Peer education for Hepatitis C prevention

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Peer Education for Hepatitis C Prevention

ABSTRACT
The purpose of this article is to describe a model of education about hepatitis C virus prevention tested in a county correctional facility. The Teach One Method and Relational Communication models inform this work. Using a one-group pretest–posttest prospective design our aims were to (1) convey education about prevention, protection, and safety; (2) provide this information through relationship-centered communication; (3) test the reliability and validity of the instruments; and (4) measure changes in behavior, knowledge, and relationship in the learner. A convenience sample of 25 men was recruited at a Massachusetts county jail. Subscale reliability was 0.78 and 0.79 for the relationship and behavior subscales, respectively. Knowledge questions were evaluated using face and content validity by teachers before and during this study. All subscale mean scores improved in the posttest condition. The level of significance of the calculated t value for the behavior subscale was 0.16. The level of significance for the relationship t value was nonsignificant at 0.65. Knowledge, behavior, and relationship scores improved after the intervention. Recommendations include retesting study instruments on a larger sample and using a control group.

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Hampshire Sheriff’s Office have developed creative programs to fill this gap, including harm reduction and communicable disease prevention education and teaching materials. Our project is based in part on the previous successes seen in the National Institutes of Health (NIH) Hepatitis C Consensus Statement (NIH, 2002). The authors concluded that needle exchange programs and comprehensive risk-modifying educational programs that have been successful in preventing HIV transmission might be useful in decreasing HCV transmission.

Among the innovative approaches that have been successful are creative multimodality programs (e.g., using cognitive and behavioral enhancements). Unlike existing curricula that tend to be offered in a solitary modality (such as printed information) rather than through a relationship with another person, our service-learning program brings education to the inmates that will provide ongoing learning and reinforcement using relationship-based communication.

**Theoretical Framework**

Two theoretical perspectives underpin this project: (1) The Each One Teach One (EOTO) method and (2) Relational Communication. The EOTO program has been used since its inception in the 1930s. It was started with the assistance of universities and colleges as a part of using community resources and support for adult literacy; however, volunteer tutors from any sector of the literate population are fully capable of utilizing this approach (Uppal, 1996). Theoretically, each “student” has the opportunity to become a “teacher.” This method uses a relationship-based strategy in which learners know and trust their teacher and perceive him or her to be an authority on the subject matter through life experience (Laubach & Laubach, 1960).

Peer-led models have been used widely for reading literacy (Moore, 1972; National Council of Teachers of English, 1986) as well as health education messages (Mail & Taylor, 1996) spanning childhood to adult age groups. For example, adult peer-led HCV counseling and testing has been used with some success in Australia as part of its National Hepatitis C Health Initiative (Aiken, Kerger, & Crofts, 2002). Abstinence groups such as Alcoholics Anonymous and Narcotics Anonymous support members to stay substance-free through personal group meetings utilizing Twelve Steps. Hepatitis C support groups rely on face-to-face group education and support. To date, there has been no data to demonstrate these groups’ effectiveness in decreasing HCV transmission.

As indicated above, Laubach and Laubach (1960) used terms such as “trust” and “equality” to explain why EOTO is effective. Although they did not frame this explanation as relational, these terms may refer to characteristics of interpersonal relationships, such as teacher honesty, sincerity, and knowledge, as well as sharing commonalities and similarities with the learner. The positive interpersonal relationship between teacher and learner is what accounts for the positive outcomes of the EOTO approach.

An interpersonal relationship is the connection or linkage between two people. Relational communication theorist Judee Burgoon (Burgoon & Hale, 1984) has posited that all interpersonal relationships vary along the same dimensions, such as trust, similarity, and competence/knowledge. Furthermore, these dimensions are independent of one another. For example, one person might trust another but might not feel similar to him/her or think that he/she is knowledgeable about hepatitis C. Or, a person might think that another is knowledgeable but not particularly trustworthy or similar. Subsequent research has provided support for Burgoon’s framework in disciplines other than communication including nursing (e.g., Gilbert, 1998), medicine (e.g., Gallagher, Hartung, & Gregory, 2001), theology (e.g., Baesler, 2002), and management (e.g., Walther, 1995). Burgoon’s framework was used as an element of evaluation in the proposed project.

**Methods**

Using a one-group pretest–posttest prospective design, our aims were to convey education about prevention, protection, and safety related to HCV infection; provide this information through relationship-centered communication based on mutual support and trust; and evaluate the effectiveness of this type of education intervention by measuring any changes in behavior, knowledge, and relationship scores. Research questions and the study aims are listed in Table 1.

**TABLE 1. Study Aims and Research Questions**

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the reliability and validity of the pretest/posttest questions related to behavior, knowledge, and relationship?</td>
<td>To convey education about prevention, protection, and safety related to hepatitis C virus infection</td>
</tr>
<tr>
<td>Is a community health educator effective in providing peer-led education?</td>
<td>To provide this information through relationship-centered communication based on mutual support and trust</td>
</tr>
<tr>
<td>Is there a difference in the mean scores in behavior, knowledge, and relationship?</td>
<td>To evaluate the effectiveness of this type of education intervention by measuring any changes in behavior, knowledge, and relationship scores</td>
</tr>
</tbody>
</table>
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1. Behavior Questions

Please underline the number that best describes how true the answer is. The number 1 means that the answer you pick is “Very True.” The number 7 means that the answer you pick is “Not Very True.” Choose zero (0) if you do not do that behavior or if the question does not apply to you. Please answer each question.

Example:
I will get a tattoo. 0 1 2 3 4 5 6 7

1. I will use new needles or syringes when I use IV drugs 0 1 2 3 4 5 6 7
2. I will use condoms more often than I have in the past 0 1 2 3 4 5 6 7
3. I will eat more fruits and vegetables every day 0 1 2 3 4 5 6 7
4. I will make sure I drink at least 9–8 ounce glasses of water every day 0 1 2 3 4 5 6 7
5. I will drink less alcohol 0 1 2 3 4 5 6 7
6. I will get vaccinated for hepatitis A and B 0 1 2 3 4 5 6 7

2. Knowledge Questions (True or False)

Underline the correct answer.

Example: I like to eat ice cream. True False
1. Hepatitis C is caused by a virus. True False
2. A vaccination is available for hepatitis C True False
3. All forms of hepatitis can be transmitted by sex. True False
4. The easiest way to get or give hepatitis C is through sharing bloody needles, syringes, and deep cuts True False
5. Once you are infected, it is possible for you to be a chronic carrier of the virus. True False
6. A pregnant woman who is infected with hepatitis B or C can transmit the disease to her unborn child True False

3. Relationship Questions

1. How long have you known your teacher? (underline one or fill in blank)
   One day or less
   One week or less
   One month or less
   One year or less
   Other

Please underline the number that best describes how much you disagree or agree with the statements listed below. The number 1 means that you “strongly disagree” with the statement. The number 7 means that you “strongly agree” with the statement. But please also use all of the numbers between 1 and 7 to say how much you disagree or agree.

There are no right or wrong answers, only how much you disagree or agree.

2. My teacher was sincere when talking to me. Strongly disagree Strongly agree
   1 2 3 4 5 6 7
3. My teacher and I had little in common. 1 2 3 4 5 6 7
4. My teacher knew what he/she was talking about. 1 2 3 4 5 6 7
5. My teacher seemed honest when communicating with me. 1 2 3 4 5 6 7
6. My teacher made me feel like we were similar. 1 2 3 4 5 6 7
7. My teacher had little knowledge about hepatitis C. 1 2 3 4 5 6 7

FIGURE 1. Pretest/posttest.
Human subjects approval was granted from the University of Massachusetts Office of Compliance. The Hampshire County Sheriff reviewed the proposal according to facility guidelines and approved the project, which was carried out with the oversight of its communicable disease specialist. The program was offered to men already enrolled in a treatment program.

** Instruments**

To meet aim 1, a pretest/posttest was designed on the basis of CDC recommendations for hepatitis C prevention and Burgoon’s relational communication theory. Three major concerns of these individuals include spreading the disease (prevention), maintaining health (protection), and preventing liver damage (safety). The instrument was administered prior to each educational session and at the conclusion of the last class. It is composed of three subscales that measure behavior, knowledge, and relationship. (See Figure 1 for pretest/posttest.)

** Behavior**

Six behavior questions are based on CDC recommendations for eliminating high-risk behavior. Each question attempts to capture the degree to which the learner recognizes an at-risk behavior. Subjects are asked to respond to six statements on a seven-point Likert scale ranging from 1 (not very true) to 7 (very true). 0 is an option for “does not apply to me.” Each question is positively phrased with scores ranging from 0 to 7. A high score represents acknowledgment of a positive behavior.

** Knowledge**

The six knowledge questions are based on the CDC recommendations for prevention of transmission of HCV: prevention, protection, and safety (NIH, 2002). Subjects are asked to respond to six true/false statements about hepatitis C facts. There are four “true” and two “false” answers. One hundred percent correct represents the highest knowledge score.

** Relationship**

The six relationship questions are based on concepts from Burgoon’s (Burgoon & Hale, 1984) theoretical framework. Their validity and reliability have been extensively tested for use with many populations (e.g., Burgoon & Hale, 1987; Gilbert, 1998). The research team has modified the questions for use in this setting. Subjects are asked to respond to six statements on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Scores on the two items that are negatively worded were reversed prior to data analysis, and then the six items were summed to obtain

** TABLE 2. Subjects’ Ethnic/Racial Information**

<table>
<thead>
<tr>
<th>Ethnicity/Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Latino</td>
<td>48</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>0</td>
</tr>
<tr>
<td>American Indian</td>
<td>4</td>
</tr>
<tr>
<td>Black/African</td>
<td>20</td>
</tr>
<tr>
<td>White</td>
<td>32</td>
</tr>
</tbody>
</table>

** TABLE 3. Percentage of Correct Answers on the Pre- and Posttest for Knowledge**

<table>
<thead>
<tr>
<th>Knowledge Score</th>
<th>K1</th>
<th>K2</th>
<th>K3</th>
<th>K4</th>
<th>K5</th>
<th>K6</th>
<th>Total Percentage Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>96</td>
<td>80</td>
<td>52</td>
<td>100</td>
<td>88</td>
<td>84</td>
<td>83.33</td>
</tr>
<tr>
<td>Posttest</td>
<td>100</td>
<td>94</td>
<td>17</td>
<td>100</td>
<td>100</td>
<td>94</td>
<td>84.16</td>
</tr>
</tbody>
</table>

** FIGURE 2. Teaching scripts.**

** FIGURE 3. Formative training evaluation.**
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Curriculum and Teaching Approaches
Class times were approximately 1 hour weekly for 6 weeks and were based on the learner's literacy and comfort level. Teaching was aided by using a manual created for this program by inmates and nursing students. Classes were held in a location determined by the correctional facility. The pretest was administered at the beginning of the first session and the posttest was completed on the day the program concluded. Learning outcomes were assessed by measuring changes in self-reported behavior, knowledge, and relationship. Aim 2 was met by informal feedback from the subjects and the director of communicable diseases. The teacher is an addictions specialist and is known to the facility.

The teacher used adult-learning principles emphasizing respect, patience, and clarity as central teaching principles. The teacher displayed confidence and competence with the material and used standard teaching scripts (Figure 2). Finally, the teacher instilled in the learner a responsibility to continue to disseminate HCV education to others by using their skill and knowledge in relationship with the new learner. One strategy used is teacher modeling, which is the process of building a trusting and respectful relationship, and using dialogue as key components of teaching. The teacher referred to the formative teacher evaluation tool (Figure 3) to keep on task and make any necessary changes between classes.

Setting and Sample Size
Twenty-five men incarcerated at a Massachusetts county jail were recruited by the communicable disease educator for a convenience sample. All men spoke and wrote in English. See Table 2 for ethnic/racial demographic information of subjects, derived from the registration form (Figure 4). All subjects who self-identified as Hispanic/Latino were bilingual English/Spanish. A sign-up sheet method was used to populate five groups of five men (1 hour/week for 6 weeks), and a regular meeting time and location were arranged. Sample size was not based on standardized effect size or power analysis.

Program implementation began on November 1, 2005, and lasted for a little more than one calendar year. The communicable disease coordinator recruited participants and got verbal consent. The community health worker and communicable disease coordinator were responsible for subject recruitment, informed consent, and finding proper meeting spaces throughout the recruitment period.

Data Analysis
Seven subjects did not complete posttests because of premature withdrawal from the program. Instead of eliminating those cases, missing data replacement was

### Table 4. t-Test–Paired Samples Statistics for the Behavior Subscale

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>N</th>
<th>SD</th>
<th>SE Mean</th>
<th>Paired Difference Mean</th>
<th>SD</th>
<th>t</th>
<th>df</th>
<th>p (Two-Tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>4.06</td>
<td>25</td>
<td>1.51</td>
<td>0.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posttest</td>
<td>5.06</td>
<td>25</td>
<td>1.23</td>
<td>0.24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.16</td>
</tr>
</tbody>
</table>

### Table 5. t-Test–Paired Samples Statistic for the Relationship Subscale

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>N</th>
<th>SD</th>
<th>SE Mean</th>
<th>Paired Difference Mean</th>
<th>SD</th>
<th>t</th>
<th>df</th>
<th>p (Two-Tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>5.87</td>
<td>25</td>
<td>1.35</td>
<td>0.27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posttest</td>
<td>6.03</td>
<td>25</td>
<td>0.807</td>
<td>0.16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.651</td>
</tr>
</tbody>
</table>
calculated using SPSS missing value analysis. The research questions formed the basis of the analysis.

**Research Question 1**
What is the reliability and validity of the pretest/posttest questions related to behavior, knowledge, and relationship?

Cronbach $\alpha$ coefficients were computed for two subscales of the pretest/posttest and revealed statistics of .776 for the relationship subscale and .788 for the behavior subscale. Knowledge questions using the true/false format were chosen to easily determine how subjects remembered detailed information about hepatitis C. Questions came from the CDC curriculum and were evaluated using face and content validity by teachers and educators before and during this study.

**Research Question 2**
Is a community health educator effective in providing peer-led education?

The teacher was chosen for his familiarity with the institution, vast experience in substance abuse teaching, and desire to work with this population. He has hepatitis C and is a liver transplant recipient. The relationship subscale items were based on EOTO literacy theory and Burgoon’s relational communication theory and aimed to evaluate the relationship between teacher and learner. At the request of the facility, two questions were removed from the relationship subscale. They focused on the element of similarity between the teacher and the students, one negatively and one positively worded: “My teacher and I had little in common” and “My teacher made me feel like we were similar.” In both cases, it was felt that these questions ran contrary to inmate/staff relationships, so they were eliminated. Question 1 of this subscale meant to determine whether the teacher was known to the students prior to the program.

**Research Question 3**
Is there a difference in the mean scores in knowledge, behavior, and relationship after the educational intervention?

All responses to knowledge questions improved except for Question 3: “All forms of hepatitis can be transmitted by sex,” which was surprising given the same question scored 52% correct in the pretest (Table 3). Student $t$ tests were performed on the relationship and behavior scores. Means and standard deviations for pre- and posttest variables are reported as well as $t$ values and two-tailed significance (Tables 4 and 5). Mean scores for both subscales increased in the posttest condition. The level of significance of the calculated $t$ value for the behavior instrument is nonsignificant at 0.16. The level of significance for the relationship $t$ value is nonsignificant at 0.65.
Acknowledgments

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References


