Intervention: Fuerza Positiva

Culturally Appropriate Interventions of Outreach, Access and Retention among Latino/a Populations Initiative: An Intervention Monograph

Content developed by the AIDS Project Los Angeles (APLA) demonstration site staff with support from the Evaluation and Technical Assistance Center Team at UCSF

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Introduction

Disparities in HIV care

Despite rapid advances in the availability and quality of HIV care in the US, Latino/as continue to be disproportionately affected. Although Hispanics/Latinos only compromise about 16% of the total US population,[i] they account for 21% of people living with HIV and are infected at a rate three times higher than their non-Latino white counterparts.[ii] Along the HIV care cascade, Hispanics/Latinos demonstrate higher percentages of linkage, retention, and prescription of ART as compared to the national population. However viral suppression among the Hispanic/Latino population remains low with only 36.9% of HIV-infected Latinos achieving viral suppression.[iii] This may be attributed in part to the higher rates of delayed HIV diagnosis and delayed engagement in care among Latinos,[iv] which has been associated with poor health outcomes.[v,vi] Rates of delayed diagnosis and engagement in care are even more pronounced among foreign-born Latinos[vii] and those born in Mexico or Puerto Rico have lower survival at 36 months post AIDS diagnosis compared to those born in the U.S. and South America.[viii]

Barriers to linkage, engagement and retention in HIV care

A range of social and structural barriers impedes timely and consistent access to HIV care for Latinos. *Social factors*, such as discrimination and HIV stigma, can negatively affect health seeking behaviors of HIV-infected Latinos/as. HIV stigma has been associated with delayed HIV testing and entry into care and HIV discrimination in the health care setting is also a

strong deterrent to accessing HIV medical services.[ix,x] In addition, many *structural barriers* result from economic disparities affecting Latinos in the US. For example, many Latinos living with HIV struggle with competing needs - such as finding and keeping work and housing - that take priority over health care.[xi,xii] Structural barriers that particularly affect Latinos include lack of bilingual services in Spanish, low rates of health insurance coverage, and lack of transportation.[xii] For Latinos who are not citizens or in the US with official documents, fear of deportation can also reduce willingness to access care.[xiii,xiv]

Cultural factors can also result in delays when Latina/os living with HIV, particularly immigrants, enter medical care.[xv,xvi] Among Latina/os, cultural values such as *simpatia* (politeness and the avoidance of hostile confrontation), *personalismo* (the value of warm personal interaction), *respeto* (the importance of showing respect to authority figures, including health care providers), *familismo* (collective loyalty to extended family and commitment to family obligation) and *fatalismo* (the belief that individuals cannot do much to alter fate) can play a significant role in when they access HIV care as well as influence the decisions they make around issues of HIV care.[xvii,xviii] While these values are generalizations and may not apply to any individual patient, understanding them may help health care providers to understand a particular patient's behavior in the context of lager cultural inclinations.

Among Latinos/as, access to HIV testing and HIV medical care is further influenced by *country of origin and U.S. citizenship.* CDC reports indicate that approximately 55% of Latina/os born in Mexico and 58% of Latina/os born in Central America have a late diagnosis (defined as progression to AIDS within 1 year of diagnosis), compared to 40% of Puerto Ricans and other Latinos born in the U.S.[xix] Although HIV testing is available for all U.S. residents at public health clinics, regardless of citizenship status, accessing these services requires an understanding of how to navigate the health care system, which may be difficult for monolingual Spanish-speakers. Undocumented immigrants may have suspicion or anxiety about visiting health centers for fear that information about them will be released to other government agencies.[xx]

Transnationalism

The application of a standard set of cultural elements to interventions and programs targeting Latinos/as fails to take into account the heterogeneity of Latino cultural practices and values. Because Latino culture and identity often differ between and within countries,[xxi,xxii] it may be beneficial to incorporate a transnational perspective in order to take into account the unique experience of each individual. The transnational perspective takes into account the "duality" of the immigrant experience, exploring the immigrant's process of adapting to their host country while continuing to maintain connection to their country of origin.[xxiii] As a result, health seeking behavior may be influenced by more than one culture.[xxiv] The transnational framework looks specifically at the social, political, social and cultural ties of an immigrant to their place of origin.[xxiii-xxv] Taken together, research around social, structural and possible cultural barriers to care and research on how transnational practices influence care, suggest a need for novel and tailored intervention approaches to improve linkage and retention in care for Latinos living with HIV in the continental US.

This Initiative

Under the Health Resources and Services Administration's (HRSA) Special Projects of National Significance (SPNS) Program **Culturally Appropriate Interventions of Outreach, Access and Retention among Latino/a Populations,** nine demonstration sites are developing innovative methods to identify Latinos who are at high risk or living with HIV and out of care or unaware of their HIV-positive status, and improve their access, timely entry and retention in quality HIV primary care. This initiative is one of the first public health adaptations of the transnational approach, with interventions targeting HIV-infected Latino subpopulations living in the US that are specific to their country or place of origin.

This manual describes each of these interventions, including:

- The local epidemiology and unique needs of the populations served
- A description of each organization
- Key components of each intervention including outreach, recruitment, and retention strategies
- A logic model and/or a description of how each key intervention component addressed various stages of the HIV Care Continuum (e.g. linkage, retention, ART adherence, and viral suppression)
- Core intervention staff
- Description of community partners, when appropriate
- Staffing requirements and cost estimates
- Program planning and development needs
- Preliminary programmatic outcomes
- Important lessons learned

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Acknowledgments

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AIDS Project Los Angeles (APLA) Health

Project Name: Fuerza Positiva

Location: Los Angeles, California

FUERZA POSITIVA

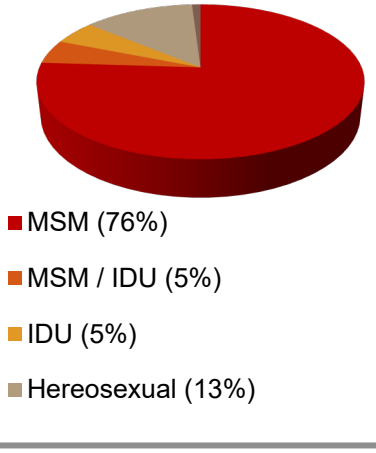
Local Epidemiology

General Epidemiology

Identifying, linking, and retaining persons living with HIV (PLWH) in primary medical care is a priority for both providers and public health organizations, and remains a focus of the National HIV/AIDS Strategy.[i] Recent estimates of the proportion of HIV-infected persons who received regular HIV clinical care in the US have ranged from 37% to 55%.[ii] In Los Angeles County, California, the implementation site for Fuerza Positiva, the Los Angeles County Department of Public Health Division of HIV & STD Programs (DHSP) reports that as of December 31, 2014, 71% of PLWH were engaged in HIV primary care, 59% retained in care, and 59% achieved viral suppression.[iii]

Latinos represent the largest number and proportion of HIV cases in Los Angeles County (LAC). They comprise 41.8% of all PLWH and 46.2% of persons recently diagnosed. LAC's HIV epidemic is predominantly male (87.5% of all PLWH and 87.6% of recently diagnosed PLWH) and among the male population living with HIV, 41.4% are Latino. In terms of risk for transmission, men who have sex with men (MSM) continue to be the group most highly impacted by the HIV epidemic in LAC, accounting for more than three-quarters (77.7%) of all PLWH and 83.0% of recently diagnosed. Latino MSM account for 41% of MSM living with HIV in LAC.[iv]

Figure 3. Estimated Transmission Categories of Persons of Mexican Origin Living with HIV in L.A. County as of 12/31/11 (n=21,344)



Target Population

The overarching goal of *Fuerza Positiva* is to significantly improve health outcomes among HIV-positive Latino MSM of Mexican origin, 18 years of age and older, and living in Los Angeles County, California–a uniquely vast and diverse geographic region, in which persons of Mexican origin

make up by far the largest single ethnic subgroup.

Unique Needs

Latinos experience disproportionately high rates of delayed diagnosis and entry into HIV care, are less likely than whites to remain engaged in HIV care, less likely to use ART and other HIV medications, and are more likely to become lost to care.[v] Latino MSM living with HIV face a wide range of barriers that complicate access to and adherence in care including, poverty, housing instability, access to health insurance coverage, lack of English literacy and lack of cultural competency and/or sensitivity by primary care providers, and a broad range of Mexican cultural beliefs related to religion, family, gender, and health. Yet, homophobia and HIV stigma present the greatest impact on access to HIV testing, care access, and retention. Among Latino MSM of Mexican heritage, HIV stigma is also associated with higher HIV risk behaviors, reluctance to seek care, lower HIV care retention rates, and poorer overall health outcomes.[vi]

Program Description

Organizational Context

Founded in 1983, APLA Health (APLA) is a non-profit, community-based organization based in Los Angeles, California, providing a broad portfolio of evidenced-based HIV prevention, care, and treatment services to individuals and communities disproportionately impacted by HIV/AIDS across Los Angeles County. With over 35 years of offering core medical and support services to PLWH and evidenced-based HIV prevention and counseling and testing to those most at-risk for HIV infection, APLA was designated a federally qualified health center (FQHC) in 2013, leading to the formation of a separate and distinct corporation, APLA Health & Wellness. Inclusive of PLWH, APLA Health & Wellness offers primary care to the community in south Los Angeles. APLA Health & Wellness is not a Ryan White medical care provider, a distinction critical to the linkage and retention of Latino MSM of Mexican origin as most do not qualify for Medi-Cal, California's Medicaid program.

David Geffen Center, administrative location of Fuerza Positiva

Los Angeles County, California, a uniquely vast and diverse geographic region that can best be understood in comparison to other U.S. states, rather than other U.S. counties, spans 4,084 square miles.[vii] This region is comprised of both urban rural areas and wilderness areas, and is typified by great disparities in income and health status, with neighborhoods of great wealth often located adjacent to areas of extreme poverty. This leads to significant disparities in both general health outcomes and care access, and poses challenges to providers in coordinating and delivering care.

Although *Fuerza Positiva* was developed and implemented through a community-based organization, the program can be adapted to different organizational settings focused on HIV linkage and retention efforts. *Fuerza Positiva* can also be adapted for other Latino populations.

Intervention

The overarching goal of *Fuerza Positiva* is to significantly improve the health outcomes of HIV-positive MSM of Mexican origin. Using culturally appropriate strategies, the

intervention incorporates the following methodologies: (1) Identification, Recruitment, and Engagement; (2) Linkage and Retention, which is achieved through integrating strength-based case management and patient navigation, and (3) Social Support provided through *Hermanos*, a group-level intervention comprised of five sessions. Hermanos was adapted from the original Hermanos de luna y sol developed by Dr. Rafael Diaz, which emphasizes cultural pride, community building, and personal empowerment as key factors that enhance a person's ability to practice safer sex, avoid HIV infection, and have healthy relationships. In the context of *Fuerza Positiva*, these constructs have been adapted for HIV-positive MSM of Mexican origin, with a focus on promoting retention in HIV primary medical care and adherence to HIV treatment.

Theoretical Basis

Social Action Theory (SAT) is the underlying framework for *Fuerza Positiva*. Clinical medicine treats individuals with an emphasis on symptomology, not whole person focused. Public health focuses on communities, but it often neglects the individual. Thus, SAT blends clinical and public health approaches by specifying causal pathways in behavior change and accounting for socio-environmental constraints and supports. *Fuerza Positiva* builds the capacities of the person across life context and not just around risk behaviors. The premise of this is that by learning adaptive patterns and coping strategies across various aspects of life, one can generalize and apply those tools to risk behaviors and health compliance.

Fuerza Positiva and the Transnational Framework

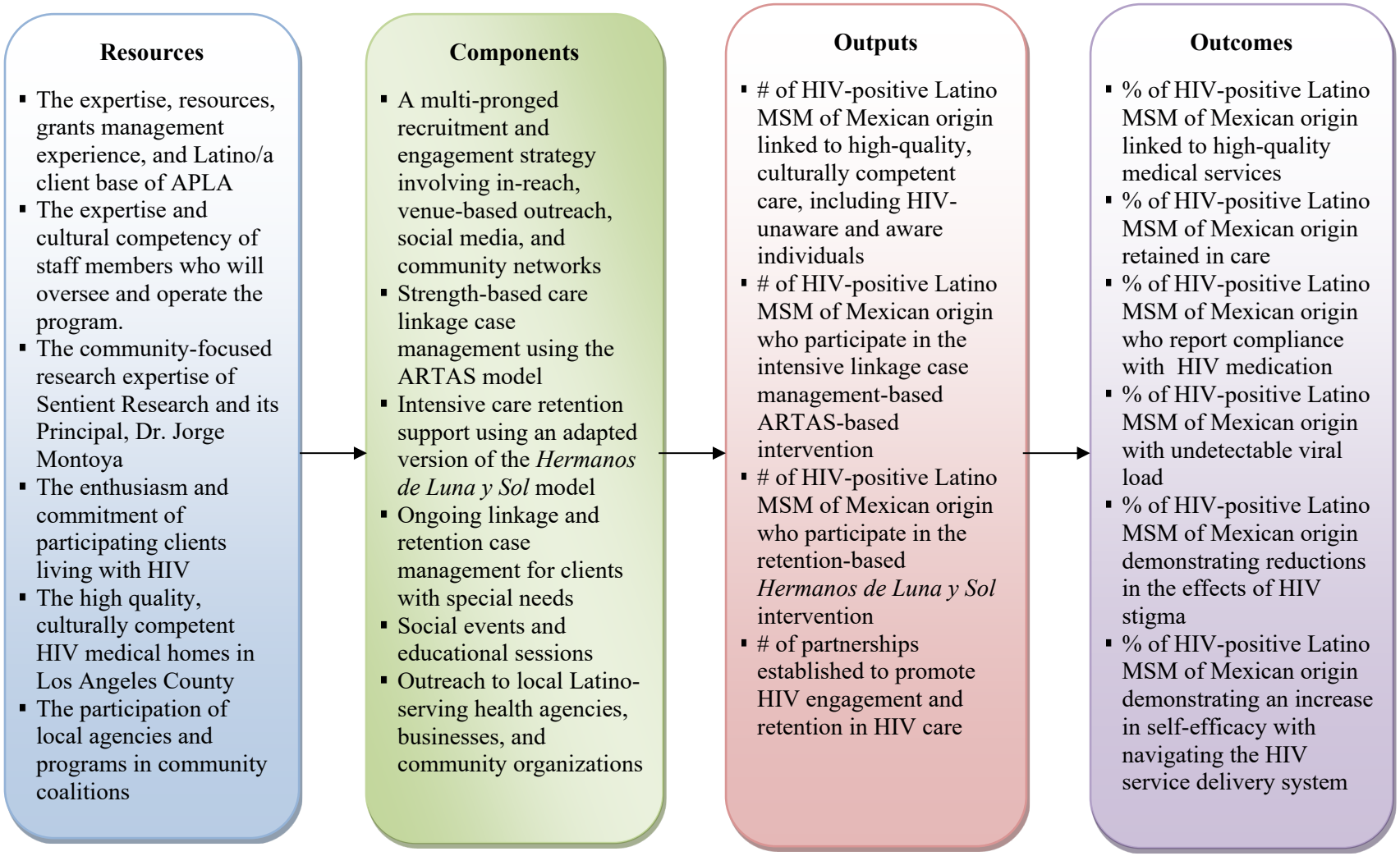
A unique component of *Fuerza Positiva* is the incorporation of the transnational framework. Transnationalism refers to the varied means by which immigrants maintain connections with their place of origin while continuing to establish themselves in their place of settlement. This is accomplished via practices and relationships that link migrants and their children with their place of origin, where these practices have significant meaning and are regularly observed.[viii] Transnational factors can serve as both a facilitator and barrier related to health outcomes. *Fuerza Positiva* focuses on four domains as they relate to transnationalism.

- ***Social Spaces*** relates to the settings predominately used by people from their home country/setting (markets, clubs, community settings, church, or any other settings).
- ***Transnational Life*** represents significant practices/behaviors and relationships that are observed regularly that link individuals to their place of origin.
- ***Points of Reference*** includes influences or from where a person derives their understanding about their personal health issues (place of origin, place of settlement, or both)
- ***Migration*** relates to an individual's patterns or migration between countries of origin and current residence. This may include the frequency of, or nature of migration in individuals' social networks and visiting from or traveling between countries of origin and residence. Examples include documentation status and reporting sexual orientation as reason for migrating.

Fuerza Positiva integrates components of the framework by hosting and creating engagement and retention activities in

social settings that resonate with Mexico. Through the individual and group-level intervention, the program builds upon participants' life experiences and health beliefs derived from their nation of origin to facilitate linkage to care and support retention.

Figure 1: *Fuerza Positiva* Logic Model



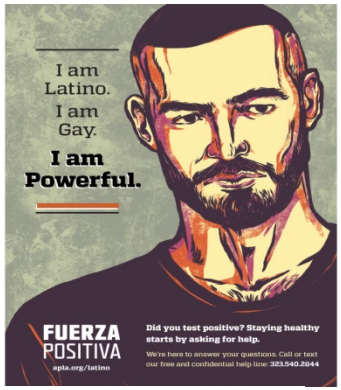
Intervention Components

Identification, Recruitment and Engagement

A. Venue-based outreach: *Fuerza Positiva* adapts the CDC's outreach definition[i] by conducting venue based recruitment and engagement activities to provide information on the importance of accessing HIV primary care and adherence to HIV treatment regimens. Program staff conducts outreach at bars, clubs, and other social venues (e.g., coffee houses frequented by Latino MSM.

B. In-Reach: Using principles outlined in the CDC's *Data to Care* strategy, in-reach is an intervention strategy that focuses on recruiting clients from within an organization where the client receives services. This intervention strategy is achieved in two ways; (1) disseminating project specific information to clients and program staff within the agency, and (2) utilizing internal client data management systems to identify potentially eligible participants.

C. Community Partnerships: Development of partnerships with local organizations (e.g., housing providers, substance use treatment centers, primary care clinics) that conduct HIV and STD testing/screening and/or medical and other social services to the target population. The purpose of developing these relationships is to increase the likelihood that service providers will provide a client with a referral to the program.



D. Social Marketing: *Fuerza Positiva* incorporates this recruitment and promotion strategy through print and social media to engage and recruit the target population into the program.

Linkage and Retention

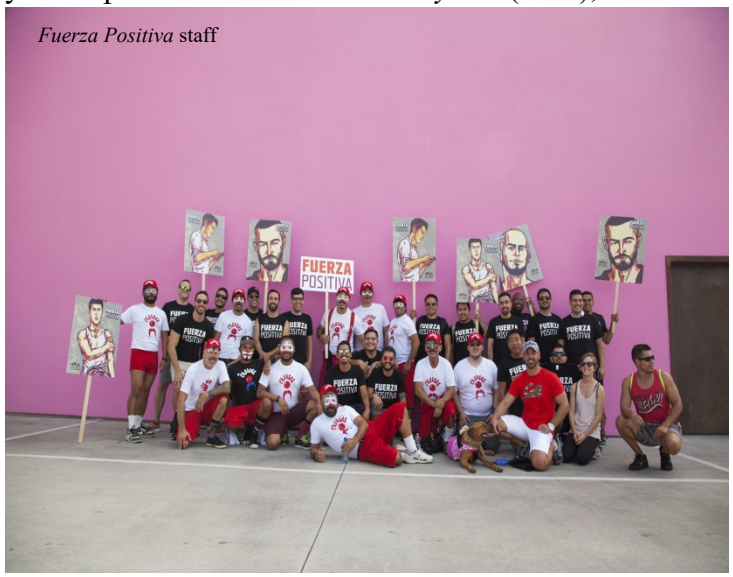
The Strengths-Based Case Management (SBCM) model employed by *Fuerza Positiva* adapts core elements of the Antiretroviral Treatment and Access to Services (ARTAS) model. ARTAS is rooted in Social Cognitive Theory (especially the concept of Self-Efficacy) and Humanistic Psychology. SBCM encourages the client to identify and use personal strengths; create goals for himself and establish an effective, collaborative relationship with the Linkage Specialist.

Fuerza Positiva adapts components of the ARTAS model by modifying the five-client session shorter-term framework into a long-term 18-month model which consists of five steps. The 18-month model allows the client to maintain a long-term relationship with the Linkage Specialist who supports the client at various intervals in his efforts to implement changes and overcome barriers. This is intended to provide the client with greater accountability and motivation to participate in services and maintain gains, increasing overall retention in services. The *Fuerza Positiva* SBCM model maintains the strength-based and collaborative design with the goal of increasing the

client's sense of self-efficacy in navigating the system and meeting his/her needs.

Group Level Support/Skills Building

The group-level component of *Fuerza Positiva* incorporates key concepts of *Hermanos de Luna y Sol* (HLS), an



Fuerza Positiva staff

intervention that was originally developed as an HIV risk reduction program for Spanish-speaking gay/bisexual men. The intervention is based on research by Dr. Rafael M. Diaz that emphasizes cultural pride, community building, and personal empowerment as key factors that enhance a person's ability to practice safer sex, avoid HIV infection, and have healthy relationships. In the context of *Fuerza Positiva*, these constructs have been adapted for HIV-positive MSM of Mexican origin, with a focus on promoting retention in HIV primary medical care and adherence to HIV treatment.

The five-session group level intervention:

- Provides social support, social belonging, and enhanced self-esteem in the context of a Latino MSM and HIV-positive identity and community;
- Promotes critical awareness of social and cultural forces that impact and shape participant's social and health care seeking beliefs and attitudes;
- Increases participant's self-knowledge, with particular emphasis on individual beliefs, attitudes and situations of personal vulnerability that limit participants' ability to maintain adherence to HIV primary medical care and treatment.

Two important themes are integrated into each session. One is utilizing the concept of the Ideal Self in managing the negative impact of HIV, coping with stigma, making adaptive disclosure decisions, and remaining engaged in HIV care and adherent to prescribed HIV medications.

Core Intervention Staff

Position	Core Requirements/Competencies
Program Manager/Director: 25% Full-time Equivalent (FTE)	The Program Manager/Director is responsible for the overall planning, coordination, implementation, and management of *Fuerza Positiva*. The person assuming this role should have experience and knowledge with planning, implementing, and evaluating public health programs, program management, including budgeting, staffing, marketing, and reporting. If desired, the Program Director/Manager may also serve as the Evaluator.
Program Coordinator	The Program Coordinator (PC) is responsible for coordinating the logistics of program implementation and implementing the intervention. The PC works closely with the Linkage Specialist and Outreach Coordinator to promote the intervention, collects client-level data, and facilitates *Hermanos*. The PC should have experience with program oversight and management, providing case management services and group facilitation. Demonstrating a background in public health or a human services field is recommended. Spanish speaking required. Reports to the Director.
Linkage Specialist: One (1) 100% FTE	Reporting to the Program Coordinator, the Linkage Specialist (LS) is responsible for the implementation of core program activities - meeting with clients, attending the first medical appointment and subsequent appointments as needed, promoting retention, and assisting with outreach. The LS works closely with the Outreach Coordinator to promote the intervention, collects client-level data, and assists with the facilitation of *Hermanos*. The LS should have experience providing case management services and group facilitation. Demonstrating a background in public health or a human services field is recommended. Spanish speaking required.
Outreach Coordinator: One (1) 100% FTE	Responsible for the coordination and implementation of recruitment strategies. The OC should demonstrate knowledge of social spaces frequented by the target population, expertise with using social networking sites, and engaging community partners and businesses. Spanish speaking required. The OC reports to the Program Coordinator.
Evaluation Specialist: 30% FTE the first year of the project; 25% years 2-4; and 40% FTE final year.	The Evaluator designs the monitoring and evaluation plan and oversees process and outcome monitoring-related activities including data collection, developing instruments, and reporting results. Data entry may be included in the Evaluator's role, or performed by the implementation team. The Evaluator position may be filled by an agency staff person or consultant with experience designing and executing, monitoring and evaluating plans. Note: This position may be secured through a consultant agreement and perhaps would devote more time on the project during the planning stage and first year of implementation. The Evaluation Specialist reports to the Director.

Note: Agencies should also identify a mental health professional employed at the organization to provide clinical supervision or support at 20% of one (1) FTE

Community Partners and Collaborators

The following community partners were integral to the successful implementation of *Fuerza Positiva.* An emphasis

should be placed on partners that can assist with recruitment and engagement.

1. **Engagement**
   - In-reach – programs internal to APLA. Ensure all staff and programs are aware of eligibility (i.e., newly diagnosed, out of care, tenuous care)
   - HIV Counseling & Testing (HCT) providers: Execute business agreements; HCT sites need to understand that the program will not "poach" their clients. Clinical providers that offer HCT services but do not have HIV primary care specialists may require sensitivity training and additional education about HIV.
   - Social Venues: Bar and bathhouse owners, social media companies, and community event organizers
   - Community Organizations: Groups indigenous to the target population.

2. **Linkage and Retention**
   - Medical Clinics: s agreements to enable the collection of medical data. Clinical sites must demonstrate cultural humility and have Spanish speaking staff.
   - Housing providers: Because housing is a central need, establishing partnerships with agencies offering HOPWA services offers an opportunity to locate clients enrolled in the program but lost to follow-up.

Program Planning & Development

Start-up Steps

Staff Selection: Recruiting and selecting the most qualified staff for the project is a critical component of the planning process. Step one in the process is developing a job description that outlines the tasks associated with each program position and what requirements the candidates need to present to be considered (e.g., experience working with the target population, understanding of the target population's social networks, experience working in HIV, etc.).

Staff Training: Training required to implement the intervention includes Motivational Interviewing. ARTAS (provided by a certified ARTAS trainer), basic HIV 101, HIV treatment overview, facilitating skills, working with client's in crisis, transnationalism and Latino cultural constructs, outreach safety, HIPAA, and data collection and management.

Convening a Planning Committee: Agencies wanting to implement *Fuerza Positiva* are encouraged to form a planning committee comprised of agency staff and community partners to inform and assist with all aspects of the pre-implementation and implementation process described below. Agencies may also want to consider forming a community advisory board comprised of members of the target population to provide feedback on marketing materials and to inform program staff about recruitment and engagement strategies.

Formative Assessment Process: Engaging in a formative assessment process is recommended to gather critical and detailed information about where to reach Latino MSM of Mexican origin who are infected or may be infected with HIV and how to reduce barriers to HIV care and connect them with a medical home, retain them in care, and improve health outcomes. This process may include convening focus groups comprised of the target population and speaking with key informants.

Buy-In/Stakeholders: Securing support from the target population, community stakeholders, and agency staff is

crucial because it assures the support of agency administration and facilitates the allocation of agency resources for implementing the intervention. Obtaining this "buy-in" is most effectively accomplished by a mid- to upper-level administrator within the agency who serves as the intervention's spokesperson, can demonstrate the ability to advocate and answer questions about the need for the intervention, and is familiar with the resources needed to implement the intervention.

Business Agreements: Because of the sensitive nature attributed to collecting medical data connected to program participants, business agreements developed and agreed upon between the program and clinical partners is necessary. Local public health departments may have a template of an agreement. Clinical providers may also have an example used with insurance companies or billing entities that can be adapted These agreements may need to be vetted by a legal expert.

Budget: Additional non-personnel/operating costs will need to be planned for including, including local travel and transportation costs (engagement through venue-based outreach, equipment costs (smartphones for team members to communicate with participants while in the field, text messaging to promote retention), and marketing and recruitment costs (promotional materials and use of social media to expand reach).

Development of Recruitment & Engagement Strategies: *Fuerza Positiva* focused on identifying HIV-positive Latino MSM of Mexican origin not engaged in care as numerous linkage efforts implemented in Los Angeles County already focused on newly diagnosed individuals. Locating and ultimately engaging this population should represent the primary focus of the program. Recruitment and engagement strategies fulfill multiple goals.

1. Identify eligible program participants
2. Promote HIV support services
3. Normalize the importance of HIV care
4. Reduce stigma
5. Increase community support and buy-in

Implementation and Maintenance

Program Modifications: The following modifications were made from the original design to account for challenges with recruitment and engagement.

1. **Addition of an Outreach Coordinator**: Intervention benefits by having a person focused on recruitment and engagement efforts. Planning outreach events and maintaining a presence on social media requires a dedicated staff person.
2. **Emphasis on social media recruitment**: Traditional recruitment and engagement strategies that include venue-based outreach did demonstrate an effective recruitment strategy. While in-reach activities proved successful, recruiting HIV-positive MSM through social networking sites (e.g., Grinder, Growlr) proved most successful.
3. **Group-level intervention**: Less emphasis was placed on the group-level intervention as recruitment and engagement strategies and follow-up sessions were identified as more critical with increasing retention.
4. **Non-cash incentives**: *Fuerza Positiva* uses non-cash incentives to demonstrate respect for the amount of time clients spent during the first session and each subsequent follow-up. The amount of the non-cash

incentive was increased from $25 to $40 as clients reported $25 was not sufficient for the amount of time they spent with the Linkage Specialist. Many clients were employed and taking time off of work to meet with staff was not an option.

5. **Communication:** Over the course of the intervention, texting participants via a smartphone were more successful than phone calls and emails. Participants who have "free phones" often have their number changed once their assigned number of minutes is used up.
6. **Flexibility:** Initially, staff anticipated that clients would come into the APLA Health to engage strength-based case management; however, it became apparent many of the recruits and participants were employed which necessitated staff to meet clients in the field during non-traditional work hours.

Implementation Barriers

Recruitment: Given the emphasis within all health jurisdictions on linkage and retention efforts, there is considerable competition to identify PLWH who are not engaged in HIV primary care. Recruitment efforts therefore require considerable formative planning, avoiding duplication of other local efforts, and establishing partnerships that offer services to PLWH but not connected to the traditional HIV service delivery system.

Group-Level Intervention: The Hermanos intervention takes a considerable amount of planning and staff time. Organizations interested in implementing *Fuerza Positiva* need to be mindful that recruitment efforts be the priority.

Clinical Care Options: While the availability of clinical services is a facilitator, participants enrolled *Fuerza Postiva* were connected to 18 different clinics. The diversity of clinics proved challenging with collecting medical data.

Implementation Facilitators

Intervention Staff: Staff reflective of the target population are critical to the success of the program. Knowledge about the target population, cultural values, and their social spaces should be a priority during the employee recruitment and selection process.

Social Media: Use of social networking sites used by Latino MSM is a cost-effective strategy to recruit members of the target population who are not engaged in HIV primary care.

Connection to Support Services: Having a variety of additional support services promotes retention efforts. When participants are lost to follow up they can often be found accessing other services within the organization.

Flexibility: Ability to meet participants in the field during non-traditional working hours is key for both recruitment, enrollment, and follow-up. Job descriptions therefore need to make clear the expectations of program staff.

Reciprocal Effort: Establishing and maintaining community partnerships and engaging key stakeholders are critical to the success of the program. Expanding relationships outside of traditional HIV service providers and engaging organizations indigenous to the community broadens support and assists with reducing HIV stigma. All partnerships must incorporate a

reciprocal effort in which each organization support one another.

Ongoing Staff Training

- Motivational Interviewing requires ongoing training and reinforcement
- Updates on HIV treatment, PrEP and relevant issues related to PLWH
- Immigration policy
- Data collection

Staff Turnover

Staff turnover is inevitable. Working with the HR department to be proactive in recruiting a qualified pool of candidates is important. Attendance at community events and through community partnerships, qualified candidates who have a connection to the program can be identified.

Intervention Activities

Preliminary Outcomes

Sixty-Six Latino MSM clients were enrolled and provided services by Fuerza Positiva staff. All men were of Mexican origin residing in multiple locations throughout Los Angeles County with 15.2% indicating they were homeless at the time of enrollment. Clients were referred to Fuerza Positiva from multiple internal (other APLA departments or programs) and external sources with a majority or the largest percentage being recruited from ads placed on Grindr, a geosocial networking application. Clients ranged in ages from 25 through 67 with a mean age of 36.8 (median=34.5, range 42) and skewing younger with 52.9% ages 25 through 35, 24.3% ages 36 through 45, and 22.7% age 46 or older.

Intervention Cost

The annual cost to implement the program, including personnel, employee benefits and operating costs total $255, 584. Additional costs to consider built into this total include $30,000 in program evaluation and $4,745 in non-cash incentives. Removing these two line items brings the total program cost to $220,840.

Lessons Learned

The program elements of *Fuerza Positiva* may be adapted for other jurisdictions and HIV-positive Latino MSM populations. If this program were to be replicated within another organization, there are some lessons learned from this initial implementation to be shared. Below are some of the observations made throughout program implementation which could prove helpful for other organizations to take into consideration during the program planning process.

- Establish realistic recruitment goals.
- Traditional print media strategies may not be useful and are expensive.
- Field-based strategies are critical to the success of the program.
- Employ non-traditional business hours.
- Clients respond more quickly and often via text, as compared to phone or email. Clients often experience changing phone numbers and contact information due to lack of service/free phone access, etc. For this reason, it is important to consistently ensure all contact information is up to date.
- Implementing Fuerza Positiva within an organization with multiple service offerings makes it easier and more convenient to connect clients to important resources.

- Having Spanish-speaking personnel and medical providers is important and can help to ensure clients are having their needs addressed, while also preventing feelings of discrimination or stigma due to misunderstandings due to language barriers.

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