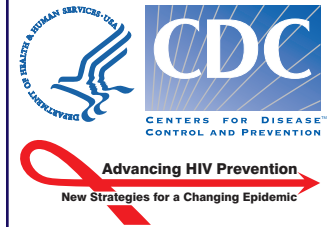


# Demonstration Projects for Community-Based Organizations (CBOs): Using Social Network Strategies for Reaching Persons at High Risk for HIV Infection in Communities of Color



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## Overview

The Social Networks Demonstration Project meets strategy two of the Advancing HIV Prevention Initiative: creating new models for diagnosing HIV infection outside medical settings. Under this project, CDC funded 9 community-based organizations (CBOs), for a 2-year period, to demonstrate the feasibility of using social network strategies to reach and provide HIV counseling, testing, and referral services to persons at high risk for HIV infection. There are three basic strategies for contacting individual network associates: 1) “recruiter-referral,” in which recruiters personally contact individual network associates and refer or accompany them to HIV counseling, testing, and referral (CTR) (equivalent to client-referral in Partner Counseling and Referral Services); 2) “provider-referral,” in which recruiters name individual network associates and provide locator information so that specially trained outreach workers from the project can contact them for HIV CTR; and 3) “dual-referral,” in which an outreach worker from the project accompanies the recruiter to contact her or his network associates for HIV CTR.

## Goals

The goals of this demonstration project are to:

- demonstrate the feasibility of CBOs using social network strategies to reach persons with, or at high risk for, HIV infection in communities of color.

- demonstrate the feasibility of CBOs using social network strategies to provide HIV CTR to help these persons learn their HIV serostatus.
- demonstrate the feasibility of CBOs using social network strategies to link those persons with positive tests to medical, prevention, and other services.
- demonstrate the feasibility of CBOs using social network strategies to link those persons with negative tests, but high-risk behaviors, to prevention and other services.
- document the project designs implemented at individual sites and the steps required to implement them.
- identify and document factors that facilitated implementing these projects, barriers that impeded implementing them, and steps taken to address the barriers.
- collect information on the resources required to implement the projects.
- make this information available to other governmental or nongovernmental agencies or organizations interested in implementing similar projects.

## AHP Demonstration Projects for CBOs

**Philadelphia, PA, ActionAIDS** will target injection drug users in Philadelphia, especially persons with a history of incarceration and heterosexual women, including partners of injection drug users and women who are HIV

positive and pregnant. Peer recruiters for the Social Networks project will be drawn from the client base of ActionAIDS. ActionAIDS, through its extensive service to communities of color and its established networks, will use a social network intervention to engage persons who are HIV positive to recruit and refer members of their social networks for CTR services by using the recruiter- and dual-referral methods. Counseling and testing will be done by subcontracted providers, using a combination of rapid and routine testing, in field and clinic settings.

**Orlando, FL, Center for Multicultural Wellness and Prevention** will use a peer social network model to reach persons at high risk for HIV infection by using the recruiter- and dual-referral methods. The focus populations for this project are at-risk Haitians, African Americans, Hispanics, and other blacks of African descent, aged 18 years and older, living in the rural and urban parts of Orange, Seminole, and Osceola counties. They will enlist persons who are HIV positive to serve as recruiters through the Center for HIV Education, Empowerment, Research, and Support, whose membership includes self-declared HIV-positive persons and other care agencies. The agency will provide counseling and OraQuick rapid testing services in field and office settings.

**Philadelphia, PA, Congreso de Latinos Unidos** project of the Esfuerzo Program will focus on African-American and Latino men who have sex with men, African-American and Latino heterosexual males and females, and African-American and Latino male and female injection drug users. The participants, aged 18 to 40 years, live in the North Philadelphia geographical area. Persons who are HIV positive will be recruited from the pool of clients within Congreso's HIV Case Management Services. The role of these individuals will be to identify or recruit persons from their social, sexual, or drug-using networks through the recruiter-, provider-, dual-, and venue-referral methods. Congreso will provide counseling and routine testing in field settings or in Congreso's specially modified mobile van.

**San Francisco, CA, Continuum**, through its Tenderloin Neighborhood Testing Project, will enlist a large number of persons who are HIV positive to act as recruiters. This program provides outreach to HIV-positive persons living in the Tenderloin area who are outside the traditional systems of care. The agency will focus on African-American and Latino communities where people engage in unsafe sex practices and needle sharing. Continuum will provide counseling and rapid testing in field settings.

**New York, NY, Latino Commission on AIDS**, through its Project Mujeres y Salud, will use a social network model to identify and engage persons who are HIV positive to recruit, for counseling and testing, individuals within their social network who are at high risk for HIV. Recruiters will be identified through existing programs at the Latino Commission on AIDS (i.e., Adherence and Poder Latino). In addition, collaboration will continue with other CBOs, AIDS service organizations, and service providers who are delivering services to Latina women living with HIV/AIDS. The focus population is HIV-positive Latina women, aged 18 years and older, who may have become infected through sex with a male injection drug user or behaviorally bisexual man. OraQuick rapid testing will be provided in field and clinic settings.

**Boston, MA, Multicultural AIDS Coalition (MAC)** will focus on adult men and women, aged 22 to 45 years, living in the Boston Eligible Metropolitan Area (EMA). Participant groups will include men who have sex with men of color, injection drug users of color, sex partners of these two groups, and sexually active Sub-Saharan Africans, primarily from Uganda, Nigeria, Kenya, Ghana, Cape Verde, Somalia, and Ethiopia. Health systems navigators, who will serve as recruiters, will be identified through MAC's existing programs and the Boston Living Center, a meal and social support organization serving 1,500 HIV-positive persons annually. Social networks will be identified through recruiter-, dual-, or venue-

referral methods. Counseling and testing will be provided in field and clinic settings by using a combination of rapid and routine testing.

**Lafayette, LA, Southwest Louisiana Area Health Education Center's Social Networks for AIDS Prevention (SNAP) Project** will focus on heterosexual African-American men and women who report having unprotected sex with multiple sex partners and on African-American men and women who report using injection drugs with unclean injection equipment and who live in the 13 rural, underserved parishes of southwest Louisiana. Since the agency does not provide care services, project staff will use existing resources and collaborations to recruit those persons who are HIV infected to serve as recruiters. The recruiters will encourage individuals from their social, sexual, and drug-using networks to use counseling, testing, and referral services. These services will be provided in field settings.

**San Francisco, CA, Tenderloin AIDS Resource Center's (TARC's) Access to Testing and Long-term AIDS Services (ATLAS) Project** will screen and train a minimum of 120 eligible peer recruiters, who will then recruit a total of 600 peers ("network associates") from their social networks of African-American men who have sex with men, transgenders, and/or injection drug users who are 35 years of age or older and live in the Tenderloin district of San Francisco. Recruiters will be identified through TARC's current HIV case management client base. Counseling and rapid testing will be provided in TARC's community center.

**Washington, D.C., Whitman-Walker Clinic's** social networking project focuses on heterosexual African-American males and females, African-American and Latino men who have sex with men, sex workers, transgenders, and African-American and Latino(a) injection drug users and their sex partners in the District of Columbia, suburban Maryland, and northern Virginia (Washington, D.C. EMA) who are 16 years of age or older. In

this peer-driven project, HIV-positive persons of color will be enlisted from existing Whitman-Walker Clinic programs to serve as recruiters. They will identify and recruit peers from their social, sexual, and drug-using networks. The agency will provide HIV counseling and testing services to those network associates and link those who are found to be infected, or at high risk for becoming infected, to appropriate prevention, care, and treatment services. Engaging and recruiting network associates into HIV CTR will occur on two levels—through recruiter referral and dual referral. Counseling and rapid testing will be provided in agency and field settings.

### Project Milestones

- Contractors received awards for the Social Networks Demonstration Projects: September 2003
- First contractors' meeting: November 2003
- Final implementation plans due to CDC: December 2003
- Evaluation and monitoring plan, data collection manual, and monitoring plan: January 2004
- Initial site visits: January 2004
- Site-specific monitoring and evaluation plans due to CDC: February 2004
- Training for contractors on use of data collection forms: March 2004
- Project implementation: April 2004

### Data Collection

The CBOs are collecting quantitative, client-level demographics and aggregate data on the recruiters and network associates. Contractors will collect qualitative data from project staff and program participants to obtain feedback about orientation, interviewing, and coaching methods. All project designs, procedures, and protocols and the implementation process will be documented. CBOs will also be required to collect qualitative data detailing lessons learned. Quantitative client-level and aggregate data will be collected for

both rapid and routine testing and for the number of associates who were successfully referred for prevention and care services. Data will be collected on paper forms and then entered into databases, or data may be entered directly into electronic databases.

## Results to Date

Most projects implemented their plans starting the month of July 2004; however, a few began earlier this year. The following table shows the current status of the major activities:

| Organization                                     | #Recruiters | #Tested     | #Positive  |
|--|-------------|-------------|------------|
| ActionAIDS                                       | 55          | 300         | 32         |
| Center for Multicultural Wellness and Prevention | 33          | 271         | 18         |
| Congreso de Latinos Unidos                       | 44          | 791         | 34         |
| Continuum  | 97          | 491         | 16         |
| Latino Commission on AIDS                        | 31          | 201         | 14         |
| Multicultural AIDS Coalition                     | 59          | 503         | 26         |
| SW Louisiana Area Health Education Center        | 8           | 212         | 0          |
| TARC   | 45          | 179         | 15         |
| Whitman-Walker Clinic                            | 55          | 277         | 24         |
| <b>Total</b>                                     | <b>427</b>  | <b>3225</b> | <b>179</b> |

For more information . . .

### Advancing HIV Prevention

[http://www.cdc.gov/hiv/topics/prev\\_prog/AHP](http://www.cdc.gov/hiv/topics/prev_prog/AHP)  
*Resources on the Advancing HIV Prevention initiative*

### CDC National Prevention Information Network (NPIN)

1-800-458-5231

<http://www.cdcpin.org>

*CDC resources, technical assistance, and publications*