Sustaining Community Engagement: Successful Strategies to Recruit Planning Body Members

Learning Series: Part One

Date: June 17, 2025

Time: 3-4 ET





About the Integrated **HIV/AIDS Planning Technical Assistance** Center -**IHAP TAC**



INTEGRATED HIV/AIDS PLANNING

TECHNICAL ASSISTANCE CENTER

Meet Your Facilitators!



Eddie Wiley IHAP TAC TA Coordinator



Chanel Richmond
IHAP TAC TA Coordinator

Let's Hear from YOU!

In the chat, tell us:

Your name

Planning group you represent

One goal you're working on in 2025

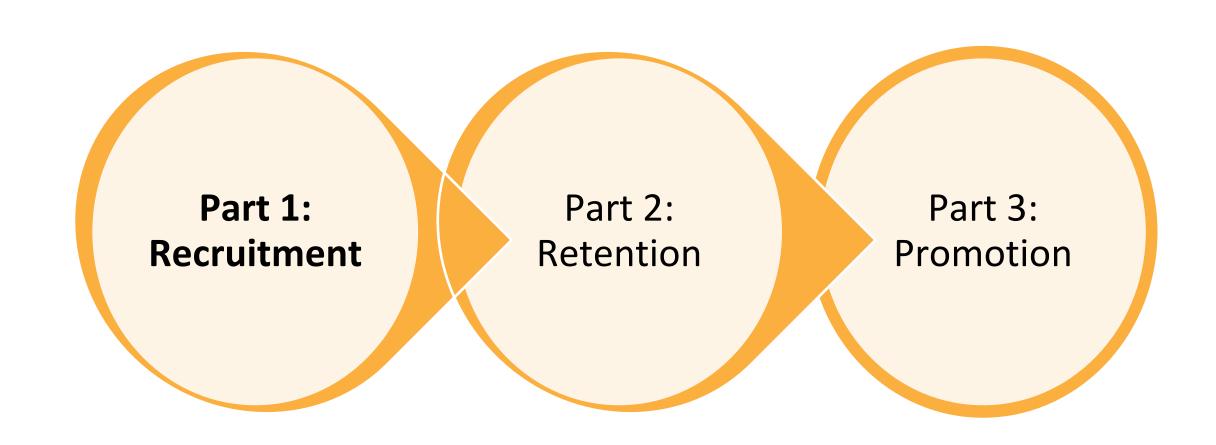
Overview of the Learning Series

Three-part learning series to facilitate peer-to-peer sharing on recruitment, retention, and sustained community engagement in jurisdictional HIV prevention and care planning bodies

Each session will have a short presentation and then breakout groups for sharing challenges with recruitment and retention and solutions to address

Participation in each session is recommended, but sessions will also stand alone

Learning Series Sessions



Part 1 Objectives

Following today's session, participants will be able to:

- Understand the importance of collaborative integrated prevention and care planning activities
- Define and understand the importance of recruitment
- List the components of a recruitment strategy
- Describe the benefits, barriers, and competition for the recruitment audience

Setting the Stage



Evolution of HIV Planning

Historically, HIV prevention and care planning processes were conducted separately given legislative and programmatic requirements Today, all Centers for Disease Control and Prevention (CDC) Division of HIV Prevention (DHP) and Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB)-funded jurisdictions are required to have a planning process that includes:

- Development of a system-wide plan for the delivery of HIV prevention and care services
- Establishment of an HIV planning group, planning council, or advisory group, also known as a planning body
- Submission of an Integrated HIV Prevention and Care Plan

Evolution of HIV Planning (continued)

Each Ryan White HIV/AIDS Program (RWHAP) Part A jurisdiction must maintain a planning group, either a planning council or planning body, that meets legislatively mandated membership requirements, roles, and responsibilities

Most states have integrated their statewide prevention and care (RWHAP Part B) planning bodies

There is great variation in how RWHAP Part A planning councils coordinate and collaborate with statewide planning bodies, HIV prevention planning bodies, and/or RWHAP Part B planning bodies to conduct integrated planning

The Case for Integrated Planning

Intended to accelerate progress toward meeting national goals while allowing each jurisdiction to design an HIV services delivery system that reflects its local vision, values, and needs

Requires engagement of a wide range of stakeholders, including people with HIV and people who would benefit from prevention services to inform and guide the delivery of HIV prevention and care services

Importance of Community Engagement in HIV Planning

HRSA's RWHAP recipients and providers have been longtime leaders in implementing community engagement activities to meet the health and support services of people and communities most impacted by HIV

Including people with lived experience in planning and coordinating HIV prevention and care results in:

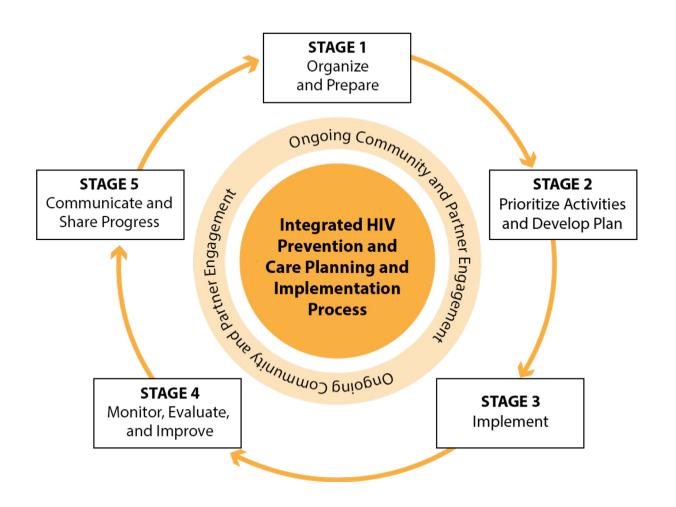
- Community-driven solutions for whole-person service delivery
- Improved health outcomes
 - Sustained linkage to care
 - Increased viral suppression rates among RWHAP clients

Community Engagement and Integrated Planning

Integrated planning is a cyclical process

Meaningful involvement of people with lived experience is essential in

all planning stages



In the chat, tell us...

Does your jurisdiction currently have a recruitment strategy?

Development of a Recruitment
Strategy



Planning Group Recruitment

The process by which individuals are identified, located, engaged, and asked to participate in a planning group

Helpful Recruitment Considerations

Engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people.

Ensure your **representation is varied.** You should have a collective mixture of differences and similarities that includes individual and organizational characteristics, values, beliefs, experiences, backgrounds, and behaviors.

Incorporate active, intentional, and ongoing engagement, including policies and practices that promote the full participation and sense of belonging among all members of a group or organization.

Recruitment Strategy

Components of a Recruitment Strategy

- 1. Clear Recruitment Goals
- 2. Defined **Audience** and Tailored Objectives
- 3. Compelling Messaging
- 4. Planned **Promotion**

Developing Clear Recruitment Goals

Recruitment Goal

Example: Our PB will recruit three (3) unaffiliated African American women between the ages of 21- 45 by June 2024.

Audience Description	Recruitment Objective	Recruitment Messages	Message Promotion
Demographics and Characteristics	SMART Objective (Appendix A) for each audience you want to recruit	Unique message for each audience that is reflective of its benefits, barriers, and competitors	Select the communication channels and messengers

Recruitment Strategy: Defining your Audience

Clearly describe who you would like to recruit.

Benefits, Barriers, and Competition

Based on social marketing concepts, it is important to consider the benefits, barriers, and competition from the audience's perspective to develop compelling messaging

Barriers: reasons your audience cannot (easily) or does not want to participate in your PC/PB

Benefits: reasons your audience might be interested in your PC/PB or what might motivate them to participate

Competition: activities your audience prefers to participate in

Benefits and Barriers

Describe the benefits for your audience serving on PC/PB

Describe the barriers for your audience serving on PC/PB

- What does the audience have to give up (costs) to participate in the PC/PB?
- How can you minimize costs and remove barriers?

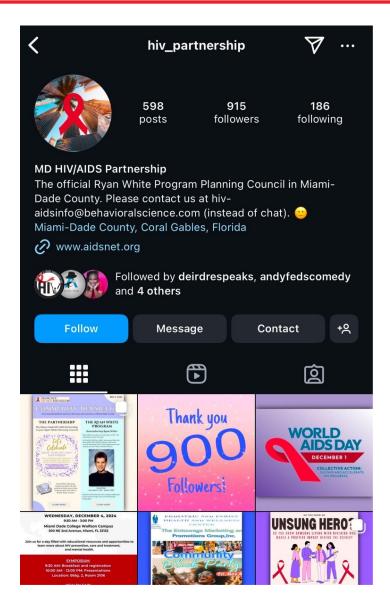
Competition

What is competing for your audience's time and attention?

Your audience can:

- Go somewhere else
- Do something else
- Not participate at all

Developing Compelling Messaging



Clear messaging Tailored to the audience Personal connection Contact information is available Include a call to action when appropriate

Promoting Recruitment Messages

Listserv

Social media

Website

Printed materials

Word-of-mouth

Other community associations

Potential Solutions to Challenges



Solutions to the Challenges We've Heard

Establish structures to support recruitment and retention, including formal applications, interview processes, and work plans that document council or committee terms to outline member responsibilities and anticipate membership changes

Assess ongoing recruitment challenges, specifically related to engagement opportunities that threaten representative and **active** membership

Solutions to the Challenges We've Heard

Develop strategies to identify new stakeholders so you are not always asking the same people to do more of the same

- Identify who is not at the table
- Develop recruitment and retention plans to include new voices who reflect the communities most affected by HIV and other related health concerns in your jurisdiction
- Provide opportunities for short-term input to people unlikely to seek membership in a planning group
- Leverage other stakeholder groups in the jurisdiction

Breakout Sessions!

You will automatically be assigned to a breakout session.



Breakout/Group Discussion

- 1. What is your biggest challenge with recruitment?
- 2. What strategies have you used to recruit members to join your PC/PB?
 - Specific messages, messengers, modalities?

Debrief and Next Steps



Join Us for Part Two!

Part 2 (Successful Strategies for Retention) will take place on July 22, 2025 at 3:00 pm ET



Thank you!

Contact us at ihaptac@jsi.com!

Obtain more information, join our mailing list, request TA, or share your experiences or resources.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30144, Ryan White HIV/AIDS Program Integrated HIV Planning Implementation. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.