Abstract 243

T1TLE: Hea1th Education for women at Risk: HIV Prevention Education for Incarcerated Women.

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ISSUE: Women in prison are among the highest risk group for HIV disease (El-Bassel et at, 1995). In fact, the Center for Disease Control and Prevention (CDC, 1997) reported that individuals in prison are seven times as likely to be infected with HIV than individuals living in the community. The percent of women entering jails and prisons with a history of HIV infection range from 0-25% (Hammet, Gross, & Esptein, 1994). Further, HIV seroprevalence in correctional facilities reflect the trend in general population toward elevated rates of the disease in women. At the end of 1994, the number of female immates incarcerated in state facilities who were infected with HIV totaled 1,953 and the number of female jail offenders who tested positive totaled 911 (National Institute of Justice, 1996).

SETTINGS: This case study focused on the Incarcerated Peer Education Program for women in the Tulsa, Adult Detention Center and the Eddie Warrior Correctional Facility.

PROJECT: The Oklahoma State Department of Health, HIV/STD Service began the HIV peer-education program in 1995. Support for this project included a $4000 grant from the National AIDS Fund as well as support from the Tulsa Community AIDS Partnership. The objective of the Incarcerated Peer Education Program was to train incarcerated women as educators on the basic concepts of HIV prevention with the expectation that they would then provide educational outreach to fellow inmates.

RESULTS: In summary, the HIV peer-education program met the anticipated objectives related to individuals. It offered offenders the opportunity to focus on health care and to be part of a captive learning environment that encouraged acquiring new attitudes, knowledge, skills and behaviors. Also, the program provided offenders with an opportunity to earn college credit for becoming a peer educator. Through the process many women learned the lessons for themselves. Once trained, the peer-educators instructed others. An unanticipated outcome of this program was that once peer educators were transferred to lower security facilities they began to develop and implement peer education projects.

LESSONS LEARNED: By working together health care educators and prison officials can develop and implement reactive health education that reduces the burden of this costly disease. The peer educators became the teachers, and experts, and were able to be responsible for the project.

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