

Recruitment

DESCRIPTION

Recruitment is the means by which an organization brings members of a population into HIV prevention interventions, programs, and services. Populations recruited (target populations) can be persons living with HIV or persons whose HIV serostatus is negative or unknown and who are at high risk for HIV. Recruitment can take different forms—outreach, internal referrals, external referrals—depending on the target population and on the needs and abilities of the CBO doing the recruiting.

Outreach

Outreach is a common way to meet potential clients in their own environment. Outreach activities can be conducted at physical sites where persons at high risk congregate and where high-risk behaviors take place (e.g., shooting galleries, the street, parks, bars, bathhouses) or at virtual sites (e.g., the Internet or telephone hotlines). Outreach activities can also use contacts established through social networking techniques. CBOs can work with current clients to reach partners or friends who may also be at high risk.

Referrals

Referrals can be internal or external.

Internal Referrals

Often a CBO will refer clients to other services within the same organization. This strategy takes advantage of the client's existing trust in the organization. When a referral is made to another service within that organization, the client may be more likely to accept and access the services.

External Referrals

Another source for recruitment is referrals from outside organizations. Because persons at risk for transmission or acquisition of HIV often have competing needs that make HIV prevention a lower priority, they may seek services other than HIV prevention. They can be referred from these other services to HIV prevention interventions. To reach clients in need of prevention services, it is important to obtain a commitment from other service providers to assess their clients for risk of transmitting or acquiring HIV and to make referrals as needed.

CORE ELEMENTS, KEY CHARACTERISTICS, AND PROCEDURES

Core Elements

Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention's effectiveness. **Core elements are essential and cannot be ignored, added to, or changed.**

Recruitment has the following 5 core elements:

- Use information from multiple sources to describe common characteristics of the target population.
- Develop and deliver health messages (to be delivered by an outreach worker or by a referral source) that are appropriate for the setting.
- Recruit for specific services (e.g., counseling, testing, and referral services; prevention case management; other prevention interventions).
 - Link clients whose HIV serostatus is unknown to counseling, testing, and referral services.
 - Link persons living with HIV to care and prevention services.
- Track whether clients complete their referrals (to monitor the effectiveness of the referral strategy).
- Revise strategies or settings, as needed.

Key Characteristics

Key characteristics are those parts of an intervention (activities and delivery methods) that can be adapted to meet the needs of the CBO or target population.

Recruitment has the following key characteristics:

Outreach

- Go to places where potential clients congregate, and go at times when they are likely to be there.
- Conduct outreach in teams (for safety).
- Screen clients to determine their needs for specific prevention services such as counseling, testing, and referral; prevention case management; or other prevention interventions.
- Develop and deliver tailored and appropriate messages (health and prevention promotion).
- Provide tailored and appropriate materials (describing programs and services for potential clients).
- Use peers as outreach workers, when possible.

Internal Referrals

- Develop criteria that will help providers of other services within the CBO know who or when to refer.
- Assess all clients to find out whether they would benefit from prevention services delivered within the organization, and refer them as needed.
- Develop targeted and appropriate messages to be delivered by individual members of the CBO or by mass-messaging strategies (e.g., on posters hung throughout the organization).

External Referrals

- Establish linkages with those service providers that members of the target population are most likely to access, and provide them training related to prevention services.

- Develop formal agreements with appropriate service providers for ongoing screening and referrals to and from these providers.
- Give referral agents tailored and appropriate materials that advertise programs and services.
- Give potential clients tailored and appropriate materials that describe programs and services.

Procedures

Procedures are detailed descriptions of some of the above-listed elements and activities.

Procedures for Recruitment are as follows:

Creating a Profile

Regardless of the type of recruitment strategy used, a vital component is the profile of the population to be targeted. Information from many sources can be used to describe the common characteristics (the profile) of the population.

CBOs should consider reviewing

- epidemiologic profiles
- information from key informant interviews
- focus group data
- ethnographic data
- surveys and questionnaires
- program records
- other relevant population-based research findings

The target group must be specified at least in terms of

- gender
- age
- race and ethnicity
- risk behaviors
- indicators of risk (such as drug use)
- location

This information should be reviewed on a regular basis to ensure that it remains current.

Creating and Delivering Messages

To increase the likelihood that prevention services will be accepted and that referrals will be completed, consider the characteristics of the population when devising health and prevention promotion messages. The messages should be

- specific to the type of service for which the CBO is recruiting
- in the language of the target population
- tested with community members to be sure the messages are clear and appropriate

CBOs developing an outreach program should answer the following questions, in order:

1. **Who** is the target population?
2. **What** is the message or service that the agency should be delivering?
The CBO may use outreach to remove barriers to accessing testing and prevention services or to deliver health education and risk reduction messages with the goal of getting the client into such services.
3. **Where** is the best place to approach clients?
Outreach workers must go to places where they are most likely to find members of the target population (including places where high-risk behavior is taking place), where potential clients are most likely to accept the recruitment message, and where safety can be ensured.
4. **When** should the outreach service be provided?
Outreach workers must choose the best times to find their target audience.
5. **How** should the message or service be delivered?
Messages can be oral or written and can be in the form of pamphlets, flyers, or signs. It is important that information or materials be convenient and easy to carry (e.g., referral cards that are pocket-sized, printed information). Services can be delivered by referral or on site, if appropriate.
6. **Who** is the most appropriate person to provide the service to them?
Messages or services coming from peers are more likely to be accepted.

Referring

CBOs may rely on referral networks instead of, or in addition to, outreach for recruiting clients.

CBOs who rely on referral networks should

- formalize and nurture linkages to other CBOs and providers
- solicit memoranda of agreement
- ensure that referral sources are familiar with their services (perhaps by giving presentations or distributing pamphlets)
- keep all contact information for the organization current.

If the referral sources are unable to provide the expected referrals, the agency should attempt to find and solve the problem.

CBOs that are unable to provide extensive services beyond recruitment should partner with other organizations that provide HIV prevention services. CBOs that provide services but have limited or no capacity to conduct recruitment should consider partnering with organizations that can offer this expertise.

RESOURCE REQUIREMENTS

People

Staffing for Recruitment should be based on a needs assessment and the epidemiologic profile of the target population (e.g., the HIV prevention community plan, other sources of relevant information).

For Outreach

Recruitment requires at least 2 people (because they need to work in teams). More recruitment will require more outreach workers. Recruitment needs 1 supervisor for every 10 outreach workers.

For Referral

Recruitment needs 1 person to maintain the referral network (ensure that referral sources are active, track referrals made by recruitment program staff, assess client satisfaction with referrals provided). Depending on the size of the network, this person may also supervise recruitment program staff.

Space

Recruitment takes place where the target population congregates; this may or may not be where services are provided. Both places must ensure privacy and confidentiality for clients.

POLICIES AND STANDARDS

Before a CBO attempts to implement Recruitment, the following policies and standards should be in place to protect clients, the CBO, and the individual workers:

Confidentiality

A system must be in place to ensure that confidentiality is maintained for all participants in the program. Before sharing any information with another agency to which a client is referred, signed informed consent from the client or his or her legal guardian must be obtained.

Cultural Competence

CBOs must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be representative of and sensitive to these different cultures. In addition, they should offer materials and services in the preferred language of clients, if possible, or make translation available, if appropriate. CBOs should facilitate community and client involvement in designing and implementing prevention services to ensure that important cultural issues are incorporated.

The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, which should be used as a guide for ensuring cultural competence in programs and services. (Please see Ensuring Cultural Competence in the Introduction of this document for standards for developing culturally and linguistically competent programs and services.)

Data Security

To ensure data security and client confidentiality, data must be collected and reported according to CDC requirements.

Linkage of Services

Recruitment must link clients whose HIV serostatus is unknown to counseling, testing, and referral services and must link persons living with HIV to care and prevention services. CBOs must develop ways to assess whether and how frequently the referrals made by their staff members were completed.

Personnel Policies

CBOs conducting outreach must establish a code of conduct. This code should include, but not be limited to, the following: do not use drugs or alcohol, do not loan or borrow money, and do use appropriate behavior with clients.

Safety

CBO policies must exist for maintaining safety of workers and clients. Plans for dealing with medical or psychological emergencies must be documented.

Selection of Target Populations

CBOs must establish criteria for, and justify the selection of, the target populations. Selection of target populations must be based on epidemiologic data, behavioral and clinical surveillance data, and the state or local HIV prevention plan created with input from state or local community planning groups. Persons living with HIV are expected to be the first priority population for community planning groups, and services for persons living with HIV should be addressed as such.

Volunteers

If the CBO uses volunteers to assist with or conduct Recruitment, then the CBO should know and disclose how their liability insurance and worker's compensation applies to volunteers. CBOs must ensure that volunteers also receive the same training and are held to the same performance standards as employees. All training should be documented. CBOs must also ensure that volunteers sign and adhere to a confidentiality statement.

QUALITY ASSURANCE

The following quality assurance activities should be in place when implementing Recruitment:

CBOs

CBOs should have in place a mechanism to ensure that all protocols for recruitment are followed. These protocols include

- the method for collecting information to select the target population
- records of formal or informal agreements with other CBOs
- training for outreach and referral staff
- procedures for tracking referrals, including the number completed and barriers for those not completed
- staff supervision

Quality assurance activities can include having key staff observe and review outreach workers and their interactions with clients. This review should focus on

- adherence to referral protocols
- service to clients (accessibility and responsiveness to expressed client needs)
- documentation of contact
- follow-up on referrals

Clients

When appropriate, clients' satisfaction should be assessed upon completion of referrals.

MONITORING AND EVALUATION

At this time, specific guidance on the collection and reporting of program information, client-level data, and the program performance indicators is under review and will be distributed to agencies after notification of award.

General monitoring and evaluation reporting requirements for the programs listed in the Procedural Guidance will include the collection of standardized process and outcome measures as described in the Program Evaluation and Monitoring System (PEMS). PEMS is a national data reporting system that includes a standardized set of HIV prevention data variables, web-based software for data entry and management, data collection and evaluation guidance and training, and software implementation support services.

Funded agencies will be required to enter, manage, and submit data to CDC using PEMS. Furthermore, agencies may be requested to collaborate with CDC in the implementation of special studies aimed at assessing the effect of HIV prevention activities on at-risk populations.

KEY ARTICLES AND RESOURCES

CDC. Diffusion of Effective Behavioral Interventions project. Available at: <http://www.effectiveinterventions.org>.

CDC. Draft CDC Technical Assistance Guidelines for CBO HIV Prevention Program Performance Indicators. Atlanta, Ga: US Department of Health and Human Services, CDC; November 2003.

CDC. What We Have Learned from the AIDS Evaluation of Street Outreach Projects. Atlanta, Ga: CDC; 1998. Available at: <http://www.cdc.gov/hiv/PROJECTS/AESOP/AESOP.htm>.

National Institutes of Health, National Institute on Drug Abuse. Outreach Manual. Available at: <http://www.drugabuse.gov>. Also available by writing: The National Clearinghouse for Alcohol and Drug Information. PO Box 2345, Rockville, MD 20847, or by phoning: (800)-729-6686.

US Department of Health and Human Services, Office of Minority Health. National Standards for Culturally and Linguistically Appropriate Services in Health Care. Washington, DC: US Department of Health and Human Services; 2001. Available at: <http://www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf>.

Valentine, Jo. Planning and Conducting Outreach Process Evaluation. Atlanta, GA: Centers for Disease Control and Prevention, Behavioral and Prevention Research Branch, Division of Sexually Transmitted Diseases and HIV Prevention, National Center for Prevention, March 1994.