The Role of Peer Navigators in HIV/HCV Prevention: A Rhode Island Case Study Among Commercial Sex Workers

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HIV Care Continuum, Rhode Island, 2018, Among All Persons Living with HIV (PLWH)

Based on individuals diagnosed with HIV infection through 12/31/2017 and living with HIV on 12/31/2018, and residing in Rhode Island (based on most recent residence).

* Based on HIV surveillance data reported through January 2019. Data are provisional and subject to change.

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HIV/HCV/STD Prevention and Control Framework

1. Reduce new HIV, HCV, and STD infections through primary prevention efforts like public education / awareness, needle exchange, condom distribution, and PrEP.

2. Increase the yield of public health HIV/HCV/STD case finding efforts through targeted community-based rapid testing, RIDOH partner services, and state-supported STD Clinic.

3. Increase access to health care, conduct follow-up on STD cases reports, and increase HIV and HCV cases in medical care through peer navigators and return-to-care.

Reduce transmission through primary prevention, early diagnosis and treatment of HIV/HCV/STDs.
Rhode Island

- **Land Size**: 37 x 47 Miles
- **Nickname**: Ocean State
- **Longest Official State Name**: “Rhode Island and Providence Plantations”
- **Population**: 1.05 Million (#42 nationally)
- **R/E Diversity**: 81% White, 12% Hispanic, 6% Black/African American
- **% Adult Male MSM**: 6% (#1 in USA)
- **Notable U.S. “Firsts”**: Circus, Synagogue, Schoolhouse, State Health Laboratory and drop-in social service agency for male, female, and transgender sex workers.
Project Weber/RENEW
Peer-led harm reduction and recovery services
In the US in 2018:

- Over 70,000 people died of overdose
- Nearly 40,000 were diagnosed with HIV
- 553,000 people were homeless
- 2.3 million people were incarcerated
- An estimated 1 million people engaged in sex work

But to the staff at Project Weber/RENEW, people are not statistics. What matters is the one person who walks in the doors looking for help.
Project Weber/RENEW is a place where:

Overdose survivors prevent overdoses...
HIV positive people work to prevent others from contracting HIV...
Formerly homeless people connect people to housing...
Former sex workers provide tools to help keep sex workers safe and healthy...

Where those who have been invisible, help people know they are not alone.

“The opposite of addiction is not sobriety...it is connection”

-Johann Sari
The mission of Project Weber/RENEW is to provide safe spaces, innovative services, referrals, and advocacy for individuals who engage in, or are at risk to engage in transactional sex. Our services for clients include street outreach and peer to peer connections/counseling, HIV prevention and testing, and overdose prevention. We also strive to improve the level of understanding and acceptance of those engaged in or at risk for transactional sex in the wider society through connecting with other sectors that work with related populations, and through advocacy and education.
Project Weber was founded by Rich Holcomb, a former male sex worker who was diagnosed with HIV in 2007. Rather than causing him to give up on his life, his HIV diagnosis spurred him to begin an outreach and harm reduction organization serving male sex workers, a population he saw as being underserved and at very high risk. He named the organization “Project Weber” in memory of a sex worker named Roy Weber, who was murdered on Christmas Day, 2003. The Project Weber Drop in Center opened in Providence, RI on October 1, 2013 - the only drop in center for this population in the country.

Meanwhile in 2005 in Pawtucket, RI, a project called “Project RENEW” was founded by Colleen Daley Ndoye, utilizing peer outreach workers to reach out to, and provide health and safety services for, female sex workers. The two projects worked alongside each other serving parallel populations, until 2016, when the two programs merged to form “Project Weber/RENEW.” PWR now serves a gender diverse population of sex workers and high risk people.
Who we are

Our clients:
80% have been homeless in the last year
80% have engaged in sex work
95% struggle with substance use disorder
50% are people of color
70% have criminal justice involvement
40% identify as LGBTQ
36% report injection drug use

Our staff:
82% have experienced homelessness
72% have engaged in sex work
82% are in recovery from substance use disorder
55% are people of color, including 50% of the management team
82% have criminal justice histories
40% identify as LGBTQ
How are we funded?

We are funded through a mix of state, federal, and private foundation grants:
- RI Department of Health
  - HIV and Overdose prevention
- City CDBG
- SAMHSA
- Local Foundations
- National Foundations
- Individual donors
Meeting people where they are

Staff meet clients **physically** and **psychologically** where they are:

Each year:
- 10,000 person-hours of street outreach in our **mobile outreach van** in overdose and HIV hot spots
- **Harm reduction** and basic needs services for those who are not ready for recovery,
- **Treatment and recovery support services** for those who want to stop using.

- 45% of staff are trained **Peer Recovery Support Specialists** who provide **recovery coaching** for clients in early recovery.
- 54% are trained **Community Health Workers**.

“You guys are the only ones out here who care. Every time I think nobody cares if I live or die, I see that black van.”

“Maria” client
A safe place

We operate three drop in centers, two in Providence and one in Pawtucket. Safe spaces for sex workers and high risk people to access peer support, risk reduction counseling, and basic needs. The drop in center in Providence serving male sex workers is the only one of its kind in the country specifically serving this population.

Each year the drop in centers are the home base for:
- The distribution of over $40,000 in basic needs (food, clothing, toiletries, transportation assistance, etc)
- Over 200 support groups and 12 step meetings
- Case management and referral services for behavioral health, physical health, housing, job training, among many others
- Over 100 people transported to detox/treatment

“This is the only place I can be myself”
“Sam” client
Beyond: Transgender Outreach Project

Serving transgender and nonbinary sex workers and high risk people, the “Beyond” project provides:
- Street outreach and harm reduction material distribution led by transgender and nonbinary peer outreach workers
- HIV testing, prevention and return to care services
- Peer led support groups
- Educational events and social gatherings
- Case management
- Referrals
- Basic needs
Overdose prevention/harm reduction services

★ **Naloxone** Over 1,500 trainings facilitated annually

★ **Needle Exchange** Over 10,000 clean needles distributed annually

★ **Fentanyl Test Strips** Over 2,000 test strips distributed annually

★ Dozens of community agencies trained annually, including group trainings at recovery houses, social service partners, and legal services
HIV prevention, testing, and return to care

- Access to **safer sex materials**: Each year we stop the spread of STIs and HIV by distributing over 25,000 condoms to populations that need access

- Every year we administer 400 HIV and 300 Hepatitis C tests to high risk populations: Free, Confidential, and without judgment

- **Return to Care assistance** for HIV positive clients who have fallen out of care

Research Partnerships

PWR engages in cutting edge research partnerships around issues affecting our clients. These include:

- Access to PrEP (the daily medication that prevents HIV), with Brown University and Miriam Hospital
- Fentanyl test strip access among people who inject drugs
HIV Peer Navigation Services/Return to Care

• Like all of our services, HIV services are peer-driven: 33% of staff are HIV positive, they identify and overcome barriers to care that traditional providers may miss

• Peer navigation services are client centered and harm reduction focused - meeting clients where they are is a priority
  ○ “I can’t go into treatment because I have no clean clothes”

• Examples:
  ○ Susie’s story
  ○ Harmony’s story

Results:
  - 90% of these very high risk clients are engaged in care
Hep C Navigation project

- In 2018, 20% of those we tested were reactive for HCV
- In the summer of 2018 we began a pilot program providing intensive case management, transportation, and incentives for those who get confirmatory testing for HCV and eventually finish treatment
- Partnering with Miriam Hospital to provide immediate linkage to care and open communication
- In Fall of 2019 we were funded by the RI DOH for the “Hep C Cascade Project” to expand and continue this pilot program
- Targeted population:
  - Those co-infected with HIV and HCV
  - Sex Workers and IDUs
  - Homeless and unstably housed people
A peer led organization means...

Our staff have walked the same streets
Overcome the same barriers
There is no judgment
No stigma
Clients are no longer invisible
They know that there is hope

1997

2018
Commitment to Hiring/Retaining/Promoting Peer Staff

- Hiring, retaining, and promoting peer staff does not happen by accident, it takes intentional cultivation, support, and flexibility.
- You need to decide what is more important, lived experience or technology familiarity, e.g. You cannot always have both.
- Peer staff should be integrated throughout organization, not only used as outreach staff or line staff.
- Recovery-supporting policies need to be put in place regarding relapses, medical/mental health leaves, etc.
Challenges with hiring peer staff

Peer staff bring enormous benefits, value, and critical insight into the needs and challenges of the population served. However there are challenges:

- Setting and maintaining healthy boundaries can be challenging for staff who may have personal history with those they are serving
- Balancing the needs of the organization and the needs of the individual staff
- Mental health and physical health breakdowns/relapses
- Emotionally draining to do the work, and very time intensive to supervise
Our Impact

We reach the highest risk people, providing services on the streets to populations that are INVISIBLE, STIGMATIZED, and VULNERABLE

★ Rhode Island’s overdose rate has fallen in 2017 and 2018, despite rising rates in other states. This reduction has been credited to a myriad of efforts, including PWR’s significant investment in Naloxone distribution and training

★ In 2017 the Hep C positivity rate for those we test was over 20%, in 2018 it was 13%, the highest in the state of all testing partners. Our efforts to reach high risk people are effective, our outreach team has an impeccable reputation in the community.

★ Due to our Needle Exchange partnership with AIDS Care Ocean State, RI's HIV transmission rates amongst IDU remains 3-5%, among the lowest in the country

★ We operate the nation’s only drop in center for male sex workers, serving over 268 high risk men over the past six years.

★ Our Transgender Support Group is the state’s only support group specifically for high risk trans* people, led by peer staff
The role of state/local governments in supporting work with sex workers

- RI Department of Health’s investment in and support of PWR is the reason we exist today
- Invest in capacity building for smaller, grassroots organizations, to help them access your funding - but also other national and local funding
- Take the lead of community based organizations - they know their own communities best!
- Creative funding support (think outside the HIV box)
- Listen to feedback (when things aren’t working, make adjustments)