Developing Community Networks to Deliver HIV Prevention Interventions

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SYNOPSIS

OUTREACH HAS A LONG HISTORY IN HEALTH and social service programs as an important method for reaching at-risk persons within their communities. One method of "outreach" is based on the recruitment of networks of community members (or "networkers") to deliver HIV prevention messages and materials in the context of their social networks and everyday lives. This paper documents the experiences of the AIDS Community Demonstration Projects in recruiting networkers to deliver HIV prevention interventions to high-risk populations, including injecting drug users not in treatment; female sex partners of injecting drug users; female sex traders; men who have sex with men but do not self-identify as gay; and youth in high-risk situations.

The authors interviewed project staff and reviewed project records of the implementation of community networks in five cities. Across cities, the projects successfully recruited persons into one or more community networks to distribute small media materials, condoms, and bleach kits, and encourage risk-reduction behaviors among community members. Networkers' continuing participation was enlisted through a variety of monetary and nonmonetary incentives. While continuous recruitment of networkers was necessary due to attrition, most interventions reported maintaining a core group of networkers. In addition, the projects appeared to serve as a starting point for some networkers to become more active in other community events and issues.

Since the mid 1980s, public health practitioners have gone into communities to deliver human immunodeficiency virus (HIV) prevention messages and materials on the street, and to provide health and social service referrals to persons they encounter who are at risk for infection with, or who have contracted, HIV. This intervention method might be defined as "community outreach," and it has been a useful strategy for reaching persons at risk who may not be accessing facility-based programs and services *(1)*. By maintaining visibility in a community and talking directly with people who are participating in risky sex and drug use behaviors, outreach workers may have a greater impact on community members' attitudes and behaviors than prevention messages delivered through the mass media *(2, 3)*.

Some HIV prevention outreach programs rely upon professional staff, such as social workers or public health nurses, to deliver prevention messages and materials within the community and recruit people at risk into medical and social services *(1)*. Other programs have employed outreach staff who are indigenous to a population or community affected by HIV to deliver risk-reduction messages to others in their community *(4, 5)*. An indigenous outreach staff person may have previous experience with unsafe sex and needle use behaviors as a former injecting drug user or sex worker. These outreach staff are often hired for entry-level positions *(1)*, and they typically receive extensive training in HIV-AIDS education and outreach methods.

Indigenous outreach workers may be more effective in delivering interventions than health professionals because they are likely to be more familiar than professional staff with the community, including the norms, attitudes, and beliefs that relate to unsafe behaviors. In addition, by employing community members as outreach workers, programs may build a stronger relationship with the community.

Another method of delivering HIV prevention interventions departs from the more traditional outreach models and relies on the recruitment of networks of community members to deliver risk-reduction messages and materials in the context of their social networks and everyday lives.

Another method of delivering HIV prevention interventions departs from the more traditional outreach models and relies on the recruitment of networks of community members to deliver risk-reduction messages and materials in the context of their social networks and everyday lives. Community members were recruited in the 1980s to deliver a health promotion intervention for hypertension in North Karelia, Finland *(6)*. More recently, community members, peers, or opinion leaders have delivered health promotion interventions for smoking cessation *(7)*, and HIV prevention *(8-12)*.

Persons participating in these programs are often recruited into groups or networks created by the program with the goal of delivering an intervention into the community; they are referred to in this paper as "networkers." These networkers can differ from indigenous outreach workers in several ways. They may volunteer their time or receive a small incentive, but they are not program staff. Networkers may have little formal training. Some may be currently participating in behaviors, such as injection drug use or prostitution, that put them in contact with other at-risk persons, or they may interact with them as a relative, neighbor, local merchant, or community leader. Since networkers may be recognized and trusted by community members (particularly if they have strong ties within the social networks in the community), they may have even greater influence in encouraging them to adopt HIV prevention behaviors.

Intervention delivery through networkers is supported by behavior change theory *(13-15)*. According to social cognitive theory, as networkers distribute prevention materials and messages, they can provide encouragement and positive social reinforcement for behavior change, as well as the tools (condoms, bleach kits) to facilitate that change *(13)*. Networkers may also serve as positive role models for other community members *(14)*. Based on the Diffusion of Innovations Model, networkers can be "early adopters" of consistent condom or bleach use. By spreading HIV prevention messages through their interpersonal contacts, networkers can assist in changing the perceived social norms in the community toward acceptance of these behaviors, which may lead to changes in actual community norms *(15)*.

In summary, we define a "networker" as a person who (a) is from the population or community at risk for HIV infection, or who frequently interacts with at-risk persons; (b) may share the beliefs, attitudes, norms, or behaviors of those at risk; and (c) is recruited into a community group or network created by a health promotion program for the purpose of distributing health promotion information and materials within the community. Although both in the United States and internationally HIV prevention programs increasingly report using networks of community members to deliver HIV prevention messages, there is a dearth of literature on how programs recruited and maintained these networks. This paper documents the experiences of the AIDS Community Demonstration Projects (ACDP) in recruiting networkers in five U.S. cities, and examines the ability of these networks to successfully deliver HIV prevention interventions to high-risk populations.

Background

The ACDP are community-level HIV prevention projects located in five cities: Dallas, TX; Denver, CO; Long Beach, CA; New York City, NY; and Seattle, WA. From 1991 to 1994, each project except Dallas directed interventions to one or more high-risk groups, including injecting drug users (IDU) not in treatment, female sex partners of

IDU (FSP), female sex traders, men who have sex with men but do not self-identify as gay (NGI-MSM), and youth in high-risk situations (for example, street youth or youth who spend most nights away from home). The Dallas project chose to intervene in two census tracts where data (including STD rates) suggested unsafe sex and needle use behaviors were taking place. The two goals of the projects were (a) to increase the prevalence of consistent condom use and (b) for injecting drug users not using sterile equipment, to increase the consistent use of bleach for cleaning injection equipment.

In a collaborative effort, researchers at the Centers for Disease Control and Prevention (CDC) and at project sites, with expert consultants, developed a common intervention protocol based on behavior change theories *(16-18)* for conducting a community-level intervention. The projects produced intervention materials consisting of condoms, bleach kits, and small media (brochures, pamphlets, fliers) with HIV prevention messages in the form of personal stories of community members (role-model stories) *(17-19)*.

Table 1. Intervention population by project site for the AIDS Community Demonstration Projects, 1990-94

Population	Dallas	Denver	Long Beach	New York	Seattle
Injecting drug users	...	X	X	...	...
Female sex partners of injecting drug users		...	X	X	...
Sex traders (women who trade sex for money or drugs)	...	...	X	...	X
Men who have sex with men, but who do not self-identify as gay	...	X	...	...	X
Youth in high-risk situations (street youth, runaways)	...	...	...	...	X
Community (all persons within two intervention census tracts)	X	...	...	...	...

To maximize distribution of these materials and enhance identification with the prevention messages, the projects recruited and trained community members as networkers to deliver the intervention materials to specific at-risk populations or communities. "Peer networkers" were persons who were part of the at-risk populations or community residents who were in contact with these populations on a regular basis. They distributed materials on the streets and within their social networks. In all cities except New York, materials were also available at distribution sites, such as local businesses and agencies. At passive distribution sites, materials were displayed for people to pick up, while at active sites, networkers, including merchants and health and social service providers (defined by the project researchers as "interactors"), distributed materials to clients and customers who were in these populations. Long Beach maintained active distribution sites only, while in the other cities there were both active and passive distribution sites. Both peer networkers and interactors were trained to emphasize the role model stories and to encourage and reinforce HIV prevention behaviors *(18, 20)*.

Variation in the application of the intervention protocol across cities and populations was expected and encouraged in order to tailor more effectively the specific interventions to local circumstances. The populations that received the intervention in each city are presented in table 1. In some cities peer networkers and interactors were recruited separately for each population, while in others one network of peers and interactors was recruited to distribute materials to more than one population. Eight distinct interventions were created in the five cities: (a) Dallas-2 census tracts; (b) Denver-IDU; c) Denver-NGI-MSM; (d) Long Beach-IDU, FSP, and sex trader; (e) New York-FSP; (f) Seattle-NGI-MSM; (g) Seattle-sex trader; and (h) Seattle-youth.

To evaluate the implementation of the common intervention protocol, progress reports from each intervention were reviewed for the period of July 1991 to June 1994. This included weekly activity reports, monthly networker recruitment and retention records, and the quantities of intervention materials distributed. In addition, program staff from each intervention (including outreach workers and the staff members who coordinated the networks) were interviewed during January-February 1994, during the final year of operation. The open-ended interviews were conducted by telephone; an average interview lasted 2 hours.

Developing the Networks

Recruitment. Prior to intervention, staff in each city conducted formative, ethnographic research to learn more about the risk populations and their communities *(17, 21)*. As part of this process, outreach staff spent time observing activity in the community, delivering risk-reduction messages and materials, and meeting community members. As outreach staff became familiar with the community and gained acceptance, they began recruiting peer networkers and interactors to distribute intervention materials *(18)*. In Denver, New York, and Seattle, potential peer networkers were referred to the projects from other health and social service agencies.

Peer networkers also enlisted their friends, relatives, and other community members to participate in the project. Project staff referred to this as recruitment through "word of mouth" or "snowballing." While staff at every site reported

this was an important method of recruiting networkers, Long Beach staff noted that as the community network grew larger over time, peer networkers brought in fewer recruits, and outreach workers did most of the recruitment. Other methods of recruitment included distribution of fliers in New York, support group meetings for sex trader networkers in Seattle, and newspaper classified or display ads seeking NGI-MSM networkers in Seattle.

Initially, gaining the trust of community members and encouraging them to participate was sometimes difficult. Long Beach staff reported it might require "seven or eight tries and lots of follow-up" to recruit people as networkers. The composition of the peer networks that were recruited varied from city to city. In Seattle, most of the peer networkers were gay-identified men who were delivering the intervention to nongay-identifying men, while in New York only a few of the peer networkers had not been female sex partners of injecting drug users (FSP). A detailed case study of the development of the Denver IDU peer network follows this paper *(22)*.

Participating in the project gave them "status in the neighborhood;" an indication of this was the reported value of items with the project logo within these communities.

Training. Across cities, peer networkers were usually trained in group sessions which were held at a project "storefront" (a building located in or near the at-risk community that served as a central point for intervention efforts) or at the offices of the health department or community-based organization implementing the project. Training sessions were generally similar, and consisted of an introduction to the project, an explanation of HIV and its transmission, explanation of the media materials (especially the role model stories), and a discussion of how to distribute materials to people, which included role-playing of different situations *(18, 20)*. Peer networkers were usually trained in a single 1- to 3-hour session; in New York they were trained over 3 days. Current peer networkers sometimes attended these sessions, and assisted with the role-playing or discussed their own experiences distributing materials. Occasionally, peer networkers in Dallas, Denver, and Long Beach might receive some individual training if they were reluctant or unable to attend a group training session. Interactors usually received a shorter training at their workplace.

The incentives given to peer networkers who completed the training varied across cities. Staff chose incentives based on local resources as well as what worked for them in recruiting people and retaining their participation in the project. In some cities, peer networkers received $15-20 (Denver, New York), while in others they were given a mug with candy (Long Beach), a coupon from a local vendor (Dallas), or no incentive (Seattle). No training incentive was mentioned for interactors.

Project staff across cities reported that the group training sessions were successful, and that networkers enjoyed the training. Staff indicated that peer networkers liked the information about AIDS, and said training sessions "helped prepare us for the field." Denver and Long Beach staff noted that these sessions helped networkers get to know each other. Interestingly, project staff were divided on the effectiveness of the role-playing sessions. Seattle youth intervention staff reported that when people were willing to participate in the role-playing, it worked well as a teaching tool and encouraged more active participation in the training session; and New York staff noted, "they like it....reading the role model stories and doing the role-playing opens up their minds." Alternatively, Long Beach staff said it was "hard to get everyone to role-play; [the staff] have to sort of force people into it. Many don't want to do things in front of other people."

Almost all of the staff mentioned that networkers needed some additional, often informal, training, (referred to as "update training," "mini-training," or "refreshers"). Staff reported that current networkers might attend the group training sessions for newcomers (Dallas, Denver), or training might occur as part of support groups or other meetings for the peer networkers (Dallas, New York, and Seattle), or on an individual basis as the outreach worker provided the networker with additional materials (Long Beach). The staff reported that it was important to reinforce the networkers' role in the project ("they seem to forget"), and these sessions (a) "refreshed their memory" about how to distribute materials, (b) informed them of changes in the intervention or small media, (c) allowed staff to review new role model stories with them, (d) gave networkers a chance to talk about their own experiences of distributing materials, and (e) provided networkers with additional support or training on other topics.

Staff believed that the recruits joined the projects for a variety of reasons which included the networkers' desire to "help people in the community" and "educate others." In Denver and New York, staff reported that the incentive for completing training (money) motivated some networkers to join, while Long Beach and Dallas staff thought that networkers might join because they "liked to be with the staff."

Materials Distribution and Other Activities

Networker tasks. Media materials such as brochures, pamphlets, and fliers were distributed to designated populations

Table 2. Distribution of materials for third year of intervention (June 1993-May 1994) in the AIDS Community Demonstration Projects

	Materials distributed [1]	
City and intervention	Average per month	Minimum — maximum in 1 month
Dallas[2]	1,309	754 — 1,991
Denver IDU	3,662	1,225 — 6,390
Denver NGI-MSM	1,014	855 — 1,239
Long Beach[3]	7,966	6,155 — 9,940
New York FSP	2,715	924 — 4,066
Seattle NGI-MSM[4]	775	497 — 1,010
Seattle Sex traders[4]	530	360 — 620
Seattle YHRS[4]	615	382 — 905

[1] Includes brochures, pamphlets, and fliers with role model stories distributed alone or with condoms or bleach kits. Additional condoms or bleach kits were also distributed in some cities.

[2] Materials were distributed in 2 census tracts in Dallas county.

[3] Materials were distributed to 3 populations in Long Beach: female sex traders, injecting drug users, and the female sex partners of IDU.

[4] Monthly figures for Seattle interventions estimated from bi-monthly records.

NOTE: IDU = injecting drug users; NGI-MSM = men who have sex with men but do not self-identify as gay; FSP = female sex partners of injecting drug users; YHRS = youth in high-risk situations (street youth, runaways)

Table 3: Number of active networkers for third year of intervention (June 1993-May 1994) in the AIDS Community Demonstration Projects

	Active networkers (average per month)	
City and intervention	Peers	Interactors or distribution sites
Dallas [1]	42[2]	
Denver IDU	111	18
Denver NGI-MSM	27	13
Long Beach [3]	115	14
New York FSP [4]	19	0
Seattle NGI-MSM[5]	0	7
Seattle Sex traders[5]	5	22
Seattle YHRS[5]	8	13

[1] Includes all peer, interactor networks and distribution sites. Dallas networkers distributed materials in two census tracts.

[2] Includes both peer networkers and interactors.

[3] Long Beach networkers distributed materials to three populations: female sex traders, injecting drug users, and the female sex partners of IDU.

[4] New York recruited peer networkers only.

NOTE: IDU = injecting drug users; NGI-MSM = men who have sex with men but do not self-identify as gay; FSP = female sex partners of injecting drug users; YHRS = youth in high-risk situations (street youth, runaways).

[5] Monthly figures for Seattle interventions estimated from bimonthly records.

in each city (table 1). The media materials were designed by project staff and were usually distributed with condoms or small bottles of bleach. The majority of the peer networkers' and interactors' time across interventions was spent distributing the intervention materials. A small number of peer networkers at each project also assisted in assembling kits of media materials and condoms or bleach for distribution. Other peer networker activities included recruiting new networkers, restocking drop sites, taking care of the project storefront, and participating in other community events.

Materials distribution across sites. Of the total quantity of media materials distributed in each city, the proportion distributed by the peer networkers and interactors, at distribution sites, and by outreach workers varied depending on the city and population. In early 1994 (after 2½ years of intervention), of all materials distributed in a given month, the proportion distributed by peer networkers was nearly 100 percent in New York, 90-95 percent for the Denver IDU intervention, 75 percent in Long Beach, and 50 percent for the Denver NGI-MSM intervention. New York did not recruit interactors, and each of these other interventions maintained a relatively large peer network (40-200 persons) to distribute materials.

In contrast, distribution sites and interactors disseminated the majority of materials when the projects were first implemented and the peer networks were smaller. In addition, for some interventions they remained an important method of distribution throughout the duration of the interventions. As noted previously, there were both passive distribution sites (where materials were displayed for people to pick up), and active sites (interactors distributed materials to clients and customers). By 1994, in any given month, interactors and distribution site staff delivered more than 70 percent of materials given to Seattle NGI-MSM, and 60 percent of materials given to Seattle sex traders. Dallas staff reported that interactors and peer networkers together distributed about 50 percent of the materials, while project outreach workers distributed the rest. In most other cities, outreach workers distributed a small portion of the materials, either with peer networkers or on their own.

The total number of media materials distributed also varied over time and across cities. Data on the quantity of materials distributed during the first 2 years of implementation is presented elsewhere (*17-18, 20*). The data presented in table 2 includes the final year of implementation, when the projects were firmly established in their communities. The average number of media materials distributed per month varied across cities from nearly 8,000 in Long Beach to about 1,300 in Dallas. Differences in the quantity of materials distributed were likely due to several factors, including (a) the size of the community networks (table 3); (b) the number of different populations to whom materials were directed in each city (that is, FSP in New York vs. IDU, FSP, and sex traders in Long Beach); and (c) the estimated size of the at-risk population in each city.

Time and location of materials distribution. Some interventions allowed peer networkers flexibility in when they distributed materials: peer networkers distributed materials to Seattle youth "whenever they want to," and to Denver NGI-MSM "all the time." Long Beach staff noted that networkers reported distributing 76 percent of their materials during the day, while in Dallas, staff said peer networkers primarily distributed in the evening because they feared police harassment during the day.

In other interventions, peer networkers distributed materials at specific times. The Seattle NGI-MSM out-

reach worker assigned peer networkers to various distribution sessions in the afternoons and evenings during the week. The Seattle sex traders project designated a weekly "Outreach Day" when peer networkers and outreach workers distributed materials together in the evening. The New York project also scheduled specific distribution sessions each weekday for peer networkers to distribute materials together.

Staff across the cities reported several examples of networkers' activities that moved beyond the scope of the intervention.

The locations for distribution of materials varied. In New York and Dallas, networkers distributed materials throughout geographically determined intervention areas (a public housing complex in New York; two census tracts in Dallas). In other cities, networkers distributed materials at specific locations. Seattle youth networkers distributed materials at drop sites, parties, and shelters. NGI-MSM in Denver and Seattle might receive intervention materials at an adult video arcade, adult bookstore, park, or bathhouse. Peer networkers reached injecting drug users on the street, in shooting galleries, or at drug houses; they sought sex traders wherever they were "on the stroll" (that is, trading sex). Peer networkers told staff they also gave materials to friends, family, relatives, and neighbors.

Talking with community members. Staff noted that most peer networkers and interactors knew which community members to give materials to through conversation, dress, knowing the culture, knowing their community, and knowing their friends. According to staff, most peer networkers identified themselves as a member of the project, and then began explaining the project to the person. Peer networkers in Long Beach spent more time discussing the materials with strangers than with people they knew, while the Seattle NGI-MSM project gave peer networkers a script to use to help them approach men in the video arcades and adult bookstores.

As noted previously, the small media materials contained role model stories with specific prevention messages. Stories were short (usually about 1/2 page) and were based on the experiences of real persons in the community. They were often accompanied by illustrations or photographs of "models" (who were often from the community themselves). These stories were written using local slang and at a literacy level comparable to that of the people to whom they were directed, based on formative research and pretesting of the materials.

Although networkers were encouraged during their training to point out and discuss the role model stories with recipients of the materials, networkers for most of the interventions told staff they discussed the stories only 30-50 percent of the time. In Long Beach, networkers told staff they discussed the stories with people they had never given materials to, but not with people they knew because "they've already heard my lecture." New York staff indicated that networkers were more likely to discuss the stories in the summer, when the weather was good. According to Dallas staff, peer networkers felt uncomfortable discussing the role model stories with people because "its not them. . . it's not their culture to talk about role model stories with people." However, staff reported that peer networkers did deliver a variety of messages while distributing materials, such as "play safe," "I got something for you to read," or "do you want (need) some condoms?" Staff across cities also reported that anecdotal information from the community indicated that people in the risk populations were indeed reading the role model stories and discussing them with each other.

Safety issues during distirbution. Across most projects, staff said that peer networkers reported feeling safe while distributing materials. In Dallas, staff reported that the peer networkers felt unsafe distributing bleach kits; staff thought that the police were suspicious of the bleach kits. Alternatively, peer networkers for the Seattle NGI-MSM intervention distributed materials in locations such as adult bookstores and video arcades, and peer networkers reported that they sometimes felt uncomfortable and vulnerable to sexual advances in these environments.

Incentives. To encourage networkers' continued participation, intervention staff in each city provided peer networkers with various incentives for distributing materials. Peer networkers for the Denver and Seattle sex trader and NGI-MSM interventions received from $20 to $40 a month. Peer networkers in New York received $10 each time they distributed materials and completed a short debriefing interview about their experiences in the field (up to five times a week). Other interventions developed creative nonmonetary incentives to foster continuing participation and to discourage the potential use of incentive money to buy drugs. These included fanny packs, tee-shirts, and hygiene kits in Long Beach; movie passes and restaurant coupons for Seattle youth peer networkers; and, in Dallas, coupons and prizes based on the number of hours worked. Only Seattle staff for the NGI-MSM intervention mentioned giving interactors incentives.

Staff also provided other types of support to peer networkers to maintain their participation. Long Beach staff helped peer networkers into case management or drug treatment services, and the Denver IDU intervention paid for the methadone treatment of some peer networkers. The New York intervention provided peer networkers with the opportunity to keep a "savings account" of their incentive

money at the project storefront. Outreach workers from many interventions provided peer networkers with telephone calls, thank you cards, letters to those who were in jail or substance abuse recovery programs, and home visits. Some peer networkers also received job referrals and references.

Staff from across the interventions thought that peer networkers valued the attention they received. As one Long Beach staffperson noted, peer networkers "bonded" with the project staff and liked to spend time with them because they were "someone who is not strung out, like many people they know." Across the interventions, staff visited with the peer networkers and supplied them with intervention materials at the project storefront or headquarters, or on the street. However, staff for the Denver IDU intervention noted that as their peer network became larger (more than 100 persons per month), it was more difficult to coordinate. One strategy they used was to issue identification cards for all the peer networkers (*22*). Long Beach, which also had a peer network of more than 100 persons, maintained the network by dividing the intervention area into four sections. Each of their four outreach workers visited one section (and all the peer networkers in that section) each week, and outreach workers rotated through the sections.

Group activities. The projects also sponsored group activities for the peer networkers to reward them for their efforts and to maintain their interest and participation. Staff in Long Beach, Seattle, and New York all mentioned having had support group meetings for peer networkers in the past. Over time, the support groups for the Long Beach and Seattle NGI-MSM interventions were discontinued due to lack of attendance, while support groups for the New York and Seattle sex trader interventions remained active. These support groups met weekly and often had guest speakers on other health topics. Other group events included holiday parties, refresher training or updates, field trips, picnics, and barbecues. Events were held from every 4 to 6 weeks to once a year. Staff believed networkers enjoyed these activities, although attendance varied. Dallas staff noted that peer networkers sometimes did not attend if food and incentives were not given out. Alternatively, Long Beach staff reported that their yearly picnic for peer networkers was an important event that people remembered and talked about.

Participation of peers, interactors, and distribution sites. The duration of networkers' participation in the intervention ranged from 3 weeks to more than 2 years, with an average of 3 to 6 months. However, staff across cities and interventions reported having a core group of peer networkers who had been with their project for a longer period of time. Interactors also appeared to remain with the projects longer. Long Beach interactors participated an average of 14 months.

Because of frequent turnover of networkers, all staff continued to recruit new networkers throughout the 3 years the projects operated. Table 3 presents data on the average number of active networkers per month during the last year of implementation. The Long Beach and Denver IDU interventions established large peer networks to deliver intervention materials, while other interventions maintained smaller peer networks. Although the Seattle NGI-MSM intervention had maintained a small peer network averaging three persons during the first 2 years of implementation, networkers' participation decreased, and the network was virtually inactive in the third year. Seattle staff noted that it had become extremely difficult to recruit peer networkers to distribute in the arcades and adult bookstores, where networkers often felt uncomfortable approaching men and discussing the small media materials. Instead, the Seattle NGI-MSM intervention, and some of the other interventions as well, relied primarily on interactors and distribution sites to distribute materials.

Motivation for remaining with the project. According to staff, networkers across interventions said they remained with the projects because they "wanted to help the community." Staff believed that money and time with staff were also important incentives. Staff for the Long Beach and Denver NGI-MSM interventions noted that networkers felt pride in being involved with the project, and that it was something positive in their life. Participating in the project gave them "status in the neighborhood;" an indication of this was the reported value of items with the project logo within these communities. Staff for the Seattle sex traders intervention reported that peer networkers liked being a part of the project because "it helps them stay clean and healthy."

Reasons given by staff for networkers' departure from the projects included being in jail or a substance abuse treatment program, moving out of the neighborhood, getting a job, or losing interest. Interestingly, staff in Dallas and Denver noted that some peer networkers who had been inactive while in jail or a treatment facility returned to participate in the projects when they were released.

Project Ownership and Community Organizing

Staff across interventions believed peer networkers felt ownership of the interventions. Denver NGI-MSM intervention staff thought this was especially true among the core group of networkers. According to staff, peer networkers enjoyed being part of the project (or "team"), and appreciated spending time with project staff and having other project responsibilities. New York staff noted, "they feel they have a say in what goes on in the project," and staff from Long Beach reported that some peer networkers say they "work" for the project. The main problem staff reported were personal conflicts between peer networkers; however, these conflicts were rare.

Project staff also mentioned networkers' activities that

were beyond the scope of the intervention. New York peer networkers helped organize a health fair at a public housing site, attended a local town meeting about a needle exchange, and participated in several AIDS awareness events. After several sex traders were murdered in Seattle, peer networkers organized a candlelight vigil to raise community awareness about the murders; the vigil was reported in the local media. As part of their incentive program, Dallas staff assisted peer networkers in organizing periodic garage sales and block parties, and networkers kept the profits.

These examples suggest that the projects may have served as a starting point for peer networkers to become more actively involved in their communities. When asked how the intervention had affected the networkers' lives, staff believed networkers had changed their own risk behaviors, gained access to training or resources, found a job, earned community recognition, and gained control over their lives.

Discussion

As the experiences in this paper suggest, it is possible to recruit people in at-risk populations and their neighbors, relatives, local merchants, and other community members to deliver HIV prevention messages in the context of their own daily activities. Networkers distributed materials within their own social networks and in locations such as shooting galleries, bars, sex trader "strolls," and parties. It seems likely that their personal knowledge of the communities in which they were delivering the intervention allowed them to reach those who might not otherwise receive HIV prevention messages.

As project distribution records indicate, networkers delivered thousands of small media messages, condoms, and bleach kits in these communities. For many of the interventions, peer networkers and interactors likely distributed many more HIV prevention materials in the community than program outreach staff would have been able to do themselves. After 2 years of implementation, exposure to these messages among people in the at-risk populations ranged from 21-68 percent *(17)*; preliminary analyses of the third year of data indicate that exposure has continued to increase. By saturating these communities with risk-reduction messages, networkers appear to have facilitated positive changes in the social norms around condom and bleach use, as well as individual changes in intentions and behavior *(17)*.

While the networks were successful in delivering the intervention materials to at-risk persons, maintaining the networks themselves often proved to be a time-consuming and intensive activity for staff. For most interventions, staff reported maintaining a core group of networkers for up to 2 years. However, frequent loss of peer networkers due to the uncertainty of their lifestyles or episodes in jail necessitated that staff continuously recruit new networkers. Staff perceived a need to provide frequent reinforcement or refresher training to networkers; these sessions also provided staff with an opportunity to receive feedback from the networkers about what was happening in the community.

Staff also reported helping peer networkers with a variety of personal issues, including getting into substance abuse treatment, beginning a "savings account" with the project, or providing job referrals and references. For peer networkers who may have lacked other resources, the extensive support and appreciation of their efforts by project staff appear to have been important factors in retaining their participation. In addition, staff across the cities successfully used both small amounts of money and other nonmonetary incentives to maintain peer networkers' interest and participation.

According to the common intervention protocol, networkers were to discuss the media materials, including the role model stories, with persons to whom they gave materials. Staff trained them in this process by having them role-play typical interactions between a networker and someone in the community. Staff noted, however, that networkers sometimes felt awkward or uncomfortable doing the role-plays. This awkwardness may have extended to actually talking about the stories with the people they gave materials to, as suggested by staff in one city. However, all staff noted that networkers did deliver a variety of messages, including HIV prevention and risk-reduction messages, and at least encouraged people to review the stories. Staff across cities also reported that community members appeared to be reading and discussing the small media materials.

Persons who seek out and volunteer their services to AIDS service organizations or other causes may do so to enrich the recipients of their services. Among the ACDP networkers, participating in the ACDP appeared to have an additional effect of mobilizing some of the networkers themselves. Staff across the cities reported several examples of networkers' activities that moved beyond the scope of the intervention project. In addition, staff believed that the projects had a positive effect on networkers' lives.

Since the data presented in this paper were obtained through staff interviews and a review of project records, they represent staff perceptions of the interventions. To document fully the implementation of these interventions and their impact on the participants, it will be necessary to interview networkers themselves.

This article presents a broad overview of the experiences of the AIDS Community Demonstration Projects in recruiting networkers. The case study that follows documents one project's experience in developing a large peer network to distribute small media materials to injecting drug users in Denver, CO.

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