

# HepPEd Prisoner Peer Educator Program Training Guide

For Facilitators

**LET'S TALK ABOUT HEP C:  
TEST, TREAT, REPEAT  
- IT'S SIMPLE**

## HepPEd

National  
Prisons Hepatitis  
Education  
Program



Kirby Institute



ashm



**NPHN**  
NATIONAL PRISONS  
HEPATITIS NETWORK

# Acknowledgements

The National Prisons Hepatitis Education Project (HepPEd) is a National Prisons Hepatitis Network initiative being led by the Kirby Institute and the Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM). This guide was prepared by the Kirby Institute UNSW Sydney on behalf of the HepPEd Project Team. The content is based in part on the previously developed *Hep C & You* peer education program developed by the same group and disseminated by the Australian Injecting and Illicit Drug Users League (AIVL) and the *Youth Peer Education Toolkit Training of Trainers Manual* (sponsored by the United Nations Population Fund, UNAIDS, USAID, and the World Health Organization). The content was informed firstly by the HepPEd [Report of findings from the National Needs Assessment and Steering Committee Process: Public Health Literacy and Hep C Education in the Australian Prisons](#) which included insights into the educational needs of prisoners, correctional officers, and healthcare providers working in the prison setting. Secondly, guidance from the HepPEd National Steering Committees on the design concepts and delivery modes of the HepPEd Program was incorporated including on the key themes and messaging, key topics and learning objectives, and planned resource types.

## About the HepPEd Program

The HepPEd Program was developed as part of the National Prisons Hepatitis Education Project (HepPEd), which aimed to develop and deliver targeted prison-specific hep C education to enhance the *public health literacy* (that is the knowledge, attitudes, and practical capabilities or competencies regarding hep C) of all those in prison setting, including healthcare providers, correctional officers, and prisoners. Peer-to-peer education between prisoners is a key element of the HepPEd Program.

## Funders

The National Prisons Hepatitis Education Project was funded by the National Health and Medical Research Council (NHMRC), Eliminate hep C Australia (EC Australia), AbbVie Pty Ltd, and Gilead Sciences.



# Introduction

## About this peer educators guide

This guide will be used by HepPEd 'facilitators' (that is skilled educators implementing the HepPEd Program) to prepare and provide training to peer educators on the HepPEd Program's *Let's talk about hep C* prisoner education component. This guide includes guidance on the identification of peer educators, as well as all the information and skills training that a peer educator will need to inform their peers about hep C and prisons as part of the HepPEd Program. A modified version of this guide will also be given to the peer educators to use for reference or reviewing of information after the training.

The goal of this program is to equip peer educators with sufficient knowledge about hep C so that they can share information, provide advice, and answer questions from their peers (that is other prisoners) on these topics. Facilitators should encourage peer educators to adapt this material to their own personal style of providing information and advice, and to the individual learning characteristics of their peers.

## Identification of peer educators

The selection of appropriate individuals for the peer educator role is critical, as they hold pivotal responsibilities in disseminating Program messages and resources, and effectively engaging the target audience group. The cohort should comprise a minimum of five individuals in each prison (ideally proportional to the prison population's size). Alternatively, there should be at least one peer educator for each discrete area within the prison. The strategic identification of peer educators should involve collaboration between the facilitator and senior correctional staff, considering the following approaches:

- 'Tap-on-the-shoulder' or nomination from correctional or health staff.
- Calling for Expressions of Interest (EOI) via Inmate Development Committee (IDC) or equivalent.
- Exploration of existing peer support networks for suitable candidates.

To be eligible for participation as peer educators, the prisoners should meet the following criteria:

- Be above the age of 18 years.
- Currently be incarcerated in a participating correctional center.
- Expect to remain in the participating correctional centre for at least 12 months.
- Be considered capable, willing, and respected among their peers.
- Have obtained approval from custodial authorities to serve as peer educators.

Furthermore, the following factors should be considered during the selection process when feasible:

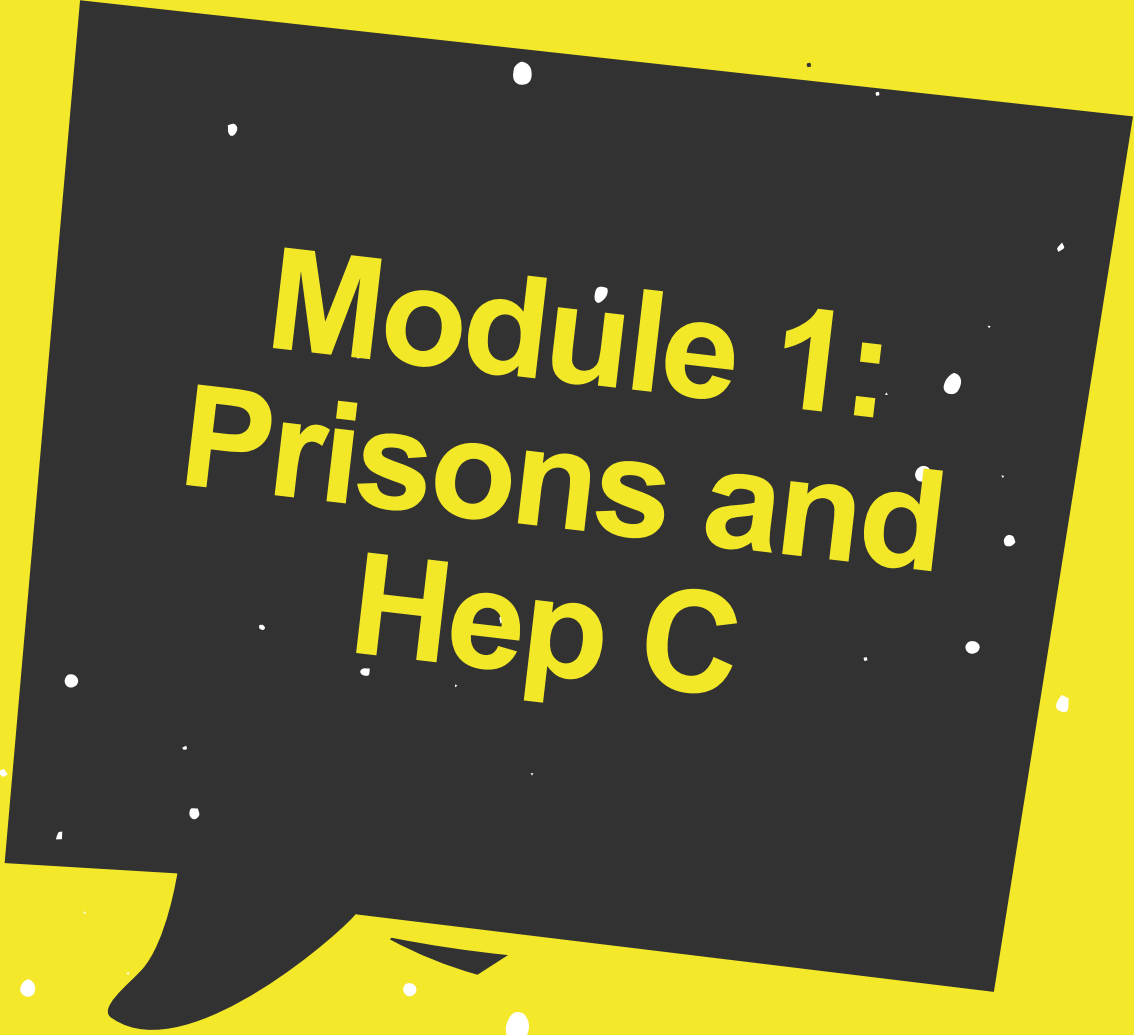
- Availability to attend all three training sessions without conflicts, such as impending court attendance.
- Inclusion of a diverse range of peer educators based on their accommodation area, employment status, cultural background, and ethnicity.
- Whether the individual has personal experience with hep C testing and treatment (ideally, individuals will have experience with hep C testing and treatment but this isn't a requirement).

## ***Let's talk about hep C peer education modules***

The three *Let's talk about hep C* prisoner peer education modules as part of this Peer Education Program have been prepared for an audience with little or no understanding of prisons and hep C, and little or no experience in peer education. The overall goal is to ensure that peer educators gain a level of knowledge at least equal to, but likely somewhat above, their prisoner peers. The modules outlined in this training guide will be delivered to peer educators by HepPEd facilitators as three one-hour Powerpoint presentations with interactive activities. The first module aims to give provide basic understanding, from a prisons perspective, of what hep C virus is, how it is transmitted, and how it affects the body, as well as how the infection is diagnosed, how it is treated, and how spread of the virus can be reduced in the prisons. The second module aims to provide training in the key skills for successful peer education. The third module covers the learning objectives developed for prisoners in the HepPEd Program, the key topics related to those objectives, and the educational resources developed for *Let's talk about hep C* prisoner education including videos, comic books, booklets and posters.

## The topics included in each module are:

<b>Module 1: Prisons and hep C</b>	<b>Module 2: Peer education skills</b>	<b>Module 3: The HepPEd Program</b>
P11: Where is the liver and what does it do?	P31: Module 2 overview & revision activity from Module 1	P45: Module 3 overview & revision activity from Module 2
P12: What is hepatitis?	P34: Good communication in peer education	P46: The HepPEd Program and its key messages
P13: What are the tests for liver disease?	P35: What is peer education?	P48: Familiarisation with HepPEd resources
P15: What is hep C and how is it spread?	P37: What are the elements of successful peer education?	P49: Practice activity – working out your style
P18: Why get tested for hep C?	P38: Settings of peer education in the prison	P49: Practice activity – working out your settings
P18: What are the tests for hep C?	P39: How should peer education happen?	P49: Practice activity – working out your messages
P21: What is the treatment for hep C infection?	P40: How can you become a successful peer educator	P49: Practice activity – facing tough questions/ the challenging audience
P23: What to expect after cure of hep C infection?	P41: Supervision and support provided for peer educators	
P25: How to prevent catching hep C infection while inside?		



# **Module 1: Prisons and Hep C**

## Session Overview

<b>Title</b>	Module 1: Prisons and Hep C
<b>Format</b>	PowerPoint presentation and activities
<b>Length</b>	60 minutes
<b>Level</b>	Basic
<b>Participants</b>	<ul style="list-style-type: none"><li>• All participants are peers from within the prison setting</li><li>• All participants should be able to speak and read English to a Year 10 standard</li></ul>
<b>Materials</b>	<ul style="list-style-type: none"><li>• Pre-session survey (Appendix 1)</li><li>• Peer educator guide</li><li>• PowerPoint presentation</li><li>• Computer and data projector (if available)</li><li>• Pencils/pens</li><li>• Notepads</li><li>• Flipchart/butchers paper for recording responses to activity questions</li><li>• Post-session survey (Appendix 2)</li></ul>
<b>Learning objectives</b>	<ul style="list-style-type: none"><li>• Describe where the liver is in the body and what it does.</li><li>• Demonstrate an understanding of 'hepatitis', 'hep C', and 'hep C transmission'.</li><li>• Describe how common hep C infection is amongst prisoners and how commonly new infection occurs in the prisons.</li><li>• Describe the effects of chronic hep C on the liver and on the person.</li><li>• Describe what tests are used to diagnose hep C infection.</li><li>• Describe the treatment for chronic hep C infection and its effectiveness.</li><li>• Describe the ways in which spread of hep C in the prisons can be reduced.</li></ul>

## Session Structure

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<b>Time</b>	10 minutes
<b>Module topics</b>	<ul style="list-style-type: none"><li>• Where is the liver and what does it do?</li><li>• What is hepatitis?</li><li>• What are the tests for liver disease?</li><li>• What is hep C and how is it spread?</li><li>• Why get tested for hep C?</li><li>• What are the tests for hep C?</li><li>• What is the treatment for hep C infection?</li><li>• What to expect after cure of hep C infection?</li><li>• How to prevent catching hep C infection while inside?</li></ul>

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## Session Preparation for The Facilitator

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<b>Before the session remember to</b>	<ul style="list-style-type: none"><li>• Print and bring copies of:<ul style="list-style-type: none"><li>• Pre-session evaluation form at Appendix 1</li><li>• Post-session evaluation form at Appendix 2</li><li>• Module slides (hard copies for participants)</li><li>• Any other educational material you want to provide</li><li>• This peer educator guide</li></ul></li></ul> <p><i>(Think about bringing more copies than you need)</i></p> <ul style="list-style-type: none"><li>• Bring pencils/pens and notepads so that participants can take notes and complete surveys.</li><li>• Download any extra material that you want to show, such as graphs of the contribution made in the prisons to national elimination, recognising that internet access in custodial facilities may be limited (see Appendix 8 for potential additional materials).</li><li>• Familiarise with existing hep C education resources and activities in the particular prison.</li><li>• Hepatitis services vary between prison settings so find out what is available in the correctional facility where you are holding the session to make sure you can give the most accurate information.</li></ul>
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# Topic 1: Introduction

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Learning  
Outcome

Participants oriented to the program, module, and topics

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Peer  
Educator  
Notes

## Show slides 1- 4: Module 1 Overview – Prisons and Hep C

### Overview

This education program focuses on hep C infection and how it is diagnosed and treated in the prisons.

- Hep C is an infection from a virus which causes inflammation of the liver ('hepatitis') and slowly stops the liver working properly ('liver failure'). It can cause serious disease or death.
- Hep C is spread by contact between the blood of one person to the blood of another person (sometimes called blood-to-blood contact). This mostly happens by sharing needles and syringes when injecting drugs.
- In Australia in 2022, there are around 100,000 people living with ongoing or 'chronic' hep C, and around 5,000 new infections each year.
- There are over 40,000 people in Australian prisons at any one time, with almost double that number taken into custody each year.
- In Australian prisons, up to 50% of people (that is one in two or half) have had hep C infection at some point in their lives (either now or in the past), and up to 20% (that is as many as one in five) have ongoing or chronic hep C infection.
- Hep C infection is easily diagnosed with blood tests which should be offered to all prisoners.
- The treatments for hep C are highly effective, are available in all Australian prisons, and should be offered to all those diagnosed with chronic hep C infection.
- It is often hard to get the word out about the new treatments in health care, but the best way to get people onto a new idea is hearing advice from someone they know.

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The HepPEd prisoner peer educator program has three sessions designed to get participants feeling confident and comfortable sharing information about hep C and prisons with others.

*There is no expectation for participants to become experts from these sessions - instead the goal is to help participants feel confident about starting a conversation about why it is a good idea to get all prisoners tested, and those infected treated and cured.*

### **This module (Module One)**

This learning module (Module One) is designed to help peer educators explain to others what the liver's role is in the body, how hep C affects the liver, how to get tested, treated, and cured for hep C, and how to reduce the spread of hep C.

The learning objectives for this module are for participants to be able to:

- Describe where the liver is in the body and what it does.
- Demonstrate an understanding of hepatitis, hep C, and hep C transmission.
- Describe how common hep C infection is amongst prisoner and how commonly new infection occurs in the prisons.
- Describe the effects of chronic hep C on the liver and on the person.
- Describe what tests are used to diagnose hep C infection.
- Describe the treatment for chronic hep C infection and its effectiveness.
- Describe the ways in which spread of hep C in the prisons can be reduced.

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#### **Facilitator Notes**

#### **Housekeeping**

- *Make a note of the training attendance*
  - *Set the rules for the group*
  - *Indicate how long the session will run for*
  - *Ensure confidentiality – everything said should be confidential and not repeated outside the group.*
  - *Ask participants to introduce themselves.*
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**Facilitator Notes****Pre-session evaluation**

*Before moving to the next topic, distribute the pre-session evaluation forms and ask participants to complete them. These are provided at Appendix 1.*

*As the forms are handed back, briefly review the answers as this will give some idea of the existing level of knowledge within the group, and which topics might need to be more heavily emphasised and explored.*

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## Topic 2: Where is the liver and what does it do?

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**Learning Outcome**

**Participants know what the liver is, its location, and its role in the body**

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**Facilitator Notes****Show slide 5: What do you know about the liver?**

*Ask the following questions to the group of participants and encourage discussion. Record responses on a flipchart, butcher's paper or whiteboard or whatever you have available.*

**Ask: What do you know about the liver?**

**Ask: Where is the liver located in the body?**

**Ask: What is the job of liver – what does it do?**

*There is no need for you to provide correct answers when participants provide incorrect answers. The aim is to gauge current understanding of liver and its functions. Reassure participants of this. Once the answers are in show the following slides.*

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**Peer Educator Notes****Show slides 6 & 7: Where is the liver and what does it do?****The location of the liver:**

The liver is in the upper right-hand corner of the abdomen (stomach), where it takes up most of the space under the ribs, and also extends a little under the left-sided ribs (you should visually explain this as well by pointing to the area on your body).

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### The function of the liver:

You can't live without your liver. People with very severe liver disease are sometimes given a liver transplant (that is a new liver) as the only hope for survival.

The liver is both a manufacturing factory and waste processing plant in your body. It cleans the blood of toxins (such as drugs that you take or alcohol that you drink) and breaks down the food you eat so that your body can use it for energy, making vitamins, and building new proteins.

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## Topic 3: What is hepatitis and what does it do to the liver?

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Learning Outcome

Participants understand what inflammation of the liver is and how it is caused

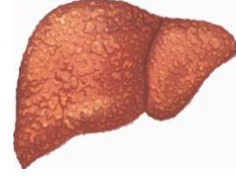
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Peer Educator Notes

**Show slide 8: What is hepatitis and what happens when it is chronic (or persistent)?**

### What is hepatitis?

- The liver can become inflamed for a number of reasons, but particularly with infection by a virus. This is known as 'hepatitis': 'hepa' = liver, 'itis' = inflamed
- When a liver becomes inflamed, this leads to liver scarring (which is also called 'fibrosis'). Over a long time, liver scarring can progress to 'cirrhosis' and sometimes to liver cancer.



### The progression of liver disease in 3 pictures:

- A healthy liver (left). A healthy liver is smooth and firm to the touch.
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- A liver with hepatitis becomes swollen and yellow (middle)
  - A liver with severe scarring or cirrhosis (right). The liver becomes stiff, heavily scarred and nodular (bumpy).

It takes a long time for a healthy liver to turn into a liver with cirrhosis, usually many years or even decades.

### **Symptoms of a damaged liver:**

A damaged liver is unable to do its job properly. The symptoms of liver disease some people feel are:

- Nausea (feeling sick)
- Weakness and tiredness
- Loss of appetite (not hungry)
- Yellow skin and eyes (jaundice)
- Bruising or bleeding

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## **Topic 4: What are the tests for liver disease?**

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**Learning Outcome**

**Participants can describe the tests for liver damage**

**Peer Educator Notes**

**Show slides 9 & 10: What are the tests for liver disease?**

### **Liver function tests (LFTs):**

- If a person is thought to have liver trouble, it's important to know if they have any liver inflammation or scarring and how much.
- If the liver is damaged, it won't be working or functioning properly.
- The first step is to have a set of blood tests called Liver Function Tests (LFTs) to see how well the liver is functioning –the results of the tests tell whether the liver is inflamed or not.

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- If a person has ever injected drugs, they should have LFTs to know if they have any liver damage caused by a virus like hepatitis B or hep C.

### **Tests for liver scarring (fibrosis):**

If a person's liver has been damaged for some time, there are two options for testing to see how much scarring they have: a FibroScan®, or a blood test called an APRI test (which stands for Aspartate aminotransferase to Platelet Ratio Index):

- **FibroScan®**
  - A FibroScan® is a painless, 'sound waves' test, which uses a portable machine similar to an ultrasound, and is done in the clinic.
  - A FibroScan® measures the stiffness of the liver. The stiffer the liver, the more scarred it is.
  - The result of the test is available right away with a score which indicates how scarred the liver is.
- **APRI test**
  - An APRI test is a blood test where the results are used to calculate an APRI Score which can estimate how much scarring is in the liver.

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#### **Peer Educator Notes**

#### **A brief summary:**

People can get tested for liver scarring at any prison, but the type of test chosen will depend on the type of equipment available in the centre – for example, some prisons may not have a FibroScan® machine available and so they'll do APRI tests.

The good news is that the liver can repair itself (if the damage is found in time). So even if there is some liver scarring, with treatment, it may get better. For example, someone who has liver scarring from a hep C virus infection – their liver might get better after having hep C treatment.

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#### **Facilitator Notes**

**Show slide 11: Teach-back scenario – “Let's see how much you remember about the liver”**

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This is a teach-back activity lasting about 10 minutes and done as a group.

- *Pose the scenario and each question (below) to the group of participants.*
- *Encourage each participant to ‘call out’ one thing they remember.*
- *Start with a first-in-best-dressed approach (those who call out first will get to name the easier things) then go around the room person by person.*
- *Once people slow down with calling things out, help them get to the rest of the answers (encourage them by asking ‘what else do you remember’).*

### **The Scenario**

You’ve got a mate who is worried their liver is damaged.

**Ask: How would you describe why a healthy liver is important to your friend?**

**Ask: How would you describe the tests to check for liver damage?**

**Ask: How can you get a test done in this particular centre?**

*After each question is discussed, you should note where there are any misunderstandings or incorrect explanations. You should then go back to the relevant slides and reinforce the learnings as a group. The final question will help make the learning more relevant to that centre – it would be helpful to be aware of the pathway to getting tested in that centre (e.g see the GP, ask the hepatitis nurse...)*

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## **Topic 5: What is hep C and how is it spread?**

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**Learning Outcome**

**Participants can define what hepatitis C (hep C) is, how common it is, and how it is transmitted**

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**Show slide 12: What is hep C?**

Hepatitis C (often called 'hep C') is a viral infection affecting the liver. It makes the liver become inflamed and slowly become scarred.

Hep C has two stages - acute and chronic:

**The acute stage:**

- Happens when someone first gets infected with hep C and may last six months.
- During the acute stage, 1 in 4 people (a quarter) will naturally get rid of the virus from the body (meaning they got rid of it on their own, without treatment).
- Most people with acute hep C have no symptoms. Those who do have symptoms may report nausea and tummy discomfort.

**The chronic stage:**

- Happens in the remaining 3 out of 4 people and the virus stays forever in the liver unless it is treated with medication.
- Chronic hep C slowly damages the liver over time.
- Most people with chronic hep C don't feel sick at all, even though the virus is in the body and causing damage.

**Show slide 13 & 14: How common is hep C?**

- Hep C infection is common.
  - Across the world, around 1 in every 100 people has chronic hep C.
  - In Australia, around 1 in every 250 people has chronic hep C.
- Hep C infection is especially common among people who inject drugs.
  - In Australia, 1 in every 5 people who inject drugs has chronic hep C.



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## Hep C inside the prisons:

Hep C is especially common inside the prisons. More than 1 in 10 people on the inside are living with chronic hep C.

Each year, around one in every 10 people who enter prison without hep C infection become infected while inside.

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### Peer Educator Notes

#### Show slide 15: How do you get hep C?

#### Explain how hep C is spread:

Hep C is a virus spread by blood-to-blood contact – even when the amount of blood is tiny (microscopic). Blood-to-blood contact means the blood of one person gets into the blood of another person.

- The most common way to spread hep C is by sharing injecting equipment. This is not just needles and syringes but spoons, water, tourniquets and other bits of equipment that might be used when injecting.
- Hep C can also spread by blood-to-blood contact during fights.
- Other ways that hep C can spread are by sharing other equipment that has blood on it, such as:
  - Tattooing and body piercing equipment
  - Razors and toothbrushes
- Hep C can also be spread through unprotected sex (when blood is around), but this is uncommon (much lower risk).
- For women - hep C can be transmitted from mother to baby, but this is also fairly uncommon (lower risk).

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### Facilitator Notes

#### Show slide 16: Teach-back scenario – “what is hep C?”

This is a teach-back activity lasting about 10 minutes and done as a group or in pairs.

- *Ask for volunteers to share the advice they would give their friend in the scenario below and note where there are any misunderstandings or incorrect explanations.*
  - *If necessary, go back to the slides and reinforce the messages as a group.*
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### ***The Scenario***

You've got a cell mate who has never heard of hep C.

**Ask: How would you explain hep C to your mate?**

*Making sure they know what it is, how common it is, what it does to your body, and how it is transmitted.*

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## **Topic 6: Why get tested for hep C?**

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**Learning Outcome**

**Participants can identify the benefits of knowing their hep C status**

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**Peer Educator Notes**

**Show slide 17: Why get tested for hep C?**

**Explain the benefits of screening for hep C:**

There are a range of benefits for a person in prison in getting tested for hep C. These include:

- Knowing their hep C status. It is important to get tested as they might:
    - have been infected with the virus without knowing (most people have no symptoms);
    - have been infected many years ago and forgotten about it;
    - have done something that can transmit hep C, like sharing injecting equipment, having a tattoo while inside, and want to know if they've contracted hep C.
  - Get peace of mind that they're not going to accidentally spread the virus to someone else
  - Get treated and cured if they have chronic hep
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# Topic 7: What are the tests for hep C?

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## Learning Outcome

Participants can describe each type of hep C test, and what the results will tell them.

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## Peer Educator Notes

### Show slide 18: What are the tests for hep C?

#### The two types of blood tests:

- The first test is called an antibody test. The antibody test tells whether someone has **ever** been infected with hep C (either in the past or now), but not whether someone is infected **now**.
- The second test is called an RNA test. This test looks for the RNA or genetic material of hep C (sometimes also called a 'PCR' test or a 'viral load' test). This test tells whether someone is infected with hep C **now**.

#### How to get tested for hep C?

If someone is interested in getting tested, they should ask the nurse to take the blood for both the hep C antibody and the RNA test. This will save having to have a second blood collection if the antibody test is positive.

- All test results are confidential between the patient and the nurse or doctor. The prisoner doesn't need to tell anyone that they've had the tests or got the results.
- Other viruses such as hepatitis B and HIV are also shared by blood-to-blood contact, so it is a good idea to get tested for these viruses at the same time.

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## Facilitator Notes

The facilitator should make sure that the peer educators are confident explaining the processes for a prisoner to request a hep c test within the specific prison.

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**Show slide 19: What do the hep C test results mean?**

**Explain the hep C test results:**

There are three possibilities with the results for hep C:

1. Both antibody and RNA tests are positive – this means the person has hep C infection **now**.
2. A positive antibody but a negative RNA test means that the person has had hep C **in the past** but does not have it now. They will have got rid of the virus either naturally (their body's immune system naturally cleared it - which happens for around 1 in 4 people during the acute stage) or they may have been treated in the past.
3. A negative antibody test means that the person has **never been infected** with hep C. In this case an RNA test is not needed as the person does not have a hep C infection.

**Recap – other tests for liver disease:**

If the tests results show chronic hep C, it's important to get checked for liver disease as well. A reminder of the tests:

- Liver Function Tests which look to see how well the liver is working.
- Either a FibroScan® or a blood test to calculate an APRI Score to measure liver scarring.

**Show slide 20: What about different strains of the virus and how much of the virus is there?**

**Viral strains:**

There are 8 strains of the hep C virus, also known as 'genotypes'

In the past, testing for the strain (or genotype) was important to help choose the best treatment, but now the treatments work against all strains and so we often don't test for the different strains anymore.

**'Viral load':**

The amount of virus in the blood (or 'viral load') is also different person to person.

In the past, testing for the viral load was important to choose the best treatment, but now all the treatments work very well no matter what the viral load is.

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# Topic 8: What is the treatment for hep C infection?

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## Learning Outcome

Participants can describe the hep C treatments and what to expect while on treatment

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## Peer Educator Notes

### Show slide 21: How do you treat hep C?

Everyone who is diagnosed with chronic hep C (that is both hep C antibody and RNA positive) while in prison should be offered treatment.

- Hep C is treated with a type of medication called ‘Direct Acting Antivirals’ or ‘DAAs’
- Some people may remember the old interferon treatments – which were tough. The treatment involved injections over many months (24-48 weeks), had lots of bad side effects, and cured only around half the people.

### Advantages of DAAs:

The new DAA treatments are dramatically better, as they:

- do not involve injections – DAAs are just tablets taken each day;
- are short in duration - 8-12 weeks only;
- have essentially no side effects;
- are highly effective – almost everyone (more than 95% of people) is cured, and there is also a back-up treatment for the small number who don’t get cured.

### Options of DAAs:

There are two equally effective first-up DAA options:

- Maviret™ – which involves taking three tablets per day for 8 weeks
  - Eplclusa™ – which involves taking one tablet per day for 12 weeks
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**Show slide 22: What to expect while on treatment for hep C?**

**The treatment process of DAAs:**

- There are a few important visits with the nurse or doctor:
  - getting started on treatment;
  - after starting to make sure things are going well;
  - 1-3 months after finishing (to check for cure).
- If the person gets transferred to another centre while on treatment, the DAA medication should go with them so the treatment can be continued without missing doses.
- If the person gets released before the end of treatment, the nurse should arrange for the rest of the treatment course to be provided (or a prescription for more medication) to keep going on the outside.

**Show slide 23: How to manage DAA treatment?**

Most of the time the person will be given tablets to take by themselves without going to the 'pill window' each day. No one needs to know that it is hep C treatment. Some people may find it easier or better have assistance with managing treatment by visiting the nurse each day.

**Taking the DAA medications:**

- The DAA treatments will work best if the tablets are taken every day
- The DAA treatments will work best if the full course of treatment (8 weeks or 12 weeks) is completed.
- If a dose is missed it is best taken on the day it is due, but if it's already close to the next dose, it is better skip it – don't double dose or take extra pills if a dose is missed on just one day.

**The impact of DAA on other medications:**

- Some medications, like those for heartburn, lowering cholesterol, or for epilepsy (seizures) can be affected by the DAAs for hep C. The nurse or doctor will check if any of the other medications will be a problem with the hep C treatment.
- Drug treatments like methadone and buprenorphine are **not** affected by DAAs.

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- The person doesn't have to stop using drugs while they're on treatment – the treatment will work even if they keep using, but reinfection may occur.

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**Facilitator Notes****Show slide 24: Teach-back scenario – hep C testing and treatment**

This is a teach-back activity lasting about 10 minutes and done as a group or in pairs.

- *Ask for volunteers to share the advice they would give their friend in the scenario below and note where there are any misunderstandings or incorrect explanations.*
- *If necessary, go back to the slides and reinforce the messages as a group.*

***The Scenario***

You've got a cell mate who injected drugs in the past, but hasn't been tested for hep C. Your cell mate wonders whether they may have hep C.

**Ask: How can they find out for sure?**

**Ask: What do you recommend they do? If the tests show chronic hep C, what should happen next**

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## Topic 9: What happens after hep C is cured?

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**Learning Outcome**

**Participants can describe what happens after hep C treatment is completed and understand the risk of reinfection**

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**Show slide 25: What happens after treatment?**

**Check for cure:**

- After the treatment course is completed, a final blood test is taken between four and 12 weeks after the medication is finished to check for cure.
  - This test is the blood test called the PCR or RNA test. (the same test that's used to check for chronic infection).
  - This test is to make sure that the virus is completely gone from the body (sometimes called PCR negative) which means the person is cured.
- Most people who have DAA treatment clear the virus from their body (95% or 19 out of 20 people), meaning that person no longer has a hep C infection and is **cured**.
- About 5% of people (1 in 20) don't clear the virus with their first DAA treatment course.

**The back-up treatment:**

For these people, there is a back-up treatment called Vosevi™ which can cure 90% (9 out of 100) who weren't cured with the first treatment – this means more than **99%** of all those with chronic hep C can be cured.

- Treatment with Vosevi™ is also one tablet daily for 12 weeks.

**Show slide 26: What happens after the cure?**

Successful treatment means that the virus is no longer in the blood and attacking the liver causing inflammation and scarring.

**After the cure:**

- People who are cured generally feel stronger and have more energy.
- As scarring in the liver generally took years to develop, it slowly reduces over a similar period (years).
- If cirrhosis has already developed, it is not likely to repair. In this case it is important to have ongoing 6 monthly checks of for complications which the nurse will arrange.



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### Re-infection:

- It's important to remember that being free of hep C is not the same as being immune to hep C – that is being protected from getting it again (called re-infection). Unfortunately, people can get infected with hep C again and again...
- Fortunately, each reinfection can be treated just as well as the first time.

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## Topic 10: How to prevent catching hep C while inside?

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### Learning Outcome

Participants understand the things they can do to reduce the risk of hep C transmission whilst in prison

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### Peer Educator Notes

**Show slide 27: How can the risk of transmission of hep C in the prisons be reduced?**

### Reduce hep C transmission:

As transmission happens mostly with injecting drug use there are three main ways to reduce the spread:

- **Reducing the frequency of injecting drug use by:**
  - Opioid substitution treatment (OST) for those who regularly use opioids such as heroin. OST is provided as methadone or buprenorphine.
  - Using the drug another way, like snorting, swallowing, smoking, or shafting ('up your bum')
- **Reducing the chances of becoming infected even when injecting drugs by:**
  - Ensuring that both the person, and all those they share with, come forward for testing and that all those with chronic hep C get treated

- 
- Encouraging everyone who is in prison to get tested and treated. The more people who are treated, the less hep C is going around in the prison - this is called Treatment as Prevention (TasP).
  - **Being ‘blood aware’ (see following)**

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**Peer  
Educator  
Notes**

**Show slide 28: What does being ‘blood aware’ mean?**

You don’t have to see blood for hep C to be there. The risk of getting hep C infection can be reduced by being ‘blood aware’.

**Good practices of being ‘blood aware’:**

- Avoiding sharing injecting equipment like needles, fits, water, spoons, and tourniquets
- Cleaning surfaces where blood might have spilled, preferably with a bleach or disinfectant solution
- Trying to use new tattoo needles, inks, and piercing equipment for every person
- Wearing protection during sex
- If new equipment isn’t available, reduce the risk of hep C transmission using the ‘rinse-bleach-flush’ routine to clean the fit.

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**Facilitator  
Notes**

**Show slide 29: Teach-back scenario – hep C reinfection**

This is a teach-back activity lasting about 10 minutes and done as a group or in pairs.

- *Ask for volunteers to share the advice they would give their friend in the scenario below and note where there are any misunderstandings or incorrect explanations.*
- *If necessary, go back to the slides and reinforce the messages as a group.*

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### ***The Scenario***

You've got a cell mate who just finished hep C treatment and is worried about getting infected again.

**Ask: What would you tell them to do so they don't get reinfected?**

**Ask: What are some safer injecting practices that you can do on the inside?**

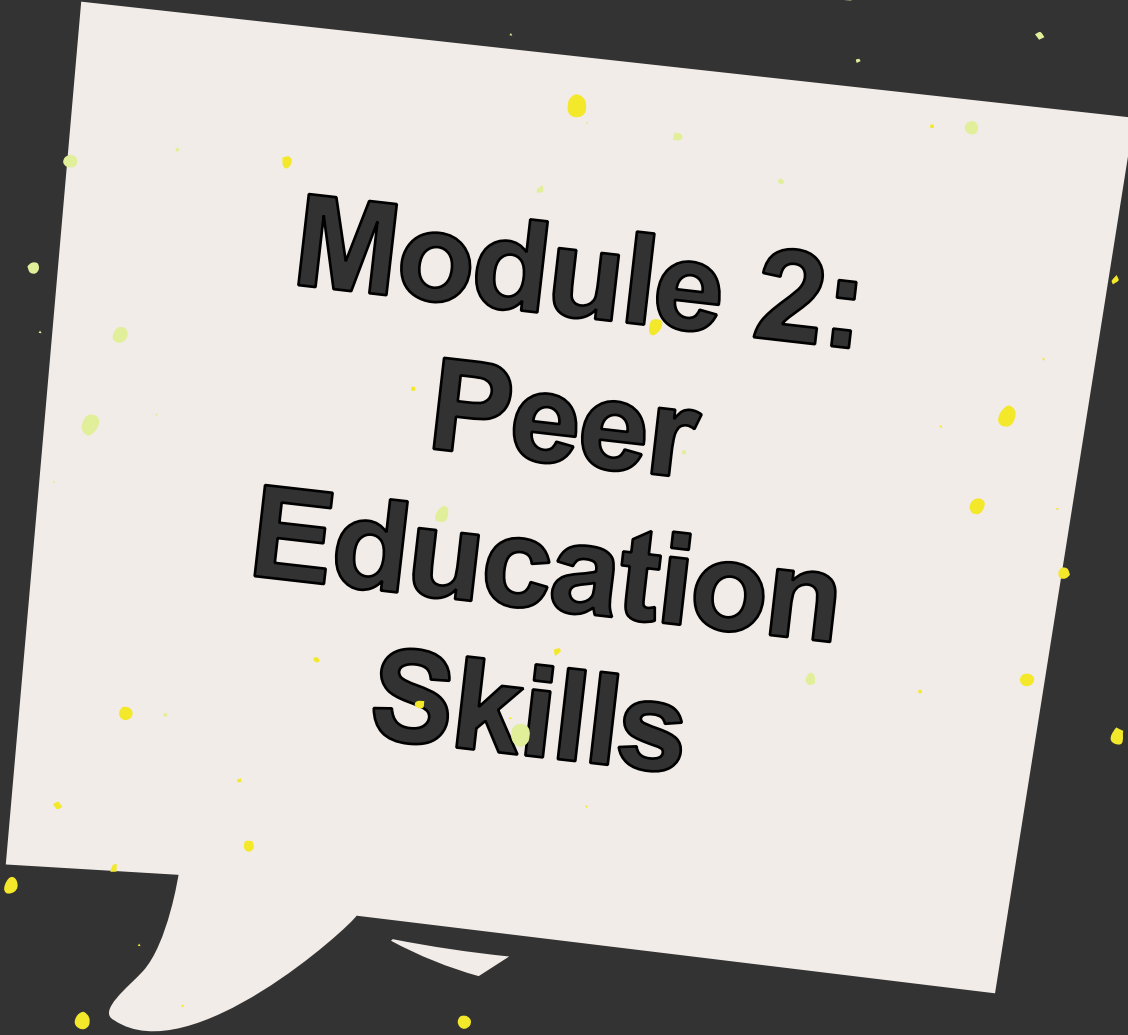
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### **Facilitator Notes**

#### **Post-session evaluation**

*Post-session evaluation forms should be distributed and completed after the recap activity. These forms can be found at Appendix 2.*

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**Module 2:  
Peer  
Education  
Skills**

## Session Overview

<b>Title</b>	Module 2: Peer Education Skills
<b>Format</b>	PowerPoint presentation and interactive activities
<b>Length</b>	60 minutes
<b>Level</b>	Basic
<b>Participants</b>	<ul style="list-style-type: none"><li>• All participants are peers from within the prison setting</li><li>• All participants should be able to speak and read English to a Year 10 standard</li></ul>
<b>Materials</b>	<ul style="list-style-type: none"><li>• Pre-session survey (Appendix 3)</li><li>• Peer educator guide</li><li>• PowerPoint presentation</li><li>• Computer and data projector (if available)</li><li>• Pencils/pens</li><li>• Notepads</li><li>• Flipchart/butchers paper for recording responses to activity questions</li><li>• Post-session survey (Appendix 4)</li></ul>
<b>Learning objectives</b>	<ul style="list-style-type: none"><li>• Describe what peer education is</li><li>• Describe why peer education is effective</li><li>• Describe the attributes of a good peer educator</li><li>• Describe the possible settings in the prison where peer education could be offered</li><li>• Demonstrate a potential personal approach to peer education</li></ul>

## Session Structure

**Time** 10 minutes

**Module topics**

- What is peer education and what is a peer educator?
- What are the elements of successful peer education?
- Settings of peer education in the prison
- How should peer education happen?
- How can you be a good peer educator?
- Supervision and support

## Session Preparation for The Facilitator

**Before the session remember to**

- Print and bring copies of:
  - Pre-session evaluation form at Appendix 3
  - Post-session evaluation form at Appendix 4
  - Module slides (hard copies for participants)
  - Any other educational material you want to provide
  - This peer educator guide

*(Think about bringing more copies than you need)*
- Bring pencils/pens and notepads so that participants can take notes and complete surveys.
- Download any extra material that you want to show, such as graphs of the contribution made in the prisons to national elimination, recognising that internet access in custodial facilities may be limited.

# Topic 1: Introduction to Module 2 – Peer Education Skills

Learning Outcome

Participants orientated to this module and topics

Peer Educator Notes

Show slides 1-3: A revision activity & Module 2 overview

This module covers:

- **What is peer education?**
  - A **peer** is a person who is in the same social group (that is people who know each other or share something with each other – they are mates). In this case, the group may be everyone in the wing, those who exercise together, or those with the same cultural background.
  - **Education** means helping increase someone’s knowledge, change their attitudes, or alter their behaviour. In this case, it is raising awareness of hep C in the prisons, overcoming stigma, and encouraging getting tested and treated for hep C.
  
- **Why use peer education?**
  - A person’s peer group has a strong influence on the way he or she behaves. This is true of both risky and safe behaviours. Peer education makes use of peer influence in a positive way.
  - Peer education offers the person giving the education (the ‘**peer educator**’) the opportunity to influence those around them to get tested and treated for hep C.
  
- **Who are good peer educators?**
  - respected by their peers
  - energetic and interested
  - non-judgemental
  - self-confident and motivated

- 
- **What do successful peer educators do?**
    - provide information – e.g. what is hep C, how is it spread
    - motivate their peers – convincing others to make a change
    - make things happen – helping others to make a change
    - show the way – where to get tested and treated for hep C
  
  - **How and where should peer education be done?**
    - Opportunistically (at any opportunity)
    - Individuals or small groups
    - Keep any sensitive discussion in confidence
    - Using HepPEd peer education resources

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**Facilitator  
Notes****Housekeeping**

- *Make a note of the training attendance*
- *Set the rules for the group in this session*
- *Indicate how long will the session run*
- *Ensure confidentiality – everything said should be confidential and not repeated outside the group.*
- *Ask participants to re-introduce themselves.*

---

**Facilitator  
Notes****Revision activity from Module 1**

- *Facilitate a summary of the key ‘take-home’ messages from Module 1 by asking the group “What did you learn in the first session?”*
  - *Encourage each participant to ‘call out’ one thing they remember.*
  - *Could start with a first-in-best-dressed approach (those who call out first will get to name the easier things) then go person by person, or go around the room person by person.*
  - *Once people slow down with calling things out, help them get to the rest of the answers (encourage them by asking ‘what else do you remember’).*
-



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### The key take home messages were:

- The liver is important part of staying healthy and fit
- The liver can become inflamed and scarred with hep C infection
- Hep C infection is common in the prisons
- If hep C is not treated it can (slowly) lead to serious illness
- Hep C infection is diagnosed by antibody and PCR tests
- There is very effective treatment for chronic hep C infection
- Stop the spread of hep C by being blood aware, reducing injecting drug use and encouraging treatment

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#### Peer Educator Notes

#### Show slide 4: A revision quiz

- It does only takes a very small amount of blood to spread hep C
- I can't catch hep C if another prisoner sneezes or coughs on me
- Fights aren't the only way of catching hep C
- You can be treated more than once for hep C in the prison
- Treatment does only take a couple of months
- Getting all your mates tested and treated is a good way to stop the spread of hep C
- You can get infected again once you've been treated

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#### Facilitator Notes

#### Show slide 5: Pre-session evaluation

*Before moving to the next topic, distribute the pre-session evaluation forms and ask participants to complete them. These are provided at Appendix 3.*

*As the forms are handed back, briefly review the answers as this will give some idea of the existing level of knowledge of peer education within the group, and which topics might need to be more heavily emphasised and explored.*

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# Topic 2: Good communication

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## Learning Outcomes

To help participants learn each other's name while participating in a simple example of good communication skills

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## Facilitator Notes

### Show slide 6: Communication exercise – 'Watch out, mate!'

This ice-breaker exercise introduces the idea of good communication. It will take about 10 minutes; and needs paper rolled into lightweight balls – 3 balls for approximately 8 people.

### How to play the game?

- Ask participants to stand in a circle. Make sure that the circle has a safety zone of one or two metres of space behind the individuals in case the participants move backwards to try to catch a ball.
  - Tell the participants: *'In this exercise, we will try to learn each other's names.'* Start by getting everyone in the circle to say his or her name, one by one. Repeat this once or twice and remind the group to call out their names slowly and clearly so that the others have a chance to remember more names.
  - Explain that, at the beginning, the person holding the ball will call out the name of someone in the group and then throw the ball to him or her. Demonstrate how this is done.
  - Continue to explain: *'The person who receives the ball firstly faces and makes eye contact with another group member, calls out that person's name, and tosses the ball to them. If you forget someone's name and want to be reminded of it, you can ask her or him to repeat it to you. If you like, you can even throw the ball back to the person who threw it to you.'*
  - Begin the game as described above. After a couple of minutes, when the participants start to remember several names, add a second ball and instruct the group to continue playing with the two balls. After a minute or so, introduce a third ball to the game.
  - The group should then try to throw and catch the three balls, all the while calling out the receiver's name, 10 or 15 times without dropping the balls; if a ball is dropped, they must start counting again. All three balls must be used in the exercise.
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### What you've learnt from this game?

- When the ball throwing is done, ask how the players felt during the game. Then begin to explore how throwing the ball from one person to another is similar to how we communicate as peer educators.
- Ask the group to consider what actions were necessary both to ensure that the game was successfully completed and to communicate well.
- These can include making eye contact, calling someone by name, making sure the person was ready to receive the ball (or message), throwing it (or talking) directly to the person, and not throwing it when another ball (or message) was coming in.
- Point out how one of the most fundamental skills in peer education is good communication. Suggest that the peer educators remember this exercise as a guide for asking themselves whether they are using the best possible communication skills in their peer-to-peer education.

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## Topic 3: What is peer education?

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### Learning Outcomes

To gain a common understanding of the concept of peer education. To identify the benefits and the limits of peer education.

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### Facilitator Notes

#### Show slide 7: Understanding peer education exercise

This exercise will take approximately 15 minutes and involves three 'call out' group activities.

Conduct three consecutive group 'call-outs' (an activity similar to brainstorming, in which participants call out their responses). Record the responses on a flipchart, butcher's paper, whiteboard or whatever you have available, and then show the slide to bring the responses together.

These three 'call-out' activities are described further below.

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**Facilitator  
Notes****Show slide 8: What is peer education?****‘Call-out’ activity #1 – define ‘peer education’**

When agreeing on a working definition of peer education, it is important to come as close as possible to the following description:

- A **peer** is a person who is in the same social group (that is people you know or share something with, your crew, your mates).
  - In this case, the group may be everyone in your wing, those you exercise with, or those with the same cultural background.
  
- **Education** means helping increase someone’s knowledge, change their attitudes, or alter their behaviour.
  - In this case, it is raising awareness of hep C in the prisons, overcoming stigma, and encouraging uptake of hep C testing and treatment.

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**Facilitator  
Notes****Show slide 9: What are the pros and cons of being involved in peer education?**

When considering the advantages and disadvantages, that is the pros and cons - firstly for the educators (i.e this group), and secondly for those being educated (i.e other prisoners) should be identified and listed in two columns on the flipchart, butcher’s paper, whiteboard or whatever you have available.

**‘Call-out’ activity #2 – the pros and cons of being a peer educator:**

For the peer educators, the advantages may include: more status amongst peers and with correctional officers, as well as doing something good for others leading to improved self-esteem; the disadvantages may include being regarded as ‘sucking up’ to the correctional officers and being given a hard time (stigma) for promoting hep C treatment.

**‘Call-out’ activity #3 – the pros and cons for other prisoners:**

For the other prisoners, the advantages may include getting information and advice from someone who understands your situation and

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someone you can trust; the disadvantages may be that the information is not accurate or clear.

*This exercise highlights the pluses and minuses of being a peer educator, and also re-emphasizes the importance of good communication with reliable information and advice.*

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## Topic 4: What are the elements of successful peer education?

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### Learning Outcomes

To identify *information, motivation, behaviour change, and referring to resources* as the four primary components of successful peer education.

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### Facilitator Notes

#### Show slide 10 – Successful peer education exercise

This activity will take 10 minutes; and involves a 'call out' group activity.

#### A 'call-out' activity – key elements in a hep C peer education programme:

*Draw four columns (**untitled**) on the flipchart, butcher's paper, whiteboard or whatever you have available, and lead a group call-out, asking participants what they consider to be the essential components of successful peer education programmes.*

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### Facilitator Notes

#### Show slide 11 – what makes up successful peer education?

#### The four most important components:

The participants are still not aware of the identification of the columns, but you should record their responses on the flipchart, butcher's paper, or whiteboard according to where they each belong in one of the following four categories:

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Information	Motivation	Behaviour Change	Resources
- What is hep C? - How is it spread?	- Why come forward and get tested? - Why get treated?	- Do it to get cured and to prevent spread	- How to get to the hepatitis service?

- It is best not to name the categories beforehand, but to list the participants' suggestions in the untitled columns.
- Once all the responses have been included, the four categories can be labelled, and the participants responses discussed.
- Point out that these are four complementary components.

## Topic 5: Where should peer education happen?

### Learning Outcomes

To identify suitable settings for peer education

### Facilitator Notes

#### Show slides 12 & 13: Where should peer education happen?

This activity will take 5 minutes and seeks to identify possible locations or settings where peer-to-peer education may occur with a group call out approach and responses recorded on the flipchart, butcher's paper, whiteboard or whatever you have available.

#### An 'opportunistic' education:

- The HepPEd Program is based on 'opportunistic' education - that is education delivered whenever and wherever it is possible and suitable (whenever the opportunity arises).
- The only cautionary note would be that the peer educator should seek to ensure that no private or confidential information is disclosed by them or by the peers.

- 
- The facilitator should also highlight the importance of creating a safe and trusting environment for their peers, where they feel comfortable sharing their experiences without fear of negative consequences.
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## Topic 6: How should peer education happen?

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### Learning Outcomes

To identify ways to open the conversation about hep C

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### Facilitator Notes

**Show slides 14 & 15: How should peer education happen?**

#### Possible scenarios:

Nominate scenarios in which some opportunistic education may occur:

- one-on-one with the cell mate;
- in a small group during a meal;
- in a larger group while exercising in the yard;
- after seeing a group of other prisoners injecting drugs together.

#### Possible opening lines:

- Arrange the group in pairs and ask one to be the peer educator and one the listening peer.
- Ask the peer educator to think of the opening line to begin discussion about hep C in the prisons for that particular scenario.
- After one round ask the members of each pair to change roles (the listener becomes the peer educator, and the previous peer educator becomes the listener).

Once this has finished show the slide and if necessary, have a further group discussion about the scenarios and opening lines.

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# Topic 7: How can you become a good peer educator?

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## Learning Outcomes

To identify the key attributes of good peer educators

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## Facilitator Notes

Show slide 16: How can you become a successful peer educator?

### The roles of peer educators:

The facilitator should show the slide and discuss the various 'roles' that peer educators play, including:

- **educator** (teacher):
    - providing information about hep C testing and treatment;
    - correcting mistakes or mis-information that may be out there (e.g. you can only get treated once).
  - **friend** (mate):
    - encouraging and helping others to come forward for testing and treatment;
    - listening to others describing their challenges.
  - **activist** (battler or stirrer):
    - creating supportive groups;
    - standing-up for change.
  - **role model** (champion):
    - 'practice what you preach';
    - sharing your story.
  - **team player**:
    - supporting others;
    - contributing ideas and suggestions.
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# Topic 8: What supervision and support is provided for peer educators?

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## Learning Outcomes

To understand the support available to peer educators

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### Facilitator Notes

#### Show slide 17: What supervision and support is provided for peer educators?

The facilitator should show the slide and describe how the skilled HepPEd educators (who are running this peer education program) will:

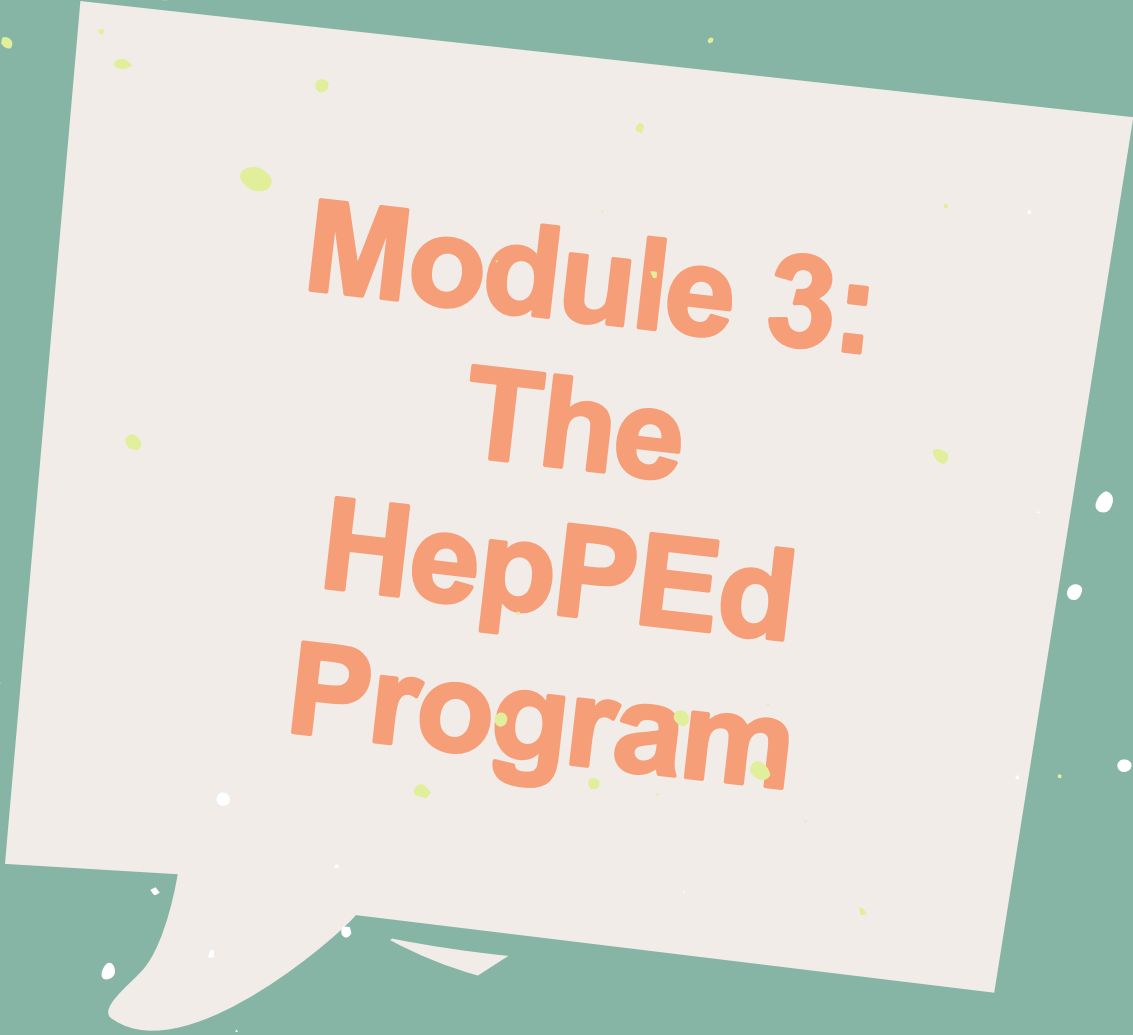
- 'sit-in' on a peer education activity when the program is just getting started
  - run a de-briefing session with the individual peer educators for support and troubleshooting within the first few weeks
  - be available in a regular peer educators group session for information and advice
- 

### Facilitator Notes

#### Post-session evaluation

*Post-session evaluation forms should be distributed and completed. These forms can be found at Appendix 4.*

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**Module 3:  
The  
HepPEd  
Program**

## Session Overview

<b>Title</b>	Module 3: The HepPEd Program
<b>Format</b>	PowerPoint presentation and activities
<b>Length</b>	60 minutes
<b>Level</b>	Basic
<b>Participants</b>	<ul style="list-style-type: none"><li>• All participants are peers from within the prison setting</li><li>• All participants should be able to speak and read English to a Year 10 standard</li></ul>
<b>Materials</b>	<ul style="list-style-type: none"><li>• Peer educator guide</li><li>• PowerPoint presentation</li><li>• Computer and data projector (if available)</li><li>• Pencils/pens</li><li>• Notepads</li><li>• Flipchart/butchers paper for recording responses to activity questions</li><li>• Post-session survey (Appendix 5)</li></ul>
<b>Learning objectives</b>	<ul style="list-style-type: none"><li>• Demonstrate an understanding of the learning objectives of the prisoner peer-to-peer education program</li><li>• Demonstrate familiarity with the HepPEd educational resources</li><li>• Demonstrate capacity to act as a peer educator</li></ul>

## Session Structure

**Time** 10 minutes

**Module topics**

- Overview of the HepPEd Program
- Learning objectives of the HepPEd prisoner program
- HepPEd prisoner resources
- Peer education practice activities:
  - working out your style
  - working out your settings
  - working out your messages
  - facing tough questions

## Session Preparation for The Facilitator

**Before the session remember to**

- Bring copies of the HepPEd resources and ensure facilities are available to view the videos
- Print and bring copies of:
  - Post-session evaluation form at Appendix 5
  - Module slides (hard copies for participants)
  - Any other educational material you want to provide
  - This peer educator guide

*(Think about bringing more copies than you need)*
- Bring pencils/pens and notepads so that participants can take notes and complete surveys.
- Download any extra material that you want to show, such as graphs of the contribution made in the prisons to national elimination, recognising that internet access in custodial facilities may be limited.

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# Topic 1: Introduction to HepPEd

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## Learning Outcome

Participants familiarised with the HepPEd program, this module, and topics

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## Peer Educator Notes

### Show slides 1-4: A revision activity & Module 3 Overview

#### Overview:

- Module 3 focuses on the HepPEd program, an education program designed for prison settings.
  - The program aims to educate everyone in the prison about hep C testing, treatment, and prevention.
  - This module will familiarise peer educators with the key topics of the HepPEd program.
  - The participants will also learn about the available resources in the program and get the opportunity to develop their own styles.
- 

## Facilitator Notes

### Housekeeping

- *Make a note of the attendance*
  - *Set the rules for the group*
  - *Indicate how long will the session run*
  - *Ensure confidentiality – everything said should be confidential and not repeated outside the group.*
  - *Ask participants to re-introduce themselves.*
- 

## Facilitator Notes

### Revision activity from Module 2

- *Briefly revisit the key messages from Module 2 regarding peer education and peer educators.*
  - *Encourage each participant to ‘call out’ one thing they remember.*
  - *The ‘call-out’ activity will be followed by the ‘True or False’ quiz.*
-

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**The key take home messages were:**

- Peer education makes use of peer influence in a positive way.
  - Good peer educators are respectful, energetic, non-judgemental, and motivated.
  - Peer educators provide information about hep C and encourage those around them to get tested and treated for the virus.
  - Peer education is 'opportunistic', which can take place wherever and whenever the opportunity arises.
  - Be careful not to disclose any private or confidential information.
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## Topic 2: What is HepPEd program?

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**Learning Outcomes**

**To become familiar with the overall HepPEd program and its objectives**

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**Facilitator Notes**

**Show slide 5: What is HepPEd program?**

**The HepPEd program:**

- The HepPEd program is a prison-specific education program - that is, it was designed specifically for the prison sector (and not borrowed from another setting).
- The HepPEd program is 'whole-of-prison' – that is, it includes all three target audience groups:
  - prisoners, correctional officers, and healthcare workers

**What is the HepPEd program trying to do?**

- The HepPEd program aims to educate everyone in the prison about hep C testing, treatment, and prevention.
-

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### The aims of HepPEd:

- improve **knowledge** (get everyone in the know)
  - change **attitudes** (reduce stigma and encourage positive attitudes towards prisoners being tested and treated)
  - increase **capabilities** (practical support for hep C testing & treatment of prisoners)
- 

## Topic 3: What are the key messages in the HepPEd prisoner program?

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### Learning Outcomes

To become familiar with the HepPEd prisoner program and its messages

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### Facilitator Notes

#### Show Slide 6: The HepPEd prisoner program – messages

#### The key message:

The overall message of the HepPEd prisoner program:

- Let's talk about hep C: test, treat, cure, prevent - it's simple

#### Key topics:

- The key topics of the HepPEd prisoner program are:
    - How simple hep C testing is
    - How simple hep C treatment is
    - How to prevent getting infected with hep C
    - How looking after hep C improves personal well being
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# Topic 4: What educational resources are available in the HepPEd prisoner program?

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## Learning Outcomes

To become familiar with the resources in HepPEd prisoner program

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## Facilitator Notes

**Show slides 7-14: The HepPEd prisoner program – videos, comic books, booklet, and posters**

*Spend approximately 15-20 minutes making sure that the participants become familiar with the resources in the HepPEd prisoner program and the key messages being portrayed.*

- Ensure that each person has a copy of the comic books, booklet, and posters and is able to see the video being played.
- After each resource has been shown, ask members of the group to suggest one thing they liked about the messaging.
- After each resource has been discussed in this way ensure that each of the learning points in each resource is discussed – linked to something said in the videos, a speech bubble, or some text.
- By the end of the discussion, each person should feel confident about the messages being portrayed in each segment of the resources and be able to respond to questions which may be posed to them by their prisoner peers.

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## Facilitator Notes

Additional notes on utilising the information booklet:

- The information booklet contains essential information on hep C transmission, testing, and treatment. Peer educators should engage in conversations with their peers based on the topics covered in their training sessions, using the booklet as a guide.
  - Before starting the conversation, the peer educator should have the peer complete a pre-knowledge true/false quiz (first page on the inside of the booklet), noting the prisoners identification
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number on the form to evaluate knowledge levels beforehand. The peer educator should not influence the responses.

- After the conversation, the peer should complete a post-knowledge quiz (last page on the inside of the booklet), which along with the pre-knowledge quiz to enable a before-and-after evaluation of knowledge.
- The peer educator should tear these pages out, collect, and save both quizzes and provide them to the facilitator when possible.
- A small gift reward will be provided to prisoners who complete the quizzes by the facilitator.

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## Topic 5: How should peer educators deliver education in the HepPEd prisoner program?

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### Learning Outcomes

To become confident with education delivery in HepPEd prisoner program

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### Facilitator Notes

**Show slides 15-18: The HepPEd prisoner program – practice activities**

This final topic re-utilises approach used in Topic 6 of Module 2.

- *Arrange the group in pairs and ask one to be the peer educator and one the listening peer.*
- *After one round ask the members of each pair to change roles (the listener becomes the peer educator, and the previous peer educator becomes the listener).*
- *This process will be completed for five role playing exercises (10 in total).*
- *Each exercise should last 3 minutes only (30 -35 minutes in total).*

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The exercises should focus on ensuring each person becomes familiar with using the HepPEd resources and the skills in peer education they have learnt to:

**Working out their own style:** *e.g., practising the open line, based on a character or comment in the resources*

**Working out their selected settings:** *e.g., what to say in a scenario whilst exercising in the yard; what to say to a cell mate*

**Working out your messages:** *e.g., “you want to get treated for hep C so you don’t infect your partner on the outside”; “the treatment works well and it’s quick and easy...”*

**Facing tough questions – how to respond to:** *e.g., “it’s a waste of time because everyone gets reinfected in here”; “I don’t want the word to get out that I have hep C...”; “ I am worried that if I come forward for testing the screws, correctional officers will give me a hard time me as a user...”*

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**After the session remember to**

- Make sure peer educators have sufficient copies of the booklet.
- Provide pencils to assist peer educators in facilitating their peers to complete the quizzes (in the booklet) effectively.
- Schedule the next catch-up meeting with peer educators.

# Appendix List

**Appendix 1 – Module 1 – Pre-Session Evaluation Form**

**Appendix 2 – Module 1 – Post-Session Evaluation Form**

**Appendix 3 – Module 2 – Pre-Session Evaluation Form**

**Appendix 4 – Module 2 – Post-Session Evaluation Form**

**Appendix 5 – Module 3 – Post-Session Evaluation Form**

**Appendix 6 – Program – Post Program Evaluation Form**

**Appendix 7 – The do's and don't's for the educator / facilitator**

**Appendix 8 – Getting your questions ready (handout)**

**Appendix 9 – Additional materials**

## Appendix 1 – Module 1: Pre-Session Evaluation Form

Welcome to the HepPEd Program peer educator training session #1! Please complete this pre-session evaluation form by selecting the single best answer for each of the following questions:

### 1. How is hep C mainly spread?

- A) Sharing injecting equipment
- B) Shaking hands
- C) Eating contaminated food

### 2. What is one of the main jobs of the liver?

- A) Removing toxins
- B) Pumping blood
- C) Removing salts from your blood

### 3. Which one of the test results indicate a current hep C infection?

- A) Positive for antibodies, negative for RNA
- B) Negative for antibodies and RNA
- C) Positive for antibodies and RNA

### 4. Generally, how long are the treatments for hep C?

- A) 1-4 weeks
- B) 8-12 weeks
- C) 16-24 weeks

### 5. Can hep C be cured?

- A) No, it's a lifelong condition
- B) Yes, with proper treatment
- C) Only if it's caught very early

## Appendix 2 – Module 1: Post-Session Evaluation Form

Well done! You have made it to the end of the HepPEd Program peer educator training session #1. Please complete this post-session evaluation form by selecting the best answer for the following questions:

### 1. How is hep C mainly spread?

- A) Sharing injecting equipment
- B) Shaking hands
- C) Eating contaminated food

### 2. What is one of the main jobs of the liver?

- A) Removing toxins
- B) Pumping blood
- C) Removing salts from your blood

### 3. Which one of the test results indicate a current hep C infection?

- A) Positive for antibodies, negative for RNA
- B) Negative for antibodies and RNA
- C) Positive for antibodies and RNA

### 4. Generally, how long are the treatments for hep C?

- A) 1-4 weeks
- B) 8-12 weeks
- C) 16-24 weeks

### 5. Can hep C be cured?

- A) No, it's a lifelong condition
- B) Yes, with proper treatment
- C) Only if it's caught very early

## Appendix 3 – Module 2 – Pre-Session Evaluation Form

Welcome back! This is the HepPEd Program peer educator training session #2. Please complete this pre-session evaluation form by selecting the single best answer for each of the following questions:

### 1. What is a peer?

- A) Someone who is in the same social group as you
- B) Someone who is a person of authority
- C) Someone who is a family member

### 2. Which of the following best describes the roles that a peer educator should play?

- A) An educator who provides information, a whistleblower who reports misconduct, and a role model who encourages behaviour changes
- B) A mate who listens, an expert who knows everything about hep C, and a boss who tells other what to do.
- C) A mate who listens, an educator who provides information, and a role model who shares their lived experience

### 3. Where can peer education happen in the prison?

- A) Only in the cell
- B) Anywhere, like in the wings or in the yard
- C) Only in the health clinic

### 4. How should peer education happen?

- A) Only in the cell when no one else can hear the conversation
- B) One-on-one or in a small group where people get a chance to speak
- C) Only when a healthcare provider is present

### 5. What should you do if someone you're trying to engage doesn't understand what you're saying?

- A) Give up and leave
- B) Tell them they're not paying attention
- C) Find simpler words, explain again, and ask if they have questions

## Appendix 4 – Module 2: Post-Session Evaluation Form

Well done! You have made it to the end of the HepPEd Program peer educator training session #2. Please complete this post-session evaluation form by selecting the best answer for the following questions:

### 1. What is a peer?

- A) Someone who is in the same social group as you
- B) Someone who is a person of authority
- C) Someone who is a family member

### 2. Which of the following best describes the roles that a peer educator should play?

- A) An educator who provides information, a whistleblower who reports misconduct, and a role model who encourages behaviour changes
- B) A mate who listens, an expert who knows everything about hep C, and a boss who tells other what to do.
- C) A mate who listens, an educator who provides information, and a role model who shares their lived experience

### 3. Where can peer education happen in the prison?

- A) Only in the cell
- B) Anywhere, like in the wings or in the yard
- C) Only in the health clinic

### 4. How should peer education happen?

- A) Only in the cell when no one else can hear the conversation
- B) One-on-one or in a small group where people get a chance to speak
- C) Only when a healthcare provider is present

### 5. What should you do if someone you're trying to engage doesn't understand what you're saying?

- A) Give up and leave
- B) Tell them they're not paying attention
- C) Find simpler words, explain again, and ask if they have questions

## Appendix 5 – Module 3: Post-Session Evaluation Form

Well done! You have made it to the end of the HepPEd Program peer educator training session #3. Please complete this post-session evaluation form by selecting the best answer for the following questions:

### 1. What is the overall goal of the HepPEd Program?

- A) To raise awareness about liver health
- B) To get everyone in the prison on board with hep C testing, treatment, and prevention for prisoners
- C) To tell prisoners about new hep C treatments

### 2. How should the HepPEd Program be delivered?

- A) Opportunistically (anytime and anywhere) via conversations
- B) Only during classroom sessions
- C) Only in the health clinic

### 3. Which of the following is a key message of the HepPEd Program for prisoners?

- A) Hep C education is only important for those who inject drugs
- B) Hep C treatment is tablets only but they may make you feel sick
- C) Everyone in prison should get tested and treated for hep C, it's simple

### 4. What resources make up the HepPEd Program?

- A) Various multimedia and multi-modal resources and conversations
- B) Conversations only, no resources
- C) Posters and booklets only

### 5. Who should participate in the HepPEd Program?

- A) Prisoners only
- B) Nurses and correctional officers
- C) Everyone in the prison, that is – all prisoners, correctional officers, and healthcare providers



## Appendix 6 – Post-Program Evaluation Form

Well done! You have made it to the end of the HepPEd Program peer educator training. Please complete this post-program evaluation form by selecting your response to each of the following questions:

### 1. How engaging did you find the content of the Training Program?

- A) Not at all engaging
- B) Generally not engaging
- C) Neither engaging t nor not engaging
- D) Engaging
- E) Very engaging

### 2. How confident are you about your hep C knowledge after the Training Program?

- A) Not at all confident
- B) Generally not confident
- C) Neither confident nor not confident
- D) Confident
- E) Very confident

### 3. How confident do you feel about delivering the various elements of the HepPEd Program to your peers?

- A) Not at all confident
- B) Generally not confident
- C) Neither confident nor not confident
- D) Confident
- E) Very confident

### 4. How satisfied were you with the amount of content in the Training Program?

- A) Not enough, I would have liked more information
- B) Slightly not enough, I would have preferred more information
- C) Adequate, the amount of information was just right
- D) Slightly too much, I would have preferred less information

**Prisoner ID:**

E) Too much, there was more information than I needed

**5. How effective did you find the delivery of the Training Program, including the facilitators ability to convey information and conduct the activities?**

- A) Not at all effective
- B) Generally not effective
- C) Neither effective nor not effective
- D) Effective
- E) Very effective

**6. Do you have any other feedback you would like to share?**

- 1.
- 2.
- 3.
- 4.
- 5.

## **Appendix 7 – The do's and don'ts for the educator / facilitator**

### **Do's**

1. Be flexible. The schedule may have to change due to the usual vagaries of the correctional setting (e.g lockdowns).
2. Use different teaching methods to enhance participation and retain interest.
3. Ensure all teaching materials like handouts, charts etc. are available.
4. Respect participants' local knowledge.
5. Encourage participants to make contributions.
6. After the training, ensure that a follow-up plan is developed.
7. Remember, this is a participatory workshop and your role is to FACILITATE!

### **Don'ts**

1. Let any one person dominate the discussion.
2. Speak more than the participants – let the participants brainstorm and discuss.
3. Allow distractions like too much chatting between participants.
4. Make the training a boring experience – intersperse the sessions with energizers.
5. Read out from the PowerPoint presentations – prepare yourself well and use the presentation slides as cue cards to elaborate on the relevant points.

## **Appendix 8 – Getting your questions ready for the nurse or doctor: A handout for prisoners**

If you decide to get tested or treated for hep C, the following questions can help make sure that you fully understand what is involved and how you can give yourself the best chance of your treatment being successful.

Take these questions along to your appointment with the nurse or doctor and work through the relevant questions. There is space at the bottom for any other questions that you might think of.

### **Questions to ask before treatment:**

- Can I take over the counter medications or herbal remedies while I am taking my hep C treatment medications?
- I also have hepatitis B - how can I manage my hepatitis B while on hep C treatment?
- If I have side effects how and who will help me manage these?
- Do I have to stop using?
- Do I have to see a specialist?
- Do I need to do anything to prepare for treatment, or to make it work better?
- Is there anything I should tell my nurse/doctor about before starting treatment?

### **Questions to ask during treatment:**

- Who can I talk to for help while on treatment?
- Does it really matter if I take my medication at the same time every day?
- Do I need to take it with food?

### **Questions to ask after treatment:**

- When will I know that treatment has worked or not?
- My treatment has cured me of hep C, do I need to monitor my liver anymore?
- I didn't do my final blood tests after completing treatment, what do I do now?
- What are my future options if this treatment fails?

### **Other questions:**

- 1.
- 2.
- 3.
- 4.
- 5.

## Appendix 9 – Additional materials for the educator / facilitator

- It may be useful to share some data on how many people are living with chronic hep C in the prisons in the state/territory where the session is being run.
  - The last *National Prison Entrants Bloodborne Virus and Risk Behaviour Report* which has data from 2015 is available here:  
[\[https://kirby.unsw.edu.au/report/national-prison-entrants-bloodborne-virus-and-risk-behaviour-survey-report-2004-2007-2010-2103-2016.pdf\]](https://kirby.unsw.edu.au/report/national-prison-entrants-bloodborne-virus-and-risk-behaviour-survey-report-2004-2007-2010-2103-2016.pdf)
  - The last *Australia’s progress towards hep C elimination – Annual Report 2020* is available here:  
[\[https://kirby.unsw.edu.au/sites/default/files/kirby/report/Australias\\_progress\\_towards\\_hepatitis\\_C\\_elimination–Annual\\_Report\\_2020.pdf\]](https://kirby.unsw.edu.au/sites/default/files/kirby/report/Australias_progress_towards_hepatitis_C_elimination–Annual_Report_2020.pdf)
  
- Hepatitis services in the prison are located at:

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