BREAKING BARRIERS

SUPPORTING HIV/HCV CARE, SERVICES, AND TREATMENT FROM INCARCERATION TO COMMUNITY RE-ENTRY

Randy André, MM, James Vaughan, AAS
Learning objectives

- List some common barriers to HIV/HCV/STI care and services.
- Identify methods for reducing or eliminating barriers.
- Implement strategies for continuous quality improvement by increasing inter/intra-agency collaboration and communication efforts.
Why are we here?

Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.

*Margaret Mead*
Where are we coming from?

HIV infections in NYSDOCCS

- 2000
- 2012

HIV +
Where are we now?

STIGMA: a mark of disgrace

What barriers?
CULTURE – integrated patterns of human behavior
COMPETENCE – the capacity to function effectively
PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:

- 15x Times More Likely To Commit Suicide
- 4x Times More Likely To Become An Alcoholic
- 4x Times More Likely To Develop A Sexually Transmitted Disease
- 4x Times More Likely To Inject Drugs
- 3x Times More Likely To Use Antidepressant Medication
- 3x Times More Likely To Be Absent From Work

What barriers?
Why peer education?
Why peer education?

The benefits of peer education in prison

• Individual benefits

• Facility benefits

• Community benefits
Why are we here?
MORE LISTENING
MORE FORGIVING
MORE BELIEVING
MORE COMMUNICATION
MORE OPPORTUNITIES FOR CARE
MORE SELF EFFICACY
MORE SMILES
MORE STEPPING OUT OF OUR COMFORT ZONE
MORE MEETING EACH OTHER IN THE MIDDLE
MORE CHALLENGING TRADITION
MORE RIDICULOUS OPTIMISM
MORE SAFE SPACES
MORE BEHAVIORS CHANGED BECAUSE OF EFFECTIVE INTERVENTIONS
MORE COMMUNICATION
MORE CULTURAL COMPETENCE
MORE INDIVIDUAL AND ORGANIZATIONAL ACCOUNTABILITY
MORE HUMANITY
MORE PASSION
MORE EDUCATION TAILORED TO THE APPROPRIATE LITERACY LEVEL
MORE EMBRACING DIVERSITY
MORE COMPROMISING
MORE CONSIDERATION
MORE OF A SENSE OF URGENCY – BECAUSE ANOTHER SECOND, ANOTHER MINUTE, ANOTHER HOUR, ANOTHER DAY IS DEATH
MORE COLLABORATION
MORE EYES OPEN
MORE REMEMBERING WHERE WE CAME FROM – AND THOSE WHO PAVED THE WAY
MORE COMMUNICATION
MORE POLICIES IMPLEMENTED THAT ACKNOWLEDGE THE RISK ACTIVITIES THAT HAPPEN IN PRISON AND PROVIDE A MEANS OF PROTECTION
MORE TRUTH
MORE CHOOSING THE DIFFICULT RIGHT DECISION OVER THE EASY WRONG DECISION
MORE FINDING THE GOOD IN PEOPLE – NO MATTER HOW DEEP IT MAY BE BURIED
MORE SELF SACRIFICE
MORE SIMPLICITY
MORE COMMUNICATION
MORE EXPECTING THE BEST FROM PEOPLE
MORE HOLDING OURSELVES AND OTHERS TO A HIGHER STANDARD
MORE TRUST
MORE FAITH
MORE HOPE
MORE DREAMING
MORE COMMUNICATION
MORE INFECTIONS IDENTIFIED
MORE TREATMENT ADHERENCE
MORE VIRUS SUPPRESSED
MORE CD₄ CELLS
MORE LIVES SAVED
MORE
THANK YOU


Brach C, Fraser I. Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. 2000; *Minority Health Archive*, Ipswich, MA.


Waldura et al., Teleconsulation Improves Primary Care Clinicians’ Confidence about Caring for HIV. *Journal of General Internal Medicine* 2013; 28(6):793–800.