

Latino Recruitment and Retention Strategies: Community-Based HIV Prevention

Chris McQuiston^{1,3} and Leonardo Uribe²

Latinos are disproportionately affected by HIV/AIDS. The need for community-based AIDS prevention programs that are culture specific is well recognized. Lay Health Advisor (LHA) interventions are a culturally appropriate way to provide information about HIV/AIDS to community members. LHA programs use natural helpers in the community to disseminate information through their social networks. Natural helpers are community members who informally provide support to their neighbors and to whom others naturally turn for advice. This paper reports the recruitment and retention experiences of a Lay Health Advisor Program: *Protegiendo Nuestra Familia* (Protecting Our Family) for prevention of HIV/AIDS among Latinos in North Carolina.

KEY WORDS: Latino; recruitment; retention; HIV.

INTRODUCTION AND BACKGROUND

Latinos make up 12% of the U.S. population; however, a 3% increase in the proportion of AIDS cases experienced by Latinos since 1995 has driven their proportion of cases to 18% (1). The need for accessible community-based AIDS prevention programs that are culture specific is well recognized (2-4). Identifying ways that Latinos can be recruited for and retained in community-based interventions is critical for program success (5). The purpose of this paper is to report the recruitment and retention experiences of a Lay Health Advisor Program: *Protegiendo Nuestra Familia* (Protecting Our Family) for prevention of HIV/AIDS among Latinos in North Carolina.

Historically Latino population growth in the United States has been concentrated in the West (CA), Southwest (AZ, NM, TX) and the Northeast (NY) (6). The 1990s saw a shift in this pattern of migration. Between 1990 and 1996 the U.S. Census Bureau estimates that North Carolina's Latino population grew 73%. Current population estimates of Latinos in North Carolina range from 205,000 to 300,000 (7). North Carolina is experiencing a "wave of Latino immigrants which shows no sign of cresting" (8, p. 3). Durham County, in particular, has seen a rapid increase in its Latino population, with as many as 15,000 Latinos residing in that county (9). Durham county is an urban area with a strong economy. Rapid growth in the area has resulted in the availability of numerous jobs in construction and landscaping. These jobs, which typically don't require English language skills, draw Latinos to the area.

Durham's Latino population is composed primarily of "newly arrived," young, single or married men that are in the United States alone. Typically, they migrate directly to North Carolina and stay with family or friends in small crowded apartments. Most are Mexican arriving in this area with little or no English language skills and limited resources including low paying entry-level jobs with no health insurance

¹Department of Community, Family, Women, and Mental Health, The University of North Carolina at Chapel Hill School of Nursing, Chapel Hill, North Carolina.

²Department of Health Belief, Health Education, The University of North Carolina at Chapel Hill School of Public Health, CB# 7400, Chapel Hill, North Carolina 27599.

³Correspondence should be directed to Chris McQuiston, Department of Community, Family, Women, and Mental Health, The University of North Carolina at Chapel Hill School of Nursing, CB# 7460 Carrington Hall, Chapel Hill, North Carolina 27599; e-mail: chris.macquiston@unc.edu.

(8, 10). The combination of lack of resources and the stress of migration increases susceptibility and relative risk for disease (11–15). These factors when combined with limited resources, including access to care, are of particular concern in a community with a high incidence of HIV/AIDS. Durham County North Carolina had an AIDS case rate of 2.7 cases per 10,000 in 1997, more than double that of the state of NC (16).

The lay health advisor (LHA) model is considered a culturally appropriate method for improving access to and utilization of preventive services among Latinos (17, 18). There are several underlying assumptions of this model: 1) individual behaviors are influenced by the social groups to which they belong, 2) social support at the community level can be provided by known and trusted members of the community, and 3) community members (LHAs) who share the same language, culture, and belief system as the target community can reach undeserved minority groups that are difficult to access (19–21).

Originating in the 1970s, LHA programs use “natural helpers” for the delivery of information to community members (21). An LHA is someone “to whom others naturally turn for advice, emotional support, and tangible aid” (22, p. 68). The LHA Model’s strength lies in using established social networks of trusted friends. Natural helpers are community members who are informally serving as helpers in the community. This assistance is a type of social support which may, for example, include giving information (informational), a ride to church (instrumental), listening and showing trust (emotional), or providing feedback (appraisal) (23, 24). LHA programs identify natural helpers in the community and train them in specific health promotion and disease prevention strategies (21). The LHAs disseminate this information through their broad social networks. LHA programs are particularly well suited for minority, underserved, or hard to reach populations (25). The LHA may be the first contact person in the community to provide assistance, which may include referral to a public agency for additional information, screening, or treatment (19).

METHODS

Reflexive ethnographic methods were used to gain an understanding of the sociocultural values, beliefs, and practices in the area of HIV/AIDS and sexually transmitted diseases of recently immigrated

Mexicans in Durham, North Carolina. Reflexivity acknowledges the part the scientific observer plays in the field and in the interpretation of the data and report of the findings. This means that the scientific observer is part of the setting, context, and process of what he or she is observing or in the case of the LHA program, developing (26). The authors continue the reflexive process in reporting the recruitment process described in this paper. This process allows the reader to follow decisions made by the researchers and their outcomes.

Field methods used during the ethnography included multiple observations, participation in numerous activities, and both formal and informal interviews as well as six focus groups (a description of the focus groups is provided elsewhere (27)). The primary author spent 4 years in the field attending numerous community events and meetings, participating in a group for Latinos, and teaching conversational English. The second author spent a year in the community volunteering and attending community events.

As part of the ethnographic study, 33 interviews were conducted with 20 individuals who were each paid \$20 to participate in the study. An ecological framework was used to guide data collection. This framework posits that health is influenced by multiple interacting factors in the sociocultural environment including communities, organizations, families, and individuals (28). A semistructured interview guide was used to gather information in these categories with a structured guide used to elicit specific information about knowledge and beliefs about HIV as well as the type of HIV prevention program desired by the informants. Data from the ethnography were used to inform the development of *Protegiendo Nuestra Familia*, a community-based LHA program designed to provide ongoing health-related social support and training in the Latino community for the prevention of HIV. Feedback from Latino community members in the target community was sought during the planning, development, and delivery of this culture and community-specific intervention.

Program Description

An empowerment model of education was used for the development of the curriculum as well as the delivery of the program. This model, based on the Paulo Freire’s work in Brazil, uses a learning cycle of listening-dialogue-action (29). The listening phase refers to systematic listening of community

members concerns. The dialogue phase involves a problem-posing method to aid participants in the analysis of their problems including underlying causes. During the action phase, the facilitator uses structured dialogue within a participatory interactive model for education to help participants identify and reflect on the actions needed to address identified problems individually and socially within the community (30–32).

RECRUITMENT

Recruitment in this community is challenging for several reasons. Many community members are undocumented and fearful. In addition, many individuals work more than one job, often six days a week. The following section describes several recruitment strategies used for Protegiendo Nuestra Familia.

Identification of Natural Helpers

The success of a LHA program depends on identifying natural helpers with broad social networks who have the time and desire to “get the word out.” Protegiendo Nuestra Familia presented additional challenges since sex and HIV prevention typically are not discussed in the Latino culture (33). To participate in this program potential LHAs needed to be a) Mexican, b) male or female, c) a natural helper, d) comfortable or open-minded about discussing HIV/AIDS, e) aged 18–40, and f) living in Durham County. An interview guide was used to identify natural helpers through assessment of social contacts and community involvement. Respondents were also asked about their perceived ability and comfort discussing HIV/AIDS and condoms (see Fig. 1 for the phases of program development and recruitment).

The Precontact Phase

Successful recruitment depended on both knowing the community and being known by the community (34, 35). The recruitment process was facilitated by the first author’s knowledge of, visibility in, and volunteer work in the target community over a 4-year period. A presence is particularly important in a community where many of its members are undocumented. This phase, in which the researcher spends time getting to know the community and becoming known by the community, is referred to as the precontact phase. The precontact phase is particularly important in minority communities where community members might not know about research programs or might be fearful of them. In addition to learning about the community and making necessary contacts, it is also a time when the researcher views cultural expression through the actions and words of the community members (36). Learning about the Latino culture (in this case Mexican) and the specific community in which people lived was necessary for both recruitment and curriculum development for Protegiendo Nuestra Familia.

The Contact Phase

Recruitment began in April of 1999. The investigator met with the director of the local Center for Latinos and community members. In the initial meeting, the investigator presented an overview of the program and the recruitment goals. A lively discussion of the natural helpers in the community followed. Comments such as “Maria’s mama, she is always taking somebody someplace” were common. A team member followed up by presenting the goals of the program and recruitment criteria

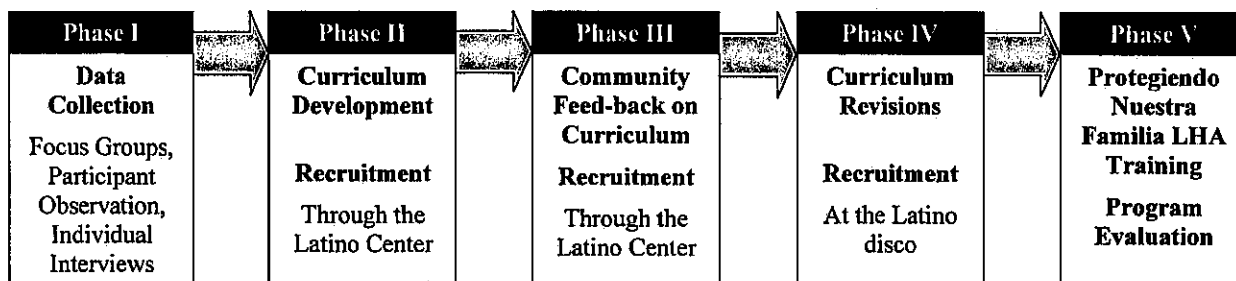


Fig. 1. Phases of program development and recruitment.

to the center's staff. Staff members asked community members for assistance in identifying natural helpers at the Center's ESL classes, women's group, and youth group. In addition, the project hired a community member to assist with recruitment. The investigators attempted to contact several community members identified the previous year during ethnographic fieldwork. Unfortunately, those individuals had moved and the author's community contacts did not know their whereabouts. Mobility within this community and between Mexico and North Carolina is a common aspect of migration patterns of this target population (10).

Team members followed up by interviewing potential LHAs to see if they had broad social networks, were functioning as natural helpers in the community, and to ask if they felt that with training they could become comfortable talking about HIV prevention in the community. It was clear that natural helpers had been identified (the respondents met our recruitment criteria). According to Jackson and Parks, a true natural helper is identified and "recognized by other community people as one who offers help" (22, p. 420). At this point, 17 potential LHAs had been contacted with 13 meeting the screening criteria and acceptance into the program.

However, the LHAs recruited up to this point were all female. Recruiting men for LHA programs is particularly challenging. Work schedules make male recruitment difficult for programs which require a major time commitment from participants. Previous LHA programs have not included men. However, including men in an LHA program for HIV prevention was viewed as necessary to get information to the men in the community. The investigators also shared concern about recruiting through a single agency. At this point, all the potential LHAs had been recruited through the local Center for Latinos.

According to Valdez and Kaplan, recruitment solely through institutionalized organizations may result in missing different segments of the targeted population and may introduce selection bias (37). From the perspective of the LHA program, it was important to recruit LHAs with diverse social networks. The candidates thus far had broad social networks, but these networks typically were limited to neighborhood contacts and contacts at church and work. It was decided that by recruiting within a dating environment the investigators would be able to identify male natural helpers with social networks within that environment. It was hoped that by including LHAs with diverse social networks, opportunities to inter-

act with individuals at risk for HIV would increase. This led to the second phase of recruitment.

Using a variation of the "big net" approach described by Fetterman (38), the team sought to broaden recruitment efforts by moving to a Latino disco. In a Latino disco, the second author was able to interact with Latino males in a dating environment. Patrons of the disco reflect the demographics of the local Latino community and therefore, are primarily male. There was plenty of time to "chat" and get to know the men as they waited to dance with one of the few available female dancing partners.

Much of the social interaction at the disco took place in a long hall off the dance floor. This area was sufficiently quiet to allow for conversation. It was in the hall that the second author was introduced to a group of Latino males by a female friend. The second author attended the weekly dances, introduced himself, talked about where he was from (Columbia) and his family, and told the male patrons about the upcoming LHA program. The sharing of personal information by the second author allowed the recruitment process to become personal and less frightening (39, 40).

As the second author got to know members of the target population, he was introduced to others. Valdez and Kaplan describe this process of getting to know community members and sharing information about oneself as an effective strategy for recruiting hidden populations (37). Men began to ask questions about the LHA program and to refer friends to the disco. A total of five men were recruited from the disco. Two of the men were married and their wives were also interested in participating in the LHA program.

At this point in the recruitment process, there were 20 potential LHAs. One additional candidate was recruited by one of the prospective LHAs bringing the total to 15 women and 6 men. The age range of the participants was 19-39. Eighteen of the participants were married, one was separated, and two were single. Two married couples attended the training together. Educational preparation of the participants was diverse ranging from no formal education to 16 years, with an average of 7.7 years of education. There was no appreciable difference in educational preparation by gender. One participant was illiterate and three were semiliterate. Adaptation to the U.S. culture was measured by a 12-item 5-point Likert-type acculturation scale (41). The level of acculturation of the group was low with a range of 1-2.83, and an average of 1.7 on a scale of 1-5 (1 being *low* and 5 *high adaptation to U.S. culture*).

RETENTION

The authors viewed retention in the LHA program as not merely completion of a program, but as active participation in all parts of the program. Therefore, the program addressed issues of access on multiple levels. These included 1) a relevant and accessible curriculum, 2) teaching methods that fit with cultural norms, and 3) physical access to the program. The investigators recognized that a 7-week training (21 h) as well as an agreement to function as a LHA in the community was a major commitment. Therefore, every attempt was made to make the program enjoyable and accessible.

Cultural Specificity

Curriculum relevancy and cultural specificity for curriculum development was addressed by using focus groups (27, 42), numerous ethnographic interviews and field work, and direct feedback about the session drafts from community members. The primary author and two MPH students developed the curriculum with consultation from a nurse anthropologist experienced in developing culture specific programs for Latinos, using an empowerment methodology. Based on the ethnographic data, the investigators understood that many community members knew about the biomedical model of HIV transmission (perinatal, sexual intercourse, shared needles), but also believed in casual modes of transmission (42). Casual modes of HIV transmission include, for example, transmission via toilet seats, mosquitoes, saliva, and dirty objects such as plates and cups. Although community members with limited education were more likely to hold these views, all the informants were aware of these views within their community (see McQuiston and Flaskerud for a more thorough discussion of casual transmission (43)). Therefore, for the program to be relevant for LHAs interacting with numerous members of the community, the curriculum needed to acknowledge and address the views of the LHAs and prepare them to educate community members who believed in casual modes of HIV prevention. Kleinman (44) refers to community and individual beliefs about illness as explanatory models (EMs) of illness. These community beliefs were identified (43) and incorporated into the LHA training.

Data from the ethnographic interviews also suggested that limited education and literacy should be considered in curriculum development. Therefore,

when discussing both casual (EMs) and biomedical modes of HIV transmission, numerous visuals "props" were used. For example, to address casual transmission, a toilet seat, lips, a paper maché mosquito, and a hand (HIV is not transmitted with a handshake) were used.

Teaching Methodology

An interactive empowerment approach for learning was used to bridge the gap between the EM of AIDS and the biomedical model (29). Empowerment education is participatory and focuses on adult learners as active participants in a dialogue of equals with the teacher, rather than as passive objects trying to absorb expert knowledge (31, 45). Dialogue is used to put problems within familiar socioeconomic, political, and cultural contexts and creates a basis for self-motivated acquisition of knowledge and critical examination of existing beliefs, values, and norms and their potential contributions to problems. This process begins with a phase of systematic listening to characterize the issues about which community members have deep concerns. The second or dialogue phase uses a problem-posing method to aid participants in analyzing their problems including proximal as well as underlying causes.

In the third and final phase, the action phase, a structured dialogue helped participants identify and reflect on the actions needed to address the identified problems. The facilitators used structured dialogue on several levels. For example, they posed questions after a skit or a puppet show to focus on the issues raised and again after each session. In addition to discussions about content, the facilitators asked the LHAs how they could take the information to community members. This listening-dialogue-action approach to learning is particularly suited to Latinos because of their strong cultural values of interdependence, cooperation, and social interaction (46). It has been used successfully with health education content addressing knowledge, attitudes, beliefs, and behaviors in the United States (47, 48) and Latin America (49, 50).

During the ethnographic interviews, informants were asked if they would like to attend a program with women or men only or both women and men. The informants suggested that men and women needed to hear information about HIV/AIDS at the same time and needed the opportunity to discuss issues together. Therefore, men and women were together for the majority of the training. They were, however, separated

Table I. Session Objectives

Session 1: What is a LHA?
Define role and activities of a LHA
Identify their social networks
Begin making connections and team building within the group
Session 2: STDs
Raise awareness of STDs in Latino community
Discuss STDs transmission and prevention
Develop skills on how to communicate with others about STDs
Develop skills on how to introduce the topic of STDs
Session 3: HIV
To raise awareness of HIV in Latino community
To discuss HIV transmission and prevention
To develop skills on how to communicate with others about HIV
To define at risk behaviors
To distinguish important differences between HIV and STDs
Session 4: HIV testing and resources
To define basic HIV testing procedure
To increase knowledge on reasons people do not get tested or follow through with getting HIV test results
To increase knowledge of who is at risk
To increase knowledge of community resources
To practice being a LHA
Session 5 for women: Protection options
To increase knowledge of HIV protection choices
To increase comfort level in handling condoms
To do a condom demonstration correctly
To increase knowledge of the barriers to condom use
To increase knowledge of safer sex negotiation
Session 5 for men: Protection options
To increase knowledge of HIV protection choices
To increase comfort level in talking about condoms as LHAs
To do a condom demonstration correctly
To increase knowledge of the barriers to condom use
To practice being a LHA
Session 6: Cultural values
To increase understanding of the differences in societal expectations of men and women
To increase understanding of modern and traditional roles of men and women in Latino culture
To increase awareness of the Hispanic cultural barriers in doing HIV education
Session 7: Planning and evaluation
To plan the LHA activities for the few months
To design an evaluation for the LHA activity plan

for some small group activities and then came together for group discussions. Only one session was entirely separate, this session covered protective options (barriers and facilitators to condom use, how to bring up condom use in relationships, and practice putting a condom on a wooden model).

The LHAs attended seven workshops (3 h each) to receive training. Content included 1) the role of the LHA, 2) information about HIV/AIDS (symptoms, transmission, testing, and prevention), 3) information about STDs, 4) methods of prevention including condom use and ways to negotiate for safer sex, 5) information about how to make referrals and appointments at the local clinics, 6) confidentiality and ethical conduct, and 7) planning and evaluation strategies for

“getting the word out about HIV/AIDS” (see Table I for a description of the session objectives).

Access

Regardless of the cultural fit and interest in the program, participants could not attend if it conflicted with their work schedule or if they did not have transportation and child care. Therefore, the LHA training was scheduled on Saturday morning in an attempt to accommodate work schedules. Transportation and childcare were made available. Sixteen of the participants had children and needed assistance with child care (both married couples had children as well as 14 of the women). Three of the participants

needed assistance with transportation. To facilitate attendance, snacks were provided at break and lunch was provided after the training for the LHAs and their children. The women's group at the local Latino Center cooked and served the lunch. Therefore, the food and the women who served it were all familiar to the LHAs. The participation of the women's group exemplified the cultural value of community (46), gave the LHAs an immediate opportunity to share what they had learned, and allowed the women's group to earn some money for their projects.

Discussion

As the program start date approached, community interest increased. A total of 20 potential LHAs were recruited by the research team, and one of the participants recruited an additional LHA. Originally, the investigators had hoped to recruit an equal number of men and women to the program. However, several men who wanted to participate in the program were unable to do so because of work schedules. Work schedules made recruiting men for the LHA program difficult. Male recruitment is particularly important for HIV prevention programs targeting Latinos. Although women are traditionally the health educators in Latino families, Flaskerud found that men would not accept HIV information from their partner (51). In addition, female LHAs could not be expected to talk to men in the community about HIV prevention.

Eighteen persons completed the entire 7-week LHA program. Several participants had scheduling problems and required make-up sessions. Make-up sessions were available so that everyone would have the same content, much of which was sequential. Three men were unable to complete the training. One man's mother was gravely ill in Mexico and he needed to work Saturdays so he could afford to go see her (his wife completed the training). The third man stated that he was uncomfortable with the session which dealt with nontraditional and traditional Latino sex roles. Interestingly, throughout the program there was some tension between him and others about education. When comments were made by group members about having AIDS information in high school he became defensive and mentioned that many people didn't have the opportunity for an education. The second man that didn't complete the program was the person recruited by the LHA. He was not a natural helper, but was accepted into the program because of high-risk activity and his access to others with risky behaviors (i.e., use of commercial

sex workers). Therefore, he may have felt uncomfortable in the group.

The educational issue raised in the training made class differences among the LHAs very apparent. Class differences were obvious not only from comments about education, but also by LHAs confidence when speaking up in the group. Initially, discussions tended to be dominated by the more educated group members who appeared quite confident. The facilitators and the coaches made this observation. At the beginning of each session, an LHA offered to be a "coach" and give feedback to the facilitators at the completion of the session. Several coaches suggested that the facilitators call on people specifically seeking out their input. Facilitators were hesitant to employ this strategy, thinking it would make participants uncomfortable. However, after hearing the same comment following several sessions, the facilitators did what the coaches suggested. The coaches idea of calling on individuals and asking for their opinion worked well. After this strategy was employed, members of the group who tended to be quiet began to volunteer their opinion.

While class differences and literacy issues presented numerous challenges from presentation of material to facilitation of the groups, the authors believe that literacy should not be a requirement criterion for LHAs. Pictures in the manual, dialogue, role-play, skits, and puppet shows made the material accessible to the LHAs with limited literacy. Since most of the group was literate, group work requiring listing of beliefs or ideas, was never a problem. Someone always just started writing the group's ideas without awkwardness or a debate about who would be the scribe. Although one man stopped coming in part, we believe because of the variability among educational levels and class of the group, it is believed that the majority of the LHAs benefited from this mix. In their work in the community as LHAs, participants will need to be sensitive to both issues of class and educational preparation. Therefore, the authors do not recommend recruiting based on educational preparation.

CONCLUSIONS

Innovative strategies are needed to access difficult to reach immigrant populations. This description of the recruitment and retention process has shown how knowledge of the target community and cultural values were interwoven into all aspects of program development. *Protegiendo Nuestra Familia* suggests that community members can be recruited

for and retained in programs which require a major time commitment. Improving access to programs by understanding the needs of the targeted community enhances program participation and retention. In addition, men can be recruited for LHA programs; however, work schedules made recruitment of males very difficult. Recruiting from a Latino disco was a successful strategy. Researchers should plan on additional time and money for the development of recruitment strategies for male LHAs.

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