BE REAL about Health: A Health Outreach Program for Incarcerated Youth

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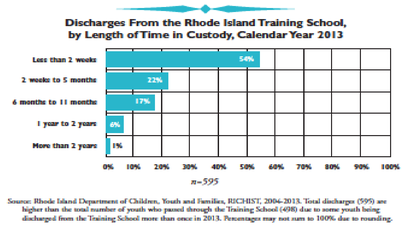
Background

The Rhode Island Training School (RITS) is a secure residential facility for juvenile delinquents whose mission is to rehabilitate all incarcerated youth across the state of Rhode Island. It houses approximately 120 juveniles, some of the most at-risk youth in the state. Approximately one quarter of the residents are female and the other 75% are male. While other high school students are receiving formalized health education, incarcerated youth receive very little, if any. In an attempt to address the need for sex education in detained youth[1], a **five-week sexual health module** was created. Additionally, a **five week population-specific module** was created to meet the needs of mental health literacy, sleep hygiene, nutrition and exercise at the RITS. With the hope of gaining trust and creating an open dialogue between medical student facilitators and youth, all **ten sessions** are taught by the same two facilitators within the same 6-8 student group.



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2004-2013. Total discharges (595) are higher than the total number of youth who passed through the Training School (498) due to some youth being discharged from the Training School more than once in 2013. Percentages may not sum to 100% due to rounding.

Through funding from the Rhode Island Medical Society (RIMS), PACC, and AHEC, the necessary teaching materials and models were purchased, and the program was implemented in September 2015.

Development

A recently graduated medical student, Claire Williams MD, had intermittently been teaching sex education, sleep hygiene, and mental health literacy at the RITS, and staff had hoped to continue this important intervention.

The goal of this project was to create a formalized curriculum and sustainable program that would be taught across all units simultaneously, in order to reach as many residents as possible. Additionally the topics of nutrition and exercise were added in order to address problems of weight gain commonly seen among incarcerated youth.

Steps taken in program development:

1. Piloting version of program in Spring 2015 with Claire Williams, MD
2. Collaborating and building relationships with clinical and direct care staff members at RITS
3. Recruiting co-leadership to aid in writing, editing, and formatting
4. Applying for funding and purchasing necessary materials
5. Recruiting first year leaders to maintain sustainability of program

Testimonials

Male Resident, 16

"I like that I can ask almost anything and get an answer."

"That was the first time I ever learned how to put on a condom!"

Female Resident, 17

Medical Student Instructor

"For any physician who hopes to work with communities where incarceration is a common reality, or any other stigmatized population for that matter, it is vital to put in work to understand those experiences. From the standpoint of a medical student, BE REAL is a tremendously valuable experience in building the necessary skill set to become an effective caregiver."

Objectives

The mission of BE REAL about Health is to empower adjudicated youth to make informed, healthy decisions through health education. Our program objectives are to:

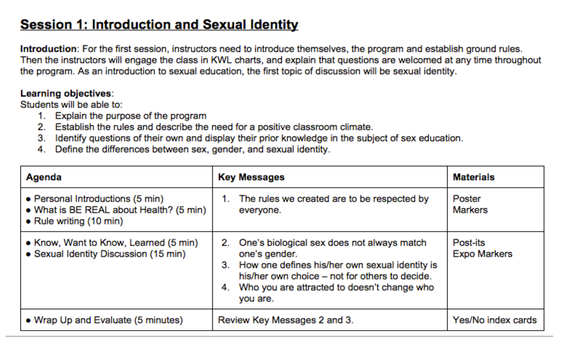
- **Educate** adjudicated youth about key health issues including sexual education, sleep hygiene, mental health literacy, nutrition and exercise.
- **Provide** youth with a safe environment in which to address their questions or concerns related to these areas
- **Teach** youth how to avoid risky sexual situations and promote healthy relationships
- **Reduce** the stigma of mental illness, improve sleep patterns, and discuss medications related to mental illness and sleep
- **Create** individualized plans, including: reproductive life goals, wind-down routines for sleep hygiene, sleep journals, food diaries, and personal exercise circuit routines

Model

BE REAL about Health is a condensed health curriculum taught in each of the four locked units at RITS. Two medical student instructors teach 6-8 adolescents for 10 consecutive weeks, 45-minute sessions – approximately 32 youths per semester.

Features:

- Objective driven curriculum
- Scripted and scaffolded activities
- Summative evaluation
- Wrap-up Evaluations
- Longitudinal relationships between instructors and learners
- Focus on exposure to health topics and development of social-emotional skills that promote healthy decision-making

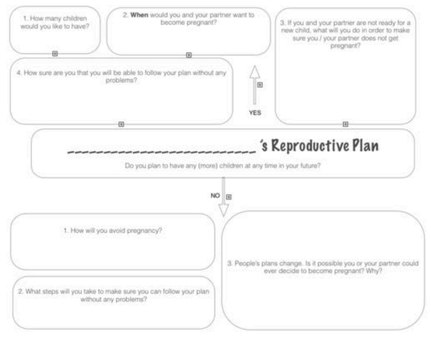


Session 1: Introduction and Sexual Identity

Introduction: For the first session, instructors need to introduce themselves, the program and establish ground rules. Then the instructors will engage the class in KWL charts, and explain that questions are welcomed at any time throughout the program. As an introduction to sexual education, the first topic of discussion will be sexual identity.

Learning objectives:
Students will be able to:
1. Explain the purpose of the program
2. Establish the rules and describe the need for a positive classroom climate.
3. Identify questions of their own and display their prior knowledge in the subject of sex education.
4. Define the differences between sex, gender, and sexual identity.

Agenda	Key Messages	Materials
• Personal Introductions (5 min) • What is BE REAL about Health? (5 min) • Rule writing (10 min)	1. The rules we created are to be respected by everyone.	Poster Markers
• Know, Want to Know, Learned (5 min) • Sexual Identity Discussion (15 min)	2. One's biological sex does not always match one's gender. 3. How one defines his/her own sexual identity is his/her own choice – not for others to decide. 4. Who you are attracted to doesn't change who you are.	Post-its Expo Markers
• Wrap Up and Evaluate (5 minutes)	Review Key Messages 2 and 3.	Yes/No index cards



Limitations

- Knowledge assessment within a transient population
- Variable ages and levels of education within a classroom
- Evening group time challenging, especially for students with ADHD
- Difficulty with follow-up and tracking of youth

Future Directions

After the program finishes, we will analyze the differences between the pre and post-assessment. Additionally we hope to develop a tool to assess how the medical students' attitudes and perspectives towards incarcerated youth has changed time.

References

[1]Aalsma, M. (2010). Mental Health Screening and STI Among Detained Youth. *Journal of Community Health, 36,* 300-306.