Engaged Scholarship at Brown: A Case Study

*Designing Education for Better Prisoner and Community Health (2016-17 TRI-Lab)*

Engaged scholarship at Brown is designed to create high-impact learning experiences and collaborative educational partnerships among students, faculty, and community partners that address major social challenges and produce tangible public benefits. This article describes a multi-semester engaged scholarship course and laboratory (the 2016-2017 TRI-Lab) that trained students to design, prototype, and implement health education programs that target health literacy issues often encountered by justice-involved individuals (including current and former prisoners) and other low-income, underserved populations. In the Spring 2016 course that inaugurated the TRI-Lab, students were provided the background and skillsets required to create health education programs focused on the particularly acute health needs of this population.

Over the summer, project teams collaborated with medical experts, staff at the Rhode Island Department of Corrections (RIDOC), a graphic designer and a videographer, and people who are justice-involved to develop working prototypes of their programs. The project teams, which included former prisoners as consultants, created educational videos, curricula, posters, pamphlets, and booklets across six health topics that were tested and refined in collaboration with justice-involved individuals. Most projects are in final production stages, and two are currently being implemented at RIDOC. Projects are described below, including their impact and the number of individuals who will be served. Students’ reflections on their experiences in the course and lab are also included.

**Student Perspectives 1**

“The biggest takeaway I definitely received from this class is ultimately teamwork. Community. There are people who want to help and there are people who want to build together and so much can be done if we begin to converse and share and contribute. No one is an island. And throughout this course I found this aspect both inspiring but also beautiful to watch and be a part of.”
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TRI-Lab instructors and several students meet to discuss progress (July 2016).
Back row: Brad Brockmann, instructor; Hye In Sarah Lee; Ben Bouvier; Nicole Aimua.
Front row: Alex Macmadu, instructor; Harmony Schorr; Sarah Fracasso Francis; Meghan Foe.

“Designing Education for Better Prisoner and Community Health” was conceptualized by Brad Brockmann, Executive Director of the Center for Prisoner Health and Human Rights, and co-created with Alex Macmadu, Sr. Research Assistant at the Center, Jennifer Clarke, Medical Director of the RI Dept. of Corrections, and Ian Gonsher, Brown Engineering faculty member and co-creator of the Brown Creative Mind Initiative. That team also co-taught the class with assistance from Lauren Brinkley-Rubenstein, other Brown faculty, and members of the community including formerly incarcerated individuals. The summer laboratory was run by Alex with support from Ian and Brad. Both seed and implementation funding were provided by Brown’s Swearer Center for Public Service, with additional funding from Brown’s CareerLab, the Center for Prisoner Health and Human Rights, and the Damiano Foundation.
Group 1: Hepatitis C

Hepatitis C virus infection is the largest infectious disease epidemic in the US, affecting an estimated four-five million individuals. Hepatitis C is 9-10 times more prevalent among prisoners than it is in the general population since 50-80% of HepC infections are in current and former injection drug users who are at high risk of incarceration.

Our students, Elena Bengochea and Carolina Velasco Molina, developed and produced a ten-minute video that describes the prevalence, risk factors, and treatment options for hepatitis C. Students recruited five justice-involved men and women who have hepatitis C to share their experiences on film and provide peer education for our targeted population. The final video will be screened on loop at the RIDOC Intake Center, reaching the 14-16,000 people who are incarcerated each year in RI. In addition, students developed print materials that provide information about HepC testing; these materials will be utilized at RIDOC to increase voluntary HepC testing uptake.

The National Hepatitis in Corrections Network, based in Seattle, Washington and part of the Hepatitis Education Project, wants to work with the Center on a project to distribute the video to correctional institutions around the country.

**Student Perspectives 2**

“In no other health-focused class at Brown have I felt as personally interested in and connected to a course.”

“Overall, I think this course has been incredibly influential in what I want to do with my life after college.”
Group 2: Medication Assisted Treatment (MAT)

Education poster describing new MAT options and policies at RIDOC
Between 20-25% of individuals incarcerated in RI struggle with addiction to opioids, such as heroin and prescription painkillers, an exponentially higher percentage than in the general population (less than 2%). RI has one of the highest rates of drug overdose deaths from opioids in the country, and it is a priority of the Governor to reduce that number dramatically. A key way to accomplish that goal is through wider use of medication-assisted treatment (MAT) programs. In June 2016, the RIDOC received $2 million in state funding to be the first prison system in the country to significantly expand their MAT program in three ways: (1) the RIDOC will offer all three forms of MAT (i.e., methadone, buprenorphine, and naltrexone) rather than methadone alone; (2) people who receive MAT will be permitted to continue on these medications for up to six months, rather than only 30 days, and (3) people who could benefit from MAT and were not receiving it in the community will now be initiated on MAT while incarcerated.

Our students, Hye In Lee, Harmony Schorr, and Jeffrey Lam developed and produced a ten-minute video that provides information about MAT for inmates with opioid addiction. The video provides information about how each form of MAT works, how to obtain a prescription while incarcerated, and relevant RIDOC policies and procedures. The video and related materials comprise the critical education component of RIDOC’s expanded MAT program for prisoners. Students recruited three justice-involved people who are currently engaged in methadone, buprenorphine, and naltrexone treatment (respectively) to share their experiences on film and provide peer education. The final video will be screened on loop at the Rhode Island Department of Corrections Intake Center, reaching 14-16,000 people who are incarcerated each year. In addition, students developed print materials that provide information about MAT and the new RIDOC policies; these materials will be utilized at the RIDOC to increase MAT program enrollment.

Community organizations who work with individuals with opioid use disorder have expressed interest in using the video and materials for their own non-incarcerated clients. We anticipate interest from other organizations – both local and national – in using the video and materials in their own educational efforts with individuals struggling with opioid addiction.

**Student Perspectives 3**

“Each week we worked... to bring in as many voices as possible to generate the best version of our resource.”

“Many of [our] interviews were extremely humbling and made me reflect on my privilege and place within the Providence community. I was extremely glad I had the opportunity to enter a very personal space and hear such personal stories.”

“As our project developed, I think I have been most impacted by learning up-close how the health of incarcerated people is intimately related with the health of our communities.”

“This summer equipped me with countless skills that I thought were beyond my grasp.”
Group 3: Navigating the Healthcare System

People who are incarcerated have a greater burden of infectious disease, chronic conditions, mental health conditions, and substance use disorders; however, following release from incarceration, only a fraction of people who are justice-involved have access to medical care.

Our students, Meghan Foe and Olivia Moscicki, wrote and designed a 32-page educational booklet entitled “Your Healthcare Inside and Out: Answering your health questions as you return to the community.” The full-color booklet provides information about how to obtain and use health insurance, access primary and urgent care, access specialized care (e.g., behavioral health care), obtain medical records, fill prescriptions and read labels, self-advocate in medical settings, and other skills needed to navigate and utilize the health care system. The final booklet will be distributed by discharge planners and probation/parole supervisors, reaching an estimated 6-8,000 people per year. In addition, students have developed a 60-minute curriculum augments and reinforces the topics described in the booklet. The curriculum will be delivered by one of the Principal Public Health Promotion Specialists at the RIDOC 4 times per month, reaching an estimated 2-3,000 people who are incarcerated each year.

The RI Department of Health has asked for permission to adapt the education booklet for use as the state’s Refugee Health Passport, to replace the 1½ page document they are currently using. They are also interested in potentially adapting the pamphlet in a generic version for use at health centers serving low-income individuals throughout the state.

Cover and first page of “Your Healthcare Inside + Out,” a 32-page educational booklet
Group 4: Weight Management

Women who are incarcerated are 18% more likely to be obese than the general population. In fact, study at the RIDOC Women’s Facility found that women gain an average of one pound per week while incarcerated. Our students, Allegra Scharff, Emily Jang, and Ria Vaidya, developed an 8-week exercise and nutrition program that will be delivered by students at the RIDOC Women’s Facility. The program features a full-color deck of 36 exercise and nutrition education cards that were written and designed by students in collaboration with experts, stakeholders, and justice-involved women. The 31 exercise cards provide illustrated instructions on how to do warm up, cardio, muscle-strengthening, and cool-down exercises safely and effectively. The five nutrition cards provide illustrated instructions on how to make behavioral changes to avoid weight gain while incarcerated (e.g., plan commissary order while full, use less sugar in your coffee). The exercise and nutrition program is expected to reach 40-50 women per year. The final card set will be distributed to RIDOC staff to women at intake, and is expected to reach 130-150 women per year.

Student Perspectives 4
“The TRI-Lab allowed me to pursue my public health and social justice interests to create a project that, besides enhancing my professional and personal growth, benefited the Providence community and the too-often neglected criminal justice population.”
The prevalence of HIV/AIDS is 4-5 times higher among people who are incarcerated than in the community. HIV/AIDS is more prevalent in correctional settings, in part, because people who are incarcerated are more likely to have a history of engaging in HIV risk behaviors, such as injection drug use or sex work. Our students, Sarah Hsu, Dipal Nagda, and Laura Valle-Gutierrez created a brief, 15-minute curriculum and accompanying informational pamphlet that provide information about HIV pre-exposure prophylaxis (PrEP), a medication regimen that can be used by individuals who are at high risk of contracting HIV (e.g., people who inject drugs, sex workers, gay men) to reduce the risk of contracting HIV. The curriculum provides information about how HIV PrEP works, who is eligible to receive HIV PrEP, and how to obtain a prescription while incarcerated. The curriculum will be delivered by one of the Principal Public Health Promotion Specialists at the RIDOC 4 times per week, reaching an estimated 8-10,000 individuals prior to release annually.
**Student Perspectives 5**

“It was an amazing opportunity to get out of my head and in to talking to people, listening to people, and designing around needs and experiences.”

“This experience during the school year and over the summer has … really helped me home in on a community with whom I would absolutely like to work moving forward.”

“Going into the prison … was especially life changing.”

“This TRI-Lab experience reminded me that I am not called to save the world, but rather to do my best with compassion every day.”

“I will not and cannot, even if I tried, forget my experiences of stepping into a correctional facility…This has awakened in me a horror and urgency that I will carry with me into both my personal and professional spheres.”

“Personally, I loved that I had active participation in all decisions pertaining our project.”

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**Group 6: Trauma-informed Intervention for Male Inmates: Dealing with Difficult Emotions and Deepening Critical Reflection Skills**

Like their counterparts nationwide, prisoners in RI experience high rates of mental illness. Nationwide, between 50-65% of incarcerated individuals in state prisons and jails have a diagnosable mental health disorder according to the Bureau of Justice Statistics, versus 10% in the community. Major depressive disorder affects 30% of prisoners vs. 8% in the general population; 24% of inmates have a psychotic disorder vs. 3% in the general public. In RI, a chart review conducted in February 2017 found that 27% of prisoners were taking psychotropic medications.

While the mental health profile of incarcerated women is generally worse than their male counterparts, male inmates have higher rates of undiagnosed mental illness. A study conducted by colleagues at Rhode Island College in 2013-2015 revealed that 91% of incarcerated males in the custody of RI’s Department of Corrections had undiagnosed trauma. In addition, male inmates exhibit high levels of stigmatization with respect to mental health issues, which is in part a result of typical male socialization, which severely curtails permissible emotional expression and teaches men from an early age not to show any sign of – or admit to – any weakness. Indeed, for many young males, particularly those from low income, high crime, low opportunity neighborhoods, a world marked by violence becomes the norm, and is part of “being a man.” The impact of male socialization and trauma must be taken into account when working with incarcerated men who seek or need behavioral health treatment.

Our students, Sarah Fracasso Francis, Nicole Aimua, and Meryl Kus, began designing a health education program to provide male inmates with tools to address the symptoms of depression, stress and anxiety. When they began conducting focus groups with formerly incarcerated men regarding these difficult emotions, it became clear that high levels of stigmatization required them to return to the drawing board if they were to engage the men in a meaningful way. We approached Dr. Tonya Glanz at RIC, an expert in trauma among
incarcerated men (and the co-author of the undiagnosed trauma study described above), and her colleague, Christopher Dorval, LCSW, to help us rethink the challenge and develop a program that might work.

Chris worked with the students to develop a nine-session group curriculum designed from a male-responsive, trauma-informed framework to provide male inmates with practical tools for dealing with difficult emotions, as well as skills to deepen their capacity for critical self-reflection and healthy decision making. The nine-session group work will be supplemented by weekly individual counseling sessions for the men to help facilitate integration of the material. The program has been enthusiastically embraced by the Director of Behavioral Health Services at RIDOC and his staff, and a pilot run by Chris with assistance from the students will begin in April 2017 at the Maximum Security facility in Cranston. Over the summer, the program will be adjusted as necessary, a training manual developed, and training of interns from RIC’s Education Counseling and Graduate Social Work programs will commence so that two groups of 10-12 inmates will start this Fall, with a total of six group serving 60-70 men over the academic year. The program will be funded as part of a special $400,000 mental health line item in the state budget initiated by the Governor’s Office, and will augment the serious shortage of mental health programming for male inmates in RI.

Student perspectives

“*My experiences in this summer’s TRI-Lab have taught me the importance of gaining the trust of the people that you serve. More importantly, I learned that building trust takes a lot of time and patience, but it is absolutely necessary if you want to make an impact.*”

“I now feel like I have the tools to solve real-world problems.”

“This work connected me with brilliant, hard-working, compassionate people in the state of Rhode Island. I am grateful to have come into contact with people who have dedicated their lives to this difficult work. I have come to appreciate the expertise of those individuals, and try to be extra cognizant of my limitations and privileges.”

“I know I want to go into the healthcare system, and the TRI-lab had a huge impact on that desire. There are so many communities that are neglected and pushed aside, and I believe it is the duty of everyone else who has been privileged enough to live a more comfortable life to help others who have not been as fortunate.”

“I am so grateful to have been a part of this project because it really has informed the way I interact with every person I meet.”

“Learning about the incarcerated population in the U.S. has also influenced the way I look at many different aspects of my life… It has become an issue that I care about deeply, and ask any of my friends or family members: it’s a topic I don’t often stop thinking about.”

“This class has refueled a desire to work with this population in some way shape or form in whatever I do in my future.”
Scientific Posters of Student Projects

On April 25, 2017, the Designing Education for Better Prisoner and Community Health project teams presented the results of their work to the Brown University community. Each team created a scientific poster describing key elements of their work, including important background information, key elements of the creative process, outcomes, and future directions. Copies of those posters are attached.

INDEX TO POSTERS

- Hepatitis C
- Medication Assisted Therapy
- Navigating the Healthcare System
- Weight Management
- HIV Pre-Exposure Prophylaxis (PrEP)
- Trauma-informed Intervention for Male Inmates: Dealing with Difficult Emotions and Deepening Critical Reflection Skills
Hepatitis C: “The Silent Killer”
Video Production Project by
Elena Bengochea and Carolina Velasco

Background
- 4-5 million people in the United States have HCV, but most don’t know they have it because it is asymptomatic.
- HCV is the #1 cause of cirrhosis and liver cancer.
- Rates of HCV are 9-10 times more prevalent among prisoners than they are in the general population.
- People who inject drugs (PWID) constitute about 50-80% of HCV prevalence. PWIDs are also at high risk for incarceration.
- 95% of prisoners will be released back to their communities, making prison an important point of access to health services.

Process
Planning and Execution (June 2016-July 27, 2016)
- Facilitated a focus group about approaches to Hepatitis C education at CODAC Treatment Center in Providence, RI.
- Recruited video participants.
- Partnered with Irene Su, filmmaker and educator at RISD.
- Created and revised a script to guide the video’s content.
- Filmed 6 interviews and b-roll.

Editing (Aug 5, 2016 – April 2017)
- Directed 7 rounds of editing after gathering feedback.

Evaluation
- Showed the video to 8 inmates taking Deb Davis’ health class in Men’s Medium security facility at RIDOC.
- Conducted a pre-test/post-test to receive preliminary feedback about content and clarity.

Cast
Alex, Angelo, Emily and Richard, patients at CODAC, 3 of whom are formerly incarcerated.
Dr. Christopher Salas, physician at RIDOC.
Ray Joseph, prevention specialist at AIDS Care Ocean State.

Basic Information
- The most common symptom is no symptom.

Transmission
- It only takes one time to transmit the disease.

Risky Behaviors
- You can contract Hep C from sharing needles, works and rinse water.

Testing
- Test is free. Get your results in 20 minutes.

Living with HCV
- Get a primary care doctor.
- Reduce alcohol and drug use.
- Maintain a healthy diet.

Description: Educational film about Hepatitis C for people who are incarcerated in Rhode Island.

Objectives:
1. Improve audience’s knowledge of Hepatitis C transmission, prevention, testing, and treatment.
2. Encourage audience to:
   - Get tested for Hepatitis C by describing the testing process in prison and outside of prison.
   - Evaluate and minimize their own risk of acquiring Hepatitis C by providing information about risky behaviors.
   - Prevent the spread of Hepatitis C by describing the biology and transmission pathways of the virus.
   - Seek medical care and maintain a healthy lifestyle if diagnosed with chronic Hepatitis C.

Impact
The video will be screened at the RIDOC Intake Center, reaching 12-14,000 people who are incarcerated each year in RI. It will also be shown as a resource in Deb Davis’s health class that runs in men’s medium and max security prison facilities. We are also seeking to run the video in the waiting room for medical services at RIDOC.

Acknowledgements
Special thanks to Angelo, Alex, Richard, Emily, Ray Joseph, Christopher Salas, Irene Su, Deb Davis, Jen Palo, Jennifer Clarke, Brad Brockmann, and Alex Macmadu.
# Break the Cycle: Medication Assisted Treatment Education in RI Prisons

Hye In Sarah Lee & Harmony Schorr

## Background

- **Rhode Island is 1<sup>st</sup> in the nation for illicit drug use**
- In the past 5 years, overdose deaths have increased 50%
- In 2015, 17% of 290 lives lost to OD were previously incarcerated individuals
- Prisoners have a higher burden of substance use disorder: 26% report frequent opiate use
- Prisoners are 12<sup>x</sup> more at risk of dying by overdose in the first 2 weeks after release

## Process

- **Meetings with stakeholders** from RIDOC to understand the logistics of the MAT expansion program
- **Creation and revision** of pamphlet and video script based off of focus group feedback
- **Focus groups** with prisoners in RIDOC and community members at CODAC Treatment Center who had been previously incarcerated
- **Individual interviews** to recruit video participants and gain a deeper understanding of opioid use, motivation to take MAT, and stigma
- **Filmed 2 interviews**

## Outcomes

### Pamphlet

**Objectives:**
- To inform prisoners what treatment options are available inside prison
- Provide a tool for self-advocacy
- Encourage people to initiate and maintain MAT

**Contents:**
- Descriptions of methadone, suboxone, and vivitrol
- Positives and negatives
- Side effects and medical cautions

### Video

**Objective:** To inform and encourage prisoners to initiate MAT from a peer’s more personal perspective

**Contents:**
- Stories of addiction and motivation to choose recovery & start MAT
- Description of their form of treatment & the benefits they’ve experienced
- Addressing fears & stigma of starting and how they overcame difficulties
- Words of encouragement & advice from their own experience

- "I’ve lost so many people to overdoses that it’s just like a nightmare. And nothing’s worth that."
- "It’s helped me live a normal life. For me this was a godsend. You have to reach a bottom and I reached mine."

## Impact

- The video will be shown in the RIDOC Intake Center and will reach 12-13,000 people each year
- The pamphlet will be used by medical personnel and will reach ~1725 people each year

## Future Directions

- Continued revisions of pamphlet content
- Finishing filming participants and editing video content
- Focus groups with prisoners to evaluate the effectiveness of the video’s message
- Implementation of pamphlets and video in the Intake Center

## Acknowledgements

We’d like to thank Michael and Thomas for sharing their stories in our video. A special thank you as well to Alex Macmadu, Brad Brockmann, Jen Palo, Jennifer Clarke, Lauranne Howard, Jody Rich, Irene Su, and Ian Gonsher for their support, guidance, and expertise in helping this project come together.
Your Healthcare Inside + Out: Answering Health Questions Post-Incarceration
Meghan Foe and Olivia Moscicki

Background

People being released from incarceration:

- Are less likely to have insurance: 78% of individuals have no health insurance.
- Are more likely to use the emergency department: 455 individuals had 3 or more ED visits within 1 year of release.
- Have a greater risk for infectious disease: 20% of individuals reported a diagnosis of Hepatitis B and C, tuberculosis, or HIV.
- Have a higher burden of chronic physical or mental illness: 54% of men and 77% of women had chronic physical and mental health conditions.

Outcome

- 32-page booklet
- Content:
  - health insurance
  - primary and urgent care
  - specialized care filling and using prescriptions
  - self-advocacy
  - local resources
- Structure:
  - Intuitive question-based format
  - Interactive “My Notes” sections
  - Acknowledging structural barriers

Future Directions

- Distributing at community organizations, RIDOC discharge planners, and probation/parole supervisors.
- Developing a 60-minute curriculum to build on the booklet, potentially delivered at RIDOC and interested community organizations.
- RI Department of Health is adapting the booklet for use by refugees and low-income individuals throughout RI.

Process

- Meetings with stakeholders from community agencies, the RIDOC, and various health fields.
- Focus groups with individuals who had been previously incarcerated to assess needs and current health care knowledge and practices, as well as receive feedback about the overall effectiveness and content of booklet components.
- Community collaborations with individuals who were previously incarcerated to refine the content and tone.

Acknowledgements

We would like to thank folks at Crossroads RI, OpenDoors, the Providence Center, and Harrington Hall, as well as Cara Sammartino and Amanda Noska. Special thanks to our collaborators, Alex and Emily, for their time and expertise.
Healthy Bodies on the Inside: A Pilot Weight Loss Intervention for Incarcerated Women

Allegra Scharff, Amber Cardoos, Nell Baldwin, Emily Jang, and Ria Vaidya

Background
- Women, with risk factors for obesity, are disproportionately represented in prison
- Incarcerated women gain weight behind bars (20lbs in the first 6 months to 2 years)
- Incarcerated women identify nutrition and weight gain while in prison as a “leading health concern”
- Incarcerated women are the fastest growing prison population (3.4% increase annually between 1999 and 2013)
- Few interventions to help women maintain or lose weight can be found in the literature

Process
Summer 2016
- Completed 3 focus groups with incarcerated and previously incarcerated women, two interviews with incarcerated women, and meetings with the DOC’s Director of Medical Programs, Nutritionist and Physical Therapists.
- Dramatically changed our intervention based on feedback from women who are incarcerated
- Created exercise and nutrition tip through collaboration with nutritionists from Brown and the DOC and physical trainers and therapists from Brown and the DOC

Fall 2016 and Spring 2017
- Cards critiqued and edited accordingly by incarcerated women
- Evaluated intervention efficacy at RIDOC

Evaluation & Results
- 3 of 8 women completed the study
- All three of these women lost weight, 4.5lbs, 3.5lbs and 1lb from baseline
- Accounting for average weekly weight gain of women incarcerated in Rhode Island for more than 90 days, the women had a net loss of 13.3 lbs., 12.3 lbs. and 9.8 lbs. respectively
- Higher program adherence (average weekly exercise cards completed and number of tracking sheets turned in) resulted in more weight lost

Outcome

Exercise Cards

Nutrition Tip Cards

Intervention
Women tracked their daily use of exercise cards, steps, and eating tip cards over the course of 6 weeks. They met weekly with authors to discuss struggles and successes of following eating and exercise goals for the week.

Future Directions
- Make exercise and eating tip cards continuously accessible to women at the RIDOC
- Encourage the adoption of exercise and eating tip cards at other women’s correctional facilities
- Further investigate intervention efficacy

Acknowledgements
Thank you to Alex Macmadu, Brad Brockman, Samantha Rosenthal, Dr. Jennifer Clarke, Deputy Corry, Debbie Mathieu, and the women at the DOC.
Addressing Post-Release HIV Risk for Inmates at the RIDOC: A Public Health Intervention to Improve Access to HIV Prevention
Sarah Hsu & Laura Valle

OUTCOMES

Outcome 1: Created a HIV/PrEP educational curriculum to be integrated into a Narcan Class that all individuals will take before release. This curriculum included 3 deliverables:
- **A 15 minute curriculum** on HIV and PrEP (includes a 5 minute video)
- **A Pre-Curriculum & Post-Curriculum Survey**
- **An educational pamphlet** that includes information about HIV, PrEP, and PrEP access in the community

Outcome 2: Created a computer algorithm to calculate HIV Risk and PrEP interest.
- This algorithm will be incorporated into an MAT Computer Screening that will be given to all individuals upon intake at the RIDOC.
- **Expected roll out date:** May 2017

Outcome 3: Established a system at the ACI in which incarcerated individuals can initiate PrEP in the prison for free.
- This is a partnership between the RIDOC medical department, Gilead, and the Miriam Hospital Immunology Clinic
- If an inmate is eligible for PrEP, the health professional can apply for the inmate to receive Gilead’s Medication Assistance Program for 1 month of PrEP.
- Post release, a representative from Miriam Hospital would contact the individual for ease of follow up and refill.

FUTURE DIRECTIONS

- The curriculum will continue to be delivered through the health class, and awaits integration with the Narcan Exit class
- The algorithm will continue to be tested and adjusted throughout the summer.
- This project has been integrated into Dr. Brinkley-Rubinstein’s study, and more qualitative research will be done to further understand the attitudes, knowledge, and barriers to PrEP in the RIDOC.

ACKNOWLEDGEMENTS

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A Gender-Responsive, Trauma Informed Intervention for Incarcerated Men at Rhode Island Department of Corrections
Nicole Aimua, MPH’17 and Sarah Fracasso Francis’17

Background
- Incarceration is a detrimental risk factor for developing a mental illness
- ⅓ of inmates in state prisons suffer from major depressive disorder
- Inmates suffering from depression and other mental illnesses experience higher recidivism rates
- Mental illness is hugely stigmatized among men

Process
Spring 2016
- Focus groups at Harrington Hall

Summer 2016
- Focus groups at House of Hope
- Research and data collection
- Informational interviews with researchers and professionals

Fall 2016
- Iterative development of curriculum

Spring 2017
- Implementation of curriculum

Outcome

- Created a 9-week curriculum in Men’s Maximum Security that includes 1.5 hour sessions with weekly one-on-one sessions with a social worker
- Program Goals:
  - Develop a curriculum that addresses mental illness
  - Create an atmosphere where the men feel safe and comfortable
  - Provide the men with the vocabulary needed to express emotion
  - Begin to de-stigmatize conversations around emotion and mental illness

Curriculum Table of Contents
Part 1: Self
- Session 1: Male socialization

Part 2: Emotions
- Session 2: Identifying emotions and providing the vocabulary
- Session 3: Emotions around being incarcerated

Part 3: Relationships
- Session 4: Family
- Session 5: Intimacy

Part 4: Mental and Physical Health
- Session 6: Abuse
- Session 7: Labels and mental health
- Session 8: Meditation and exercise

Part 5: Closing Session
- Session 9: Wrap up

Future Directions
We are in the process of collaborating with RIC’s M.S.W. program to create an internship program so that the curriculum can be implemented twice a year with students studying for their M.S.W. degree.

Acknowledgements
A special thank you to Tonya Glantz, Chris Dorval, researchers we interviewed for mental health context, professionals at RIDOC, and the following institutions for their support throughout this process.

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