



Peer Health Education in Haiti's National Penitentiary: The "Health through Walls" Experience

**Barry Zack, MPH¹, Coretha Smith, MEd²,
Mark C. Andrews, MEd², and
John P. May, MD, CCHP³**

Abstract

This field report describes Health through Wall's experience working in the largest men's prison in Haiti. Though there have been many reports of prison peer health education programs, this field report further describes how peers can increase the (self-reported) interest and uptake of HIV testing. More than 400 anonymous surveys were collected. Preliminary results indicate that the peers had a significant impact on self-reported interest in taking the HIV test.

Keywords

peer health education, HIV testing, prisoners, correctional health care

Background

The Haiti National Multisectoral Plan on AIDS 2008–2012 identified prisons as an area in need of a response on HIV and AIDS. In 2008, a formal program to introduce HIV prevention, care and treatment began in Haiti's largest adult, male prison, the National Penitentiary, through a multi-agency partnership including the United Nations Mission for Stabilization of Haiti (MINUSTAH), the Joint United Nations Programs on HIV/AIDS, UNAIDS, the Haitian Ministry of Justice, the GHESKIO Center, the International Committee of Red Cross and Health through Walls. Initially built for a population of approximately 420, the prison in December 2009 housed more than 4,200 prisoners. The overcrowded prison needed an effective mechanism to prepare and educate the incarcerated population for interventions of HIV prevention, care, and treatment. To meet this goal, UNAIDS and HtW partnered to establish an HIV peer health education program, which began in September 2009 and continued until the earthquake of January 12, 2010, at which time the entire prison emptied. (All 4,215 prisoners fled the National

¹ The Bridging Group, Oakland, CA, USA

² Health through Walls, North Miami, FL, USA

³ Armor Correctional Health Services, Sarasota, FL, USA

Corresponding Author:

Barry Zack, MPH, The Bridging Group, 4096 Piedmont Ave., Suite 710, Oakland, CA 94611 USA
Email: barry@thebridginggroup.com

Penitentiary during the earthquake. As of January 2012, the prison had repopulated to a census of nearly 3,000. Several former peer health educators are among the new population and others have been trained.)

HtW is a nonprofit organization based in Florida whose mission is to assist resource-poor nations to implement replicable models and sustainable improvements in prison health care programs. Without adequate care and treatment of infectious disease in prisons, disease spreads within the facility, drug resistance develops, and transmission occurs to other prisoners, staff, visitors, and the community, where most prisoners and their health problems eventually will return. HtW responds to the needs of overcrowded, understaffed, and underequipped prison systems.

The purpose of the peer health education program was to impart knowledge, improve attitudes, and increase HIV risk reduction behaviors so that effective prevention, care, and treatment could be accepted and established. This was accomplished by (a) educating a select group of prisoners on the basics of HIV infection and training them to be effective communicators so that they can teach other prisoners about HIV; (b) decreasing stigma related to HIV; (c) promoting health behaviors to prevent HIV and tuberculosis (TB) transmission; (d) motivating prisoners to learn their HIV and TB status for entry into a testing, care, and treatment program; (e) preparing the prisoner population for medical examinations that will be conducted; and (f) establishing a model that could be extended to other prisons in the country.

HtW worked with the prison administration to recruit, screen, and select 25 prisoners to be trained as peer health educators. The training was conducted by two former prisoners of the Florida Department of Corrections who were of Haitian decent, spoke the native Creole language, and were experienced peer educators during their incarceration. They led three 2-day training seminars spaced several weeks apart. HtW also organized a contest and invited prisoner artists to create a theme and artwork for the program. The winning theme and artwork, "Konnen Sante W," or "Know Your Health," was printed on red T-shirts with the logos of participating partner organizations. The T-shirts were distributed to the peer health educators and their trainers.

Peer Intervention

Following training, the peer health educators conducted sessions in various prison housing units. These consisted of (a) outreach to recruit participants; (b) a video in Creole that focused on transmission, prevention, and treatment; and (c) an extensive question-and-answer period with the peer educators. The peers would sometimes address as many as 100 people in one housing unit. The sessions concluded with a message encouraging HIV testing at the upcoming health exams.

Health Examinations

Another component of HtW efforts was large-scale medical examinations with the goal of reaching each person in the prison. A U-shaped clinic was built in the prison yard, with people moving along the U to various clinical/health-related stations, from creating a medical chart and recording vital signs (blood pressure, pulse, respirations, weight, and height) to triage and treatment. A nurse performed triage and each person received an examination by a physician. One station was for signing up for voluntary HIV testing. Another station held a discharge planning/social worker where a form was provided with information on medical follow-up upon release from prison. A legal station was also included so that each prisoner had the opportunity to discuss his legal situation. The peer health educators participated in this program by coordinating the flow of people and facilitating each person's access to the stations and services.

During this process, an anonymous survey was conducted to collect further information about the prisoner's experience with HIV and TB screening and to evaluate the program's effect on the willingness to get tested. More than 400 people completed the survey. Of those taking the survey, 77%

were between the ages of 18 and 34, 62% reported they are in noncommitted relationships, and 76% had been incarcerated for less than 3 years.

Tuberculosis

Forty-seven (11%) men reported having taken a TB test at any time, and 231 (54%) expressed interest in being tested for TB. Overall, 378 men (88%) reported that they believe it is important for people to be tested for TB, while 98 (23%) reported that they know someone with TB and 12 (3%) reported that they have tested positive for TB.

HIV

Eighty-five (20%) men reported having taken an HIV test at any time and 52 (12%) reported that they know someone with HIV. Overall, 221 (51%) men reported that they were interested in being tested for HIV, while 197 (46%) stated that they were not interested. Seven (2%) men reported that they have tested positive for HIV.

Did the Peers Have an Impact on HIV Testing Uptake at the Prison?

Of the 368 participants who responded to the question, 212 (58%) did not attend a peer health education session and 156 (42%) had been in a housing unit when a peer health educator facilitated a seminar. Of the 212 who had not seen a peer health educator, exactly 50% reported to be interested in taking the test right now and 50% were not interested. Of the 156 participants who had been in sessions with the peer health educators, 64% reported that they would take the test “right now, if offered” and only 36% would not take the test. The preliminary results indicate that the peers had a significant impact on self-reported interest in taking the HIV test. (As there are no linkages between the survey and a subsequent HIV test, we are unable to confirm these results with either biological markers or testing.)

Lessons Learned and Looking Forward

The Health through Walls prison peer health educator project was very successful at providing prisoners with information and education, and motivating them for both HIV and TB testing and treatment. We hope to replicate these findings with a research protocol that will further document our program’s significant positive impact with this population.

Additionally, Haiti is known for its strongly held belief in its local folklore, including the long-held-onto perception that HIV/AIDS is more a curse or spell put on someone by an angry neighbor or adversary than an infectious disease. During the peer health educator training sessions, when the trainers were explaining that HIV is a microbe, some trainees liked it to a microbe named “jab.” Jab is the word that describes evil or mischievous spirits. Thus, while there was resistance to letting go of the perception of a bad spirit as the cause of HIV/AIDS, there was also acceptance in the characterization of HIV as a microbe. Regardless of what the trainees actually believed, they all seemed to be in complete agreement that voluntary testing and treatment, if necessary, was a good idea and cited those trainers who frankly shared that they were HIV positive and taking medication as examples of why testing and treatment are advisable.

Future Plans

Health through Walls continues its work in Haiti, expanding to other areas around the world that support these efforts, and is looking for volunteer physicians, nurses, and support. Please see <http://www.healththroughwalls.org>.

Acknowledgments

Michelle Karshan (HtW); Kate Spring (UNAIDS); Lorenzo Robertson, Mitchoun Alusma, Jean Alusma (Florida Department of Health); Ana Viamonte Ros, MD (State Surgeon General of the Florida Department of Health).

Declaration of Conflicting Interests

The authors disclosed no conflicts of interest with respect to the authorship and/or publication of this article. For information about *JCHC*'s disclosure policy, please see the Self-Study Exam.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.