

# Risk Avoidance Partnership (RAP): Peer Health Advocates as Multi-level Community Change Agents

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## RAP Goal

To train active heroin/cocaine users as Peer/Public Health Advocates (PHAs) to disseminate HIV, hepatitis, TB, and STD prevention information, materials and demonstrations into drug-using networks and high-risk drug use sites

## Methods

- Baseline & 6-month follow-up risk assessments of PHAs and 2-3 PHA network Contact Referrals (CRs); measured risk behaviors, attitudes, networks, exposure to RAP
- Ethnographic observations and interviews :
  - in-office and staff-partnered training sessions
  - daily drug-user activities
  - PHAs, CRs, others on RAP intervention diffusion
- Post intervention cross-sectional, respondent-driven survey of Hartford drug users to assess diffusion of PHA/RAP effect

## RAP Participant Demographics (%)

Total Sample at Baseline:	PHAs (n=112)	Contacts* (n=411)	Total (n=523)
Mean Age (range 18-67)	m39.99	m39.84	m39.87
Male	62.5	77.4	74.2
Female	37.5	21.7	25.0
Transgender	0.0	1.0	0.8
African American	55.4	42.3	45.1
Puerto Rican/other Latino	40.2	46.2	44.9
Non-Hispanic White/Other	4.5	11.4	9.9
Unemployed	78.6	75.1	75.8
Homeless at baseline	48.2	50.0	49.6
Ever diagnosed with STD	45.9	34.5	36.9
Contracted hepatitis C	80.9	74.6	76.2
Contracted HIV	24.0	13.8	16.0
Drug treatment in prior 6 mo.	90.2	85.6	86.6

\* Includes untrained PHAs & all Contact Referrals

## Individual Level

**Theory:** *Social Learning*: knowledge and skills building of desired practices through modeling

**Activity:** *10 Session PHA training curriculum*

- 4 classroom sessions covering:
  - HIV, STD, hepatitis, TB prevention
  - Role play of communication techniques
  - Health promotion and harm reduction advocacy
  - RAP peer-delivered intervention content
- 1-6 additional staff-partnered field sessions conducted in popular sites within the local drug using community
- Post-training staff support for PHAs to continue HIV prevention efforts

## Peer Group Level

**Theory:** *Diffusion of Innovations*: process of adoption/ rejection of innovations through social networks over time

**Activity:** *RAP Peer-delivered Intervention*

- **Education:** PHAs provided information on HIV prevention, harm reduction practices to peers using *RAP Flip-book*
- **Materials:** PHAs distributed harm reduction materials to peers (e.g., crack health kits, bleach kits, condoms)
- **Demonstrations:** PHAs instructed peers on proper use of harm reduction materials and methods
- **Hidden/Hard to Reach Sites:** PHAs delivered interventions to members of their drug using networks and peers found at drug use sites

## Community Level

**Theory:** *Health Promotion*: community empowerment to advocate for and promote community health

**Activity:** *Community Advocacy Group (CAG)*

- Monthly meetings open only to trained PHAs to:
- discuss & organize around community concerns
  - sustain connection to RAP peer/public health advocacy
  - receive additional training on harm reduction techniques
  - re-supply with prevention materials
  - stay connected to the Institute and RAP project staff

## Broader PHA Activities Beyond Training and Outside of RAP

- Presented PHA experiences in public forums
- Provided housing information to community members
- Demonstrated at legislative offices for continuing medical benefits for unemployed
- Volunteered in shelters and clinics
- Worked with youth and pastors in churches and peers in prison

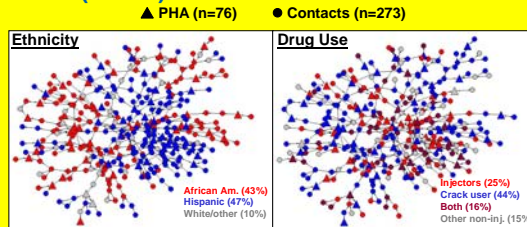
## Individual Level Drug and Sex Risk Reduction in Prior 30 Days: Baseline and 6-month Follow-up (n=367 retained study participants)

	Intake	6-month	(p)
Injected drugs	40.1	27.8	(.000)
Used pre-used needle	22.8	9.8	(.027)
Shared works/water	26.4	18.7	(.138)
Shared drug solution	20.9	12.1	(.232)
Smoked crack	59.4	45.0	(.000)
Used crack pipe rubber tips	23.0	71.1	(.009)
Drug tr. in prior 6 months	32.7	47.7	(.000)
Had multiple sex partners	29.0	21.1	(.000)
Had unprotected sex	35.3	28.3	(.000)
Unprotected sex with primary partner	26.4	23.3	(.000)
Unprotected sex with non-primary partner	12.6	4.5	(.000)
Unprotected sex for drugs/money	12.6	4.5	(.021)
Unprotected sex with IDU	6.5	4.5	(.000)
Unprotected sex w/ Crack U	17.8	10.2	(.000)

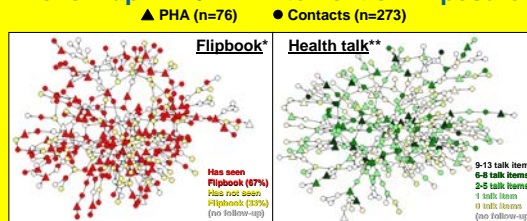
## Constructing the Peer Macro-Network

- **Generate network list of names:** first and last name, who they: use drugs / have sex with, get support from, give / get prevention information/materials
- **Field staff identify / confirm links:** study participants named on network lists of other participants
- **Map the social networks** using UCINET and NETDRAW to show the "macro" network

## Main Connected Network Component (n=346): Baseline Characteristics



## Main Network Component (n=346): Follow-up RAP/PHA Intervention Exposure



\* Manual PHAs used to deliver RAP intervention. Response to the question: "Have you ever seen this book?" (interviewer shows participant Flipbook)

\*\* List of 13 health related items drug users have talked about with other drug users in last 2 weeks, e.g., HIV, STD, TB, hepatitis, prevention, drug treatment, etc.

## PHA Role Change: Peer Perceptions

**Ron:** "I'm being called the condom man and stuff like that. I have people in my building knocking on my door asking for condoms. So I have to tell them to knock at a reasonable time because 12:00, 1:00 at night, knocking on your door for condoms.... During the summer I'd go out on my own because I go to the park anyway, so I just bring my bag and just sit around, play cards.... When they see me with my bag, they automatically know I got condoms in it."

## PHA Role Change: Motivations to Engage in PHA Work

- Desire to do something positive for the community:  
*Rosa:* "I like it cause I get to go out, talk to people. (Laughs) I feel good. I feel like somebody... the guys that are out there, or the girls, and they say, Rosa what I do now? And if I know, I'll tell them. When we put that backpack on, we feel like we're doing a special job. And it's good. I love it."
- Public recognition and praise for PHA work:  
*Robert:* "As far as this program, it's brought me to the forefront, 'cause being involved in this and doing outreach work, it's given me some sense of responsibility. You know when you out there in addiction, it's easy to say, "Oh I'm gonna do this, I'm gonna do that" and then push it to the side. But then when people ask you things and they reaching out and I say things, I try to make it mean something.... I have issues with friends and loved ones that I haven't been responsible. But this program has given me that sense of responsibility and making me look at things and making you look at yourself. So in that aspect, it's a good program."

## Prior 30-day Risk Reduction Resulting from Talking with a PHA from RAP (%)

	PHAs n=98	CRs* n=157	Others* n=112	(p)
Reduced drug use	70.8	54.1	41.7	(.000)
Started rubber tip use	70.4	45.0	33.0	(.000)
<b>IDU risk reduction:</b>				
Reduced syringe sharing	29.4	12.9	14.6	(.013)
Stopped syringe sharing	16.9	6.0	10.7	(.060)
Stopped works sharing	17.4	7.8	7.2	(.064)
Stopped injecting	13.9	4.9	6.7	(.069)
<b>Sexual risk reduction:</b>				
Used condoms	54.0	43.8	37.0	(.064)
Reduced # sex partners	64.5	41.3	39.1	(.001)

\* CRs include participants referred into the study by trained PHAs. Others include untrained PHAs recruited by staff, and contacts referred into the study by untrained PHAs, who appear also to have been contacted by RAP PHAs.

## CONCLUSIONS

- Peer-delivered interventions like RAP increase drug users' exposure to health promotion, effectively support harm reduction, and lead to reduced risk among heroin and cocaine users.
- The RAP PHA training program is highly acceptable to drug users and effectively encourages them to advocate for better health among their peers and in their communities; it also significantly changes their self-perception regarding being able to contribute positively to their community.
- Project findings indicate that PHAs and RAP messages are well received, and reach places and people through PHA networks not open to outreach workers and other providers.