# HIV Prevention Outreach & Mobilization

HIV Prevention Section
Bureau of HIV/AIDS

FLORIDA DEPARTMENT OF
HEALTH

Reaching Florida's Communities:

Guidelines for Traditional and Internet-based HIV Prevention Outreach

Prevention Program

FLORIDA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL · BUREAU OF HIV/AIDS

FLORIDA DEPARTMENT OF HEALTH

http://www.preventhivflorida.org/Interventions/Outreach_Guidance_FINAL_01_2012.pdf

# Background

**FL's Traditional & Internet-based Outreach Activities: 2009 Survey Results**

- Respondents represented CBOs and CHDs (N=71)
- Over 95% conduct HIV prevention outreach activities
- Definitions, examples of outreach, and examples of non-outreach activities varied significantly
- More than half (60%) use the Internet for outreach activities
- HIV/AIDS presentations, CTL, and other education were the most common purposes of outreach activities
- The number one use of the Internet was disseminating educational information, followed by program advertising/marketing, recruitment, and Internet outreach

# What is HIV Prevention Outreach?

An HIV prevention intervention designed to meet potential clients in their own communities and in settings where they live, work, and socialize in order to link them to prevention, testing, and treatment services.

## Outreach is NOT:

- Waiting for people to approach you; initial contact should be made by the outreach worker

- Solely distributing materials; there must be some form of interaction, (e.g., brief conversation, safer sex message, questions about community norms/attitudes) between the outreach worker and the individual

# The Role of Outreach in High Impact Prevention

Delivered to populations and communities most heavily impacted by HIV/STDs for the purposes of:

- Recruitment (referrals and linkages) into HIV/STD screening and treatment services; risk reduction/behavioral interventions
- Condom Distribution
- Providing HIV/STD risk reduction messages, education and awareness; awareness of local services/resources available
- Supplementing mobilization activities

# Core Elements of Outreach

- Clearly define target population
- Be conducted where population is, with individuals or groups living with or at risk for HIV and other STDs
- Develop and deliver health messages, materials, referrals to testing and treatment
- Ensure all materials/messages are culturally competent
- Identify appropriate methods to reach target populations
- Include procedures for providing referrals and tracking clients (if applicable)

# Community Assessment

- Important first step in conducting outreach
- Helps identify target populations' needs
- Assessment should be data driven and use information gathered from the community

  - Focus groups, direct observations, interviews, visiting venues during peak hours, epidemiologic data, attitudes and policies of local law enforcement, community forums/town halls, surveys (online/in-person)

- Not something that is done once, but rather ON-GOING; conduct periodic quality assurance activities
- Important to build RAPPORT with community

# Gatekeepers

- Essential to making connections within a community
- Consists of community leaders, local businesses, local personalities, organizations, clergy members, etc.
- Can assist in identifying venues/locations for outreach
- Can help get messages/materials out
- Help to establish rapport in communities
- Important to recognize them in some way to show appreciation

# Cultural Competence

Process where individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, socio-economic, sexual orientations, and other diversity factors in a way that recognizes, affirms, protects, and preserves the dignity of each.

Comprised of four components:

- Awareness of ones' own cultural worldview
- Attitude towards cultural differences
- Knowledge of different cultural practices and worldviews
- Cross-cultural skills

# Culture and Health Literacy

- Receiving and responding to health information (e.g., health literacy)
- Beliefs about the nature of disease and human body
- Subsequent health behaviors, outcomes
- What is considered to be a health problem
- How concerns, symptoms are expressed
- When, what type of treatment to give, by whom?

# Internet Culture

- Online communities similar to offline communities

- Own cultural and linguistic identities (e.g., LOL, :-) , brb, PNP, smh, VGL, WTGP?

- Online outreach workers must understand the culture and language of an online community before engaging in outreach activities

# Skills/Characteristics of Effective Outreach Staff

Basic technical skills:

- Be familiar with target population and area, culturally competent

- Have a working knowledge of HIV/AIDS, STD prevention and treatment

- Be familiar with common language and terminology used

- Be familiar with factors that make the population vulnerable to HIV and/or STDs

# Skills/Characteristics of Effective Outreach Staff

In addition to technical skills, some desirable personal characteristics are:

- Empathy
- Respect
- Genuineness
- Concreteness
- Self-Disclosure

- Immediacy
- Charisma
- Commitment
- Discipline
- Conviction

# Peers and Volunteers

- Can also assist with outreach activities/programs
- Messages may be more impactful coming from peers
- Peers and volunteers should receive same training as all other outreach staff
- Should sign confidentiality agreements if working with confidential information

# Ethics and Safety- DOs

- Always conduct outreach in teams or pairs
- Notify your immediate supervisor of where you are going and what areas you plan to cover.
- Dress "down"; wear comfortable clothes and shoes.
- Carry identification with you at all times; however, be mindful of how you display your identification. Sometimes wearing your badge around your neck makes you look too "official" and some people might hesitate to speak with you.
- Introduce yourself and inform people of what you are doing and why.
- Develop a contingency plan for worst-case scenarios or dangerous situations with your outreach partner and supervisor.
- Maintain confidentiality with all clients you meet.
- Distribute literature that is culturally appropriate.
- Hear people out.
- Be prepared to direct clients to social services.
- Tell clients when you will be back and where you can be reached; provide a hotline or work number.

# Ethics and Safety- DON'Ts

- Do not carry valuables or other personal possessions such as jewelry, large amounts of money, radios, laptops, etc. If carrying incentives, make arrangements to hold these in a secure place.
- Do not be critical of your partner in public while conducting outreach; always present yourselves as a team.
- Do not approach people who are giving "signs" or have said they do not want to be bothered.
- Do not interrupt the sale of sex or drugs for money; leave quietly without drawing attention to yourself or others.
- Do not accept gifts, food, or buy any merchandise from clients.
- Do not accept or hold any type of controlled substance.
- Do not pretend to be someone you are not; be honest about your role as an outreach worker.
- Do not come on too strong, pressure clients to change behavior, and/or accept materials.
- Do not play doctor/clinician and try to diagnose infections, any ailment, or mental health issue.
- Do not make promises that you cannot deliver.

# Build Relationship with Local Police Precincts

*Best Practice*

- Build and establish working relationship with Community Affairs Officer and local precincts in targeted communities

- Relationship should be on-going and informative

- Presentation to precinct should point out the benefits/advantages of conducting outreach in their community and with the target populations

# Traditional Outreach

- Active Street Outreach
- Fixed Site or Venue-based Outreach
- Drop-Off Site Outreach

# Making Contact

Five elements of the encounter:

- Screening

- Engagement

- Assessment

- Service Delivery

- Follow-Up

# Internet-based/Virtual Outreach

- As of 2010, an estimated 79% of ALL American adults (18 yrs.+) go online.
- Broken down: 93% of teens (12-17), 95% of adults (18-33) a.k.a. *Millennials*, 86% of adults (34-45) a.k.a. *GenX*, and 81% of adults (46-55) a.k.a. *Young Boomers* go online.
- Teens (73%) and Millennials (83%) used social networking sites; also more likely to watch videos and send instant messages
- **Searching for health information is now the 3rd most popular online activity for all Internet users (ages 18+)**

# Internet-based/Virtual Outreach

- Websites, social networking sites, dating and niche websites, chat rooms, blogs, forums, e-mail groups, cell phone text messaging, and other virtual communities
- Provide information, education, awareness; refer to HIV/STD screening and treatment services
- Can overcome barriers to traditional interventions; ability to reach larger numbers with less staff
- Similar steps as traditional outreach

# Internet-based/Virtual Outreach

- Important to have agency-level policies regarding Internet outreach, text messaging with agency computers/cell phones
- CBO vs. Health Department
- Make contact with website management
- Appendix C- Internet Outreach Program Checklist (pg. 66- Outreach Guidance)
- Internet/cell phone etiquette

**Details within each Guideline section**

☐ Introduction/Purpose
_____ Statement of purpose, i.e., who, what, when, where, why
_____ Description of chat rooms, instant messaging, list serves, websites, etc. as well as passive vs. active outreach

☐ Personnel intimately involved with the Internet outreach
_____ Number of employees that will conduct Internet outreach
_____ Supervisor
_____ IT employee for guidance and technical support

☐ Description of responsibilities of all involved personnel

☐ Competencies required of personnel conducting Internet outreach
_____ Demonstration of good judgment and performance of responsibilities

☐ Training (some examples/suggestions)
_____ Introduction to STD Intervention (ISTDI)
_____ Information Security Training
_____ Ethics Training
_____ Internet Partner Notification and Referral Services Training
_____ Motivational Interviewing Training

☐ Confidentiality

    ____ Description of how confidentiality will be handled and maintained

    ____ Confidentiality agreement signed by all involved parties including IT and front-desk staff

☐ Standard Operating Procedures for conducting Internet outreach including templates and examples

    ____ Creation of step-by-step procedures on how to conduct Internet outreach including what websites to visit

        ____ creating online profiles

        ____ active vs. passive outreach

        ____ client follow-up

        ____ chat room vs. instant messaging vs. e-mail

    ____ Creation of documentation forms and logs

    ____ Creation of online handles/names

    ____ Creation of referral resources

    ____ FAQ

    ____ Templates of forms, logs, etc.

☐ Adverse Events or Emergencies

    ____ Description of how adverse events or emergencies will be handled

    ____ Who will handle adverse events or emergencies?

# Recruitment, Referrals, and Linkages

- Ask key questions to assess needs
- Maintain up-to-date resource guides for local service agencies
- Collaborate with other agencies to provide clients with additional services (e.g., symbiotic relationship
- Recruitment into HIV testing, treatment services, support groups, behavioral interventions, peer programs, HIV education sessions, STD screening, hepatitis screening and vaccination.

# Condom Distribution

- Logical partner of outreach
- Structural level intervention
- Opportunity to deliver prevention messages, educational materials, and teach condom use efficacy (e.g., pamphlets, resource cards, condom use steps)
- Increases availability/accessibility of condoms; has the potential to change norms about condoms within a community

# Community Barriers

- Stigmas, myths and misconceptions
- Drugs and behaviors
- Politics
- Lack of support
- Lack of trust
- Lack of funds

- The view of distrust that exists in communities in which outreach efforts are performed, makes community relations an indispensable part of outreach work.

# Monitoring & Evaluation

- Activity logs, contact sheets, referral logs, demographics, activity times/locations, staff and client surveys

- Process monitoring, process evaluation, and outcome monitoring

- Quality assurance checks; direct field observations of staff

# CHAT IT IN!

## Best Practices

- Communication may differ from one sub-group to another, even within the same target population

- Consider population's priorities and how to get your prevention message across

- Peer-to-peer TA between agencies to share established best practices

# Best Practices

- Package HIV testing with other health services (e.g., STD screenings, hepatitis vaccines, blood pressure and glucose screening)
- Recruit peers and volunteers that are from your target community; use role models within communities
- Approach AME churches and other faith-based organizations to provide HIV education and awareness black/African American communities
- Using fotonovelas for outreach to Hispanic/Latino communities; use bilingual outreach staff
- Reach women and their friends through Home Outreach Testing (HOT) parties
- Take outreach to migrant/rural sites (e.g., during picking season)
- Using the Internet to reach gay, bisexual and other MSM on websites such as Adam4Adam, ManHunt; deliver prevention education at pride events, gay resorts, LGBTQ organizations
- Recruit the help of a house mother to reach Trans women; tap into Ball Culture
- Attend tribal gatherings to reach American Indian populations

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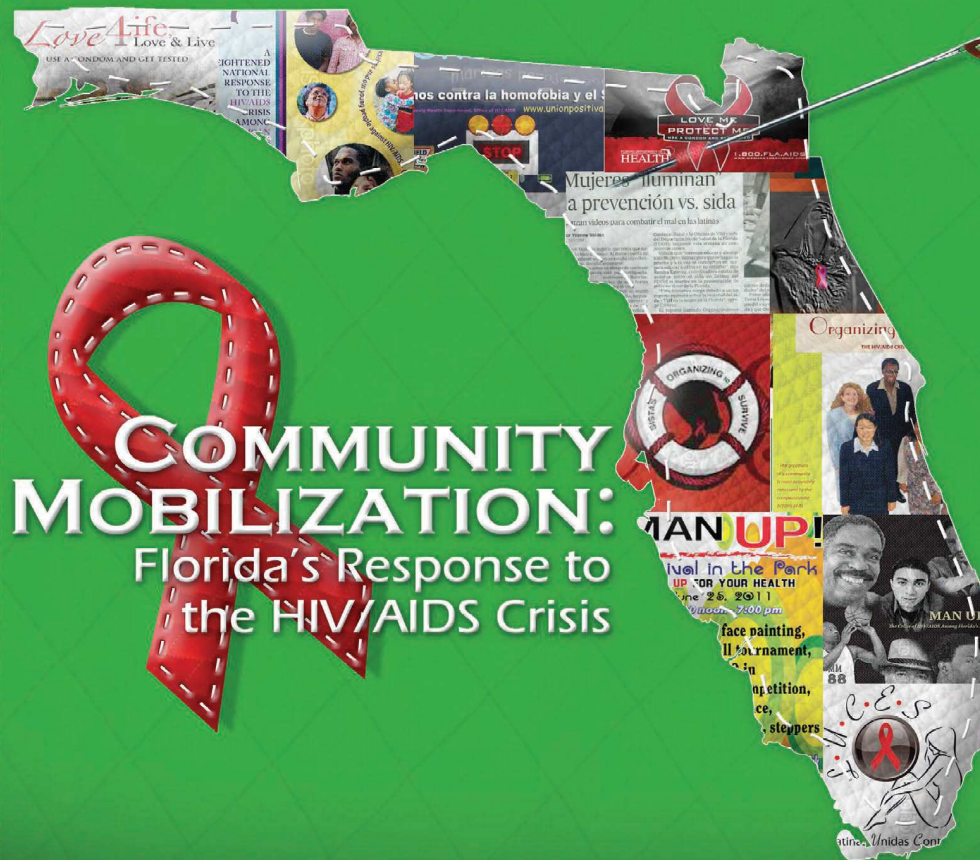
# COMMUNITY MOBILIZATION:
## Florida's Response to the HIV/AIDS Crisis

*"Community mobilization works. If you are able to mobilize a community to accept ownership of a problem, and provide support to the targeted community, good things occur."*

**– Thomas Liberti, Chief of the Bureau of HIV/AIDS**

# The Role of Community Mobilization in High-Impact Prevention

Encourage community mobilization to create environments that support HIV prevention by actively involving community members in efforts to raise HIV awareness, building support for and involvement in HIV prevention efforts, motivating individuals to work to end HIV stigma, and encourage HIV risk reduction among family, friends, and neighbors.

# What is Community Mobilization?

A process of engaging communities to identify community priorities, resources, needs, and solutions in such a way as to promote representative participation, good governance, accountability, and peaceful change.

# Community Mobilization is Not...

- Is not a campaign
- Social mobilization
- Advocacy
- Social marketing
- Participatory Research
- Health Education

**YES** **NO**
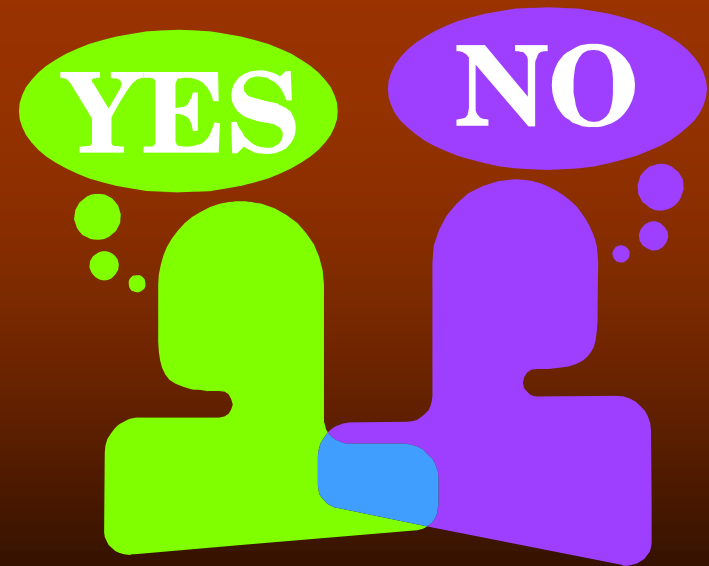
# Working for Change

- Larger than any one person or organization
- Dynamic and adaptive
- Problems and goals are inter-related
- Self-determination
- Involves working together on things that matter

# Questions to Ask Before Mobilizing

- Who will you need to mobilize in the community?

- Where is the community now? What resources does it have? What needs or issues are pressing?

Special Note: Without answers to these questions, community mobilization is likely to involve a lot of activities, but not meet community needs or achieve important results

# A Framework for Working Together for Community Change and Improvement
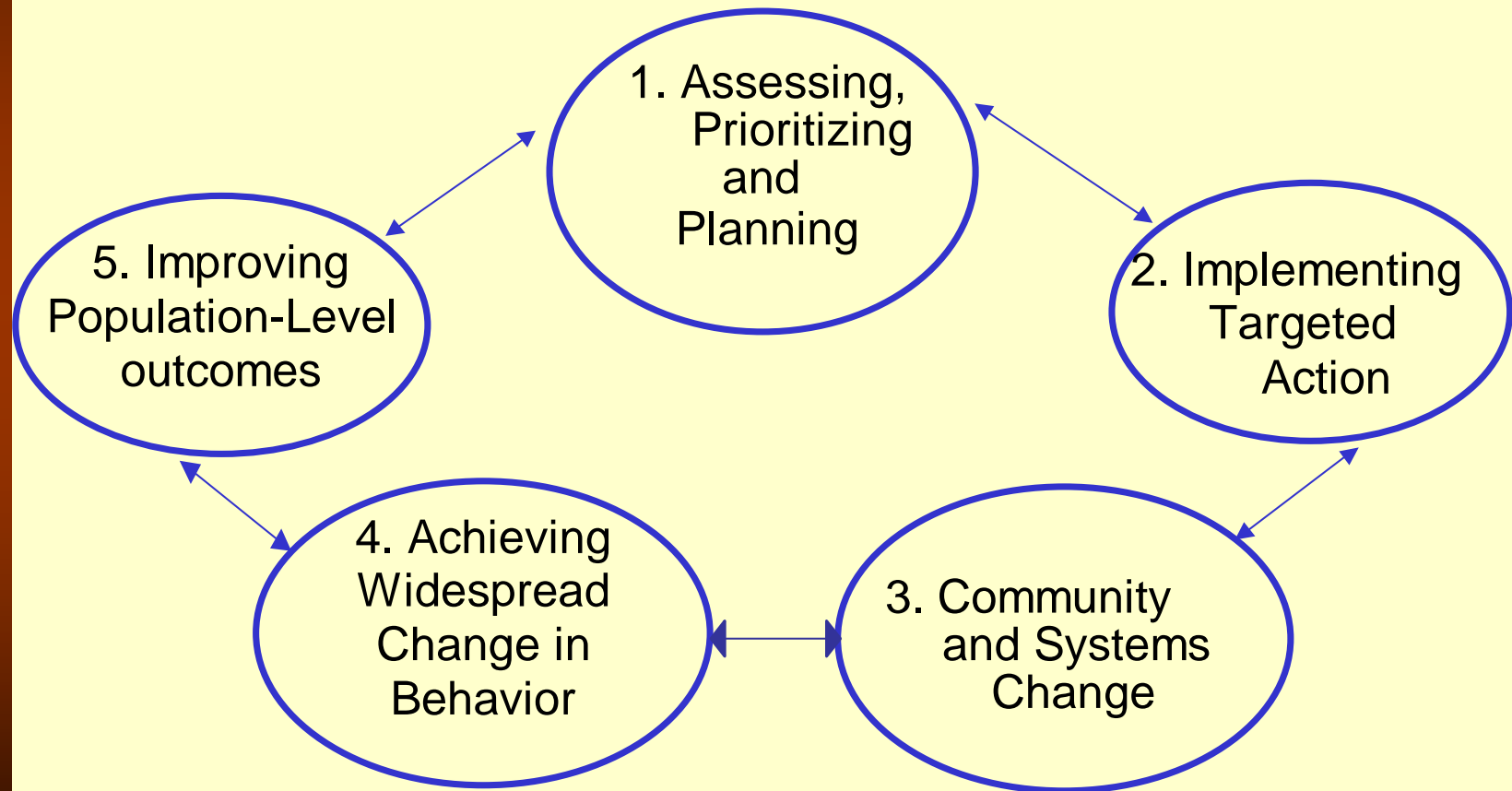
1. Assessing, Prioritizing and Planning

2. Implementing Targeted Action

3. Community and Systems Change

4. Achieving Widespread Change in Behavior

5. Improving Population-Level outcomes

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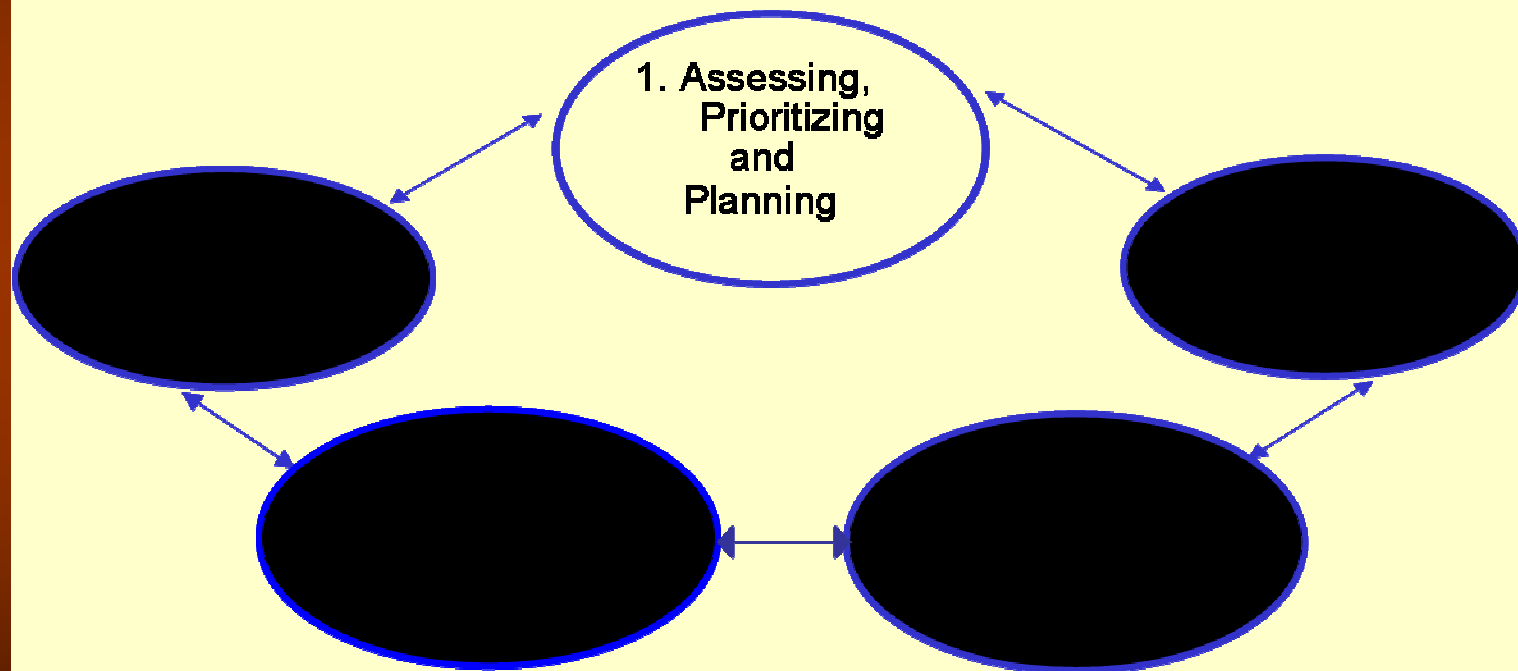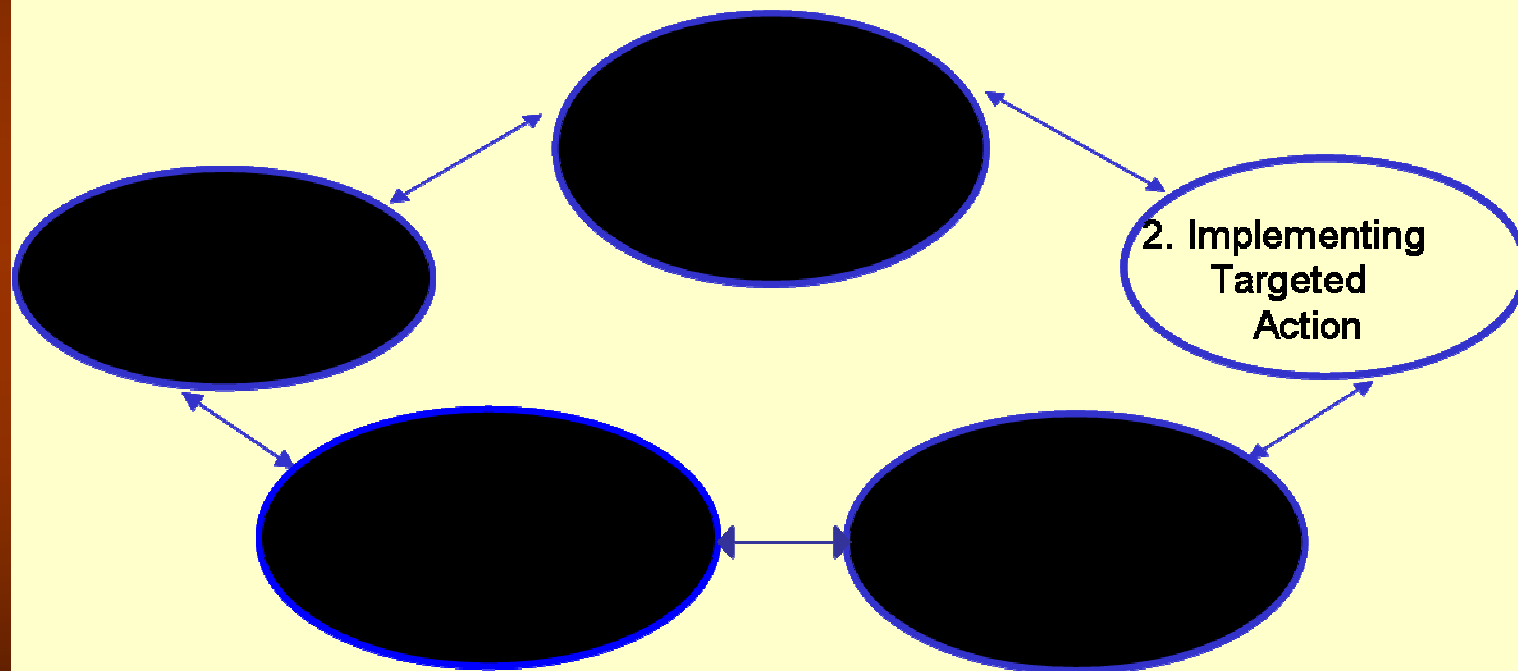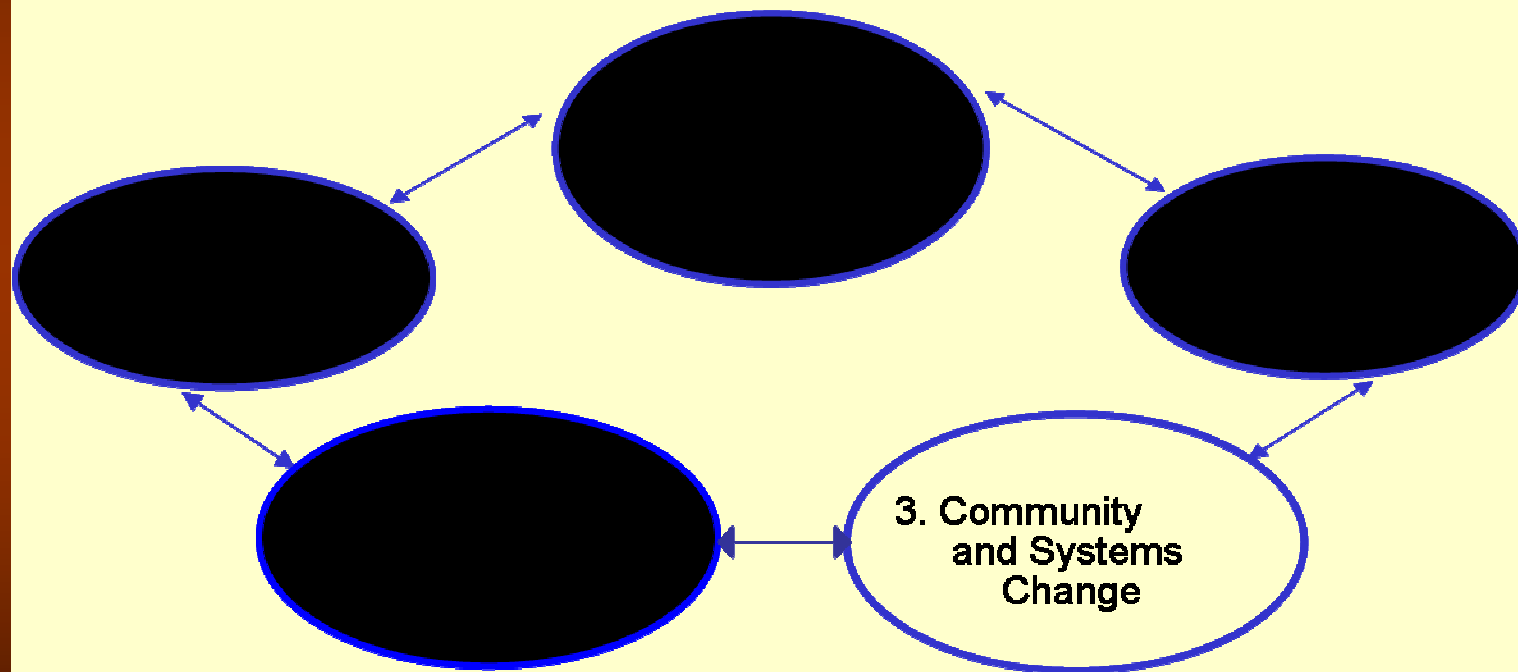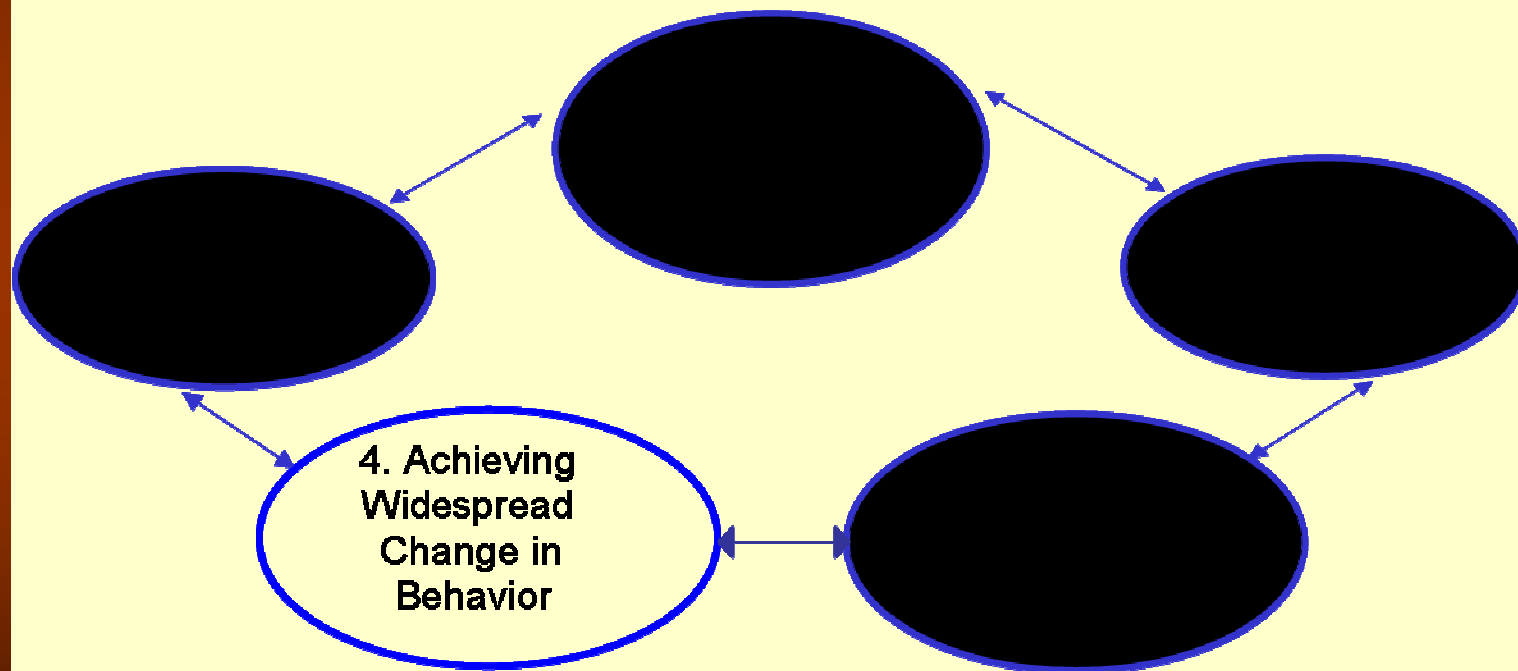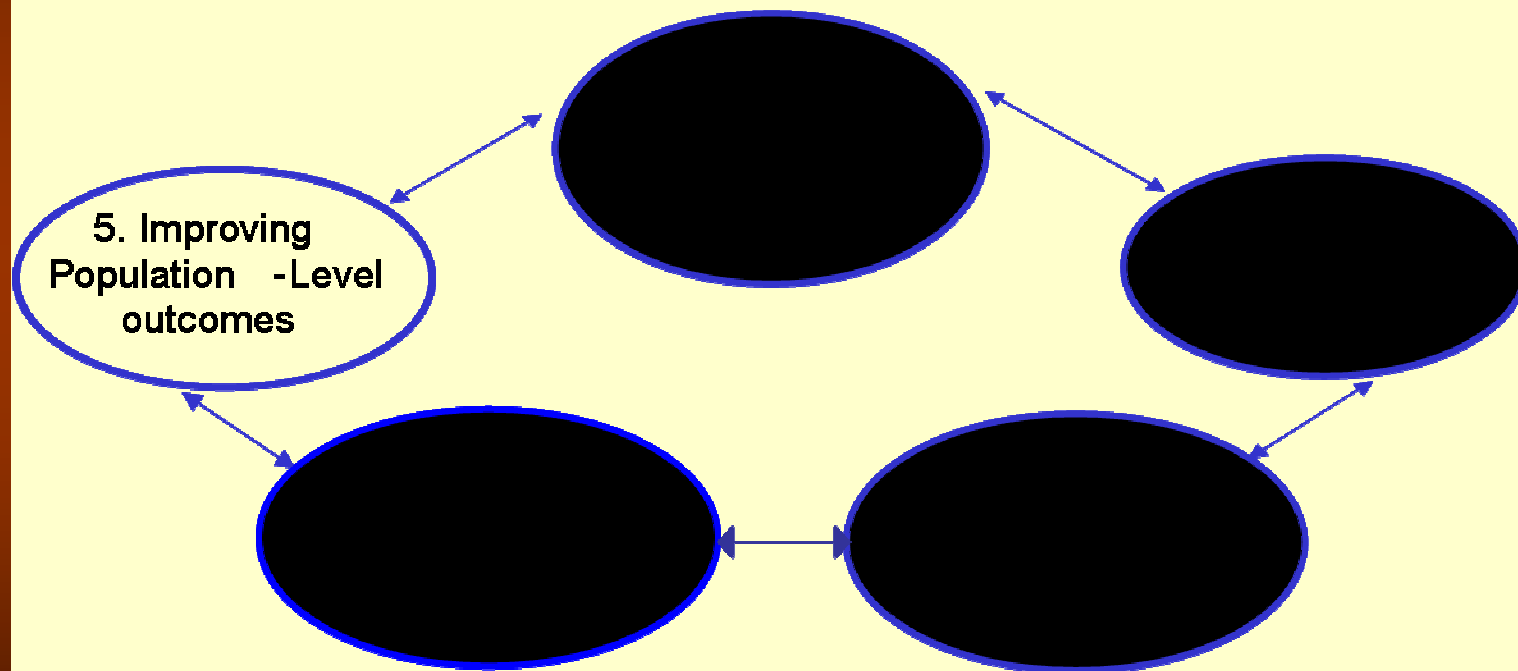
# Successful Mobilization Efforts

Some Factors Affecting Success:

- Clear Vision and Mission

- Action Planning

- Leadership

- Resources for Community Change Agents

- Documentation and Feedback

- Technical Assistance

# Bureau of HIV/AIDS Mobilization Initiatives

- Silence is Death
- Out in the Open
- Organizing to Survive (Sistas Organizing to Survive and L.U.C.E.S)
- Man Up
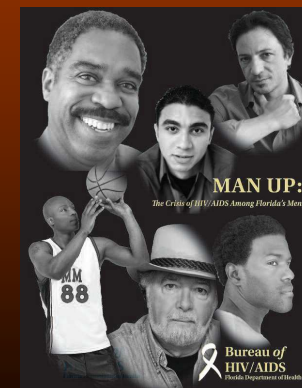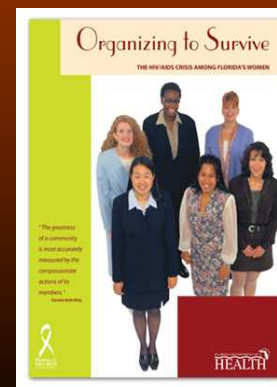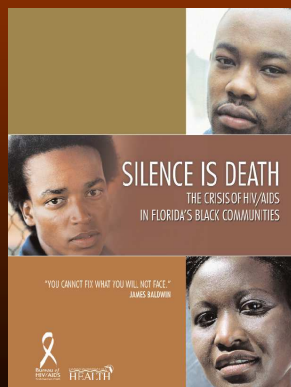
# Bureau of HIV/AIDS Mobilization Initiatives (cont.)

- Business Responds to AIDS
- Faith Initiative

# Technical Assistance

- Community Mobilization Guide
  - Guide was developed based on the Bureau of HIV/AIDS efforts to mobilize Florida's most vulnerable populations, which are disproportionally impacted by HIV/AIDS.

# Community Mobilization Capacity Building Trainings

- **Module 1: Creating and Maintaining Coalitions and Partnerships**
- **Module 2: Assessing Community Needs and Resources**
- **Module 3: Analyzing Problems and Goals**
- **Module 4: Developing a Framework or Model of Change**
- **Module 5: Developing Strategic and Action Plans**
- **Module 6: Building Leadership**
- **Module 7: Developing an Intervention**
- **Module 8: Increasing Participation and Membership**
- **Module 9: Enhancing Cultural Competence**
- **Module 10: Advocating for Change**
- **Module 11: Influencing Policy Development**
- **Module 12: Evaluating the Initiative**
- **Module 13: Implementing a Social Marketing Effort**
- **Module 14: Writing a Grant Application for Funding**
- **Module 15: Improving Organizational Management and Development**
- **Module 16: Sustaining the Work or Initiative**

# Community Workstation

# Webinar Evaluation

- **<u>Before you leave the webinar</u>**, please take a moment to complete the evaluation in the polling section (to the right of your screen)

- Your feedback is extremely important to us and will help improve on current and future trainings

- The more feedback the better!
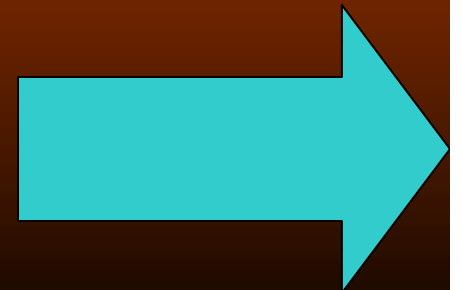
# Resources

**High Impact Prevention: CDC's Approach to Reducing HIV Infections in the United States**
http://www.cdc.gov/hiv/strategy/

**Guidelines for Traditional and Internet-based HIV Prevention Outreach**
http://www.preventhivflorida.org/Interventions/Outreach_Guidance_FINAL_01_2012.pdf

**Community Workstation, Community Prevention Team, FL HIV Prevention Section**
https://www.myctb.org/wst/floridacommunityprevention/default.aspx

**Community Prevention Team, FL HIV Prevention Section Website**
http://www.preventhivflorida.org/Community_Prevention.html

**We Make the Change (WMTC) Website** http://www.wemakethechange.com/

**FL HIV Prevention Section Website** (slides from today's webinar will be available here, under *Resources & Materials*)   http://www.preventhivflorida.org/

**FL Bureau of HIV/AIDS & Hepatitis Website**
http://www.floridaaids.org/

**Sexual Health Educator Internet Resource**   http://www.aidslondon.com/sites/default/files/PDFs/GMHS-SHEIR-OnlineGuide-ENG-FNL_web.pdf

**National Coalition of STD Directors (NCSD). (2008, March).** *National Guidelines for Internet-based STD and HIV Prevention: Accessing the Power of the Internet for Public Health.* **Washington, DC: Author.**
http://www.stdpreventiononline.org/index.php/resources/download/529

# Questions/Comments

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