



# ASSESSING THE IMPACT AND REACH OF A PEER-LED HEALTH EDUCATION INTERVENTION UTILIZING HARM REDUCTION STRATEGIES IN AN INCARCERATED POPULATION

Miranda Sedillo, MS  
Program Manager, Project ECHO  
University of New Mexico Health Sciences Center

Karla Thornton, MD, MPH  
Professor of Medicine (Infectious Diseases)  
Associate Director, Project ECHO  
University of New Mexico Health Sciences Center

*Prisoner Health is  
Community Health*



*The New Mexico Peer Education Project*

# Background

- In 2009, over 7.2 million adults were under some form of correctional supervision in the United States.
- Prisoners have high rates of communicable diseases.
- Prisons are high risk environments for the transmission of bloodborne viruses
- Prevalence of HCV in the New Mexico Corrections Department upon entry - 40%
- 95% of prisoners are released back into their communities.

US Department of Justice: Office of Justice Programs, Bureau of Justice Statistics, 2010. "Correctional Populations in the United States, 2009". (<http://bjs.ojp.usdoj.gov/content/pub/pdf/cpus09.pdf>).

RAND Research Brief, 2003. Based on: Davis L, Pacchiana S. Health Profile of the State Prison Population and Returning Offenders: Public Health Challenges. Journal of Correctional Health Care, 2003.

Beck AJ, Mumola CJ. Prisoners in 1998. NCJ 175687. Washington, DC: U.S. Department of Justice, Office of Justice Programs; 1999.

Hammett TM, Harmon MP, Rhodes W. The burden of infectious disease among inmates of and releasees from US correctional facilities, 1997. Am J Public Health. 2002;92:1789-1794.



# What does the NM PEP include? (Peer Educators)

- 40-hour intensive training
- Monthly site visit with Project ECHO™ staff to increase skills and knowledge
- 1 ½-hour monthly video-conferences
- Continuing education credits from UNM/Project ECHO™



# Peer Educator Pre/Post Training Evaluation

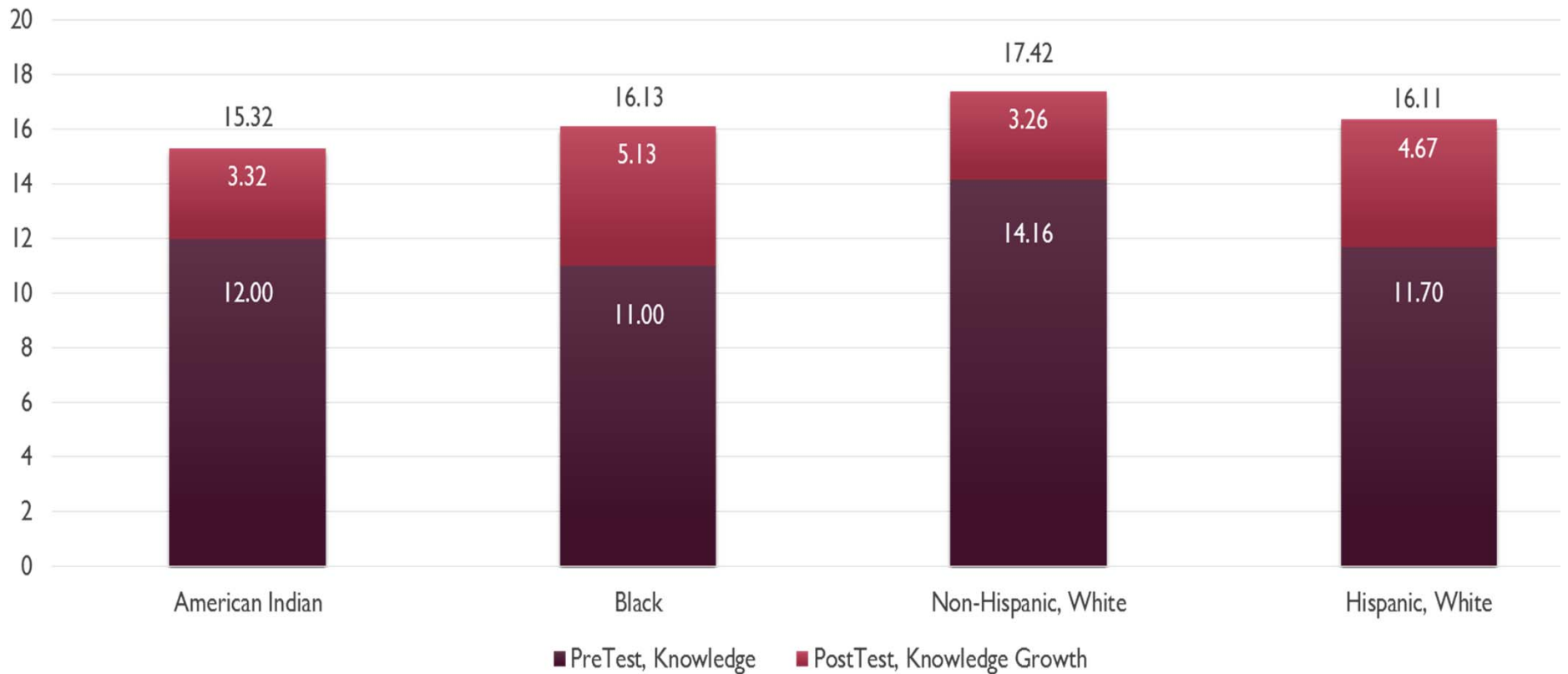
Measure	Pre Mean	Post Mean	Difference					
			Mean	SD	% Change	Student's t	P-value	Effects Size(d)
<b>Knowledge</b> (20 points possible)	12.34	16.37	4.03	2.97	32.58%	17.555	<0.01	1.37
<b>Attitudes</b> (25 points possible)	20.36	20.89	0.53	2.64	2.6%	2.57	<0.001	0.16
<b>Behavior</b> (25 points possible)	22.15	22.87	0.72	2.35	3.3%	3.92	<0.001	0.29
<b>Self-efficacy</b> (35 points possible)	27.86	30.65	2.79	5.88	20.33%	6.15	<0.001	0.51

\*Cohen's d: Cohen's d classification of effect size is: 0.2 = small, 0.5 = medium and 0.8 = large. (Cohen, 1988)



# Knowledge Disparities

Knowledge Change, post intervention by race (N= 162)



# Peer Educators' Students' Pre/Post Training Evaluation

Measure	Pre Mean	Post Mean	Difference					
			N	Mean	SD	Student's t	p-value	Effects Size(d)
<b>Knowledge</b> (10 points possible)	5.00	7.13	1113 (pre) 949 (post)	2.13	0.09	23.03	<0.001	1.02
<b>Behavior</b> (25 points possible)	20.67	21.28	1113 (pre) 949 (post)	0.61	0.66	3.093	0.002	0.14

\*Cohen's d: Cohen's d classification of effect size is: 0.2 = small, 0.5 = medium and 0.8 = large. (Cohen, 1988)

# Conclusion

- NM PEP is an innovative way to provide high quality health education to a large number of inmates in a short period of time.
- Peer educators have a unique capacity to deliver factual, relevant information to their peers.
- Prisons provide a rare opportunity to reach an at-risk, underserved population and improve public health.

