HEP
HEPATITIS EDUCATION PROJECT

NHCN
NATIONAL HEPATITIS CORRECTIONS NETWORK

Utilizing Residents as Peer Health Educators

Rich Feffer, MS, CCHP
Correctional Health programs Manager
Hepatitis Education Project
DISCLOSURE

- Gilead Advisory Board
- Janssen Speaker Fee
GOALS FOR TODAY

- Discuss benefits of peer-based health education in prisons
- Show examples of successful programs
- Discuss implementation strategies and identify resources
**Why Do We Care?**

- High concentration of health conditions
  - % been incarcerated: HIV (18%), Hep C (30%), TB (35%)
  - % of inmates: Axis 1 or 2 (75%), Alcohol/substance (75%)
- 95% of prisoners release

- Many in prison engaged in unhealthy and high risk behavior on **outside**
- Many continue to engage in such behavior on the **inside**
- Incarceration can be a **teachable moment**
Wow! That was a great lecture!

I'm so confused.

GREAT MOMENTS IN TEACHING

2008©

"I know nothing about the subject, but I'm happy to give you my expert opinion."

I taught stripe how to whistle.

I don't hear him whistling.

I said I taught him. I didn't say he learned it.
What do we mean by “Peer”

According to Mirriam-Webster:

1. one that is of equal standing with another; especially one belonging to the same societal group especially based on age, grade, or status

2. a member of one of the five ranks of the British peerage (as duke, marquess, earl, viscount, or baron)

For our purposes, we are focusing on engaging and training current inmates as peer educators.

Prison-based peer educators may also include formerly incarcerated individuals and members of the community.
**Why Peers?**

- Credibility/Authenticity
- Deeper reach
- Trust
- Language/Terminology
- Behaviors
- Motivations
- Context
- Creates a community of knowledge
- Empowerment is easier on a level-playing field

“People learn from people like themselves”
Ann Shindo
Peer Health Education
Benefits to **Peer Educators**

- Improved confidence and self-empowerment
- Practical skills: leadership, vocational, communication
- Teaching helps internalize behavior change
- May lessen negative effects of prison environment and increase rates of post-release employment
Peer Health Education Benefits to Institutions

- Save cost and staff time
- Healthier, better educated population, better health care consumers
- Trust built between staff and inmates
- Fewer disciplinary infractions
- More supportive learning atmosphere for students
  - Inherent cultural literacy and authenticity
ADMINISTRATIVE CHALLENGES

- Initial buy-in
  - Peer-based = not the norm
  - Fear of change

- Power relationships
  - Fear of manipulation/control issues

- Logistics
  - Selection process, space, funding, security, cost

- Potential accountability, confidentiality, and miseducation issues
SUCCESSFUL IMPLEMENTATION STRATEGIES - INSTITUTION

- Initial buy-in is key:
  - Know the concerns and benefits
  - Show benefits to the institution and have a plan to address common concerns
  - Coordination! Involve custody and all stakeholders

- Consider scale/scope of your program
  - Start small if necessary
  - Consider pilots or integrating peer education into a current program

- Funding

- Training for outside/inside staff

- Ongoing evaluation
SUCCESSFUL IMPLEMENTATION STRATEGIES - PEERS

- Emphasize accurate information!

- Adequate training for peer educators
  - Mentor model can be useful

- Continuous oversight of peer educators

- Peer health educators who are
  - Leaders in good standing with staff and inmates
  - Open minded
  - Good presenters of complex information
  - Engaging
  - Multi-ethnic, backgrounds, experiences
EXAMPLE #1: CALIFORNIA

- 3 California State Prisons
- Paid and unpaid peer educators:
  - Coordinate workshops, provide one-on-one outreach and support, make presentations in various prison departments and at prison-wide health events
  - Develop videos and educational materials (available!)
- Full training is 24 hours
- Peers work with medical and program facilitator
- Health topics: Hepatitis, HIV, STD, TB
- Skills: Role of educator, health values, cultural humility, behavior/stages of change, harm reduction
- [https://www.youtube.com/watch?v=Kww6rKC9ECE](https://www.youtube.com/watch?v=Kww6rKC9ECE)
Example #2: New Mexico

- NM PEP = New Mexico Peer Education Project
- PEP programs for the general prison population include:
  - 10-hour peer educator led health classes and mandatory 1½-hour training for all incoming male inmates on hepatitis C and hand-washing.
- PEP Peer Educator training includes:
  - 40-hour intensive training led by Project ECHO staff;
  - Monthly site visit with Project ECHO staff to increase skills and knowledge;
  - 1½-hour monthly video-conferences;
  - Continuing education credits from UNM/Project ECHO.
- Training topics:
  - Key Health Topics: Hepatitis C, Substance Use and Addiction, Sexually Transmitted Infections, HIV/AIDS, Staph/MRSA, Diabetes;
  - Harm Reduction;
  - Motivational Interviewing and Behavior Change;
  - Exploration of health related behaviors and values;
  - Skill building in public speaking and facilitation.

https://www.youtube.com/watch?v=0pgXDhT1K74
Example #3: Oregon

- Hepatitis-HIV-AIDS Awareness Program (HHAAP)
  - Informational/Skill-Building Modules
    - Peer-Education How To
    - HIV/AIDS
    - Hepatitis A, B, C
    - Sexually Transmitted Infections (STI)
    - 7-week workshop series 2.5 hours / week
    - End-of module competency exam
    - Certificates of completion
  - Evaluation
    - Pre/post tests
    - Qualitative inquiry with HAC
    - Quantitative inquiry with incentives (2016)
Example #4: Washington

- CDC DEBI: HIV Risk Reduction among PWIDs
- Adapted for prisons and HCV
- 4 facility pilot in 2012
- Picked up at 2 facilities over next biennium
- Less formal and intensive:
  - Teaches communication skills and risk reduction skills – harm reduction focus
  - Peer educators share information with social networks, not formal trainers
- 6 session training, 12 hours overall
**RISK LADDER ACTIVITY**

**Tattoo Risk Ladder**

1. Getting a tattoo on the street or in prison with a used needle and ink
2. Getting a tattoo with a clean needle, but reusing ink
3. Using a sterile needle and ink every time you get a tattoo
4. Getting tattooed in a licensed tattoo shop

**HIV/HBV/HCV Injection**

1. Injecting with someone else's uncleaned needle
2. Injecting with someone else's uncleaned cooker
3. Rinsing a used needle once time with cold water before injecting
4. Rinsing a used needle 5 times with cold water
5. Use a brand new needle, cotton, cooker, and rinse water every time you inject

**NOT INJECTING DRUGS**
Not just a Northwest thing!
Other examples include…

- Massachusetts
- Texas
- Illinois
- New York
- and probably more
HOW TO CONNECT

- California – Centerforce:
  - Julie Lifshay, jlfshay@centerforce.org
  - www.centerforce.org

- New Mexico – Project ECHO:
  - Miranda Sedillo, MLStedillo@salud.unm.edu
  - http://echo.unm.edu/initiatives/community-health-workers/the-nm-peer-education-project/

- Oregon –
  - Ann Shindo, Ann.A.Shindo@doc.state.or.us

- Washington - Hepatitis Education Project:
  - Rich Feffer, rich@hepeducation.org
  - www.hepeducation.org
• Direct services
• Patient Support
• Education
• Advocacy

HEP has worked in the correctional setting since 2001.
Launched by Hepatitis Education Project in 2013
Growing network of experts
What we do:

- Connect colleagues and foster collaboration
- Share new and valuable resources and best practices
- Professional development
- Annual meeting, webinars, conference calls, e-newsletter, google group, networking
- [www.hcvinprison.org](http://www.hcvinprison.org)
QUESTIONS/DISCUSSION