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Theme: **"Integrating Social Networking to Prevention Strategies"**

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I. Introductions

CDC estimates that approximately 25% of those living with HIV don't know they are infected and that this hard to reach population is not coming in for CTR services. Although CDC funds many agencies to provide CTR, nationally, the average positivity rate is only 1%. The Social Networks Strategy (SNS) is a targeted and focused approach that has been shown to be successful in finding people with undiagnosed HIV infection and getting them connected to HIV counseling, testing, and referral services.

SNS is based on the underlying principles that people in the same social network share the same risks and risk behaviors for HIV and in addition, people in the same social network know and trust each others.

II. Social Networks and Social Network Strategy

A. What are social networks?

Social Networks are a set of individuals linked by one or more common relationships. They include people who know each other and share a social connection. The connections may be membership, residence, beliefs, activity, behavior, affiliation, etc. Most people belong to more than one Social Network.

B. What are some examples?

Gym, school, work, sports attendance or participation, clubs, church, family, friends, sex partners, neighborhoods.

C. Why do we focus on social Networks?

Social Networks are often the pathway for information, including sharing about TV, movies, music, etc.

Infectious diseases are often spread through Social Networks as well. Not only do members of the network share similar behaviors, in some cases, they are in close proximity to transmit disease. This becomes obvious when you think about how influenza, the cold, or a stomach virus passes quickly through a workplace or school. The connection to HIV comes when we acknowledge that people find their sex and needle sharing partners within their networks.

Frequently, we find that people within networks have established relationships and a heightened degree of trust for one another.

D. So what is a Social Network Strategy (SNS)?

SNS is a recruitment strategy for reaching and providing HIV counseling, testing and referral services to persons who are unaware of their HIV infections by using existing social networks. It takes advantage of established networks, trust and relationships, which are already used to pass information, to spread information about HIV and testing. The Goal of SNS is to ID undiagnosed people with HIV or any disease by letting the information pass through the network.

E. What are they key components to the Strategy:

Two main sets of players and basic activities:

First, we have RECRUITERS. These folks are the gateway to the network. They are people from the target population who have demonstrated interest and characteristics that make them helpful to "recruit" others IN THEIR NETWORK for testing, counseling, and other HIV services. Recruiters are assisted in identifying and talking to people in their networks about HIV CTR.

Second, we have NETWORK ASSOCIATES. These folks are the connections to the recruiter…the friends, family, neighbors, partners, co-workers, etc…basically anyone from their social, sexual, or drug using network who may be at risk for HIV infection. The recruiter talks to them about HIV risks and encourages them to come in for testing/counseling.

III. So why SNS?

Currently, the CDC funds agencies to conduct CTR. About 2 million people are tested annually in CDC funded clinics, but these clinics on average yield an HIV prevalence rate of less than 1%. (They do find about 30% of our country's new positives, however).

This number if really low. So it seems we really need a strategy that will be more targeted to high risk folks that will get more of the right people in for testing and counseling…especially those hard to reach populations, including MSM, IDU, and youth.

What's more, about 56,300 people are infected annually with HIV and 25% of them are unaware of their infection. Those who are unaware of infection, of course, continue to spread infection – in fact, those 25% who are unaware, are likely responsible for 55% of new infections, according to CDC. It is logical to say that if more people knew of their infections, transmission could be reduced and more people could access care that would improve their prognoses. Additionally, high-risk negatives who access CTR could avert infection altogether. This serves both public and individual health goals.

What we know is that people in networks often share the same behaviors that put them at risk for disease. And we've already discussed how disease often spreads within a network. We've also discussed how networks are a venue for spreading information and that people connected in networks share relationships and trust.

Thus, the conclusion is that using following folks through these networks should be a solid mechanism for increasing the number of high-risk folks to test for HIV.

IV. The Demonstration Project:

A. In September of 2003, the CDC funded 9 CBOs for a two-year period to use SNS to reach and provide HIV CTR to persons who are risk for HIV infection.

B. Which 9 sites?

The 9 sites represented 7 cities:

Philadelphia (2)
Orlando
San Francisco (2)
New York
Boston
Washington DC
Lafayette LA – a more rural representation. The approach did work in more rural settings because networks still exist. There are still MSM or IDU networks who know one another and how to hook up with one another.

C. What were some of the Target Audiences:

The target audiences of the CBOs included:

- IDU from communities of Color with a history of incarceration.
- Haitians, African Americans, and Latinos
- African American and Latino MSM ages 18-40
- HIV positive Latina women infected through sex or needle use
- Men and Women ages 22-45
- Sex partners of Men and Women at risk
- Transgender
- IDU 35 and up
- Sex Workers

- African American and Latino IDU and sex partners of IDU 16 and up.

D. And what were the basic outcomes of the Demonstration Project:

1. There were a total of 424 recruiters enlisted into the project
2. Those recruiters got 3179 network associates tested.
3. 179 new positives were identified
4. That makes for nearly a 6% positivity rate (5.5%)
5. Rates were highest in the MSM and Transgender Individuals (13% each)
6. 96% of the Network Associate were high risk
7. 91% got their test results
8. Those recruiters who were high-risk negatives and were past network associates found 75% of the new positives.

E. So why did it work?

Based on Relationships
Peer Driven
Based on Trust
Based on recruiters believing in the service
Believing they are helping friends and associates.
Cost effective because volunteers
Incentives used as expression of gratitude/Compensation

F. And what was the incentives program?

All demonstration projects used incentives, even those that started without them. Typically they included such things as gift cards for groceries, restaurants, phone cards, or logs for bill paying. They were generally rewarded for each Network Associate that the Recruiter brought/referred in for testing. Systems were set up to track that information. Several programs also gave incentives to the Associates for coming in for results.

V. So how is SNS different from common interventions, such as Outreach, Partner Services, or Peer Education?

SNS has common features to outreach, partner services, HERR (health education and risk reduction) and peer education.

A. Outreach – Outreach is generally conducted face to face by peers with high risk individuals in specific neighborhoods or locations. The difference from SNS is that it is venue based, not relationship/network based. The focus is where not who. The goals of outreach, while they include referring to CTR, are not always exclusive to CTR, but also include raising awareness and referring to any assessed need for services.

B. Partner Services – PS is a systematic approach to identifying, locating and notifying sex and needle sharing partners who have been exposed to disease so that they can be offered testing and other services. PS does include an option called the Self or Client Referral by which the client notifies their own partners and the provider coaches them in this process. The difference from SNS is that PS has a focus on the Partners of infected folks. Unlike SNS, the primary focus is not the network associates. And while PS also can include asking for the names and locating information about network associates (partners of partners, friends, family, etc) so that the provider can notify them of risk of disease – called Clustering, it is not the primary goal.

C. Peer Education – Refers to people agencies use to reach other people like them to provide education, workshops, talks, risk reduction materials. Unlike SNS, the focus is not on encouraging folks to come in for CTR.

D. HERR – Health Education and Risk Reduction includes Individual, Community, and Group Level Interventions. Unlike SNS, it focuses on risk reduction through a variety of methods and is conducted by trained professionals.

Important: SNS can be used to recruit for group and individual level interventions. The same procedures would be used as for CTR.

VI. Four Phases of SNS:

A. Step One: Enlistment.

Enlistment has 3 basic steps for the program:

Determine who to target as potential recruiters
Determine where potential recruiters can be found
Determine the message to deliver to the potential recruiters.

1. How do you determine whom to target?

a. First, an agency needs to have a very defined target population to serve. This should be as specific as possible – it could include risk group, risk factors, age, and race. "People at high risk for HIV" is not a specific risk group. "MSM of color ages 21-45 engaged in unprotected sex" is.

b. Second, determine the characteristics your agency thinks would make a good recruiters: communication skills, enthusiasm, trust worthy, for instance.

Note – the first recruiter should always be HIV positive to ensure that HIV infection actually does exist in the network.

Once you determine who to target, you move on to the next step, where to find recruiters. The idea is to have screening criteria so that everyone can identify a potential recruiter…screening criteria to trigger a referral.

2. Where do you find potential recruiters?

Generally you have both internal and external sources.

a. Internally, you can ask people in your agency to keep an eye out for those recruiters you are targeting. You will want to develop a message for other providers in the agency about your program so they know who you are looking for and why and will be willing to refer them your way. Posters and brochures can help this process because internal consumers of your services may "find themselves".

b. Externally, you can partner or collaborate with those agencies that serve similar populations to you – perhaps agencies from whom you get clients or to whom you refer clients. You will want to also develop messages for them, perhaps posters and brochures, and have agreements in place to communicate about clients.

Sometimes the best external sources are peer referrals or network associates who know of the right folks. So don't overlook those already participating in the SNS program.

3. What about messages to develop for the potential recruiter?

a. You will want to determine what to tell the potential recruiter about the program – remembering that this is just an introduction, enough to let them come in and speak more about SNS, but not a full explanation. A quick overview of the purpose, the participation, the people involved, the benefits and the risks is sufficient.

b. You will also want to figure out how the message is delivered: print, verbal, video, brochure, etc.

c. Finally, figure out who should deliver that message.

B. So what is the second phase?

The second phase is Engagement. It is the real work with the potential recruiter to bring them up to speed and ensure success.

1. What does it entail?

Three components: orientation, interviewing, coaching.

a. Orientation is like the introduction. It will go into much more depth with the potential recruiter, including informed consent, so that the person can make a fully informed decision about whether or not to participate. Orientations can be done as a group, individually, on a regularly scheduled basis or a personal basis. They may use video, one to one, checklists, or a combination.

b. The interview is about helping the recruiter to identify their network associates – and why they are at risk.

c. Coaching entails assisting the recruiter to anticipate potential problems, how to respond to them, as well as all the material they will need to cover with each network associate. It also helps them with responding to questions and emotions. It is on-going and should be conducted on a regular basis to assess how things are going for the recruiter.

C. The Third Phase: Recruitment

This phase is up to the recruiter. He or she goes out, find the associate, informs them of HIV risk and encourages testing and counseling.

The Recruiter can offer one of three approaches:

Escort to the testing agency
Referral to the testing agency
Coordinating with the testing agency (finding a time and place for the NA and the agency to meet for CTR)

D. The Fourth Phase is the CTR for the NA.

1. Ideally use confidential testing, not anonymous.
2. Ideally use rapid testing to ensure more results given.
3. May need to be prepared for more positive results: counselors, referrals, etc.

Then what?

1. In some cases, a Network Associate will become a recruiter themselves.
2. Tapping out – recruiters are not meant for long retention. Once they have identified their networks and are not naming new people or positives, it may be time to release.
3. Be sure to show appreciation and perhaps a final compensation
4. Keep doors open for future.

VII. Assistance with Program Planning and Monitoring:

A. http://www.cdc.gov/hiv/resources/guidelines/snt/ - Interim Guide for HIV Counseling, Testing, and Referral Programs

Section 5: Tool kit for program planning
Program Planning and Monitoring
Sample Forms
Data Management
Implementation Plans

B. Training: Social Network Strategy for HIV CTR offered through the Mid-America Prevention Training Center and the Colorado Department of Public Health and Environment.

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