

# BUREAU OF JUSTICE ASSISTANCE

# PEER-TO-PEER EDUCATION

## COVID-19 IN CONFINEMENT FACILITIES

### A BJA CDMCF TTA Educational Resource

A key responsibility of U.S. correctional facilities is providing health care for individuals who are incarcerated. Because COVID-19 and other health issues such as other respiratory illnesses and infectious diseases remain a challenge for confinement facilities, health education is an important part of keeping all people safe and healthy, including the individuals who are incarcerated as well as staff and visitors to the facilities.

Effective health education programs are a key part of mitigating the spread of infectious disease in confinement facilities and keeping people healthy. The credibility of the people delivering that education is essential. People who are incarcerated can be effective in reaching their peers and serving as credible messengers, role models, and mentors to other individuals who are incarcerated. Peer health education programs are successful in training people who are incarcerated to become peer educators with the goals of educating the prison community on key health issues, increasing general health literacy, increasing prevention strategies, and reducing risky behaviors.

As one example, the New Mexico Department of Corrections oversees more than 5,800 prisoners in state and privately contracted facilities.<sup>1</sup> The [New Mexico Peer Education Project \(NMPEP\)](#) uses peer health education to develop individual self-efficacy, utilizing an innovative and cost-effective peer-led model and, as a result, strengthening individual community connections inside and out of prison. NMPEP has successfully delivered

effective health education to more than 28,000 people who are incarcerated, enabling positive change in their lives and communities.

### Guide Overview

This Bureau of Justice Assistance (BJA) COVID-19 Detection and Mitigation in Confinement Facilities (CDMCF) Training and Technical Assistance (TTA) document provides a resource for corrections agencies and confinement facility administrators and staff to meet the challenges of educating individuals who are incarcerated in their facilities about COVID-19 and general health literacy through a peer education approach.

This resource provides how-to guidance for corrections agencies and confinement facilities administrators and staff to:

1. Support education for individuals who are incarcerated on COVID-19, other infectious diseases, and key health issues.
2. Build a peer-to-peer COVID-19 education project (or similar project) and provide training for select individuals who are incarcerated to become health educators among their peers.

The resource features a case study on the New Mexico Peer Education Project (NMPEP) from Project ECHO (Extension for Community Healthcare Outcomes) as a best practice example of working in the New Mexico Corrections Department.

<sup>1</sup> New Mexico, Corrections Department, Population Count as of July 3, 2024, <https://www.cd.nm.gov/>



## Introduction: Peer Education

A peer education project (PEP) offers confinement facilities the unique opportunity to work with individuals who are incarcerated while also teaching them transferable skills as mentors and peer educators to deliver factual, relevant information and ultimately improve the health of the incarcerated population. Peer educators (PE) are more likely to understand the environment and life experiences of individuals who are incarcerated, and, as a result, they may relate better than someone who does not have similar experiences.

### About the New Mexico Peer Education Project

The New Mexico Peer Education Project (NMPEP) is a collaboration between Project ECHO (Extension for Community Healthcare Outcomes) at the University of New Mexico Health Sciences Center and the New Mexico Corrections Department, oversees more than 5,800 people in 10 prisons. NMPEP is an intervention using harm-reduction practices and a telementoring project across disciplines, including prisoner and prison community health. Harm-reduction is a proactive and evidence-based approach to reducing the negative personal and public health impacts of behavior associated with alcohol and other substance use at both the individual and community levels.<sup>2</sup> The NMPEP collaborative project emphasizes peer-to-peer learning and trains individuals who are incarcerated to serve as peer educators to increase their fellow prisoners' knowledge.

### About Project ECHO®

Created in 2003 to deliver specialized medical knowledge to rural health care providers, Project ECHO builds communities of practice through free virtual mentoring and learning. Through Project ECHO, professionals learn and share best practices in health care, education, and more. Project ECHO supports health care providers, early childhood educators, city officials, communities, peer support workers, and other partners to address complex public health issues such as homelessness, mental health, substance use, and recidivism.

### PEP focuses on five primary goals:

1. Educating the community of individuals who are incarcerated on key health issues.
2. Increasing general health literacy.
3. Reducing risky behaviors.
4. Increasing PE job readiness upon release.
5. Promoting pro-social behaviors (e.g., helping, sharing, and caring for others) and attitudes.

<sup>2</sup> U.S. Department of Justice, Bureau of Justice Assistance, BJA-Supported Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), Successful Strategies for Addressing the Opioid Epidemic in Rural Communities: Harm Reduction, [https://www.cossap.org/Content/Documents/BriefingSheets/Successful\\_Strategies\\_in\\_Rural\\_Communities\\_Harm\\_Reduction.pdf](https://www.cossap.org/Content/Documents/BriefingSheets/Successful_Strategies_in_Rural_Communities_Harm_Reduction.pdf)

## Section I: Getting Started—Setting up a Peer Education Project

Setting up a PEP requires assembling a multidisciplinary team and aligning technology and other resources at a minimum of 1 month prior to the first scheduled peer educators training.

### The PEP Team

The PEP team should consist of confinement facility administrators, a medical expert, an education expert, and qualified individuals who are incarcerated for instructional training. Select a PEP training team that is diverse in gender, age, ethnicity, and teaching strategies to create a dynamic and engaging learning experience.

### Key PEP Roles and Responsibilities

**Confinement facility liaison**—A deputy warden or delegate (e.g., unit managers, education directors) with approval authority for the project. The facility liaison supports PEP communication and approvals.

**PEP leader**—An appointed individual who is responsible for the day-to-day project operations and maintains a working relationship with PEs following their initial 40-hour training.

**Medical expert**—A physician, nurse, or other experienced health educator who is an expert in the health curriculum content. The medical expert is responsible for training PEs on the health facts of the project.

**Education expert**—An education organization or individual with expertise in health training, deep medical knowledge, and a network of community, education, and resources to address complex public health issues.

**Peer educators (PEs)**—Individuals who are incarcerated with the knowledge and life experience to train members of their community. Selected PEs become role models for the incarcerated population in offering guidance and feedback during training, and later in demonstrating successful reentry upon their discharge.

## Peer Educator Selection

The confinement facility warden, facility liaison, or assigned staff can propose qualified PE candidates based on education, status, and demonstrated skill sets, including the following:

- ✓ Minimum 8th grade literacy level
- ✓ Minimum 1 year left in their sentence
- ✓ Interest in public speaking
- ✓ Good communication skills
- ✓ Positive, informal leadership as a role model for their peers
- ✓ Strong commitment to teach others

The selection team should identify candidates for the PE cohort a minimum of 1 month in advance of the first PE training. The education expert and/or other key PEP team members should interview PE candidates a minimum of 2 weeks in advance of the first training and recommend a semifinal list of candidates. The facility liaison or warden should select the final PE cohort of 16–20 individuals at least 1 week in advance of PE training.

## Resources and Support

- Assess available technology resources for the project and fill gaps for training and communication.
  - Examples include secure internet connection, webcam and screen for video conferencing, and resources to ensure learning equity among the incarcerated population (e.g., closed caption capability, language translation tools).
  - Work with the prison or other facility to establish the secure internet connection and computers to connect from.
- Provide presentation materials such as poster paper, markers, tape, and whiteboards.
- Work with confinement facilities administration to allocate sufficient project budget, staffing, training tools, and supplies. Coordinate with the facility medical department to identify other supplies (e.g., personal protective equipment masks, hand sanitizers, vaccines, and other health support).
- Plan for a long-term commitment to the project for continued success. Sources for project funding include the state corrections department and a nonprofit or community organization for supplies, staffing, and training tools.

## NMPEP Best Practices

- NMPEP is a collaboration between Project ECHO at the University of New Mexico Health Sciences Center and the New Mexico Corrections Department. NMPEP partners with community-based organizations and stakeholders to establish an education expert team.
- NMPEP found that PE cohorts comprised of 16–20 individuals helps with the continuity of the project.
- NMPEP ensures continuing education to PE cohorts by providing camera and screen equipment to confinement facilities and IT support to make the initial connection.
- NMPEP shares lessons learned and successes of starting the project with other interested states.

## Section II: Project Implementation

PEP emphasizes peer-to-peer learning and trains individuals who are incarcerated to serve as PEs to increase their peers' knowledge on COVID-19, other key health issues, and general health literacy with factual, relevant information. After convening, the PEP leader, medical expert, and education expert team will create the PE training and the workshops curriculum for the individuals who are incarcerated.

### Curriculum Development

- Develop the training curriculum with guidance from the PEP medical expert or local department of health (DOH). Focus topics on the most common health conditions affecting correctional facilities today including COVID-19 and other infectious diseases (e.g., hepatitis C, HIV, other sexually transmitted infections, and staph/MRSA skin infections).
- Answer these five essential questions for each COVID-19/infectious disease topic in the PE training and workshop content for individuals who are incarcerated:
  - Transmission: How is it transmitted?
  - Symptoms and testing: How do you know you have it?
  - Treatment: Can it be treated or cured?
  - Complications: What can happen if you do not get it treated or cured?
  - Prevention: How can you prevent from getting it or giving it to others?
- Integrate PEP best practices into the curriculum for the prevention, detection, and mitigation of COVID-19 and other infectious diseases for consistency and optimal effect.

### PE Intensive Training Sessions

- Conduct a 40-hour training week, (e.g., five days of 8-hour sessions with the PE cohort on the curriculum's specific health topics; include skill building in public speaking and facilitation).
- Schedule monthly site visits by the PEP leader with the PE cohort to increase skills and knowledge.
- Support PE participants with opportunities to improve self-confidence and skills for employment.
- Reward the PE cohort with benefits (e.g., increased access to health professionals and a letter of support and job search assistance upon release).

### Workshops for Individuals who are Incarcerated

- Implement PE-led, interactive health education workshops for individuals who are incarcerated. The workshop size and length will depend on and be tailored to the training room capacity and curriculum content.
- Apply case-based learning into the curriculum by addressing current issues of the specific confinement facility through input from the PEP medical expert, PEP education expert, and other PEs.
- Conduct biweekly ECHO sessions that include COVID-19 updates and question and answer sessions between the PEs, PEP medical expert, and local DOH for the PEs to provide the most current information to the individuals who are incarcerated.

## NMPEP Best Practices

- NMPEP developed a COVID-19 curriculum using data from the New Mexico Department of Health (NMDOH), the Centers for Disease Control and Prevention, and the World Health Organization. They used technology (e.g., Zoom) to continue PE education.
- NMPEP health-related behavior training included a mandatory 90-minute session for all incoming males on hepatitis C and handwashing.
- Through collaboration with Project ECHO, NMPEP gained access to continuing education, guest speakers and resources, the ability to connect with other groups to receive input on challenges, and the opportunity to share best practices.
- NMPEP implemented case-based learning on specific issues provided by the PE cohort, including how to facilitate workshops with unmotivated participants and how to regroup a workshop after a lockdown.
- NMPEP distributed full COVID-19 curriculum packets along with tracking forms for peer-to-peer interactions.
- NMPEP benefits for PEs included 90-minute teleECHO sessions and continuing education credits from UNM/ Project ECHO and reentry assistance through Project ECHO services (e.g., job search, letter of support, additional training, connections to health services).
- NMPEP biweekly sessions covered didactics on the prevention, general education, and vaccination of COVID-19 throughout the pandemic.
- NMPEP worked with NMDOH to distribute up-to-date COVID-19 information and to answer questions from individuals who are incarcerated to PEs by implementing a “parking lot” tool for them to communicate with the Project ECHO team, who responded to questions within 1–2 days during the PE-led workshops.

## Section III: Project Follow-up

At the conclusion of the PE-led workshops, consistent communication among the PEP team and monitoring the confinement facility for operational changes allow for PEP project adjustments and continuing education for individuals who are incarcerated.

### Continuing Education

During the project, maintain consistent communication between the PEP leader and PEs to provide continuing support on new questions from the incarcerated population and updates on current COVID-19 information

from the medical expert or local DOH. PEs should continue educating the individuals who are incarcerated on a one-to-one basis.

### Monitor Organizational Change

Changes in confinement facility operations or in the status of individuals who are incarcerated may affect project logistics. Monitor organization changes for PEP adjustments (e.g., staff shortage or turnover, organizational restructuring, lockdowns, and facility staff cooperation). A PE transfer, release, or shift in project accountability may affect training logistics.

## NMPEP Best Practices

- NMPEP continued site visits virtually to answer COVID-19 related questions and to continue supporting PEs after training. Questions from PEs and the individuals who are incarcerated were sent to NMDOH for answers or guidance on best practices.
- NMPEP maintains contact with at least one high-level administrator. In addition, the NMPEP team ensures that each new secretary of corrections is quickly briefed about the project at the start of each term.

## Conclusion

Confinement facilities provide a rare opportunity to reach an at-risk, underserved population and improve public health. Providing quality health education and encouraging behavior change in confinement facilities creates an extraordinary opportunity to improve the health of not only individuals who are incarcerated but also their families and communities.

## NMPEP Best Practices

- NMPEP provided an innovative way to deliver an effective health education to a large population of more than 28,000 individuals since the project's inception.

## Appendix A: Peer Education Resources

### 1. Title: Coronavirus Disease (COVID-19) Fact Sheet

**Source:** World Health Organization

**Description:** A webpage available in English, Arabic, Chinese, French, Russian, and Spanish that provides key facts about the symptoms, treatment, and prevention of COVID-19.

**Link:** [https://www.who.int/news-room/fact-sheets/detail/coronavirus-disease-\(covid-19\)](https://www.who.int/news-room/fact-sheets/detail/coronavirus-disease-(covid-19))

### 2. Title: Symptoms of COVID-19

**Source:** Centers for Disease Control and Prevention

**Link:** <https://www.cdc.gov/covid/signs-symptoms/index.html>

### 3. Title: People with Certain Medical Conditions and COVID-19 Risk Factors

**Source:** Centers for Disease Control and Prevention

**Link:** <https://www.cdc.gov/covid/risk-factors/index.html>

### 4. Title: Preventing Respiratory Viruses

**Source:** Centers for Disease Control and Prevention

**Link:** <https://www.cdc.gov/respiratory-viruses/prevention/index.html>

### 5. Title: Respiratory Virus Guidance Snapshot

**Source:** Centers for Disease Control and Prevention

**Link:** <https://www.cdc.gov/respiratory-viruses/images/RVG-summary-graphic.png>

### 6. Title: Immunizations for Respiratory Viruses Prevention

**Source:** Centers for Disease Control and Prevention

**Link:** <https://www.cdc.gov/respiratory-viruses/prevention/immunizations.html>

### 7. Title: 5 Reasons It Is Important for Adults to Get Vaccinated

**Source:** Centers for Disease Control and Prevention

**Link:** <https://www.cdc.gov/vaccines-adults/reasons/index.html>

## ABOUT BJA

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