

### *Ethical Considerations*

The Institutional Review Board of Lewis-Clark State College approved this study in December of 2006. The board found the study to pose no significant risk to human subjects.

The primary assumption made in the development of Step Back...Move Ahead is that inmates need accurate information about HIV and HCV (Day, 2004). In order to measure the effectiveness of Step Back...Move Ahead, it is assumed that all participants who attend six sessions receive all core elements of the intervention and have equal access to course materials and handouts. Although gender identification is not a given in any population, for the sake of this study all inmate participants are considered to be men. Because all inmates from each housing unit are invited to participate and no specific criteria are set out for participants, those who participate are assumed representative of the population of incarcerated adult males housed in these institutions.

Efforts have been made to protect the inmate participants and the facilitator by not asking for specific disclosure of behaviors they may have participated in while incarcerated. Crimes are not discussed and are not relevant to the content of the sessions. In 2005, gender choices were removed from the demographic questionnaire to avoid possible repercussions against any inmate participant who may self identify as female or transgender.

The fundamental approach of the facilitator of Step Back...Move Ahead sessions relies on a belief that all human beings are worthy of respect. A poster at OCI-O states: "Being incarcerated is the punishment imposed in a prison sentence, and inmates are to be treated with respect while the sentence is carried out". This statement supports the facilitator's approach to the implementation of Step Back...Move Ahead. An obvious power differential between the facilitator and the inmate participants exists. To respect the inmate participants means to acknowledge the reality of where they are now, while

respecting that they have not been and may not always be in prison. They are a vulnerable population, and like most human beings, they respond to respect.

Security is a primary consideration for any professional in the correctional setting. Security concerns are the primary focus in a correctional institution, and program implementation depends heavily on having a secure environment for delivery. Security staff support is critical for program success, and respecting the rules of the institution is fundamental to a successful program. All facilitators should receive training in basic security protocol and procedures. If this intervention is duplicated in other correctional settings, the importance of collaborative planning between the facilitators and prison staff must be emphasized and continuous.

The author/researcher has a bias towards believing that Step Back...Move Ahead is a successful and worthwhile intervention. Since the intervention was designed, implemented and evaluated by the same person, there is an obvious bias towards success. Within this bias, there is also a strong belief that the work of the last years has had a beneficial impact for the inmate participants.

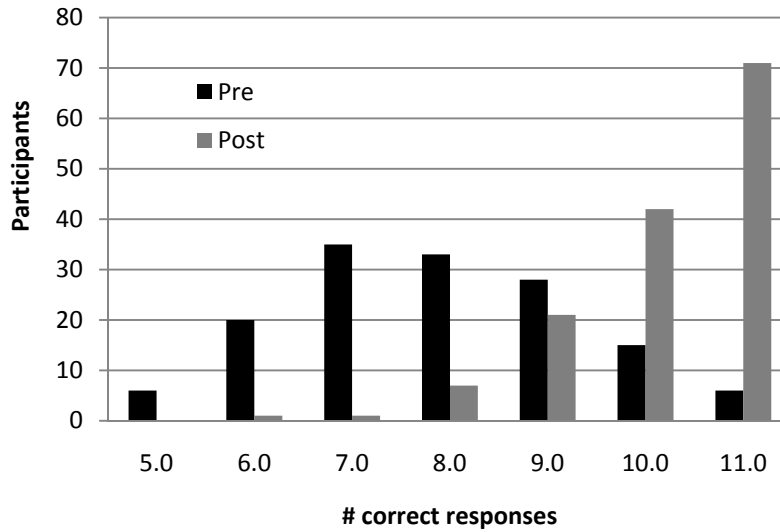
#### *Research Question*

Does participation in Step Back...Move Ahead increase knowledge about HIV and HCV among inmates?

## Results

Evaluation of Step Back...Move Ahead based on statistical analysis of 2006 demonstrates a positive change of HIV and HCV related knowledge of most inmates who participated in the program during 2006. The results of the *paired t test* analysis revealed a statistically significant change in the mean number of correct answers on the pre and posttests. The total number of inmates who completed both the pre and posttests equaled 143. Those pretest scores which did not have a matching posttest score were not considered. Although further data sets could have been gleaned from the raw data, for the purpose of this study, only frequencies of correct answers were considered. The mean pretest score was 7.88, and the mean posttest score equaled 10.20. An analysis of the paired differences revealed a significance of .000 at a 95% confidence interval.

Figure 1. *Bar Graph Representation of Frequency of Correct Answers by Score.*



The shift to the right validates the assumption that knowledge would increase for those who participated. The shift indicates increased correct responses to quiz questions. (n=143).

The lessons and information about Hepatitis C risk affected the way inmate participants feel about prison tattoos. Of the 152 completed responses to the tattoo question, 116 inmates reported a change in their feelings about prison tattoos. Although 36 participants responded that the intervention did not change the way they feel about prison tattoos, seven of “no” respondents had previous knowledge of risks associated with prison tattoos as indicated in commentary response.

The two categories where inmate participants compared their own knowledge about HIV and HCV prior to the intervention as compared with after the intervention revealed statistically significant findings. Both categories revealed a significance of .000

with a 95% confidence interval. There were 151 respondents to the four questions which made up this data set.

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Table 1

*Significant Levels Resulting from Combined Analysis of Valid Pre-Post, Survey Responses for inmate perception of learning in Step Back...Move Ahead.*

*(n=151)*

Measure and Variable	Mean	Std. Deviation	t	df	Sig.
Paired T-Test					
HIV Pre/Post T test	-3.79	2.06	-22.5	150	.000
HCV Pre/Post T-Test	-4.12	2.58	-19.5	150	.000

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Overall learning perceived by the participants was measured using a 10 point Thurston scale. All 151 inmate respondents claimed to have learned something during the sessions, and none rated their learning as three or less on a scale of “nothing” to “a lot”.

#### Discussion, Conclusions & Recommendations

The outcome of this research project is a demonstration of how a locally developed HIV and HCV prevention project can be successfully implemented and evaluated. This research project is a good start on a thorough evaluation of Step Back...Move Ahead. In order to generalize the findings of this study, it would be essential for project implementation to occur at additional facilities, with additional

facilitators. A limiting factor in the research is recognition that the consistent outcomes of intervention may be dependent on the facilitator, adherence to the curriculum tools, and institutional dynamics.

The study suggests that Step Back...Move Ahead has increased the HIV and HCV prevention knowledge of those who have participated in the intervention. This study has served to validate the assumption that the intervention meets the goal of increasing inmate understanding of these infectious diseases. Additional research on the knowledge change is possible, and would serve to further evaluate the intervention. One of the lessons learned during this research project was that the shift in roles between teacher and researcher has to be a very conscious effort. The missed opportunity for analysis of individual questions came from a teacher's well honed tendency to look at the total number of correct questions, rather than at each question individually. An original plan to compare ICI-O data to NICI data was also lost when the pre and posttest data were combined into one large data set. Future implementation and evaluation of this project will benefit from the use of standardized assessment tool developed by researchers expressly for determining a change in HIV knowledge. The pretest/posttest data reviewed for this study came from a compilation questions about frequently misunderstood facts and concepts about HIV and HCV. The questions were developed by the author/facilitator.

A more rigorous study of Step Back...Move Ahead is possible using the behavior change data collected by the Idaho Sexual and Reproductive Health Program. The additional data for this intervention was not used for this study, because the behavior change data is analyzed and reviewed by the Sexual and Reproductive Health Program.

This author was interested only in assessing whether or not the intervention was affecting a change in inmate knowledge about HIV and HCV.

Recommendations for further research include a need for evaluation by someone other than the principal author and facilitator. Realistically, this research project provides a foundation for more detailed evaluation of the curriculum, data collection, and ultimately of the intervention. The informed consent process needs to be enhanced to include the behavior change questions. The informed consent process should include a signed document from each participant, rather than a read statement by the facilitator. Those tools used to collect behavior change data need to be reviewed to assure ease of use, with special attention given to defining questions in terms of pre-incarceration behavior, and post release intent to change. Further coordination and collaboration with the Idaho Department of Correction will enhance the research potential.

In order to truly evaluate the effectiveness of Step Back...Move Ahead, the intervention will have to demonstrate behavior change after inmates are no longer in institutional custody. The current process to obtain post release data from participants is not working well, and needs to be reconsidered. The potential to work with probation and parole offices around the state provides an intriguing possibility for more reliable contact with participants after their release into community custody.

Implementation of Step Back...Move Ahead continues. Idaho inmates are stepping up to the challenge to Step Back - to dispel the fears and myths surrounding HIV and HCV infections, and to Step Ahead to a more thorough understanding of these viruses and the impact they have on those who are infected and affected.

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Authors note: As of July 2007, Step Back...Move Ahead is no longer being implemented. The author took a job with the Idaho Department of Correction and the North Central District Health Department chose not to hire another HIV Community Resource Coordinator. Step Back...Move Ahead materials are available by contacting the author. [jruppel@idoc.idao.gov](mailto:jruppel@idoc.idao.gov) . This research project and manuscript are the result of an effort of the heart and is dedicated to the inmate participants who shared their stories so willingly.

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Appendix



**Step Back...Move Ahead**  
**A closer look at HIV and Hepatitis C**

*Your honest input is appreciated.*

**Circle one number or response for each question.**  
**Feel Free to make comments or suggestions.**

**Thanks for your input and your time!**

Jenny Ruppel  
HIV Prevention Advocate  
North Central District Health Department.

*Remember; Magic Johnson is not well because he is wealthy, he's  
well because he is healthy!*



**What I knew about HIV before the classes:**

1	2	3	4	5	6	7	8	9	10
nothing			some				a lot		

**What I know about HIV now:**

1	2	3	4	5	6	7	8	9	10
nothing			some				a lot		

**What I knew about Hepatitis C before the classes:**

1	2	3	4	5	6	7	8	9	10
nothing			some				a lot		

**What I know about HIV and Hepatitis C now:**

1	2	3	4	5	6	7	8	9	10
nothing			some				a lot		

Do you think the seminars should be required for all inmates at this prison?

Yes                      No

Do you plan to change your HIV/HCV risk behaviors based on what you learned?

Yes                      No

If yes, what changes will you make?

The presenter's knowledge of the subject matter:

1	2	3	4	5	6	7	8	9	10
awesome			OK				awful		

The presenter's teaching style:

*The condom activity taught me something I need:*

1	2	3	4	5	6	7	8	9	10
don't need					Really need				

1	2	3	4	5	6	7	8	9	10
awesome			OK				awful		

*Questions in bold are included in research*

# HIV and HCV QUIZ QUESTIONS

## TRUE OR FALSE

1. HIV and Hepatitis C can be transmitted through shared needles used for body piercing or tattooing. T
2. Having other Sexually Transmitted Diseases can increase your risk for HIV infection. T
3. Hepatitis means inflammation of the liver. T
4. Anal intercourse is a high HIV transmission risk because of bacteria. F
5. When you donate blood you raise your risk for HIV infection. F
6. Most condom failures occur because of user error. T
7. Drinking alcohol can give you Hepatitis C. F
8. Semen contains the highest concentration of virus in the body of an HIV infected man. F
9. During vaginal intercourse, it is easier for HIV to be spread from woman to man. F
10. There is a high risk of HIV infection with oral sex. F
11. Blood and blood products are screened for HCV (Hepatitis C Virus). T