

### BACKGROUND

In 2009, over 7.2 million adults were under some form of correctional supervision (probation, parole, jail or prison) in the United States. The total number of adults under correctional supervision represents 3.1% of adults in the U.S. resident population or 1 in every 32 adults. Prisoners have high rates of communicable diseases. According to a Rand Corporation research brief, prisoners have a nine to tenfold greater prevalence of Hepatitis C (HCV), a fivefold greater prevalence of HIV, and a fourfold greater prevalence of active tuberculosis than the general population. In addition, prisons are extremely high risk environments for the transmission of bloodborne viruses such as HCV, Hepatitis B, and HIV.

The prevalence of HCV in the New Mexico Corrections Department (NMCD) is 40% upon entry into prison. It is estimated that persons released from the criminal justice system account for up to 29% to 43% of all persons infected with HCV in the United States.

Most prisoners are incarcerated for relatively short periods of time and 95% of prisoners are released back into their communities. Providing health education to inmates before they are released from prison offers an opportunity to establish disease control in the outside community.

### PURPOSE

The purpose of the NM PEP is to increase knowledge of HCV and other relevant health issues in the New Mexico prison population and to help prisoners identify and reduce risk behaviors for HCV and other infectious diseases.

### METHODS

Inmates are chosen by the wardens at each prison to participate in the peer education training program. Suggested criteria include informal leadership skills, positive role model at the facility, a minimum of one year left on their sentence, comfort with public speaking, and at least an 8th grade literacy level. All peer educators participate in this program voluntarily.

Prisoners selected to become peer educators receive a 40-hour intensive training using a curriculum developed by Project ECHO™ modeled after the successful HIV prison peer education program, Wall Talk. The curriculum focuses heavily on HCV Treatment and Follow-up of Patients and how to be an effective educator.

In addition the following topics are covered: Addiction, HIV, Sexually Transmitted Infections (STI), MRSA and hand washing, Tuberculosis, Diabetes, General health literacy, Health beliefs and values, and Motivational interviewing.

## Prisoner Health is Community Health



### The New Mexico Peer Education Project

A Training Manual for New Mexico Corrections Department

Prisoner Health is Community Health is a program of Project ECHO, University of New Mexico Health Sciences Center

### TRAINING TOPIC: The Transmission Game

#### ACTIVITY OVERVIEW:

**Time Required:** 30 minutes

**Purpose**  
Participants will explore routes of transmission for HCV and how people become infected with the virus.

**Materials**  
Newsprint and markers  
Masking tape  
*How is HCV Transmitted?* handout

**When to use**  
Anytime.

#### In this activity, you will . . .

Ask participants to get into smaller groups and discuss a list of characters and report back (15 min.)  
Lead a discussion about HCV transmission; provide correct information as needed (15 min.)

#### PREPARATION

On a piece of newsprint, write:  
Child  
Commercial Sex Worker  
Correctional Officer  
Husband  
Injection Drug User (IDU)  
Janitor  
Prisoner  
Wife

**Essential Message:** You can get hepatitis C in many ways. Protect yourself, get tested!

#### INSTRUCTIONS

Have the participants separate into groups. Point out the list of characters on the newsprint. Explain to the groups that each of the characters is HCV positive and all but one was infected from each other in some way. Give the groups 15 minutes to determine how each was infected.

After 15 minutes, have each group report the scenario that they each came up with. No doubt, the groups will have come up with different theories of how each character was infected.

Follow up with a discussion on the possible ways in which HCV is transmitted between two people, and handout "*How is HCV Transmitted?*".

For this discussion, ask questions like:

- ☒ Which behaviors are the riskiest (see Risk Behaviors)?
- ☒ Can body fluids transmit HCV?
- ☒ Is it possible for HCV to be transmitted through kissing? Mosquito bites? Biting? (See "*How is HCV Transmitted?*" handout)?
- ☒ What are some ways that these infections might have been prevented?

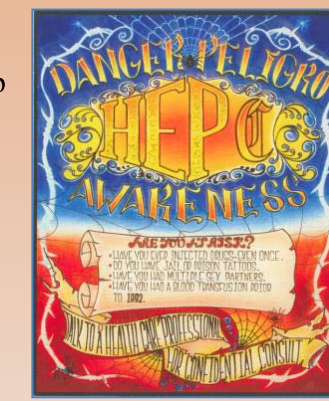


Figure 33- HCV Artwork donated from NM DOC, Artist Unknown

#### Make the following point:

- ☒ There are several ways in which HCV can be transmitted, and we each have the power to protect ourselves from each of these ways.

Prisoner Health is Community Health: The New Mexico Peer Education Project  
Rev. April 2011

Page 69

### METHODS (CONT.)

Peer educators conduct 10 hour health education classes (typically held over the course of one week) for small groups (10-15) of their fellow inmates.

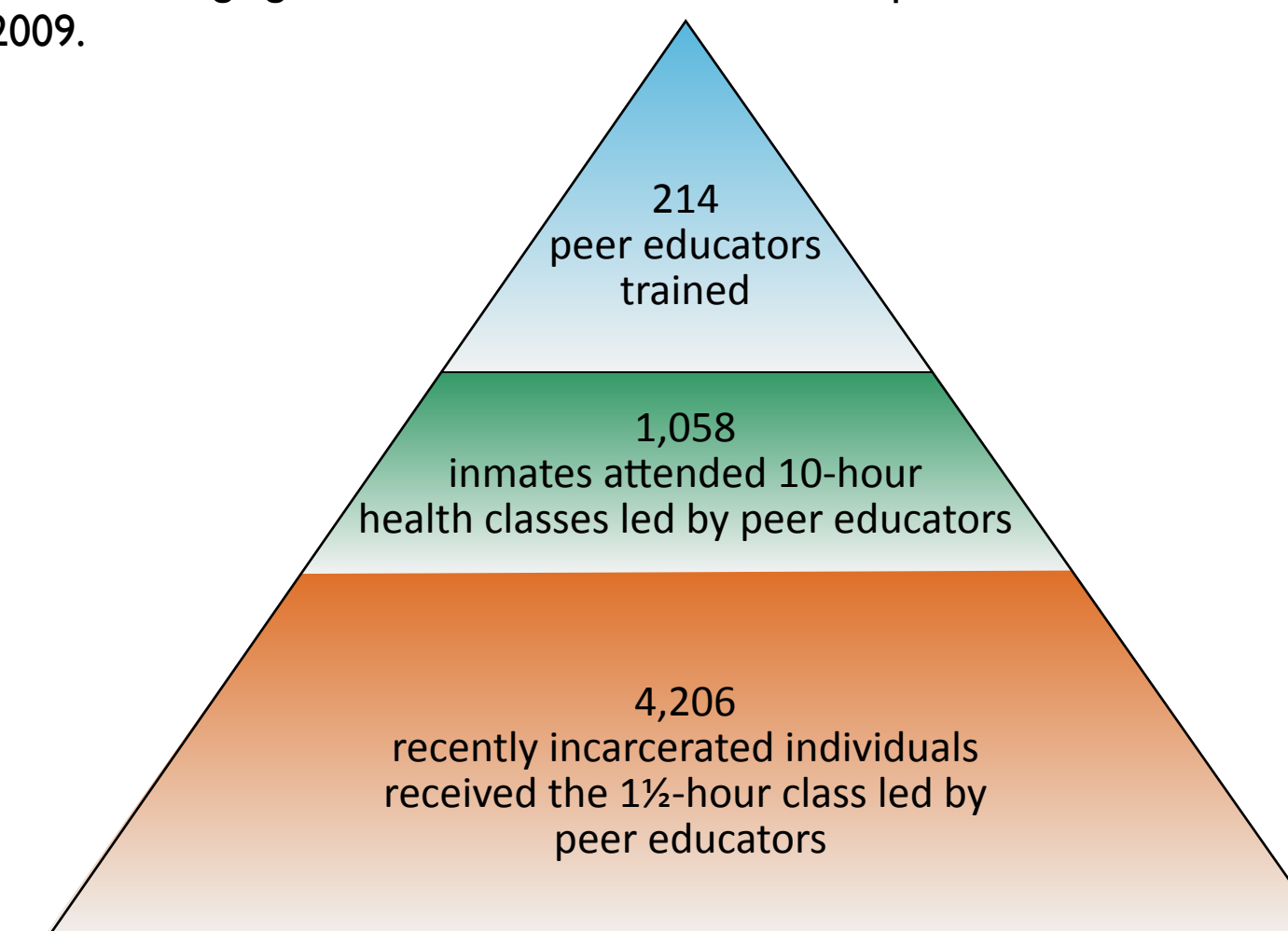


Peer educators attend monthly videoconferences with Project ECHO and peer educators from other sites to receive continuing education. During these sessions, a didactic is provided, as well as an opportunity for peer educators to address any questions that may have come up during the classes they have been teaching. This ongoing training and videoconferencing is a unique aspect of our program that has not been described in other peer education programs.



### RESULTS

The following figure demonstrates the number of prisoners trained since July 2009.



### RESULTS (CONT.)

A formal evaluation of this project has recently been approved by the University of New Mexico IRB and is currently underway. Questionnaires measuring knowledge, self-efficacy and behavioral intention are given to the peer educators before and after their 40 hour training. Questionnaires are also given to the students receiving training from the peer educators in their 10 hour classes. Qualitative data is obtained through focus groups and individual interviews.

#### Demographics & Pre/Post Knowledge Tests Peer Educator Training Dates Feb & April 2012 N=14

Average Age	Ethnicity	Hispanic/Latino(a)	Non-Hispanic/Latino(a)	No Response
35.7 years	Frequency (Percent)	5 (36%)	7 (50%)	2 (14%)

Racial Category: Note: Multiple responses allowed	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	No Response
Frequency (Percent)	1 (7%)	0 (0%)	3 (21%)	0 (0%)	9 (64%)	2 (14%)

Education	High School Not Completed	High School Diploma	GED	Some College	Associate's Degree	Bachelors Degree
Frequency (Percent)	1 (7%)	3 (21%)	3 (21%)	4 (29%)	1 (7%)	2 (14%)

#### Knowledge Tests Mean Score and Percent Score Overall: Tests for Significance

Measure	Pre Mean	Post Mean	N	Mean Difference	SD	Student's t	P-value	Effect Size(d)†
Test Score (20 points possible)	13.1	15.6	14	2.5	2.62	3.56	0.003	0.95
Percent Score (100% possible)	65.4%	77.9%	14	12.5%	13.1%	3.56	0.003	0.95

Interpretation: There was a statistically significant improvement in overall test score from Pre to Post of 2.5 points or 12.5% (t = 3.56, p = 0.003). † Cohen's d: A classification of effect size offered by Cohen is: 0.2 = small, 0.5 = medium and 0.8 = large. [Cohen, Jacob. (1988) Statistical Power Analysis for the Behavioral Sciences. 2<sup>nd</sup> edition. Lawrence Erlbaum Associates, Hillsdale, NJ.]

### FOCUS GROUPS

In two focus groups held approximately one month after completion of the 40 hour peer educator training, peer educators expressed confidence about the knowledge that they gained during the training and in their ability to share their knowledge and skills with their peers. As one stated, **"It's exciting when someone asks you a question and you know the answer off the top of your head, just like when you were a kid learning to read, and you encounter a word you already learned and see it in a book."**

The peer educators also communicated that the peer prison education program has helped them fit better into the prison system. One peer educator stated, "It's hard to get to know the community without a way to break the ice. Being health conscious is something we can all relate to. Even if we don't relate to each other on other subjects, self-preservation is a common thing for most people." For some, receiving a certificate from Project ECHO that acknowledges their knowledge and skill is very important. As one peer educator stated, "To get a certificate from a college is a very big deal; to get something like this really elevated my self-esteem."

### CONCLUSIONS

The 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 a disenfranchised, at-risk, underserved population and improve public health.

### REFERENCES

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. ([http://www.rand.org/pubs/research\\_briefs/RB6013.html](http://www.rand.org/pubs/research_briefs/RB6013.html))

US Department of Justice: Office of Justice Programs, Bureau of Justice Statistics, 2010. "Prisoners in 2009". (<http://bjs.ojp.usdoj.gov/content/pub/pdf/p09.pdf>)

Ross MW, Harzke AJ, Scott DP, et al. Outcomes of Project Wall Talk: An HIV/AIDS Peer Educator Program Implemented Within the Texas State Prison System. AIDS Education and Prevention 2006; 18(6): 504-517