

# Latino SPNS Project

Recruitment and Enrollment Challenges –  
and Strategies to Address Them  
Washington DC, May 19, 2017

# PRISM Health: Non-traditional external referrals

- Looking for new venues to disseminate our work – looking for alternative sources of referrals, non-HIV serving organizations
- Target higher prep zip codes
- Non HIV-orgs that service those zip codes
- These agencies have already established trust with clients—believe that these clients might be in a pre-contemplation state once we meet them
- Community based clinics that served Mexican SA BH
- Research the orgs' missions, develop script to work with them and propose collaboration
- Build collaboration around mutual need

# PRISM (cont)

- Challenges – takes time
- End a meeting always with the next step and when it would occur – An “invitation to following through”
- 44% of referrals have come through external sources, 1 from community health, believe it is a wise investment

# APLA: Targeted social marketing

- GRINDR ads for APLA, more successful than our other apps; 100K+ will see it, few will respond, but enrolment in April grew b/c of it.
- Ads: “you get what you pay for” – first GRINDR campaign didn’t yield well, b/c on the “non-profit” track. Second round, switched to commercial rate, and then negotiated down. This resulted in more impressions and contacts to the program.
- Added the incentive payment to GRINDR ads resulted in more contacts.

# APLA (cont)

- Placing ads in busses – expensive, but will impact even more people, larger reach
- Bus ads – can be targeted to zones of HIV prevalence, South LA targeted right now.
- They received 2 bus ad phone calls yesterday, started getting calls within 3 days of ad launch
- Must screen to ensure enrollment eligibility.
- Internal referrals with Food Bank

# GMHC: Social Networking Strategy + expanding eligibility

- Originally had more restrictive eligibility requirements: newly diagnosed PR MSM
- Have opened to transwomen and non-SNS recruits, and out-of-care PR
- Testing at AIDS Walk now to recruit for LINK2
- Partnering with Rikers to provide linkage after release, setting up meeting to recruit
- Spoke with Latino Commission on AIDS

# GMHC (cont)

- Working with org's that have other kinds of services that GMHC doesn't have, makes it difficult to recruit them into one program at GMHC
- Challenges: increasing the enrollment remains a challenge, most of GMHC's testers who are Latino are not PR

# Harlem United: adapted SNS model + social media marketing

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- Original set-up: to do community-wide outreach in HU's traditional community; a strength of HU historically
- More difficult than we had expected.
- Tried external referrals
- Catchment area is saturated with HIV services, other agencies want to keep their clients close.



# Harlem United (cont)

- Adaptation of SNS model with support of HRSA/ETAC, collaboration with GMHC on methods of SNS
- Approached recruiters as creating a “life saving business” and approach recruitment in an entrepreneurial way; recruiters set up Facebook pages, recruit through friends and family
- Increased enrollment in 6 months by 50% compared to all enrollment in the previous year
- Leveraged experiences with HU peer training strategies to build SNS

# Discussion

- People in support groups: form networks and want to help
- Using the natural relationships among clients
- Difficult to reach unconnected clients
- Isolation: APLA e.g.: some folks we found through GRINDR are adamant about privacy, not out, feel very restricted in participation
- PRISM: faced this cultural acceptance from the beginning

# PRISM: Cultural acceptance

- PRISM: To find people who do not want to be found
  - don't message to HIV but rather a message about acceptance and normalizing HIV
  - helps potential tester believe that if they are diagnosed, they might be accepted by family
  - Use a short CDC-based script for individuals, a longer 4-session program with *telenovela* examples for groups
  - Laying the groundwork for a safer environment

# APLA: Health and sexual health

- Moving from focus on individual to
- APLA: started working with a day labor center; a very vulnerable group; considered but not implemented due to challenges
  - Lot of resistance to any sexual health talks or presentation
  - Resistance to health education in general
  - HIV seen as “gay” disease

# APLA: New ideas for the next 3 months

- APLA:
  - APLA's Food Bank program produced a good number of new enrollments
  - receiving services at Food Bank helped to recruit people for linkage to care
  - the programs share the same population but provide different services, can **complement** each other
  - Recruiting now through LA Pride events: lots of people are tested at Pride because of testing incentives, etc.

# APLA: Complementary services – external

- APLA does not have a testing unit: how to work with HIV test organizations
  - trying to sort out complementarity of services to collaborate
  - One test center cannot link people to care, and APLA can step in to make the linkage to care
  - They test at many events, have a wide reach
  - Need to be careful about setting up HIPAA policies

# GMHC: Increasing outreach

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- Increased outreach stretches existing program staff
- Important to use program incentives

# PRISM: Enhanced Inreach

- PRISM 50% of referrals come internally
- Remind other depts about criteria
- Keep up communication with departments
- Emphasize providing complementary service to the other department, not trying to take their clients