

Acknowledgements

The Field Team would like to thank the following for their assistance with RARE:

U.S. Department of Health and Human Services (DHHS)
Congressional Black Caucus (CBC)
Office of HIV/AIDS Policy (OHAP)
Office of Minority Health (OMH)
Lt. Commander Sheila Pack Merriweather
Technical Evaluator- Dr. Louis Hems Marcelin
Manatee County Health Department (MCHD)
Manatee County Sheriff's Department
Palmetto Police Department
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Executive Summary

Introduction

An increasingly notable trend of HIV/AIDS cases in the African American and Hispanic communities triggered the U.S. Department of Health and Human Services to offer assistance in addressing such disparity in Manatee County. The Rapid Assessment, Response and Evaluation (RARE) Project established by the Office of HIV/AIDS Policy and the Office of Public Health and Science (OPHS) in the U.S. Department of Health and Human Health Services was accepted by the Director of the Manatee County Health Department, Gladys Branic, MD, MPH. This opportunity would quickly assess community prevention services and current knowledge of HIV/AIDS issues.

RARE Methodology

As part of the RARE methodology, five core assessments tools are used to collect data; these tools include observation, mapping, street intercept surveys, focus groups and cultural expert interviews. Along with the core assessment tools, there must also be community consultation and involvement in the form of a Community Work Group. A field team must also be established to carry out the primary data collection. To successfully execute the RARE methods, a 22-block region within two sites must be chosen as an area of focus. The characteristics of these sites may include: high drug activity, elevated commercial sex, inhabitation by racial/ethnic minorities, or previously identified as high-risk.

History of HIV/AIDS Prevention Services

The first reported case of HIV was in 1981, 2 years later in 1983, Manatee County had its first documented case. At the time HIV was new and had not been researched and studied, therefore prevention services did not fully develop for almost 10 years. Because the HIV cases continue to increase among the minority populations, prevention became the focus of this RARE assessment. It is only appropriate to take a look at the history of prevention services in Manatee County.

Observation Findings

Observations in site A and site B were conducted over a two-week time period and covered a 24-hour time span. Observations allowed the field team to collect data in a three dimensional method. They were able to collect data based on the activity at the various hotspots, the debris left on the ground, and details heard as they were passing through the neighborhood. Overall observations significantly contributed to the RARE findings and aided the field team in providing a dynamic image for the community work group.

Survey Findings

The two surveys used in RARE were Street Intercept Surveys, and Pre-Focus Group Surveys. Street Intercept Surveys or rapid surveys as they are sometimes called were short 5-minute surveys that explored specific questions about

HIV/AIDS in Manatee County. Before each focus group surveys were provided to determine a baseline level of understanding of HIV/AIDS and risk factors. This survey appropriately called Pre-Focus Group Survey was provided before the focus group because often times in a group people are less likely to display their ignorance of a specific topic.

RARE Interview/Focus Group Findings

Together the focus groups, cultural expert interviews, street intercept surveys and pre-focus group surveys provided data that shaped the challenges seen in HIV prevention in Manatee County. The RARE data also included field notes from observations, and maps. Seven challenges were discovered during the RARE research.

1. Lack of collaboration among service providers

Although there are efforts made among service providers to collaborate on important HIV/AIDS events (e.g. World AIDS DAY), smaller efforts are done independently and are not as effective. Respondents, particularly those among the provider group, expressed the importance of working together and collaborating on various HIV/AIDS efforts.

2. Misconceptions of the Health Department prevents access and utilization of services

Many respondents felt that although they knew the Health Department was a place to go get tested and receive condoms, fear of being exposed prevented them from seeking those services.

3. Drugs, alcohol, and sex are at the forefront of HIV/AIDS risk

Most respondents stated that unprotected sex and drugs were the top behaviors for HIV risk. The RARE research was able to outline these risk behaviors and their importance in HIV prevention and transmission.

4. Lack of HIV/AIDS education and outreach

Interviews and focus groups began with basic questions accessing the knowledge of HIV/AIDS. Although many were aware of HIV/AIDS and its potential to cause death, misconceptions continued to exist.

5. Lack of involvement among community leaders

Policy makers have the power to bring forth issues that may influence the disbursement of funds. Many providers felt that with the backing of community leaders, working to increase HIV/AIDS prevention would no longer be an uphill battle.

6. School messages not adequate

Many participants expressed their concern for the lack of adequate HIV/AIDS education provided by the school system. Some felt that although they were

providing some education at home, the youth were not getting the information they needed from school to make well-informed decisions.

7. Lack of involvement from faith based organizations

Eliciting the most response was a lack of involvement from the faith-based organizations. Many explained that in the church HIV was seen as a moral sin; others felt it was punishment from God. The stigma of HIV that exists within the church is partly responsible for the lack of knowledge among community residents.

Action Steps

Action Step 1: Form HIV/AIDS Coalition

Action Step 2: Work towards decreasing misconceptions of the Manatee County Health Department

Action Step 3: Increase education and testing among sex workers and drug and alcohol abusers

Action Step 4: Increase education, outreach, and testing in high-risk areas

Action Step 5: Increase knowledge/awareness of HIV/AIDS issues among community leaders in Manatee County

Action Step 6: Increase awareness of HIV/AIDS among school-aged youth

Action Step 7: Engage the faith-based leaders in the community by forming a Faith Alliance/Coalition

I. Introduction

Florida's estimated population as of July 2003 was 17,019,068¹. In 2000, the United States congress designated the top 20 AIDS infected rural counties. Four of those counties were in the state of Florida, Manatee County being listed as one. In 2003, state HIV/AIDS statistics ranked Manatee County number fourteen, of 67 counties, with reported cases of HIV and thirteen with reported cases of AIDS. Manatee County with a population of 264,002² is considered a rural county that has a large migrant worker population and tourist transient community. An increasingly notable trend of HIV/AIDS cases in the African American and Hispanic communities triggered the U.S. Department of Health and Human services to offer assistance in addressing such disparity in Manatee County. The Rapid Assessment, Response and Evaluation (RARE) Project established by the Office of HIV/AIDS Policy and the Office of Public Health and Science (OPHS) in the U.S. Department of Health and Human Health Services was accepted by the Director of the Manatee County Health Department, Gladys Branich, MD, MPH. This opportunity would quickly assess community prevention services and current knowledge of HIV/AIDS issues.

*The Rapid Assessment, Response, and Evaluation (RARE) Project was established to provide multidisciplinary technical assistance to cities whose racial and ethnic minority communities are struggling with the devastating effects of AIDS. The RARE Project is designed to work in partnership with local community officials, public health personnel, and community leaders. The RARE Project assists communities to identify potential strategies to enhance prevention, to maximize community health services and support networks targeted at HIV/AIDS issues, and to provide access to care for the most vulnerable population.*³

The RARE team investigators conducted ethnographic observations and mapping of the two selected sites within Manatee County. Through interviews, focus groups and street intercept surveys information was gathered about prevention services and knowledge of HIV/AIDS topics relevant to the community. Three priority populations were studied equally and separate analysis gave recurring themes. This report describes the multiple steps and phases of this three month project in Manatee County. It describes the process of selecting a community work group, field team, and two focus sites. It also shares the various limitations and boundaries experienced by the field team.

¹ Table NST-EST2003-01 - Annual Estimates of the Population for the United States and States, and for Puerto Rico: April 1, 2000 to July 1, 2003. Source: Population Division, U.S. Census Bureau. Release Date: December 18, 2003

²The Florida Department of Health Division of Disease Control-Surveillance Report: Hepatitis, HIV/AIDS, STD and TB. Source: Division of Disease Control, Florida Dept. of Health. Release Date: November 2003

³ RARE Project Training Workbook. Source: Dept. of Health and Human Services (DHHS) Office of HIV/AIDS Policy (OHAP). Revised Date: June 26, 2003

Observation, survey and interview findings are discussed in detail. The report concludes by providing seven recommended action steps.

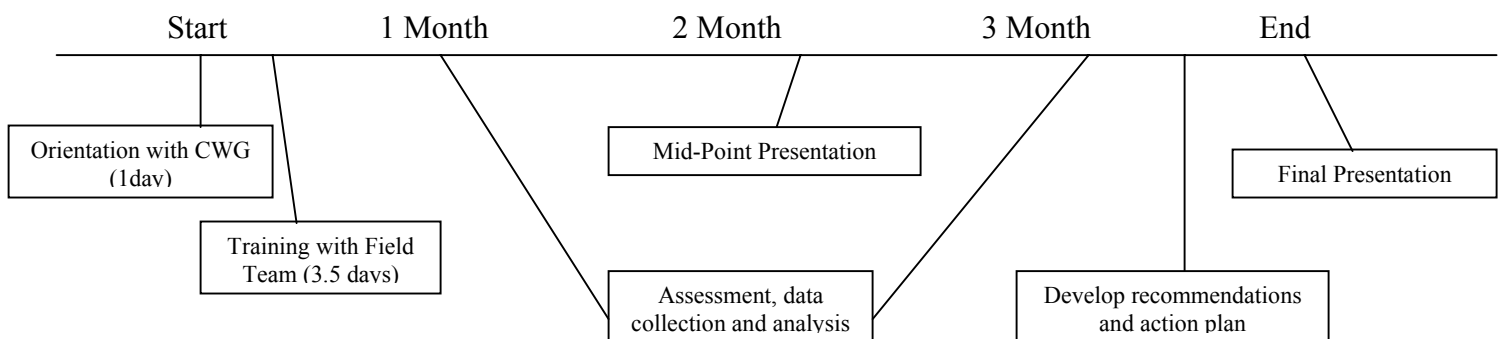
II. RARE Methodology

The Rapid Assessment and Response (RAR) model was originally developed as a qualitative assessment tool used primarily in the field of public health and anthropology. It allows for fast qualitative and quantitative measurement of specific community issues such as risk factors, high-risk areas, and the dynamics of residents, which may increase their exposure to diseases.

For over 30 years, the World Health Organization (WHO) and other public health entities have implemented RAR techniques to successfully address a wide range of public health issues, including sanitation, suicide, malaria, epilepsy, diarrhea, and substance abuse. The RAR model has been especially useful when decision makers need to quickly assess emerging public health problems; identify effective and inexpensive interventions that have high probability of being adopted, successfully carried out and sustained at a local level...⁴

RARE (Rapid Assessment, Response, and Evaluation) uses *rapid assessments* to describe and monitor local HIV/AIDS epidemics; *rapid responses* to implement evidence based interventions; and *rapid evaluations* to monitor the effectiveness of RARE changes. As part of the RARE methodology, five core assessment tools are used to collect data; these tools include observation, mapping, street intercept surveys, focus groups and cultural expert interviews. Along with the core assessment tools, there must also be community consultation and involvement in the form of a Community Work Group. A field team must also be established to carry out the primary data collection.

To successfully execute the RARE methods, a 22-block region within two sites must be chosen as an area of focus. The characteristics of these sites may include: high drug activity, elevated commercial sex, inhabitation by racial/ethnic minorities, or previously identified as high-risk. It took 3.5 months to collect the data in Manatee County. However, to complete the full process including mid-point presentation, action plan discussion with the Community Work Group, and final presentation, RARE lasted 4.5 months. Below is an illustrated timeline of the RARE process:



⁴ RARE Project Training Workbook. Source: Dept. of Health and Human Services (DHHS) Office of HIV/AIDS Policy (OHAP). Revised Date: June 26, 2003

1. Selecting a target population: Manatee County Minorities

The RARE methodology as used in Manatee County focused on the impact of HIV/AIDS in the minority communities. As with other areas in the United States, HIV/AIDS in Manatee County disproportionately affects the racial and ethnic minorities. In 2002 African Americans and Hispanics comprised only 31% of Florida's population, but more than 69% of the HIV cases.⁵ Manatee County began reporting HIV on July 1, 1997. In October 2003, Manatee County reportedly had 396 HIV cases and 889 AIDS cases.⁶ Over 72% of those HIV cases were among those in the African American and Hispanics communities.⁷ These disparaging statistics indicated a tremendous need to study these populations.

Manatee County has a population of 264,002.⁸ The racial/ethnic make up of the county include Caucasian, African American, Native American, Asian, Pacific Islander, and Hispanic/Latino. As of the 2000 census, there were 112,460 households and 73,773 families residing in the county. Because African Americans and Hispanics were the dominant minorities with the highest disparity of HIV/AIDS cases, they were selected as the target population.

Manatee County	
RACE/ETHNICITY	PERCENTAGE
White	86.36%
Hispanic/Latino	9.40%
African American	8.19%
Native American	0.28%
Asian	0.90%
Pacific Islander	0.05%

HIV Epidemic in African American and Latino Communities

Although treatment efforts have improved over the last decade, HIV/AIDS continues to be a crisis within communities of color. Of particular concern is the rate of HIV/AIDS within African American and Latino communities. As we observe significant increases in new HIV diagnoses in these populations, there are particular issues of concern that need to be addressed. The United States has seen a tremendous growth in the Latino population. In terms of HIV-related behavior, according to the CDC, "HIV exposure risks for U.S.-born Hispanics and Hispanics born in other countries vary greatly, indicating a need for specifically targeted prevention efforts."⁹ Areas of concern for African Americans include the rate of HIV infection among MSMs (men who have sex with men) or sometimes referred to as "men on the down low". Also within the past few years there has been a noticeable rise in the rates of HIV infection among African American women. African American women accounted for 66% of HIV cases among

⁵ The Florida Department of Health and the Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Vol. 14

⁶ HIV/AIDS Reporting System (HARS), cases reported through 10/31/03

⁷ DOH Manatee County Health Department: HIV/AIDS 104 course

⁸ The Florida Department of Health Division of Disease Control-Surveillance Report: Hepatitis, HIV/AIDS, STD and TB. Source: Division of Disease Control, Florida Dept. of Health. Release Date: November 2003

⁹ Centers for Disease Control and Prevention. Fact Sheet, "HIV/AIDS Among Hispanics in the United States." Update March 2002

female adults and adolescents reported to the CDC through December 2002.¹⁰ As stigma of HIV continues to prevail in communities of color, challenges remain in addressing the epidemic in these two communities.¹¹

2. Selecting RARE research site

When first approached with the idea of RARE, it was difficult to explain the geographic make up of the county and how it would fit the RARE methodology. Located in Florida's growth region, Manatee County encompasses the cities of Anna Maria, Bradenton, Bradenton Beach, Holmes Beach, Longboat Key, Palmetto and numerous communities in unincorporated areas.¹² Once the methodology of RARE was further explored, it became easier to narrow down which area would become the two research sites.

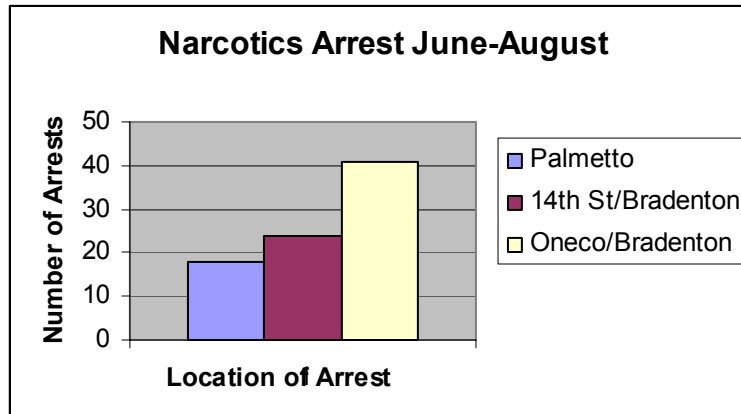
There were several components used to determine the two RARE research sites. First it was decided to pick two areas in which the minority communities, in particular African American and Hispanic, would be easily accessible. Next it was determined that the two areas should be in close proximity of each other, which would make for easier travel for the field team. Based on these primary characteristics, Bradenton and Palmetto were chosen as the two research sites. Bradenton is the largest city in the greater Bradenton area with a 2002 population of 50,300. It is also the seat of government for Manatee County and houses a large African American community. Palmetto is the second largest city in Manatee County with a population slightly over 13,000. Located north of Bradenton across the Manatee River, it is the home of the area's agricultural industry, primarily growing and shipping of tomatoes. It also contains a large Hispanic migrant population.

Within Bradenton and Palmetto, a 22-block area was to be mapped. The first step was determining the hotspots; that is areas of drug and sex activity. The Manatee County Sheriff's Office provided a graph of the narcotic and commercial sex arrests in June, July and August. This helped to narrow the area in those minority communities that needed attention. According to the charts, 22% of the narcotics arrests were in the Palmetto area, 29% in the 14th street area in Bradenton and 49% in the Oneco area located south of 14th street. Shockingly the graphs showed that during those months 100% of the prostitution arrests occurred in the 14th street area in Bradenton.

¹⁰ Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report; vol. 14, Addendum (p.6)

¹¹ NASTAD HIV Prevention Bulletin, January 2004: Epidemic in African American and Latino Communities

¹² Economic Development Council: Manatee Chamber of Commerce www.manateedc.com



The information given in the graphs and previous knowledge of area hotspots enabled a 22-block area to be mapped in both Palmetto and Bradenton. In Palmetto, the area included two migrant camps, two convenience stores known for drug activity, and a youth center. This was named site A. In Bradenton, the 22-block area included the 14th street strip where most prostitution occurred and headed south to include the Oneco area where a lot of drug activity occurred. This was called site B.

3. Community Work Group Selection

Engaging the community was a very important component of RARE, thus recruiting a Community Work Group (CWG) or advisory board was one of the first steps of the process. The CWG had three primary responsibilities: 1) *To attend three required meetings, including comprehensive orientation on the nature, scope and application of RARE,* 2) *to serve as an advisory board in the collection and analysis of data by the field team,* and 3) *to participate and/or observe development of the action plan to implement recommendations.*¹³ The efforts of the CWG were essential in successfully completing the RARE tasks.

CWG Recruitment

Once it was established that the Manatee County Health Department would participate in the RARE project, it was time to put together a CWG. In July 2003, a letter written by the Director of the Health Department was sent to over 50 community representatives, providers, pastors and community activists inviting them to become a member of the CWG. Persons invited to join the work group, were chosen because of their varying relationships with the community, which included, HIV/AIDS, community planning, political leadership, school board affiliation, or faith based involvement. The letter explained the RARE process, the importance of their participation in the work group, and called for a preliminary meeting on August 11, 2003. At this preliminary meeting, 20 people gathered for a presentation of the HIV/AIDS infections rates in Manatee County, and the purpose of the RARE research project.

¹³ RARE Project Profiles: Community Working Group Profile

Work Group Contribution

Throughout the project the work group was updated monthly via e-mail, letters, phone calls or meetings. The work group provided excellent assistance during the project. They were able to guide our site selection with their previous knowledge of areas with high crime and drug activity. The members from the Manatee County Sheriff's Department and Palmetto Police Department provided the team with graphs and charts of narcotic and commercial sex arrests between June 2003 and August 2003. This further helped the team in selecting specific areas and highlighting "hot spots"¹⁴. They also worked to ensure the safety of the field team by collecting copies of the team's driver's license and RARE identification badges. By distributing them among their street officers they were able to easily identify the team members in high-risk areas. The work group aided the team in developing questions that were to be included in the street surveys, focus groups, and cultural expert interviews. Finally, in a roundtable discussion they were instrumental in finalizing the recommendations and action steps. Although we were unable to engage all 50 who were invited to sit on the work group, we are pleased with the 19 active members that provided their assistance throughout the project.

4. Field Team Member Recruitment

The Field team was to be composed of men and women from the community who would lead the data collection process. Their qualifications would include: outreach in target community, immediate access to "indigenous leaders" and willingness to spend 6 to 8 weeks in the field at various times of the day.¹⁵

Recruitment

The RARE Liaison has been working in the field of HIV/AIDS for over 7 years and currently serves as the HIV/AIDS Outreach Coordinator at the Manatee County Health Department. She began the process of recruiting a Field Team Coordinator. The Field Team Coordinator was hired in July 2003. This African American female was selected among a pool of applicants. Her public health background, experience with diverse populations and desire to work in the field of HIV/AIDS proved to be an asset to completing RARE. Once on board, the Field Team Coordinator and RARE Liaison began working to recruit a dynamic team that would accomplish the RARE goals and objectives. There was no formal application process, but rather the coordinator and liaison gathered a group of close colleagues currently working in the field of public health. Together they were able to recruit a culturally diverse group that had a multitude of experience that included HIV/AIDS outreach, epidemiology and street smarts.

Olga Bennett

Olga Bennett is a Hispanic female from Puerto Rico. In 2001 she began working with the Manatee County Health Department assisting with the Tuberculosis and HIV/AIDS Program. At the Health Department she became certified in HIV

¹⁴ Hot Spot is defined as an area of high drug or sex activity

¹⁵ RARE Project Profiles: Field Team Investigator Profile

counseling and testing, and was able to engage the Hispanic community in HIV/AIDS awareness. Since then, she has done tremendous work in HIV/AIDS outreach and education. Her knowledge of the Hispanic culture was extremely beneficial to the project.

Darnell Bennett

Darnell Bennett is an African American male from Newark, New Jersey. Since the appearance of HIV in the early 80s, he has seen family and friends die of the disease and wanted to become involved to make a change. His knowledge and understanding of the street life enabled the team to communicate with those involved in street activity. RARE enabled Darnell to continue his education and allowed him the opportunity to become certified in HIV/AIDS counseling and testing.

Avery Burke

Avery Burke is an African-American male, born and raised in Manatee County. His awareness of the HIV/AIDS epidemic began in 1984 when he returned home from the military to see friends and family affected with the disease. Avery began volunteering with the Manatee County Health Department in 2000 and became certified in HIV/AIDS counseling and testing. His knowledge of the community and experience in outreach and education was very helpful during the process.

Connie Fernandez

Connie Fernandez is a Hispanic female from Peru. Connie was a graduate student at the University of South Florida when she was recruited. Her background in epidemiology and research skills was a great addition to the project. Together with Olga, we had a dynamic bilingual team. Since joining the RARE efforts, Connie has received her Masters in Public Health, and has become certified in HIV/AIDS counseling and testing.

Dawn Suksanong

Dawn Suksanong is an Asian American born and raised in the Tampa Bay Area. Dawn was also a graduate student at the University of South Florida when she was recruited. Her background in epidemiology and research skills was a great addition to the project. Since joining the RARE efforts, Dawn has received her Masters in Public Health, and has become certified in HIV/AIDS counseling and testing.

5. Core Assessment Methods

The RARE project uses five methods to collect data: street intercept surveys, focus groups, cultural expert interviews, mapping, and observation.¹⁶ The field team along with the RARE coordinator and liaison attended a weeklong training given by RARE trainer Salvador Ortiz. The training sessions equipped the team with the basic knowledge of the RARE methodology. Each day the team focused

¹⁶ RARE, Project Training Workbook, 2002

on one specific methodology; part of the training required that each member conduct a mock focus group or interview. A short description of the five methods will be given in this manuscript.

Street Surveys

Street intercept surveys, or rapid surveys, were designed to provide more detailed information on themes that were emerging from the other data collection methods.¹⁷ Field team investigators, who always worked in pairs, wore t-shirts designed with a RARE logo during surveys to be easily identified.¹⁸ They randomly solicited responses from passing community members at hot spots (i.e. high traffic areas of vulnerable population) identified in RARE and sites of employment. An effort was made to interview only those that appeared to have African American or Hispanic descent in the target population group. Due to the scarcity of minority individuals among the leader and provider groups, anyone willing to take the street intercept survey was recruited. Ideally, surveys should be conducted in a maximum of a 2 to 3 day period.¹⁹ Field team investigators were able to complete all target population surveys within two days, however surveys among leaders and providers took a little longer due to hesitation to participate. One hundred and eighty street intercept surveys were needed to give a thorough assessment of the dynamics of the HIV/AIDS epidemic in Manatee County. For each site, thirty street intercept surveys were solicited in each target group. Due to fixed stipend funds, incentives were only provided to the target population. A McDonald's restaurant in Bradenton donated food coupons that entitled the recipient to a free sandwich and a side of french fries. No incentives were provided to participants in the leader and provider groups.

Street intercept survey questions were developed along with those asked in the focus group and cultural expert interview. In order to standardize data collection and its analysis, the three target groups were asked the same questions. However, the target population was asked one additional question which inquired about their perceived risk of HIV. Manatee County's RARE project focused on prevention and survey questions reflected this interest. Two different street intercept surveys were developed with relevant open-ended and closed questions. One street intercept survey contained questions relevant to leaders and providers and another was specifically developed for the target population. The open-ended questions of the survey allow for the exploration of key questions or issues of interest to the project, whereas closed questions allow for rapid statistical description of the problem.²⁰

¹⁷ RARE, Project Training Workbook, 2002

¹⁸ Team also wore shirt during focus group and interviews, however they were not worn during observation because they wanted to remain anonymous during this time

¹⁹ RARE, Project Training Workbook, 2002

²⁰ RARE, Project Training Workbook, 2002

Focus Group

Focus groups allowed for the exploration of rich topics for which there is little recorded information. Two field team investigators conducted the focus groups, one served the function of moderator and the other, as co-moderator and note taker. Usually, focus groups were made up of six to ten individuals in the same target group category (i.e. cultural experts, leaders, and providers). The focus groups participants were recruited based on a common shared characteristic (e.g. Hispanic married females, African-American homosexual males). A structured group interview was conducted where participants were encouraged to share opinions and understanding of several HIV/AIDS issues in a conversational style. The number of focus groups needed from each site was nine (i.e. three for leaders, providers, and cultural experts), totaling to eighteen for both sites.²¹

Cultural Expert Interview

Cultural experts for the RARE project were individuals from the target groups who have special awareness of a topic of interest.²² This method allowed for an intimate and private conversation where the cultural expert would share key issues about their culture and provide unique insight of how people in his/her community think, what they believe and activities they participate in. Such interviews allowed for the uncovering of perhaps unknown cultural domains. An interviewer who was accompanied by a note taker conducted the cultural expert interviews. The cultural expert interviews were approximately an hour long with some lasting as long as 2.5 hours. The RARE team was required to conduct ninety interviews total, fifteen among leaders, providers and cultural experts.²³

Observation and Mapping

The other two methods do not require participation of the target groups. Mapping provided a focus and location for observation of the areas in which the rapid assessment was to take place.²⁴ RARE staff met in sessions to come up with drawings and graphics that would clarify and pinpoint high-risk areas of Manatee County. Due to the nature of RARE, mapping was a continual process. Maps also helped to highlight trends or relationships that were not previously obvious or understood. The RARE field team came up with standardized figures to incorporate into maps to show placement and times of events and items (e.g. hot spots, gambling, empty buildings, syringes, crack cans, etc.).

Observation is a systematic method in which the field team collected data and recorded it in the form of notes, audiotapes, and devices.²⁵ The RARE field team covered a twenty-four hour period of observations at each site during different days of the week. Observation findings were then reported and analyzed to find peak times of activity of interest to the project (e.g. alcohol consumption,

²¹ RARE, Midpoint Project Report, 2002

²² RARE, Project Training Workbook, 2002

²³ RARE, Midpoint Project Report, 2002

²⁴ RARE, Project Training Workbook, 2002

²⁵ RARE, Project Training Workbook, 2002

prostitution, drug activity) and patterns of risk behaviors. Observers were supposed to “blend in” and therefore did not wear their RARE t-shirts during this time. They described in their field notes items such as settings, people, activities, signs, acts, events, time, goals and connections made during observation shifts.²⁶

6. RARE Participants

RARE required the team to collect data from three populations. The team was encouraged to seek out Leaders, Providers, and Cultural Experts as targets of interviews, street intercept surveys, and focus groups. Together these three groups would have the greatest diversity of cultural expertise, personal experience, and knowledge of the community and issues being explored. Once identified, these individuals nominated other qualified individuals to participate.

Leaders

These groups of individuals were local policy makers and representatives that included, but were not limited to: Mayors, County Commissioners, school board affiliates and pastors. Within Manatee County we were able to engage a variety of leaders for the focus groups and cultural expert interviews. We were able to interview both the Mayor of the City of Bradenton, which was included in our site B, as well as the Mayor of the City of Palmetto, which we called our site A. Most notable in site A, were our interviews with City Councilmen, Pastors, a Lieutenant at the local police department, and members of the school board. In site B, the interviews included several County Commissioners as well as the County Administrator, a Lieutenant at the police department and a Deputy at the Sheriff's office, Pastors, and teachers at the technical institute for migrants.

Providers

Physicians, nurses, and case managers were among those who were included in the provider category. Many of those targeted in this group were already involved in HIV/AIDS; and they were the easiest to engage. However, they were limited and this category had to be expanded to include other providers that may not necessarily work directly with HIV/AIDS patients or clients. Most notable interviews included: the Director and HIV/AIDS program staff at the Manatee County Health Department, the CEO of Manatee County Rural Health Services, CEO and staff of Manatee Glens (mental health and addiction treatment center), staff at Michael Bach Resource/Treatment Center (HIV/AIDS treatment center), and educator of Planned Parenthood.

Cultural Experts

We were able to engage a number of cultural experts that provided a wealth of information. These individuals have either lived in the community for an extensive period of time, or were involved in risky behaviors in the selected sites. Many of the initial targets were local business owners such as the barbershops, hair salons, and mom and pop stores. Once RARE was underway, this selection was

²⁶ RARE, Project Training Workbook, 2002

expanded to include those who were homeless and also those who sold drugs in the high-risk areas. With the help of the law enforcement on the CWG, the field team was able to conduct two focus groups at the local jail. One was conducted among the African American females and one among the African American males. This group included sex workers, drug dealers, and drug users. They provided an in-depth look at life on the street in the high-risk areas.

7. Strategies and Limitations

Strategies

In the 3 short months of conducting RARE, the team had to develop strategies and tactics to collect quality information from the community. Initially it was thought that conducting interviews among the cultural experts in the target community would be difficult. Local business owners were selected at first, but it was soon discovered that in order to get real in-depth information about the high-risk areas, information must be obtained from those who partake in those high-risk activities. A central location was not available to conduct these interviews; therefore a creative plan would have to be devised. The male members of the team were sent out during peak activity hours to recruit participants. Parking lots, closed storefronts and motel lobbies were used to collect this pertinent information.

Information was to be gathered from a diverse group of leaders, providers and cultural experts. In order to make the participant comfortable and willing to give honest answers (regardless of political correctness), the field team had to be very knowledgeable of the participant and their racial/ethnic background. Field team members were selected to conduct various interviews and focus groups based on the language spoken or ability of a team member to identify culturally or ethnically with the participant.

Limitation

As with people, research studies have their imperfections. The most important drawback of this study was the time restraint. Because it was much shorter than other full-length studies, there was not enough time to fully establish a trend or pattern. Most findings were comprised of 3.5 months of data. Also because of the short time period, the field team could not prepare for all the mishaps. Another limitation was the field team. The field team members were not professional investigators; however, they were appropriately trained and held important knowledge of the community. One major limitation of the study was engaging the providers in cultural expert interviews. Physicians are among the busiest health care professionals and time was not on our side. Setting up appointments was often difficult and in many cases interviews had to be conducted during the providers' lunch break. Other problems included getting providers that were not directly connected to HIV/AIDS clients to participate; phone calls and e-mails often went unanswered. Although explanations were

provided, many shied away once HIV was mentioned; others did not understand why they were chosen to participate.

II. History of Prevention Services

The first reported case of HIV was in 1981, 2 years later in 1983, Manatee County had its first documented case. At the time HIV was new and had not been researched and studied, therefore prevention services did not fully develop for almost 10 years. Because the HIV cases continue to increase among the minority populations, prevention became the focus of this RARE assessment. It is only appropriate to take a look at the history of prevention services in Manatee County.

Manatee County Health Department

The agency most notable for its HIV/AIDS efforts is the Manatee County Health Department. In 1988 the Manatee County Health Department hired its first HIV/AIDS educator. With an HIV staff of 4, it currently provides the majority of the HIV/AIDS prevention services in Manatee County. In addition to the main Health Department office, they have 6 satellite locations where they offer anonymous and confidential HIV testing and counseling. They also provide HIV/AIDS partner elicitation, secondary HIV/AIDS prevention, and HIV/AIDS training sessions. The Health Department presently uses its mobile van to provide street outreach and prevention education in high-risk areas. They have also taken the lead in coordinating various HIV/AIDS related events including National HIV/AIDS Testing Day, World AIDS Day, Latino HIV/AIDS Awareness Day, and Black HIV/AIDS Awareness Day. The Manatee County Health Department has made attempts at engaging the community by offering education sessions in schools, migrant camps, youth programs, jail and juvenile detention facilities, and churches. Although the Health Department has made great strides in engaging the community in prevention efforts, funding has greatly limited their ability to expand their services.

Michael Bach Resource/Treatment Center

The Michael Bach Resource/Treatment center opened in 1996 with the help of Ryan White and county government funding. Since then, it has been at the forefront of treating HIV/AIDS patients in Manatee County. Currently the Michael Bach Center provides anonymous testing and counseling, case management, as well as coordinates the People with AIDS (PWA) Speakers Bureau. This speaker's bureau presents their life story at venues that include, but are not limited to schools, churches and youth centers. Potential funding cuts in 2004 may eliminate the People with AIDS (PWA) Speakers Bureau from the school curriculum

Project Smile of Manatee Inc

Project Smile of Manatee Inc began offering services to the community in 1997. This local venture is an emerging non-profit organization dedicated to HIV/AIDS prevention. They provide a variety of HIV/AIDS outreach services to the community which includes educational programs in churches and community centers as well as distributing pamphlets, condoms, incentives and offering HIV

testing and counseling at the Anne E. Gayle Resource Center which is located in the heart of Palmetto's high-risk area. Project Smile has begun to establish a connection in several neighborhoods and churches. Due to lack of Community Based Organizations (CBO) that provides HIV prevention services, Project Smile of Manatee would be considered the first. However, because they are still in the process of seeking 501c3 status²⁷ and funding is not readily available, their efforts are very limited.

Planned Parenthood

Planned Parenthood is an agency dedicated to ensuring the rights of all individuals to manage their sexual reproductive health. They provide direct services, which include education and outreach. Planned Parenthood provides educational sessions to the youth on various topics such as pregnancy prevention, sexually transmitted diseases, HIV/AIDS and condom efficacy. Manatee County adolescents at high-risk of experiencing unintended or repeat pregnancies and contracting sexually transmitted infections (including HIV/AIDS) are the target group of emphasis. Planned Parenthood provides educational sessions to the youth on various topics.

Manatee Glens

Manatee Glens began providing HIV/AIDS education for their staff in 1992. In 1998, they began providing risk reduction education; pre- and post- test counseling and case management/referral services to addiction treatment clients through a grant from the Florida Office of Drug Control. Prior to cuts in funding Manatee Glens was afforded the opportunity to engage in community-based prevention activities. HIV Prevention Outreach was discontinued in 2001 due to aforementioned, funding cuts.

Seen many times, lack of funding has been the primary culprit in the limited amount of prevention services here in Manatee County. Although efforts are being made in various sectors, there are still missing components that need to be implemented. With a focus on prevention it was the hope of the field team that RARE would uncover those absent services.

²⁷ 501c3 status signify that an organization is recognized as a non-profit organization

IV. Observation Findings

Observation was the first of the methodologies to be completed. After training the team took a week to map out the sites and times to be observed. Observations in site A and site B were conducted over a two-week time period and covered a 24-hour time span. Before RARE began, the community work group had their own ideas and speculations of areas that we should pay special attention to. Though their assumptions guided our observation, it quickly became apparent that there were other areas that required just as much if not more consideration. Observations allowed the field team to collect data in a three dimensional method. They were able to collect data based on the activity at the various hotspots, the debris left on the ground, and details heard as they were passing through the neighborhood.

Overall observations significantly contributed to the RARE findings and aided the field team in providing a dynamic image for the community work group. There were many observations made that were similar at both sites. For example, in the earlier evenings hours between 5:00pm and 8:00pm it was observed that both sites experienced an increase in traffic; many people congregated and socialized between these times. Although there were several similarities, there were many qualities that made each site unique.

Although they were trained in observation techniques and street smarts, the field team had several experiences that they could not have been prepared for. During the observation period, several team members came face to face with public sex acts, were solicited for sex work, stopped and questioned by law enforcement, and offered illegal drugs. These events although risky, added to the depth of the data.

1. SITE: A

Site A was a small section of Palmetto that was chosen for research. The times selected were spread out to cover both the weekday and weekend. Hot spots were heavily occupied with drug activity, sex work, drinking and gambling. This activity began during the weekday and continued throughout the weekend. Site A was unique for its heavy drug sales, marijuana use, alcohol consumption, and gambling. This was the predominant pattern seen in this site.

Street Activity/Hot Spots

Speedy's, a convenience store where beer and cigarettes are sold, is located in a high-risk area on the corner of 23rd street east and US Hwy 41.²⁸ The majority of the people that hung out at and frequented Speedy's were African American, very few Caucasians and Hispanics/Latinos were observed going in to buy beer. During 11:00pm and 7:00am when the store was closed, there was no activity. However, activity began promptly at 7:00am when the store opened. While the

²⁸ Appendix Map: Site A

store was open, men and women were observed hanging out in the area, there ages appearing to range from teenager to older adult. Also observed were several drug transactions and police activity. If no police were present, young men on bicycles would stand on 23rd St. and direct the drug traffic to other areas. Unique to Speedy's was a manhole located in at the front of the store that appeared to be used as a protected place to hold drugs. During the early morning hours, between 8:00am and 9:00am, the store had up to 5 cars in the parking lot with men and women just hanging out in front of store drinking and what appeared to be selling drugs. Very few white male or females, and a few Hispanic/Latinos, were observed going to the store to buy beer.

Leaving Speedy's and traveling west, the team identified a house dubbed "Blue & White House"²⁹, where there appeared to be significant activity occurring. Between 3:00am and 6:00am there was no activity and the area remained fairly quiet. However, between 6:00am and 9:00am, people began sitting on the front porch, with more men and women arriving after 9:00am. Those who hung out at the "Blue & White House" were almost always African American and appeared to be older adults. They hung out in the front of the house, playing cards, drinking alcohol and smoking marijuana. People from the house traveled back and forth to Speedy's throughout the day. In the back area, at times there appeared to be social gatherings.

Groover's Market, located south west of the "Blue & White House", was another hotspot in site A. Sitting in a large lot on 2nd Ave West and 17th street³⁰, this convenience store is notorious for its drug activity; it was the first on our list of places to observe. The store opened at 7:00am and activity began shortly thereafter. During the early hours of the day, 8:00am to 11:30am, sex workers were seen walking around; drug sales, gambling and drinking were observed in open view. Through out the day groups of African Americans, men and women, young and old were seen hanging in front of store. At times there were up to 40 men, women and young teens in the parking lot area and up to 20 cars. This hot spot appeared to be the site of a drive through drug depot. Routinely, cars would drive in, stop, signal for whom they wanted, and once their transaction was done, they were off. Often lavish cars and service vehicles from other local businesses were seen patronizing this illegal operation. On the west side of the building the older men were observed drinking and socializing, while the younger men stood at the store front and smoked marijuana and drank beer. Much of the activity observed were people walking around socializing, selling drugs, and drinking; very few people entered the store.

The field team was very cautious when observing this area. They would either drive by or watch closely from a safe distance. It was here that two team members were approached for illegal drugs and sex work. The field team was very specific when noting the amount of police activity. Police activity was

²⁹ Appendix Map: Site A

³⁰ Appendix Map: Site A

observed during different times of day. When a police car entered the parking lot, people would quickly clear the area. Once the police were gone, they returned just as quickly as they left. During this time the team also observed a lot of beer bottles, beer cans, wine bottles, paper bags, clothes, lottery tickets and garbage in the area. Sex workers were observed at this site and were later seen performing sexual acts on a bench at the Youth Center just down the street.³¹

Leaving Groover's and heading south, the team observed small amounts of activity on 2nd avenue west and 12th street between 1:00am and 8:00am. During this time, African American males were observed walking the street. Most activity in this area occurred between 9:00am and 4:30pm. At 10:30 am on a Monday morning, between 18 and 25 predominately African American people were observed playing cards, drinking and smoking at a local residence. Some drug activity was seen during this time. Also in this section of site A, the field team noted the use of a small bridge for drug activity. Two young African American male between the ages of 16 - 25 was observed selling drugs at this bridge. The activity in this area was consistent during the weekday daytime hours and continued throughout the weekend.

In the above-mentioned areas, young African American males between the ages of 15 and 30 were the population seen participating the most in these street activities. Some African American females were seen participating in sex work, buying drugs and/or drinking. Many older African American males as well as females were seen mostly hanging around in the areas drinking, smoking, gambling and doing drugs.

Migrant Residences

Heading further south and continuing west, the field team was able to document occurrences among the migrants. Observation findings in the following areas were predominantly among Hispanic/Latino migrants. People living in migrant areas do so for a short period of time. Most of the findings in this area consisted of people hanging out in front of their apartment. Others were seen drinking alcohol and smoking cigarettes. Drug activity was not observed as much in this area.

The Over Pass Apartments located on 2nd Ave West³², is a migrant camp owned by the local packinghouse. During the day, this area remains quiet until the men return home from work at 5:30pm. Once the men are home from work, they congregate away from the females, fixing cars, drinking, and/or just hanging out. The women did not hangout or congregate as much as the men, there were mostly seen talking to neighbors, hanging laundry, or watching the young children play outside. Men were observed drinking and smoking cigarettes until 3:00am. Sex workers usually did not appear until after 12:00 midnight on the weekends. After the weekend, the dumpsters were overflowing with beer bottles

³¹ Appendix Map: Site A

³² Appendix Map: Site A

and beer cans. Because this was a migrant population, many of the units were vacant; some had plywood covering the windows awaiting the next tenant. Other vacant units had broken windows; looking in the windows it appeared people were using it as a hangout. There were strong smells of urine and empty beer bottles dumped outside the windows.

Oakridge Apartments, another migrant camp, located west of the Overpass camp, sits on 13th and 14th street west.³³ Oakridge displayed similar activities to the Overpass camp. Men returned home from work at 5:30pm to congregate outside their homes drinking beer and smoking cigarettes. On the weekend during the late hours there was little activity. Men just hung out drinking beer, but did not appear to be doing drugs. Sex workers were also observed in these areas. They appeared after 12:00am on the weekend and targeted the apartments that they knew housed several single men. Male sex workers were more discreet and were pointed out by residents as targeting the homosexuals. Many of the units at the end of the street were vacant. As with the Overpass apartments, after the weekend the dumpsters were overflowing with beer bottles and beer cans.

2. SITE: B

Site B located in Bradenton sits across the river from site A. Once again observation times were spread out to cover both the weekday and weekend. Hot spots were heavily occupied with drug activity and sex work. This activity changed from the weekday to weekend. Site B was unique for its heavy drug activity and sex work. During the times of observation, there were two sex worker stings conducted by the local law enforcement in which many sex workers and johns were arrested and taken to jail.³⁴

14th Street

Most observation in site B began with 14th street and moved south. During the time period between 1:00am and 8:30am, the field team observed a lot of homeless individuals walking the 14th street strip.³⁵ There was a mixed array of people out during this time. Many had no place to go, so they hung out under the trees waiting for daylight. Others out during this time solicited sex work by walking up and down 14th street. Most sex workers observed were Caucasian or Hispanic/Latino very few were African American. It was during the 3:00am and 7:00am hours that the team noted an increase in sex worker activity. A couch strategically located behind a dumpster appeared to be used for sex activity, one team member found an unused condom wrapper near by. Also during this time, people used the motel fronts to participate in drug activity.

³³ Appendix Map: Site A

³⁴ Zoller Apartments, a low income residency located on 9th St, was condemned at the beginning of our observation, no activity was observed. There is now a fence protecting the grounds from trespassers.

³⁵ Appendix Map: Site B

At 10:00am on a bright and sunny morning, people were observed congregating at the local soup kitchen called Our Daily Bread.³⁶ Our Daily Bread is a place where homeless individuals are given a free mid-morning meal and other social services. Once Our Daily Bread is cleared, there are areas on 14th street where the homeless congregate during the day. Between 14th street and 15th street,³⁷ there were empty lots with clumps of trees that appeared to be a hotspot for drinking, socializing, and using drugs. This area also seemed to be used for sleeping. There was a mattress, cardboards and clothes found under the trees. In addition, beer bottles, beer cans, liquor bottles, empty beer bags, lighters and occasional drug paraphernalia³⁸ were also observed. At 5:00pm the homeless would once again gather for a free meal, this time at the Salvation Army³⁹. Here they waited to get dinner and a place to sleep. Dinner ended around 6:30pm. Those who did not stay at the Salvation Army began strolling down 14th street. They congregated at the Workforce, the Quick Stop, or under trees.

Mobile Home Park

Trail Mobile Home Park is located on the south end the 14th street strip. Primarily Hispanics/Latinos inhabited this mobile home park. Although the majority of the trailer homes bared signs that they were condemned, people still resided in them. A lot of trash such as beer bottles, furniture, mattresses, bed frames, plumbing tools, window frames, doors, shutters, and old window air conditioners lay on the ground outside. People were observed hanging outside, drinking beer and smoking cigarettes. Some sex workers observed walking through the area. Two weeks after observation the local news station broadcasted a story about the unsafe conditions of many of the homes in the park. On December 30, 2003 an article in the local paper explained that the residents were served with eviction notices and that the trailer park would be demolished.

Duplex City

Heading south on 14th street is an area called Oneco, or locally “Duplex City”. Oneco is called Duplex City because of the hundreds of duplexes that crowd the small area. At all times during the day and night, drug dealers are seen standing at street corners, or riding bicycles. They used signals such as bowing their head to acknowledge a drug sale. Drug activity in this area peaked between 1:00am and 4:00am. This occurred on the weekdays as well as weekends. Many young men, who appear to be between the ages of 15 and 25 hung out on the corner or sat in front of their houses selling drugs. Most of those who reside in this area are African Americans or Hispanic/Latinos; however, the majority of the drug dealers seen were African American. Most of those seen buying drugs were Hispanic/Latino and Caucasians. Also observed in this area were lots of young African American females with young children. On the ground were beer

³⁶ Appendix Map: Site B

³⁷ Appendix Map: Site B

³⁸ The drug paraphernalia found was a crack can. A crack can, is an old soda can cut open and used to smoke crack-cocaine. Field team members were able to identify by strategic holes and burnt tops

³⁹ Appendix Map: Site B

bottles, lighters, cigar packages (appeared to be used for smoking marijuana), and other garbage.

V. Survey Findings

The two surveys used in RARE were Street Intercept Surveys, and Pre-Focus Group Surveys. Street Intercept Surveys or rapid surveys as they are sometimes called were short 5-minute surveys that explored specific questions about HIV/AIDS in Manatee County. The participants were asked demographic questions for statistical purposes, as well as open-ended questions about where in the community most risk behaviors occurred and what health and prevention services were available. Before each focus group surveys were provided to determine a baseline level of understanding of HIV/AIDS and risk factors. This survey appropriately called Pre-Focus Group Survey was provided before the focus group because often times in a group people are less likely to display their ignorance of a specific topic. If given at the end of the focus group, individual answers may not reflect true knowledge, but rather information that the individual learned from the group. Together these two surveys provided key answers and allowed for rapid statistical description of the problem.⁴⁰

1. Street Intercept Findings

The following are the results of street intercept surveys conducted during RARE. Each question is broken down to explain the answers given by leaders, providers, and cultural experts in the target population.

Q: Race⁴¹

Both the leader and provider groups had similar breakdowns of race categories. Whites made up the overwhelming majority with over 75% in each of the respective groups. Blacks made up nearly the same percentage of those interviewed in each groups, 13% among leaders and 12% among providers, while the Hispanics made up less than 10% in both groups. Because the minority populations targeted for the project were African-American and Hispanics, the racial breakdown for that group was 57% and 41%, respectively, and 2% other. Thus there is a large disparity between the races of those who were considered leaders and providers versus those in the target population that they are serving. These statistics support the recurring theme heard throughout the project that people desired a culturally sensitive and diverse staff to provide their services.

Q: Gender⁴²

The leaders surveyed were roughly 50% males and 50% females. In the provider group, nearly 70% surveyed were female, and only nearly 25% surveyed were male. For the target population, this was switched with the majority surveyed, 76%, being male and nearly 20% surveyed identified as female. It is unclear whether these unequal proportions within a group were accurate depiction of gender composition, or simply those willing to participate in

⁴⁰ RARE Project Training Workbook, 2002

⁴¹ Appendix: Street Survey Graphs

⁴² Appendix: Street Survey Graphs

the surveys. The results from the target population were rather surprising because women tend to be more open and thus it was expected that more women would be willing to be surveyed. However, such was not the case during the project.

Q: People Most at Risk⁴³

With the exception of the homosexual population, no single group of people was overwhelmingly viewed to be most at risk. Even the homosexual population comprised only 15% of the total groups mentioned. Thus an inference can be drawn that people may not be sufficiently educated or simply cannot pinpoint a particular population because so many are at risk. This conclusion then leads to an emphasis in outreach and education in a broad range of areas. However, those statistically at highest risk for HIV/AIDS should be of highest priority, as 11% of the target population simply did not know what groups were most at risk for becoming infected.

Q: Behaviors That Increase Risk⁴⁴

All three groups surveyed most frequently mentioned unprotected sex and drugs as behaviors that increase risk for becoming infected with HIV. Only the target population responded with “don’t know or unsure,” at a proportion of nearly 10%. Assuming the population sampled was representative of the general population in those areas, this means 1 in 10 people are unaware or unsure of what types of behaviors that put them at risk for HIV/AIDS. Only the target population mentioned, “sex outside marriage” to be a behavior that increases risk.

Q: Where in the Community⁴⁵

Anywhere, all over, everywhere, etc. was the most frequently mentioned location for the question, 'where in the community are risky behaviors occurring'. The proportions were as follows: leaders 53%, providers 45%, and target population 31%. Again, however, the target population was the group that yielded the most “don’t know” or “not sure” responses comprising 13% of their surveyed responses. The leaders and providers groups had similar proportions for mentioning 14th street in their responses, a little over 10%, whereas the target population only mentioned the location 5% of their surveys. Again, similarly these must lead to an emphasis in outreach and education in a broad range of areas. Again, areas where risky behaviors are statistically at highest risk for HIV/AIDS should be of highest priority.

Q: Times Risky Behavior Is Occurring⁴⁶

The leaders group most frequently mentioned all the time/anytime, etc. as times risky behavior is occurring in the community (38%). The providers and target population groups also responded with the same answer 29% and 29% of their

⁴³ Appendix: Street Survey Graphs

⁴⁴ Appendix: Street Survey Graphs

⁴⁵ Appendix: Street Survey Graphs

⁴⁶ Appendix: Street Survey Graphs

answers in their respective groups for that question. However in these two groups the most frequently mentioned response was night/evening at 31% and 44%, respectively. Interestingly enough, outreach is usually conducted during regular business hours and regular business weekdays. It is clear from these results that both the providers and target population groups are aware of the times outreach is most needed. Perhaps it is up to the leaders to support and/or change the current times outreach is conducted in the community.

Q: Prevention Services⁴⁷

The leaders and providers groups most frequently mentioned the health department for prevention services, 26% and 28%, along with a multitude of other organizations. Both groups also did yield responses of no one or nobody, although that was a very small majority. Alarming, the target population responded with no one or nobody at a proportion of 43%. This could mean that prevention services are not reaching their communities; they are not effectively getting their attention, or perhaps a combination of the two.

Q: Health Services⁴⁸

Again, the leaders and providers groups were able to name a plethora of places to access health services, with the health department being the top answer for both groups: 18% and 23%, respectively. The target population named the health department as 14% of their answers for this question. Again, alarmingly was the result of the target population responding with none (19%) and don't know or not sure (14%). Similar to the issue of prevention services, more needs to be done to make this group aware of the health services available to them.

Q: Where to Get Tested⁴⁹

Once again, the health department was named most frequently as where to get tested for HIV in each of the groups, leaders 33%, providers 41%, and target population 26%. The providers were able to list the most places to get tested, while the target population named the least. Again, very alarming was the fact that in the target population, 12% of those surveyed "did not know" or were "not sure" where they could get tested, and 4% actually said nowhere. The target population definitely needs to be made aware of this as HIV/AIDS travels through their communities.

Q: Personal Risk⁵⁰

This question was only asked to those in the target population to access the level of personal risk. Of all the people surveyed, only 22% thought they were at personal risk for becoming infected with HIV and 2% were not sure. This left

⁴⁷ Appendix: Street Survey Graphs

⁴⁸ Appendix: Street Survey Graphs

⁴⁹ Appendix: Street Survey Graphs

⁵⁰ The target population was asked an additional question regarding personal risk. Appendix: Street Survey Graphs

76% of those surveyed responding negatively for this question, meaning 76% of those surveyed did not believe they were at any personal risk for HIV/AIDS.

2. Pre-focus Group Surveys

Some of the questions provided multiple choices for answers. Others were open-ended and spaces were available for the free response answer. The results may have a slight bias in that given a prompt with choices, participants may have more easily responded. If they had to answer on their own without any assistance, the question may have been more difficult and produced different answers. We will now examine the baseline data of the focus groups conducted.⁵¹

Q: Years of Education

Assuming all the people in the target population that listed 12 years of education, graduated from high school and received a diploma or GED, and those that listed less than 12 years did not get a diploma or GED, 59% of the population who participated in the focus groups did not have a high school diploma or an equivalent. In contrast, and overwhelming majoring of the leaders and providers had a college education. In terms of education, these two groups (leaders and providers versus target population) are more than likely quite different. In providing outreach and education, leaders and providers must be careful to speak on a level easily comprehensible to the target population who may have less education on the subject. Along these lines, the leaders and providers must also be careful so as not to turn the target population away by using terms too elementary or too technical.

Q: Know People Who Have Sex for Drugs or Money

The two groups actually were not very different from one another in relation to the proportion of those who participated in the focus groups who knew people who have sex for drugs or money. The target population had a proportion of 53% vs. the leaders-providers 45%. The large proportion in the target population might suggest an effective community-led outreach program. The people who have sex for drugs or money might be more apt to listen to a member of their community than a leader or provider they only know from law enforcement or social or health services.

Q: At Greatest Risk, by Population

This question gave the participant several populations differing in race/ethnicity, age, and gender. They were then asked to select which populations were at greatest risk. The two groups had similar proportions of those participating in the focus groups naming young, African Americans men and women as the population at greatest risk. The actual numbers vary only slightly between the groups.

⁵¹ The leader and provider groups were very similar and therefore were combined and compared to the target population

Q: Behavior Risks

When asked what behaviors increased the risk of HIV, the majority of both groups named risk behaviors surrounding sex most frequently. The target population and leaders-providers had percentages slightly higher for unprotected sex (33%, 32%, respectively) than the category of sex for drugs or money (30%, 26%, respectively). The two groups also had similar proportions for IV drug use: target population 26% and leaders-providers 27%.

VI. RARE Focus Group/Interview Findings

Together the focus groups, cultural expert interviews, street intercept surveys and pre-focus group surveys provided data that shaped the challenges seen in HIV prevention in Manatee County. The RARE data also included field notes from observations, and maps. Because there was a plethora of information collected in 3 short months, management and analysis of the data was very important. For easier recall the field team was required to always document day, date, time, place, and type of information collected (e.g. audio tapes or notes). Due to the limited funds, not all interviews and focus groups could be transcribed. To decipher which ones would be transcribed, the field team made note of which interviews or focus groups contained valuable or rich information; this allowed for easy reading.

The analysis of the RARE data was an on-going process and began with the first data collection activities. Analyzing the data early in the process gave the field team direction as to which issues or concerns required specific attention. Weekly debriefing meeting gave the field team an opportunity to discuss data collection and strategies for gathering the information. Also discussed at various times were key findings that began to develop as the data was analyzed.

The focus of RARE in Manatee County was HIV prevention and issues surrounding it. It was the objective of the team to discover what services were currently in place and what were missing. To identify relevant findings, the team looked for patterns or themes that existed in the data. Statistics drawn from surveys were also used to explain trends that may not be obvious in interviews or focus groups. Several questions were always kept in mind when analyzing the data, “Is this new information?” “Does it relate to other data that has been collected?” “How does this finding relate to our overall objective?”⁵² In collecting the data, it was important that when presenting the final findings that they were evidence-based. We will now explore the 7 challenges discovered by the team that produced barrier to HIV/AIDS prevention in Manatee County.

1. Lack of collaboration among service providers

Although there are efforts made among service providers to collaborate on important HIV/AIDS events (e.g. World AIDS DAY), smaller efforts are done independently and are not as effective.

Respondents, particularly those among the provider group, expressed the importance of working together and collaborating on various HIV/AIDS efforts. They felt that working alone only replicated services and coming together more often would have a greater impact on the community. Some service providers verbalized that there was not enough attention focused on the “whole”

**“I think that some of these places providing services need to be more vocal with their issues, it’s time to play team basketball and not one on one”
(Provider)**

⁵² RARE Project Training Workbook 2002

individual. Many paid attention to one piece of a very complex puzzle. One leader noted that some individuals not only required drug treatment, but also adequate housing.

Most times in Manatee County the areas covered by the service agencies overlap. Several have established a small niche within a community and among its residents. However, when asked, ‘what HIV prevention services were available in the community’, It was found that a large number of those in the

“We need to form a coalition and set up better relationships within the community, it’s still hard, but we have to work together and not be so territorial to make a difference” (Leader)

target community were unaware of the prevention services available⁵³. Despite this lack of knowledge, many in the target group felt it was necessary and expressed a desire to learn more information on prevention services. When asked the same question, the leaders and providers mentioned over 12 different types of programs. Although they were very knowledgeable about the types of programs available, this knowledge did not extend out into

the community in which they serve. Due to many funding cuts, several agencies were forced to cut programs and services. The lack of collaboration among service providers further perpetuates the lack of knowledge among the target populations. Many felt that together, providers could effectively increase the knowledge of and utilization of services.

As mentioned before, several agencies were forced to cut programs and services due to lack of funding. Many respondents, particularly those among the leaders and providers expressed that because of the lack of funding, in particular for HIV/AIDS prevention; agencies should join together and pool their resources. Several voiced that with the funding currently available, very few programs and services have been offered. However, together the agencies can look for grants and share the money to help the community and spread the prevention messages. Others believed that a collaborative effort would give the agencies the power and leverage to reach a wider population that they would not have otherwise reached alone. One provider stated that once organizations began to work side by side they would not only gain knowledge of the community, but also of the other organizations and the services they provide. The community yearns for the education and information; it is the job of the service agencies to provide that.

“...One person does not do as well as a team of people” (Provider)

2. Misconceptions of the Health Department prevents access and utilization of services

⁵³ Based on the street intercept survey, 43% said “No one” or “Nobody” provided prevention services

Many respondents felt that although they knew the Health Department was a place to go get tested⁵⁴ and receive condoms, fear of being exposed prevented them from seeking those services. Several commented that the Health Department often times is seen as being solely an STD clinic; thus many felt embarrassed to go and thought that seeking that type of service placed a label on them. It is this type of misinformation that drives these issues. Very few were aware of the types of services offered by the Health Department.

Another misconception concerning the Health Department was the perceived lack of confidentiality. Many expressed concerns about going in to receive services and having their information shared with other people in the community. Others felt that verbalizing their health issues to those in the Health Department might leave open doors for that information to turn into community gossip. They were not aware of privacy and confidentiality laws that are strictly enforced at the Health Department, which protects them and their medical records.

**“...Everyone is not comfortable going to the Health Department because they might see someone who knows them”
(Cultural Expert)**

**“My friend told me that you had to pay a lot of money to go to the Health Department to get one of those check-ups for all different diseases”
(Cultural Expert)**

Assumptions were also made as to how much services cost, or for whom services were available. Several among the leaders group thought that health services offered by the Health Department were only available for those in the indigent population. They mentioned that if you had insurance you would

have to go to a private doctor or hospital for care. On the other side of this issue, many others thought that services at the Health Department cost just as much or if not, more than a hospital visit. Together these misconceptions have caused many to shy away from accessing and utilizing sometimes-free services at the Health Department.

3. Drugs, alcohol, and sex are at the forefront of HIV/AIDS risk

Most respondents stated that unprotected sex and drugs were the top behaviors for HIV risk⁵⁵. The RARE research was able to outline these risk behaviors and their importance in HIV prevention and transmission. During observation, the field team made note of the tremendous amounts of alcohol that was consumed among those in the target population. Beer bottles and cans were among the primary items found lying on the ground after individuals cleared their various hangouts. Many mentioned that alcohol lowered ones inhibitions and made them vulnerable to risky sexual behaviors. Others felt that lowered inhibitions

⁵⁴ Based on the street intercept survey, 26% listed the Health Department as a place to get tested

⁵⁵ Based on pre-focus group survey, unprotected sex was the number one choice for increase behavior risk, followed closely with drugs.

coupled with lack of knowledge of sexual transmitted diseases (STDs), left many susceptible to becoming infected with HIV.

A prostitute is one who engages in promiscuous sexual activity for pay. In a survey provided to the interviewed groups many admitted knowing a person who has sex for drugs or money⁵⁶. The field team discovered many schemes for soliciting sex in Manatee. Although the conventional method of sex workers strolling the street looking for customers is known by many, other techniques exist that have not been thought of by others. Palmetto currently houses a large migrant population, many of which are single men looking to make money for their families back in their native country. It was revealed that these men have become the target for sex work.

**“There is prostitution going on in a lot of the migrant camps than people think. The women are white, black and Hispanic and they just go from apartment to apartment looking for men to solicit and get their money”
(Leader)**

During interviews and focus groups, cultural experts lead the team into a new world of commercial sex work. According to many cultural experts, the sex workers would go into the migrant camps during the weekends, and like a salesman, they would go door to door and solicit sex. The women scheduled their solicitation times to coincide with the migrants pay periods, and seek out those units that housed several men. When asked, ‘where in the community were risk behaviors taking place’, one participant told the field team of a house in Palmetto in which men could go to and seek a variety of sexual services. At this house, you buy poker chips; the type of sexual service you receive is dependant on the color of the chip purchased.

In the Bradenton area, most of the sexual activity took place on 14th street. Here, the more conventional method of sex solicitation was observed. The sex workers walked the streets in search of customers. It was in this area, that the team became familiar with the male sex worker. Although at first glance, it was not known that the men strolling the streets at night were sex workers; it was through interviews and focus groups, that their true identity was discovered. Respondents informed the team that many men seen late night on 14th street were sex workers. They

Male Sex Worker Solicitation	
Signal	Meaning
Red handkerchief	Bottom (Or receiver of anal sex)
Black handkerchief	Top (Or giver of anal sex)
Hat to the back	Bottom
Hat to the front and lowered	Top

⁵⁶ Based on the pre-focus group survey, 53% of those in the target population and 45% among leaders and providers said they knew someone who had sex for drugs and money.

were discrete in their solicitation and used handkerchiefs and hats to solicit work. During the RARE project, the 14th street area was subject to prostitution stings. This is also the area that is well known to many for the sex activity.

Many respondents, particularly in the target population, showed concern for the amount of drugs in their community. Others were afflicted by the addiction themselves and shed some light into the life of a drug abuser. The team discovered that the powerful addiction of drugs was enough to override all safe and precautionous behavior. Males and females did what ever it took to get their

**“If you’re a female drug addict and have a drug addiction, you’re going to do what ever it takes to get that drug”
(Cultural Expert)**

next “fix”⁵⁷. During data collection, the field team observed drug activity, which included drug sales, marijuana use, and evidence of crack usage. The team did not observe any syringes, which lead them to believe injection drug use was not a problem in Manatee County. However, according to one service provider there are currently over 300 individuals receiving treatment in the local

methadone clinic. This information leads to the conclusion that although it is not evident, heroin is as much a problem as crack and marijuana. Another drug that has received attention is ecstasy. Several respondents commented that this new drug is popular among the youth. These drugs increase their risk of HIV infection by decreasing one’s attentiveness and precautionary measures.

4. Lack of HIV/AIDS education and outreach

Interviews and focus groups began with basic questions accessing the knowledge of HIV/AIDS. Although many were aware of HIV/AIDS and its potential to cause death, misconceptions continued to exist. Some felt it was a socioeconomic disease; others still believed it only infected those in the homosexual community. It is these misconceptions that continue to increase HIV/AIDS risk among individuals. Some respondents voiced their ignorance of the subject and expressed a desire to be educated. They stated that not all those who live in the high-risk communities participate in high-risk behavior, and should be made aware of the risk that surrounds them.

**“People don’t practice cleanliness... some men don’t shave, they don’t change their clothes, they don’t change their shoes. When you don’t clean your body and don’t maintain a good healthy condition, eating, sleeping and living in a good clean environment, it somehow breeds that type of thing”
(Cultural Expert)**

Many were concerned that no one was talking about HIV/AIDS any more. When the disease was first discovered it was made headline news for ten years. Commercial and shows tackled the issue. Now it has taken the back burner to other world disasters such as wars and earthquakes. Numerous respondents felt the community needed to be bombarded with information that educated those in

⁵⁷ Fix is the street term used for injecting, sniffing, or smoking a narcotic

and around those high-risk areas. There are no signs or billboards that direct people to services. The participants challenged the service providers to offer more than just pamphlets and brochures, but individuals out in the field that speak the language of the target population. Efforts should be made to educate those who are unable to access services. Respondents felt that outreach efforts

**“Community needs to be bombarded with information. Signs need to be put up that direct people where they can find service”
(Leader)**

were not adequate. They want to see more people in the field reaching those at risk. Not only should individuals be educated on how they can protect themselves, but also on services available. Only 26% of those in the target population named the Health Department as a source of HIV testing. Some from all groups named the emergency room while others name the blood banks.

5. Lack of involvement among community leaders

Many respondents stated that in order for the disparaging numbers of HIV/AIDS cases among minorities to be impacted, those in high office must become actively involved. Although there are few that are currently engaged in the fight against this deadly disease, several felt that without complete buy-in of top policy makers, nothing would change. Those in high office have the power to bring forth issues that may influence the disbursement of funds. Many providers felt that with the backing of community leaders, working to increase HIV/AIDS prevention would no longer be an uphill battle. When asked ‘what were some challenges to providing prevention’, one provider noted that the first step in the process is starting from the top of government and leadership and working our way down to the community. Others agreed and stated that unless this was done, we will be sitting around talking about the same issue 20 years from today.

**“I have lived here my whole life and the leaders in this town only seem to worry about where the homeless people live and getting them out of here, they do not want to talk about all these diseases that can hurt people”
(Cultural Expert)**

When analyzing the data, the team noticed a lack of basic knowledge of HIV/AIDS that existed among those leaders interviewed. When asked ‘what is HIV/AIDS’, several among this group could not verbalize the acronym and stated it to be a “tough socio-economic disease”⁵⁸. Misconceptions of the disease were not limited to the target population, but extended out to those community representatives. Providers felt that leaders of the community need to take a more active role in educating themselves and becoming more involved in HIV/AIDS issues. Active involvement of the leaders can generate community wide interest as their ideas and certainty trickles down to residents.

6. School messages not adequate

⁵⁸ Quote taken from interview with community leader

According to recent statistics, the CDC estimated that 50% of persons with HIV infection worldwide acquire the infection by age 25 and 25% of infections in the United States are acquired before age 22.⁵⁹ In 2002, 12% of reported new HIV infections occurred in people between 13-24 years of age.⁶⁰ Looking at these stats, the youth are increasingly becoming infected and affected by the spread of this disease.

Many participants expressed their concern for the lack of adequate HIV/AIDS education provided by the school system. Some felt that although they were providing some education at home, the youth were not getting the information they needed from school to make well-informed decisions. Today in Manatee County, the Health Department provides a once a year basic 101 HIV/AIDS session to select middle and high schools, starting with the 8th grade.

“The messages are not adequate, we live in a very conservative community which does not regard anything but abstinence as a choice...we’re not allowed to talk about condoms, we can’t open up about these things” (Provider)

The school board must first approve the presentation before it is given. It is very limited in the type of information given to the students; it does not include specifics about condoms or condom demonstrations. Many parents who participated in the research were worried that their child was receiving mixed messages in school. Although the Health Department provides HIV/AIDS education, the message is abstinence-based, and can only refer to condoms as “sexual barriers”⁶¹ Another organization Care Net, who is backed by religious affiliates, may return to the same school and present abstinence only messages that only talks about how defective condoms or “sexual barriers” can be and not as a choice of protection from the disease. The education given although limited only includes those in the public school system, and does not include private schools.

Florida reported in 2001 that 63% of high school 12th graders have had sexual intercourse.⁶² In Manatee County a new crop of kids becomes teenagers each year. 2002 brought in 475 new teenage moms with the youngest being 11 years old. The number of repeat births to mothers age 15-19 continues to increase each year. In Hollywood, “sex sells”; it is this same sex that is glorified in commercials, music videos, and prime time television shows. Parents’ inability to

“In order to get pregnant you can’t be practicing safe sex. I said if it ever crosses over, the population it’s going to hit hard and fast is young women... just look at the teen pregnancy rates” (Provider)

⁵⁹ Florida Department of Health, Bureau of HIV/AIDS Centers for Disease Control and Prevention Youth Risk Behavior Survey, 2001

⁶⁰ Florida Department of Health Bureau of HIV/AIDS Centers for Disease Control and Prevention Youth Risk Behavior Survey, 2001

⁶¹ The word sexual barrier must be substituted for condoms when presented in schools

⁶² Florida Department of Health Bureau of HIV/AIDS Centers for Disease Control and Prevention Youth Risk Behavior Survey, 2001

monitor their child's after school activity leaves them vulnerable to imitate or mimic the lewd and sexual behavior displayed on television. Although these stats may set off fire alarms in other counties, Manatee is still conservative, and thinks teenage sex is not an issue relevant to HIV/AIDS. Many who were interviewed thought the counties reluctance to increase the depth of HIV/AIDS education in schools stems from a fear of promoting sex among the youth. However, according to one official, if steps are not made toward providing a truthful and straightforward message, there could be an explosion of young adults with the disease that were not educated when they were adolescents.

Lincoln Middle School sits in the heart of one of the high-risk areas researched. For some students their trip to and from school includes walking through areas such as Pat Groover's market, which was identified as an area hotspot. Being a teenager, you are faced with many challenges and obstacles. Students at Lincoln Middle and other schools that reside in high-risk areas must be well equipped with information regarding the sex, drugs, and alcohol that is plaguing their community. During a focus group with incarcerated African American males, one interviewee shared his story about living in that high-risk area. Although he expressed coming from a close-knit, hard working family with strong values, he was drawn to the fast life of sex, drugs and money. Seeing the young men on the corner with nice cars and fast cash, he turned his back on the value of hard work his family instilled in him. He continued to tell the team that the messages given to the youth should not be "sugar-coated", but rather honest, detailed and more involved.

“The teenage population, the child population has a total disregard for their future...they engage in risky behaviors and a lot of times they think they are protected because they were well brought up... but their not” (Leader)

Although many people stated the schools should be responsible for the HIV/AIDS education, others felt the parents needed to take responsibility in educating not only their child but also themselves. As some would say “the schools can’t do it all”⁶³; the parents need to play an integral role in ensuring that their child receives

“I think parents need to tell it, if you’re going to do this, this is what you need to do. But they are just given the option of don’t do it” (Cultural Expert)

the information they need to make the right decision concerning sex and drugs. If the students are just given an abstinence only message at school, and no education home, whom can they look to for information and direction? Parents need to learn how to approach their child and engage in open

conversation. Together, if adequate, school and home education can provide students with information needed to face daily peer pressures.

⁶³ Quote taken from interview with community leader

7. Lack of involvement from faith based organizations

Eliciting the most response was a lack of involvement from the faith-based organizations. Many believed that the stigma of HIV that exists within the church is responsible for the lack of knowledge among community residents. Participants afflicted with the disease recall times when they were shunned by their congregation and viewed as immoral. Within the African American community individuals saw the church as a hub of information and a source of knowledge. They were saddened that although individuals within the church have died of the disease, the churches had not taken an active role in educating others.

**“We need more people opening up their doors like in the churches and places the actually have not opened their doors. We don’t have a lot of churches that are willing, especially in the black community”
(Cultural Expert)**

In Palmetto, the field team discovered 10 churches that surrounded the high-risk area, none of which worked to engage the community in health education. Several pastors came forward during the project to express their interest, but they were few among thousands. Limited involvement from churches did not only exist in the African American community, but also cross culturally. Those in the Hispanic community said they attend a catholic church where the priest would never talk about HIV/AIDS. Many in the religious community have shied away from topic such as HIV and teen pregnancy. It is their philosophy that such topics are immoral and should not be discussed within sanctified walls. One official noted that there were many Christians that felt that when you start talking about HIV/AIDS you start teaching people to be promiscuous.

VII. Action Steps

The following action steps were drafted and approved by the community work group. The work group expressed excitement of the project results and look forward to initiating action plan.

➤ **Challenge/Finding: Lack of Collaboration among Service Providers**

Action Step 1: Form HIV/AIDS Coalition

The idea of a coalition is the first step toward integrating the RARE findings in Manatee County. A coalition will help agencies collaborate on several efforts committed to HIV/AIDS issues. One of the charges of the coalition can be to find how effective the different education methods are and come up with suggested ways to perform effective HIV/AIDS prevention education and outreach.

1.1 Re-establish partnership with community organizations to form coalition dedicated to HIV/AIDS related issues

A representative from each agency can come together to make a small core work group. This workgroup will work together to develop a strategic plan. They can then invite others to join in once business is underway.

1.2 Invite agencies such as: Manatee Glens, Michael Bach Resource Center, Manatee County Health Department (MCHD), Salvation Army, Our Daily Bread, Family Emergency Treatment Center, Planned Parenthood as well as PWAs and others interested in participating to sit on coalition (e.g. law enforcement and community representatives)

The individuals participating in the coalition will take part in the planning process so resources are not limited to Manatee County. They would also join together in actively participating in the HIV/AIDS community-planning group.

1.3 Establish a meeting time and place for quarterly meetings and set agenda to discuss goals, objectives, and mission statement

This meeting would serve as a starting point to acquaint those involved with the primary goal and objectives of the coalition.

1.4 Form Board of Directors to lead coalition

The coalition may potentially be initiated by the Manatee County Health Department. It is the hope that after time the coalition members will themselves elect a board of directors to lead the coalition in all future efforts.

1.5 Collaborate on special events, outreach, and education

Some agencies may be duplicating services. In order to combat this, the coalition can work together to coordinate education and outreach efforts.

They can also work together to ensure that the resource directory of services is updated and accurate.

- **Challenge/Finding: Misconceptions of the Health Department prevents those in community from accessing and utilizing services**

Action Step 2: Work towards decreasing misconceptions of the Manatee County Health Department

Through the RARE methodology, it was determined that there was not a fear of quality but rather a fear of recognition when seeking services at the Manatee County Health Department. Through a strategic social marketing plan, this problem can be tackled.

2.1 Increase knowledge of services available by increasing ads in the community that promote services offered by the Health Department

To gain access to the target population, we must be more creative and innovative to reach them at their level of understandability and language. Manatee Education Television (METV) can be accessed to produce free ads and programs advertising the services at the Health Department. To further promote, Brighthouse cable can be contacted and encouraged to pick up those ads as part of a Public Service Announcement (PSA).

2.2 Increase staff literature to promote increased cultural sensitivity and confidentiality

One component of the social marketing plan should focus on confidentiality among Health Department staff and volunteers.

2.3 Initiate yearly open house for community to meet MCHD staff and get information on various programs and services

This component not only gives the community an opportunity to meet the Health Department staff, but also become acquainted with the services available.

- **Challenge/Finding: Drugs, Alcohol, and Sex are at the forefront of HIV/AIDS risk in Manatee County**

Action Step 3: Increase education and testing among sex workers and drug and alcohol abusers

According to interviews, the behaviors that were thought to have the highest HIV risk were unprotected sex and drug use. Observations revealed that both sites were populated with individuals that frequently engaged in these risky activities.

3.1 Collaborate with local law enforcement to increase HIV testing and counseling among drug and sex offenders

Manatee Glens has a fairly new program for substance abusers on parole, however it is limited to a small population that can receive this service. An important step in this action plan is to not only get the local law enforcement

involved, but also the local judicial system. This can be accomplished by lobbying for laws that make it mandatory for HIV testing and counseling among drug and sex offenders.

3.2 Form partnership with Manatee County Sheriff's Department to provide education sessions to inmates

Some years ago, when the HIV/AIDS speaker's bureau was active, information sessions were given to inmates. The speaker's bureau offered a different education option. Speakers shared stories about themselves that made a big impact. However the rules and policies have changed and these speakers are no longer allowed to go into the jail. There is no education given to the inmates, only a short 5 minute testing session.

3.3 Collaborate with substance abuse agencies to provide intensive street outreach during peak activity hours identified in RARE

During the research, it was observed that the peak activity hours in both sites were between 5:30pm and 8:00pm. It was during this time that both sites had an increase in the number of people socializing and drinking alcohol outside. A collaborated street outreach during this time frame would connect with a large number of people in the high-risk area.

3.4 Form partnership with local Hispanic Based Organizations (HBO) to provide concentrated street outreach for those in migrant areas that engage in sex worker activity.

Through observation, focus groups and interviews, it was discovered that sex workers often targeted the migrant areas. Forming a partnership with local HBO's that currently work with this population would enhance the HIV/AIDS education in this high-risk area.

➤ Challenge/Finding: Lack of HIV/AIDS Education and Outreach

Action Step 4: Increase education, outreach, and testing in high-risk areas

Although there are many efforts made to educate the community on HIV/AIDS related issues, findings showed that this area of prevention was lacking. Data showed that many people still accepted common misconceptions about the disease as being factual. Through interviews and focus groups, it was observed that many in the target population had little knowledge of the disease.

4.1 Seek additional funding to increase utilization of the MCHD mobile unit to provide HIV counseling and testing, as well as STD examinations in identified high-risk areas.

The Manatee County mobile unit is currently equipped with clinic areas to handle examinations. Many people explained in interviews and focus groups that they had a fear of being recognized at the Health Department. Taking an

already equipped mobile unit into the community for STD exams as well as HIV counseling and testing is a possible solution to the problem.

4.2 Form partnership with community organizations and Faith Based Organizations to increase HIV/AIDS education classes and training sessions conducted in their areas.

Coupled with the classes and training must be an evaluation component to assure the effectiveness and efficacy of such sessions. Also included should be segments on individual accountability, transferring the responsibility of health and well being from the public health system to the individual.

4.3 Increase education and testing in the migrant population through partnerships with local packinghouses, farming agencies, and other Hispanic/Latino community based organizations

Manatee County has a large migrant population that is predominately Hispanic/Latino. Efforts must be made to engage this population. The local packinghouses and farming agencies usually own the facilities that house the migrants and with their help these areas can be accessed.

4.3 Start local initiative among gatekeepers and neighborhood associations that will help to engage the community in actively participating in HIV/AIDS related events and increase their awareness of the disease

HIV/AIDS lives on past World AIDS Day and National Testing Day. Engaging local gatekeepers actively involves neighborhoods in HIV/AIDS issues affecting their community.

4.4 Encourage local media/billboards/newspapers to do more educational pieces that tackle misconceptions of HIV/AIDS

The local media currently provides some HIV/AIDS coverage particularly during special events such as World AIDS DAY and National Testing Day. Providing regular coverage of this issue can open up dialogue about HIV/AIDS and how it affects the community. This can also be done through fine arts. Contests can be held that challenge local art schools to develop posters and signs on HIV/AIDS that grab the communities' attention.

4.6 Seek funding to promote a culturally diverse staff among HIV/AIDS service agencies

Due to the lack of funding for HIV/AIDS prevention services, many agencies Particularly, the Manatee County Health Department are short-staffed. They have a great message to deliver, but not enough people to deliver it. Most importantly, many people felt there is a need not only to increase the number of staff at service agencies, but also the diversity of the staff (i.e. hiring more bilingual and minority individuals).

4.7 Seek venues in high-risk areas that will provide their patrons with HIV/AIDS information

This comes as an alternate method of engaging and educating the community. Modeling after success in other counties, seeking local business (e.g. barber shops, convenient stores, bars) to carry free literature and condoms would further increase the communities' access to vital HIV/AIDS information.

➤ Challenge/Finding: Lack of Involvement among Community Leaders

Action Plan Step 5: Increase knowledge/awareness of HIV/AIDS issues among community leaders in Manatee County

5.1 Through in house prevention training with the Police Department, Sheriff's Department, and Fire Department, enable officers to provide information on HIV/AIDS while on duty (e.g. Literature)

Local law enforcement is most familiar with the high-risk areas, and they should be equipped to provide on the spot information to those who are in need and at risk. In house prevention training would include basic HIV/AIDS education. This training could be expanded to include judiciary and governmental legislative officials.

5.2 Increase active participation by leaders in HIV/AIDS related events by hosting yearly forum among political leaders to discuss issues related to HIV/AIDS

In order to truly impact the disparity of HIV/AIDS in the minority communities, it is very important that the local community and political leaders become involved. Although few, there are currently officials involved in the fight against HIV/AIDS in Manatee County. It is through them that other leaders can be reached and encouraged to participate in roundtable discussions of HIV/AIDS and how it is affecting the community.

5.3 Encourage leaders to support HIV/AIDS prevention education and outreach through funding which can help to increase outreach staff at Manatee County Health Department by at least two.

Man power, manpower, man power! Many HIV/AIDS prevention services and efforts by the Manatee County Health Department are limited by their lack of manpower. With increased staff, the Health Department can increase their prevention services and efforts.

➤ **Challenge/Finding: School Messages Not Adequate**

Action Step 6: Increase awareness of HIV/AIDS among school-aged youth

6.1 Research existing education guidelines on HIV/AIDS enforced by the school board

It is within the law that the Manatee County School Board must provide some HIV/AIDS education, however the manner in which the message is delivered, and the type of information given is at the discretion of the school board. It has been said many times that the message given to the youth is not adequate, but it was only discovered that the word “condom” could not be used. Researching existing guidelines mandated by the school board can be used as leverage to lobby for increasing message material.

6.2 Contact school board to present RARE findings along with current HIV/AIDS, STD, and teen pregnancy statistics

6.3 Once date for meeting is set, send letter to Parent/Teacher Organizations informing them of school board presentation and to engage them in increasing the education on health related issues in schools

Getting the parents and teachers involved can help encourage the school board to review current data and statistics, and make provisions to move towards a change in the school curriculum.

6.4 Ask school board to be included in their regular school newsletter. Insert in newsletter will be provided by the Health Department and will include updated information for parents and students on teen pregnancy, STD, and HIV/AIDS, as well as tips for engaging in open communication between parent and child

Counties surrounding Manatee are not as conservative and have in place systems of educating their students and parents. Across the bay in Pinellas County, one high school provides quarterly newsletters to the parents that tackle issues about teen pregnancy, drinking and HIV risk. Although changing the school curriculum may take time, adding a newsletter insert to educate the students and parents may be a great place to start.

6.5 Form partnership with local community center directors of both sites (e.g. Boys & Girls Club, Just for Girls, and Youth Center), to discuss initiation of a peer education team among students

Between the two sites, there are 8 youth centers that become an after school home to dozen of youth that live in and around the high-risk areas.

6.6 Unite youth in the fight against HIV/AIDS by forming and training a peer education team to organize and sponsor different events devoted to HIV/AIDS awareness

Engaging the youth in a peer education team is a means by which they can learn more about HIV/AIDS outside of the school system. This peer education team is a creative method to not only spread prevention messages to the youth, but also the parents and those in the community.

6.7 Increase awareness of HIV/AIDS among juvenile offenders and their parents by lobbying for the addition of the 104 HIV/AIDS information into parental class mandated by teen courts.

Depending on the crime, parents of juveniles participating in teen court are required to attend a parental class as part of their child's sentencing. It was the idea of the work group to attempt to include the 104 HIV/AIDS information into the class as part of an effort to increase their knowledge of HIV/AIDS risk.

➤ **Challenge/Finding: Lack of Involvement from Faith Based Organizations**

Action Step7: Engage the faith-based leaders in the community by forming a Faith Alliance/Coalition

7.1 Present RARE findings to Faith Based Organizations (FBO) located in high-risk areas

As seen in the RARE observational findings, 10 churches, none of which participated in HIV/AIDS prevention, surrounded one high-risk area. These churches would be essential to beginning a coalition dedicated to HIV/AIDS

7.2 Send letter to all FBOs in Manatee County inviting them to a round table discussion that will initiate a coalition dedicated to HIV/AIDS issues

7.3 Hold meeting at neutral place (e.g. Manatee Memorial Hospital) and begin to set an agenda to discuss goals and objectives

7.4 Assist FBOs in opening their doors to becoming an HIV/AIDS testing and counseling site

Many people may find more comfort in getting tested in a place that is familiar to them. Assisting FBOs in opening their doors for testing provides a safe haven for those parishioners and other community residents that may fear being exposed at other service entities.

7.5 Encourage the Faith Alliance to engage and educate the community by sponsoring special HIV/AIDS related events

Some in the community, particularly among African Americans, look to the church as a hub of information. If the church were to provide HIV/AIDS education, many can receive accurate information that they may not otherwise seek.

7.6 Primary goals include: developing a mission statement and quarterly plan, having meetings every other month, and forming a board that will elect its own head.

It is the hope of the work group that once initial meetings are underway, those involved in the faith alliance will take over and shape it to fit the needs of their community.

VIII. Appendix

MAP LEGEND

Hot Spot



Churches



Migrant Camps



Schools, Youth Centers, Day Care



Store, Business



Night Club



Dumpsters



Heavy Gambling Activity



Motels



Furniture



Barbershop



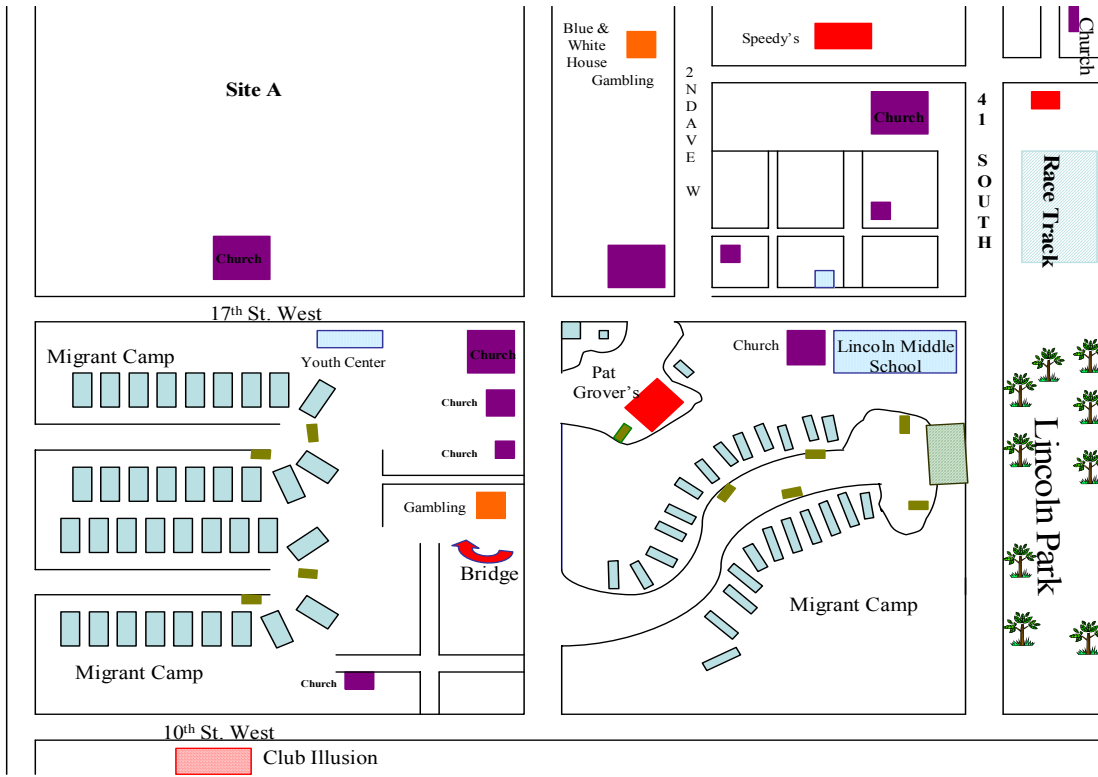
Abandoned Building



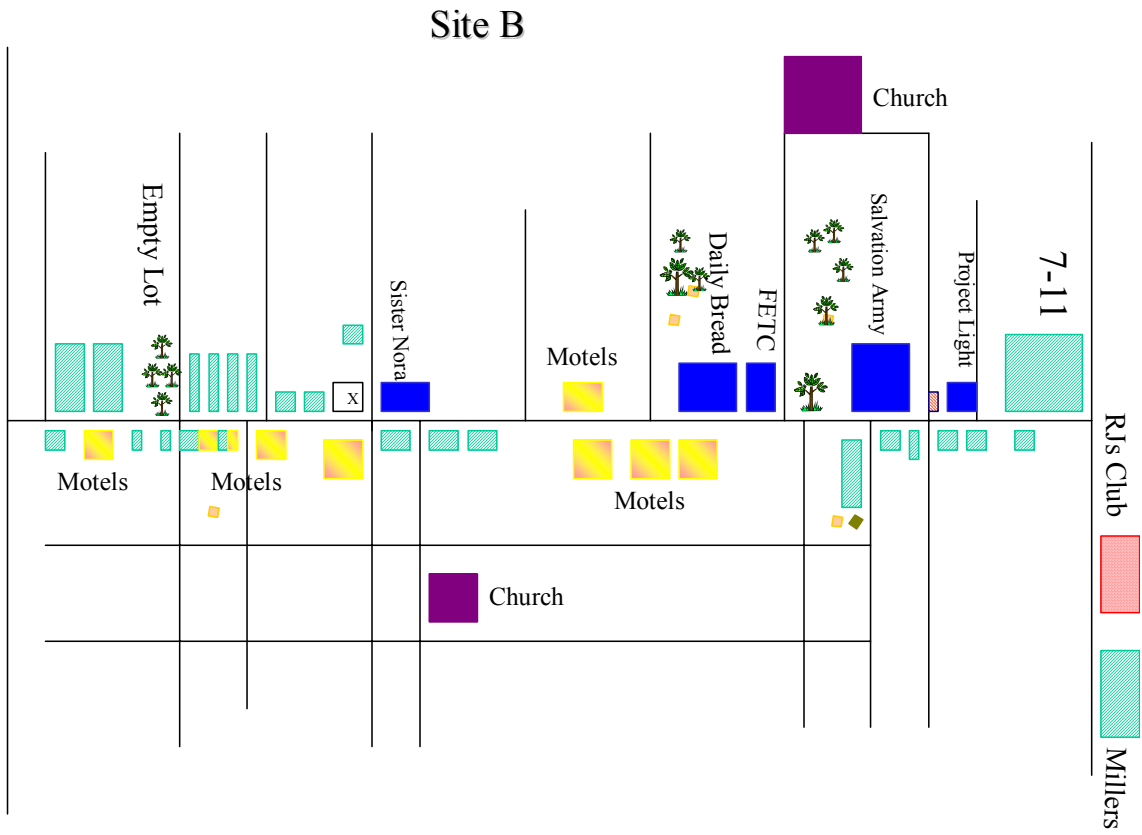
House



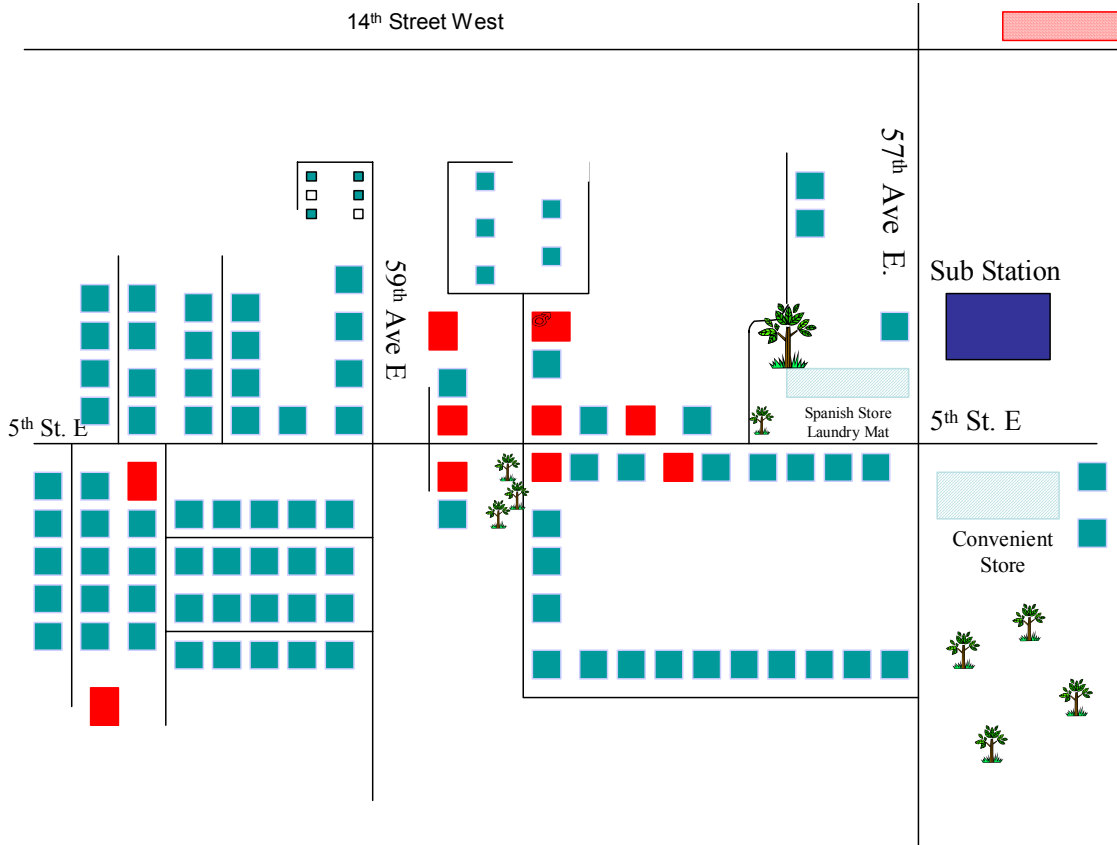
MAP: SITE A



MAP: SITE B

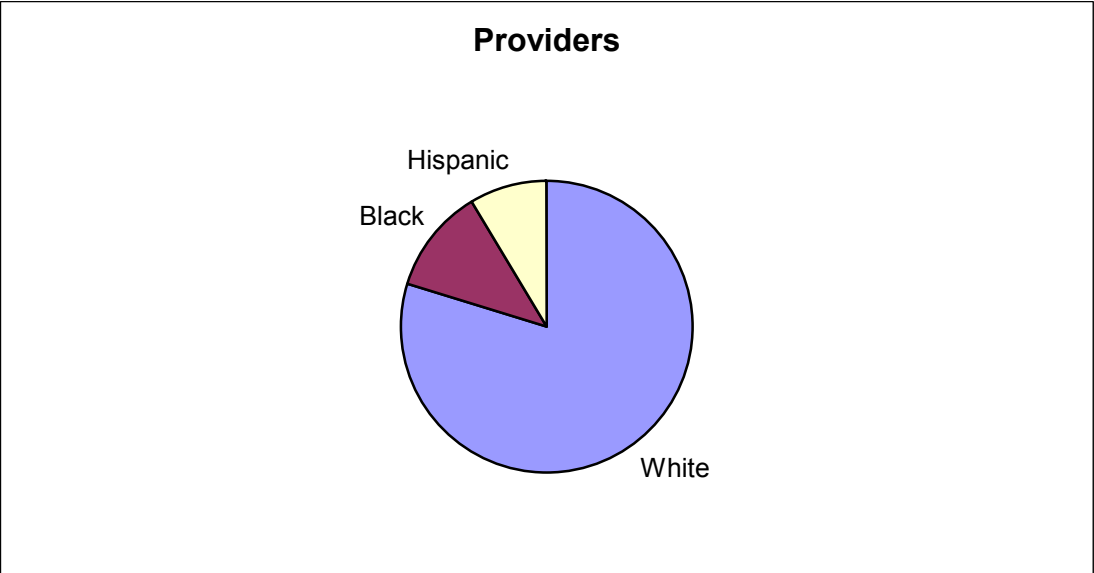
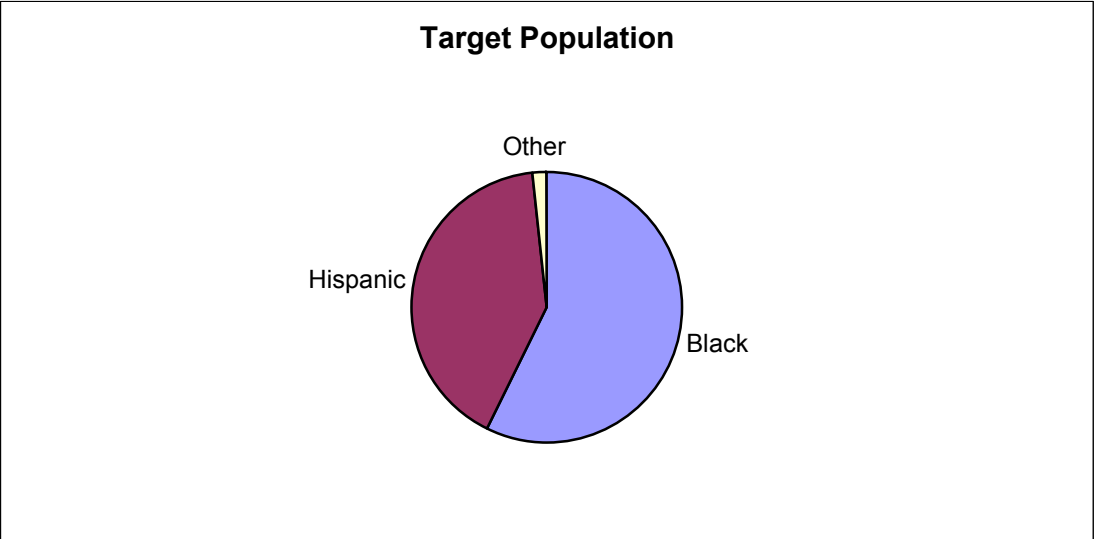


MAP: SITE B (South End)

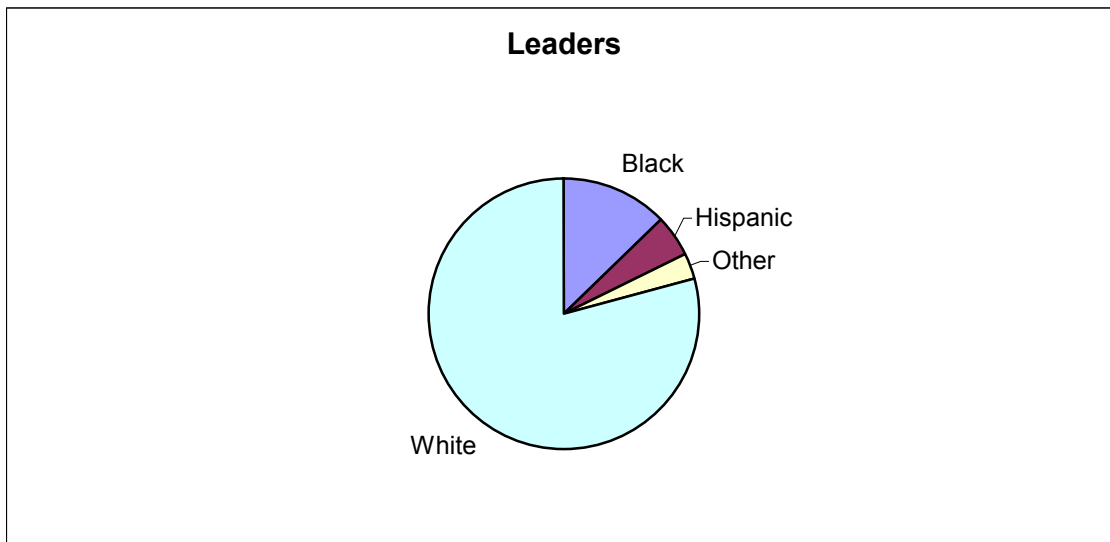


Street Intercept Survey Graphs

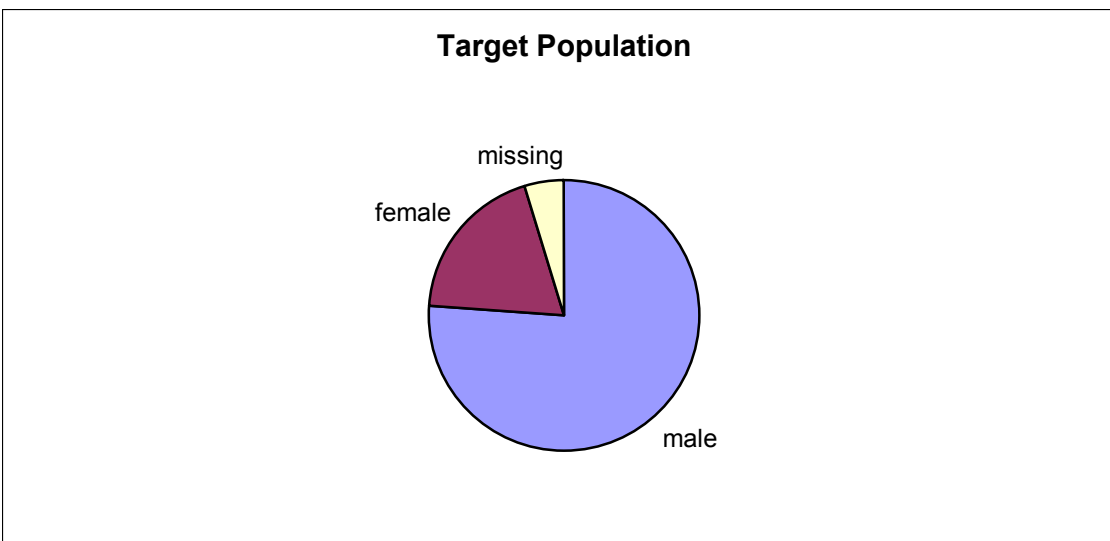
RACE Percentages



Race Percentages Cont'd

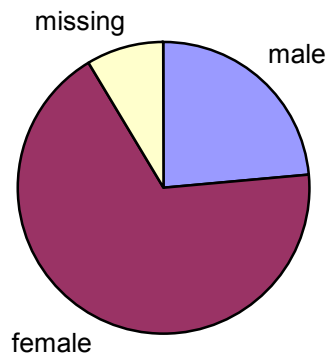


Gender Percentages



Gender Percentages Cont'd

Providers

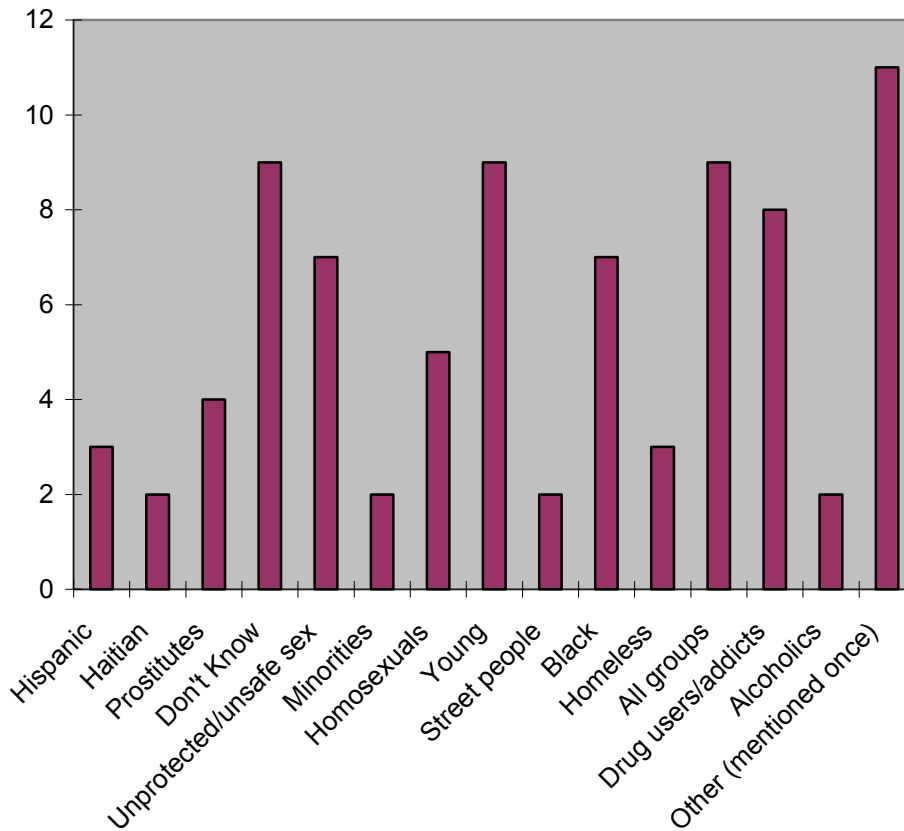


Leaders



People who are most at risk for HIV/AIDS??⁶⁴

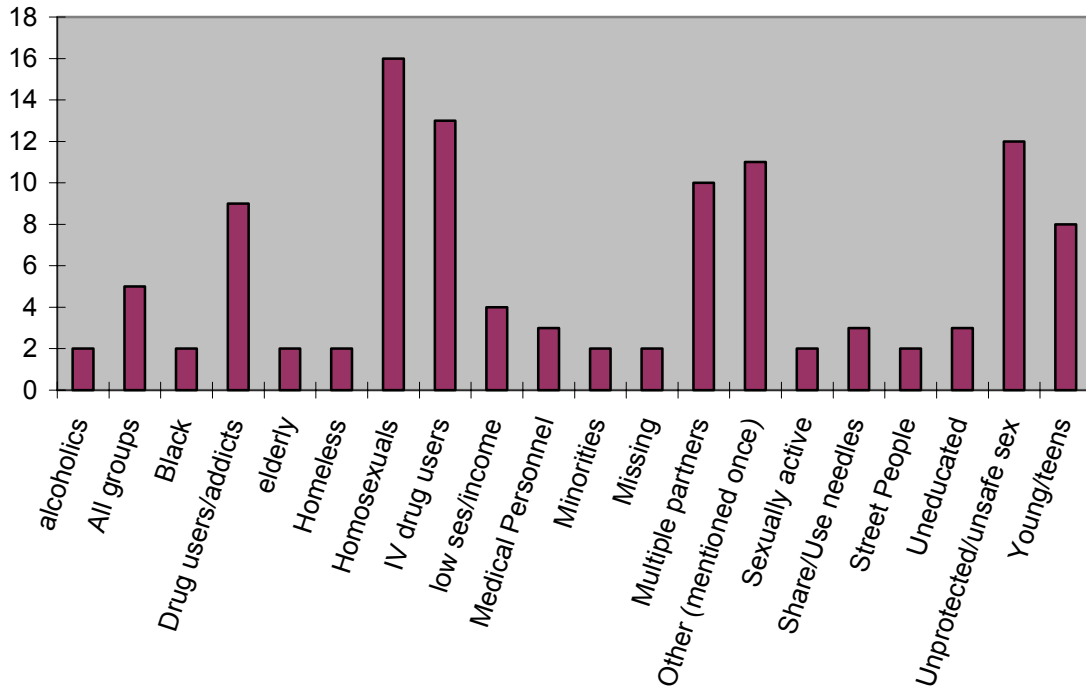
Target Population



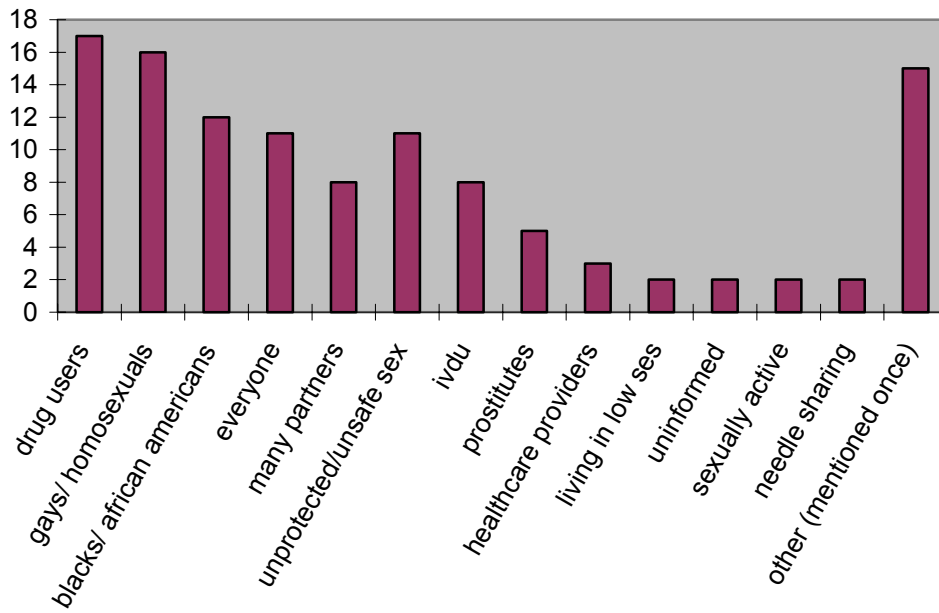
⁶⁴ Because this was an open-ended question, some respondents named a group of people who they thought were at risk for HIV, that no one else mentioned (e.g. Hemophiliacs or Paramedics). These 'one-time' mentioned answers were grouped together to form one group called "Other (mentioned once)"

People who are most at risk for HIV/AIDS?? Cont'd

Providers

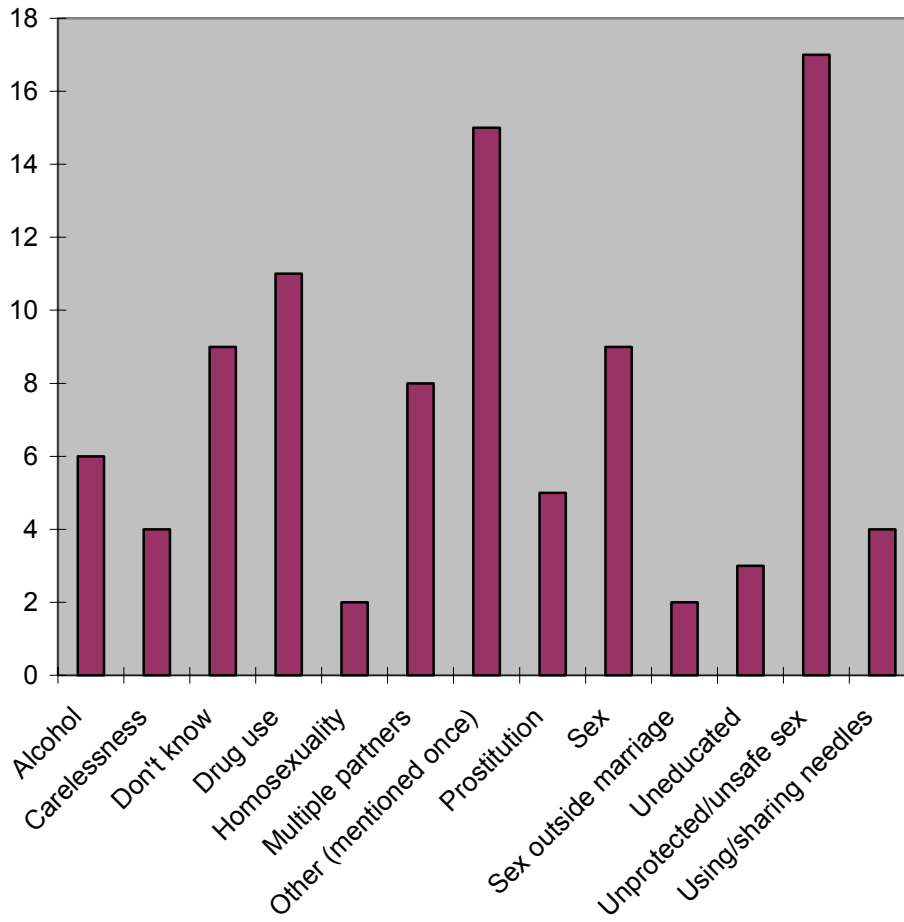


Leaders



Behaviors that increase risk?⁶⁵

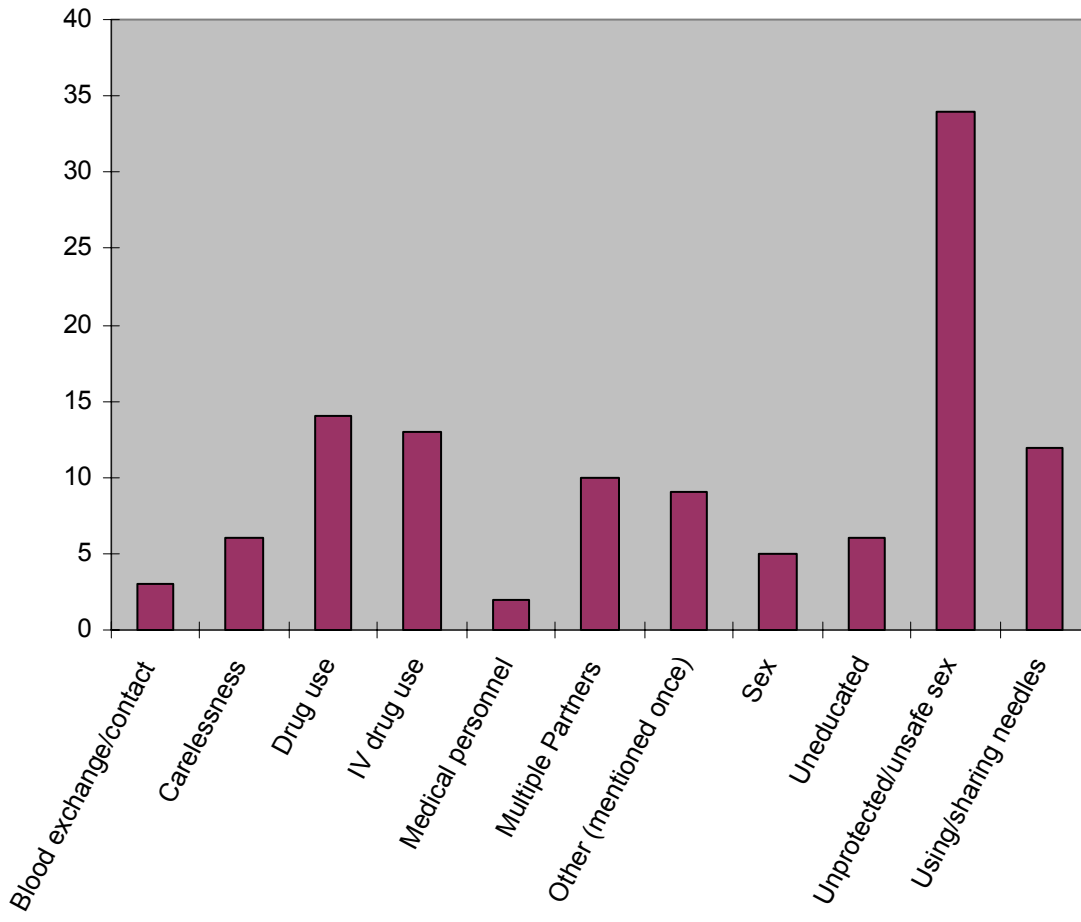
Target Population



⁶⁵ Because this was an open-ended question, some respondents named behaviors they thought increased HIV risk, that no one else mentioned (e.g. Transfusion or Sharing Toothbrushes). These 'one-time' mentioned answers were grouped together to form one group called "Other (mentioned once)"

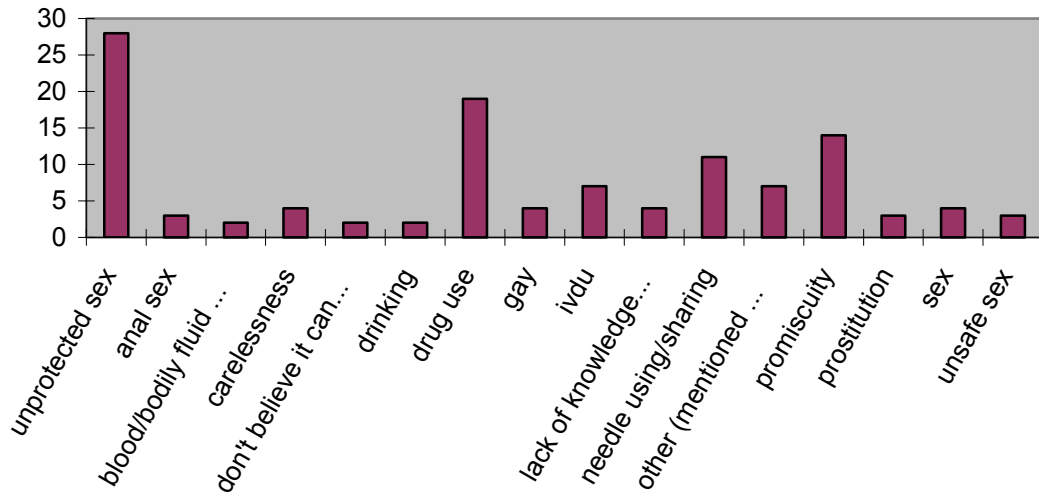
Behaviors that increase risk? Cont'd

Providers



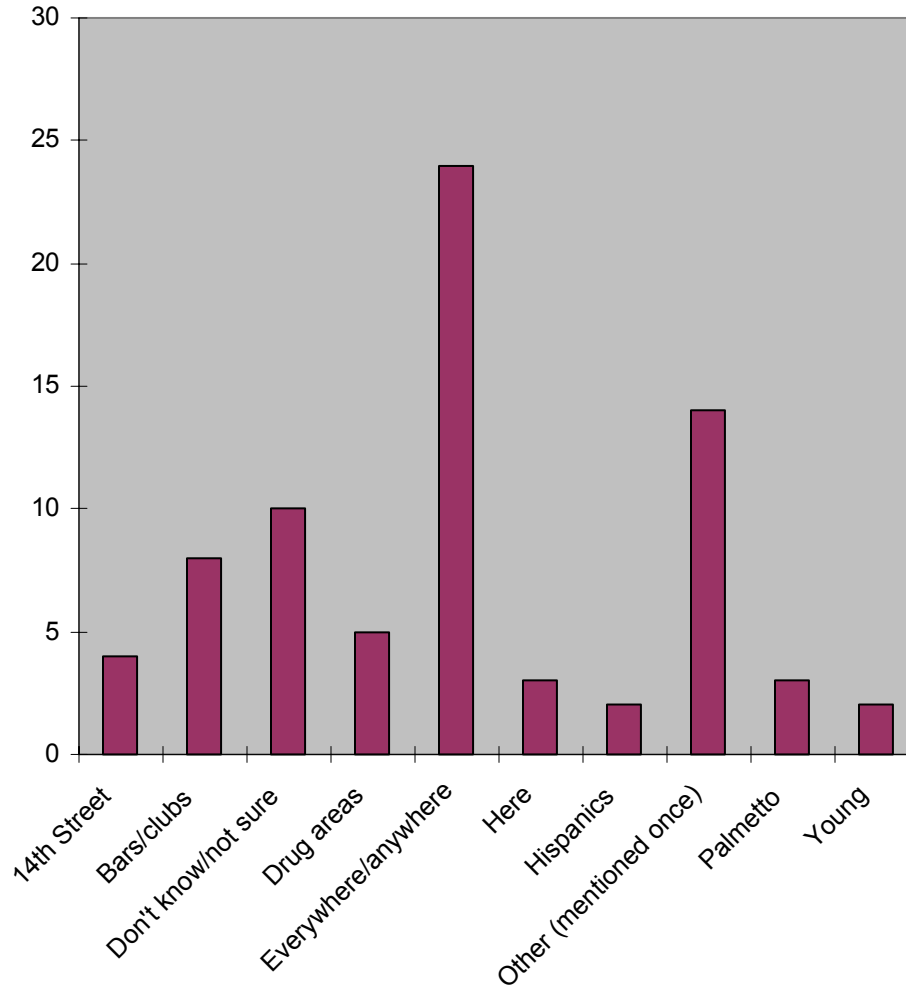
Behaviors that increase risk? Cont'd

Leaders



Where in the community is risky behavior happening??⁶⁶

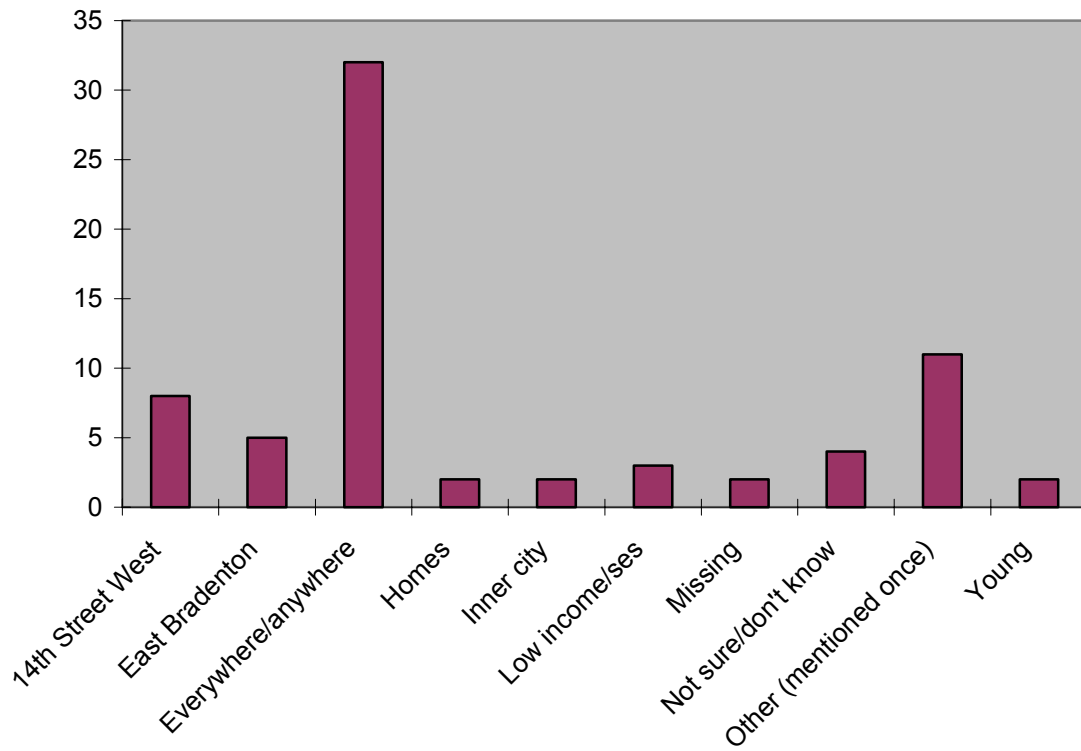
Target Population



⁶⁶ Because this was an open-ended question, some respondents named places where they thought risky behavior was happening, that no one else mentioned. These 'one-time' mentioned answers were grouped together to form one group called "Other (mentioned once)"

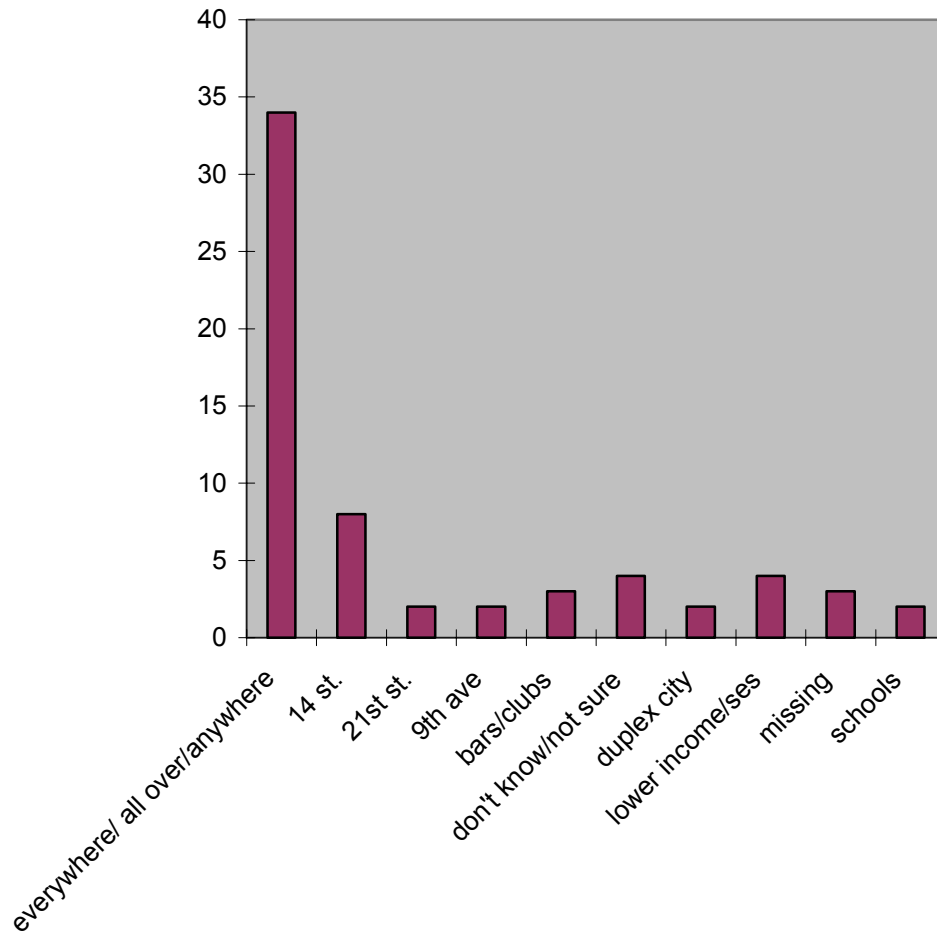
Where in the community is risky behavior happening?? Cont'd

Providers



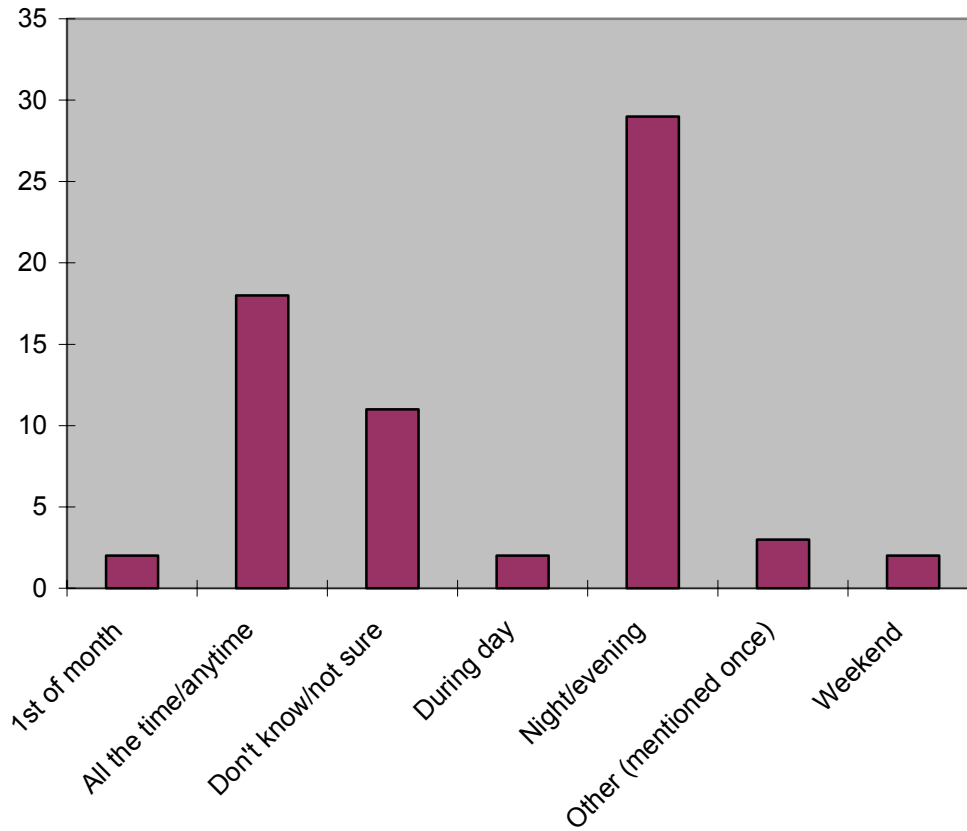
Where in the community is risky behavior happening?? Cont'd

Leaders



Times risky behavior is occurring?⁶⁷

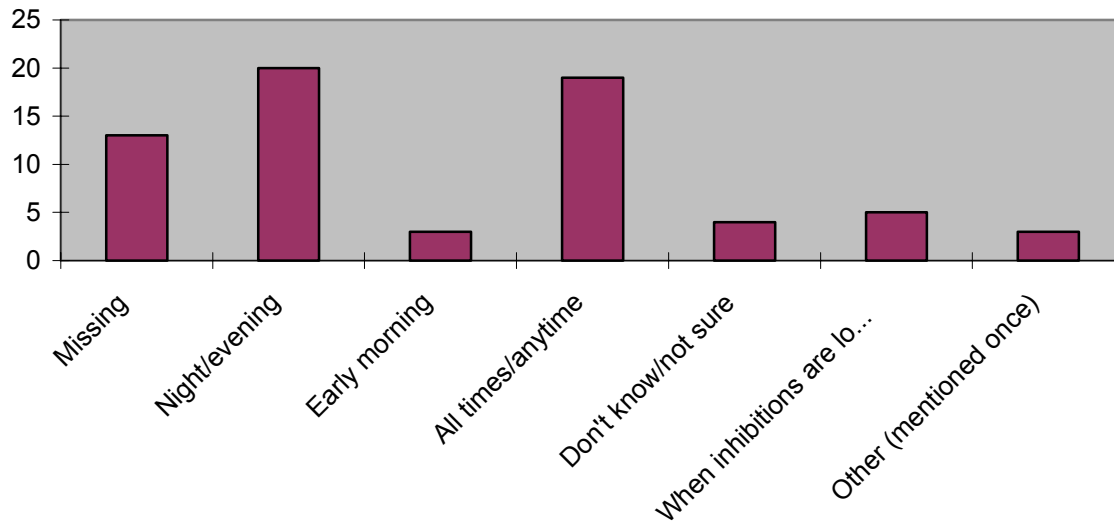
Target Population



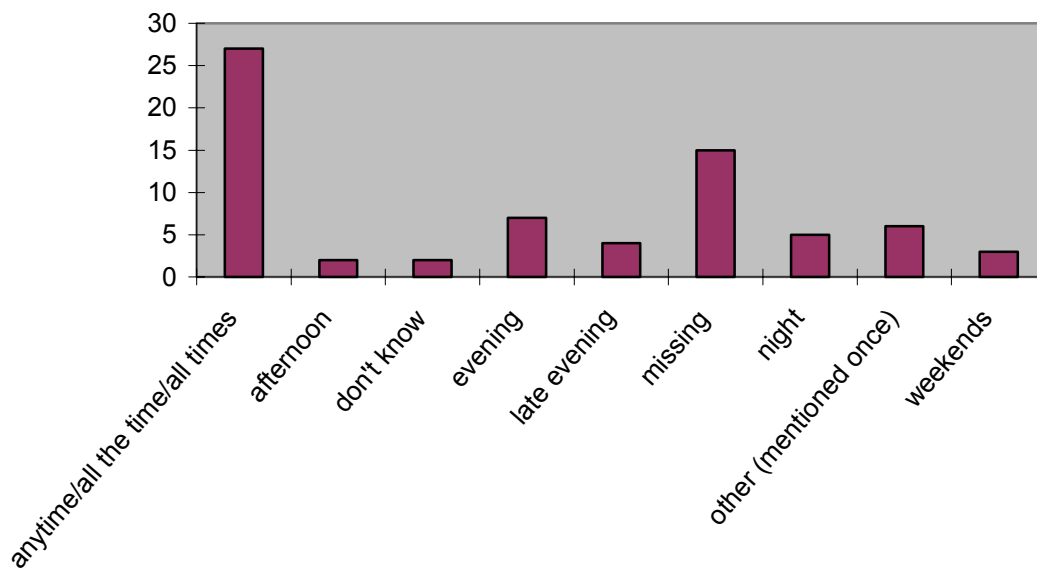
⁶⁷ Because this was an open-ended question, some respondents named times they thought risky behavior was happening, that no one else mentioned. These 'one-time' mentioned answers were grouped together to form one group called "Other (mentioned once)"

Times risky behavior is occurring?? Cont'd

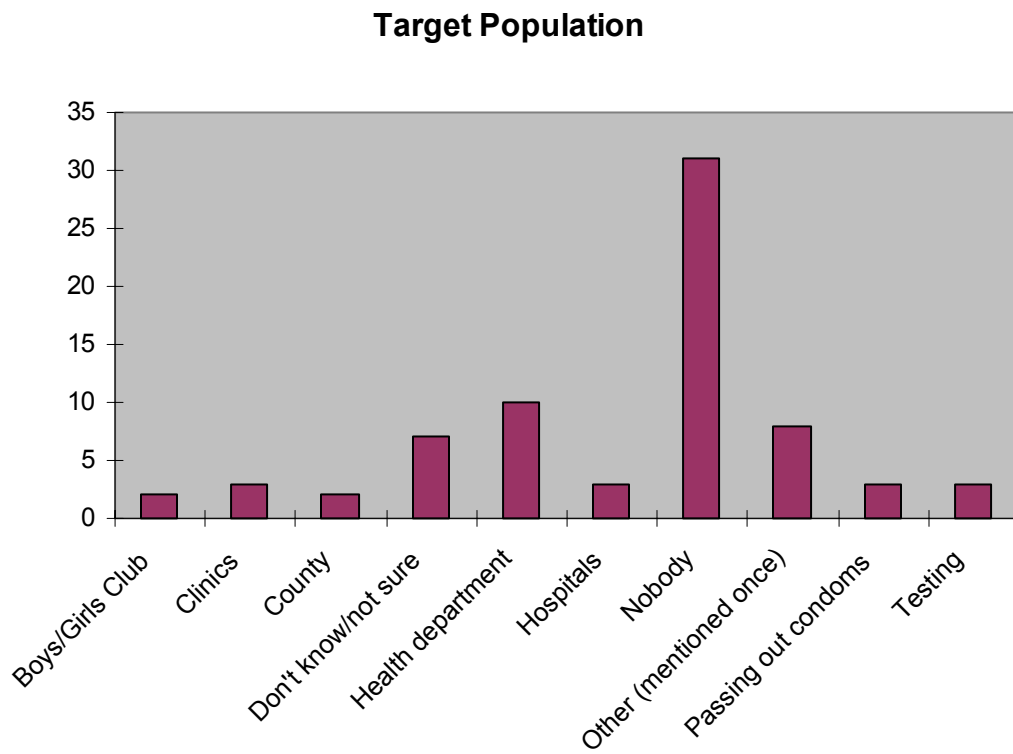
Providers



Leaders



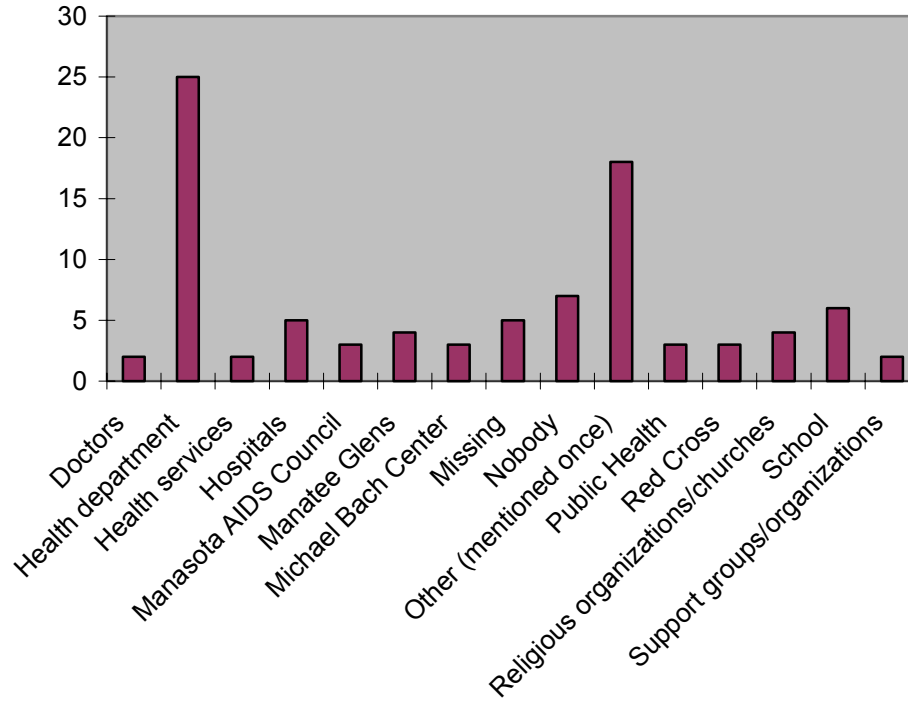
What prevention services are available??⁶⁸



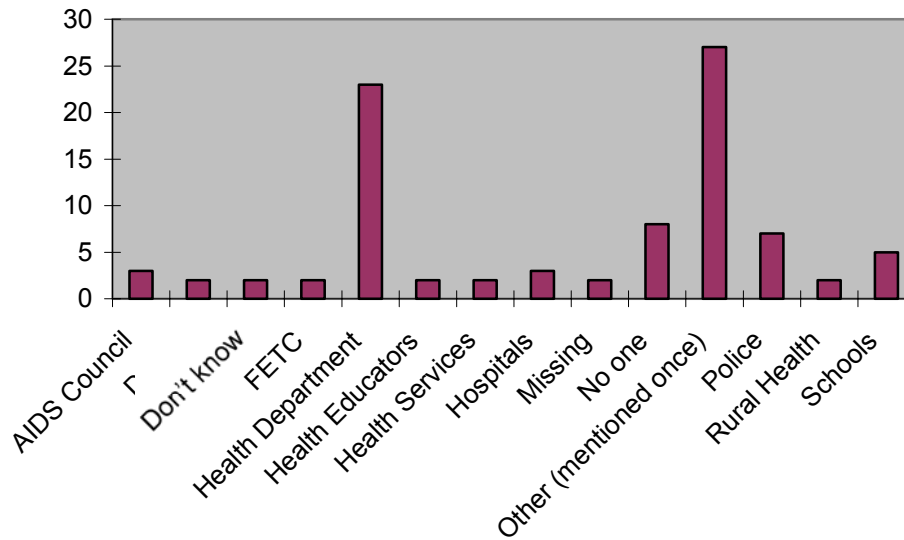
⁶⁸ Because this was an open-ended question, some respondents named prevention services that no one else mentioned. These 'one-time' mentioned answers were grouped together to form one group called "Other (mentioned once)"

What prevention services are available?? Cont'd

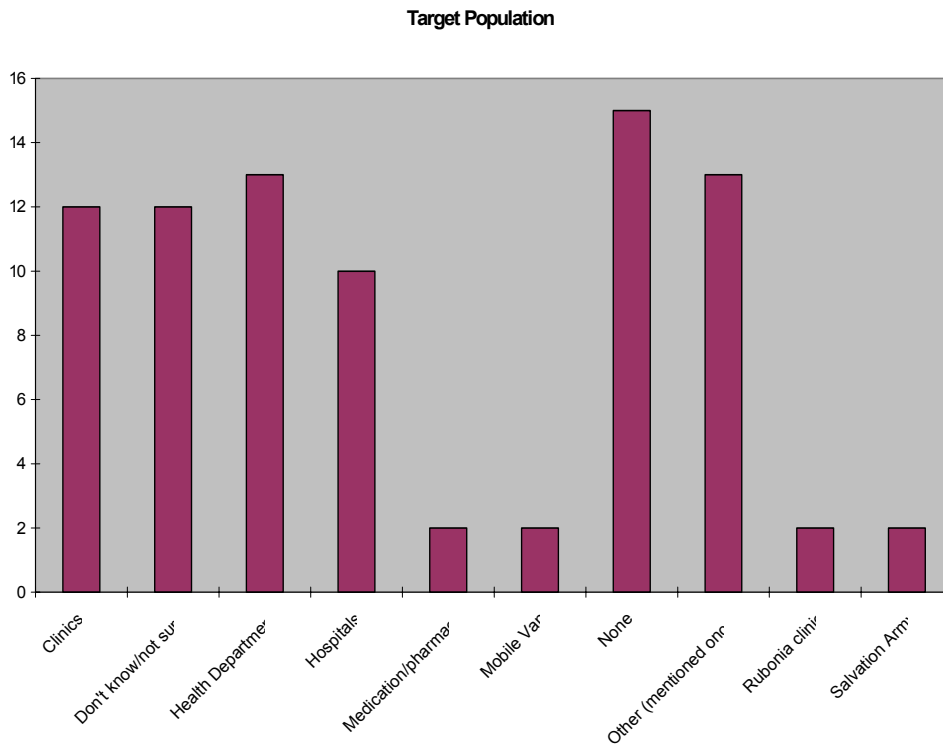
Providers



Leaders



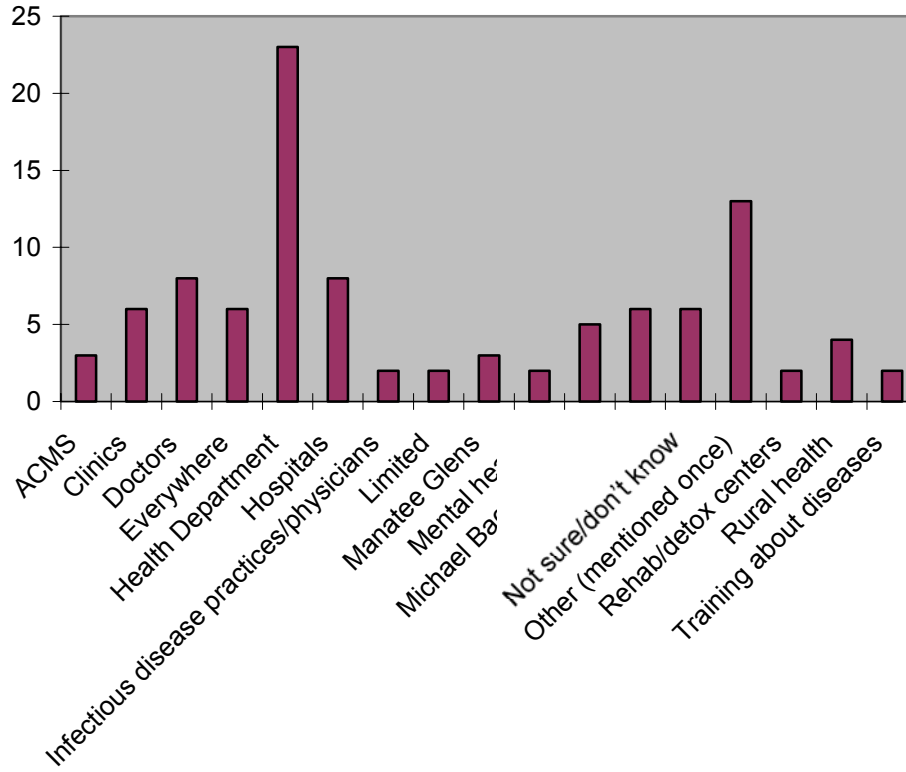
What health services are available?⁶⁹



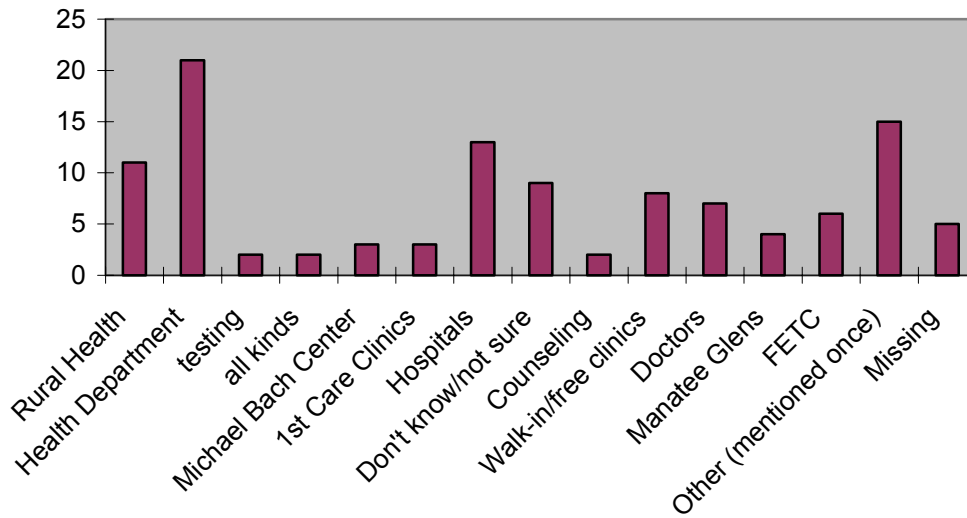
⁶⁹ Because this was an open-ended question, some respondents named health services that no one else mentioned. These 'one-time' mentioned answers were grouped together to form one group called "Other (mentioned once)"

What health services are available?? Cont'd

Providers

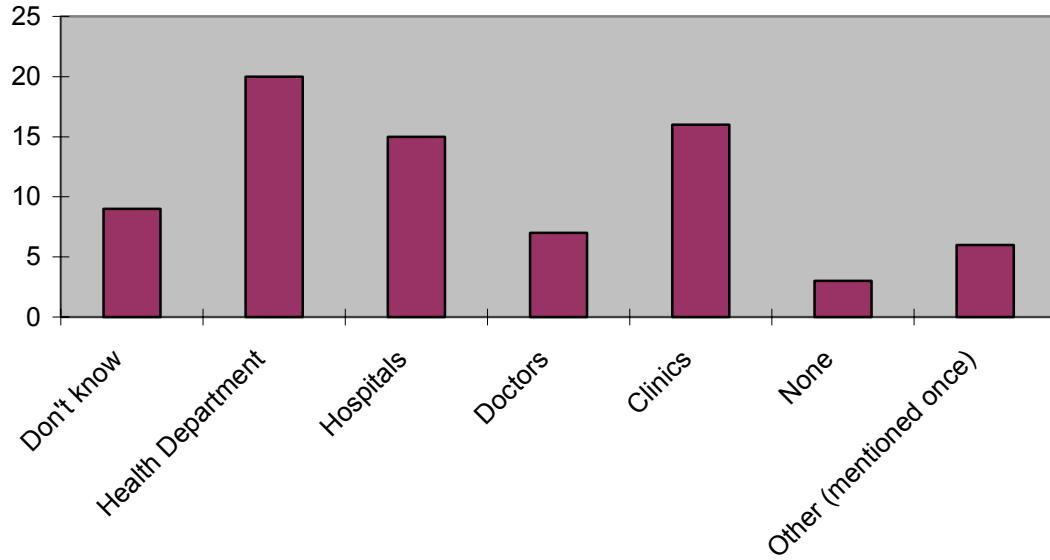


Leaders

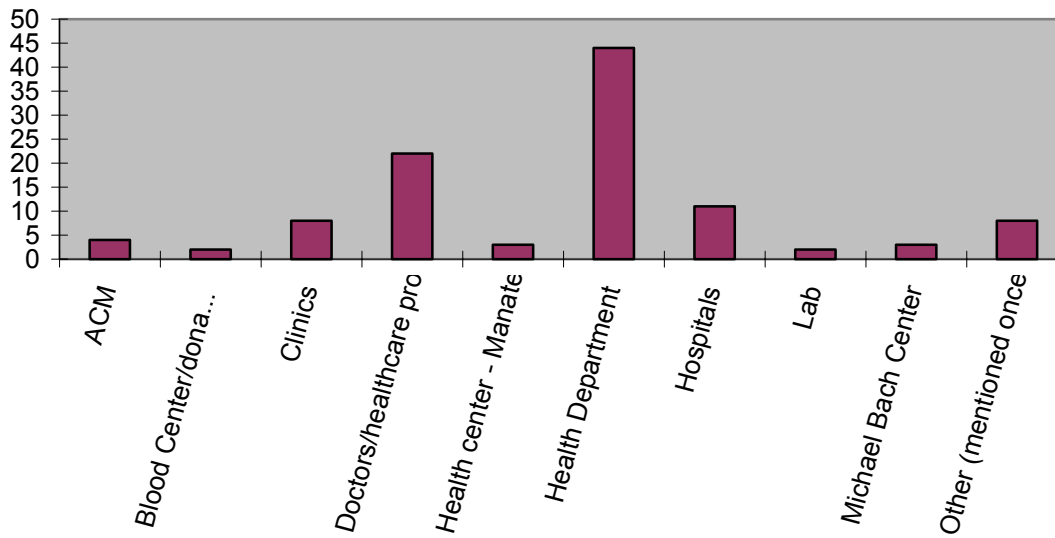


Where to go to be tested?⁷⁰

Target Population



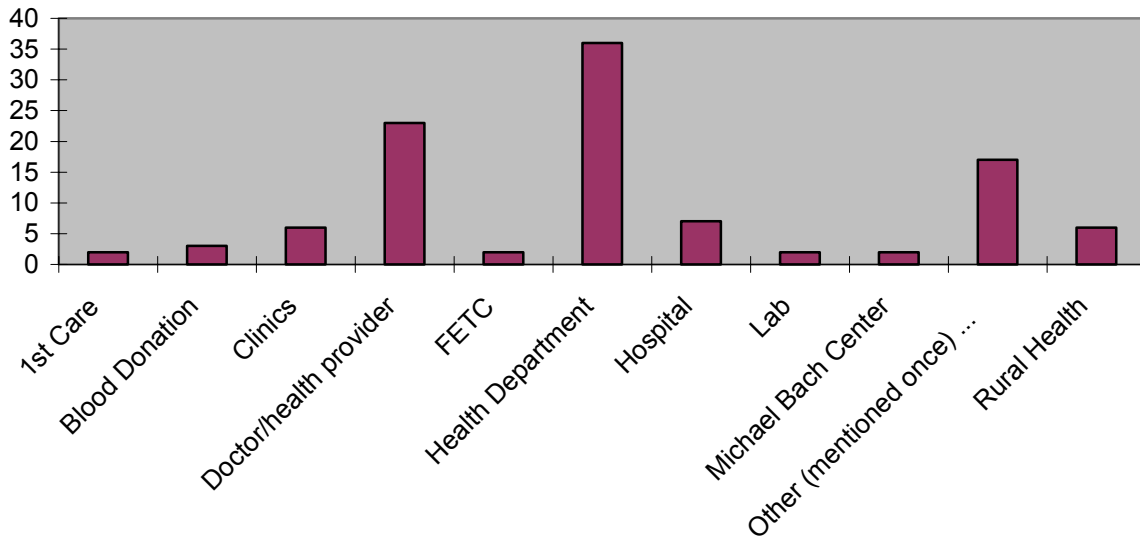
Providers



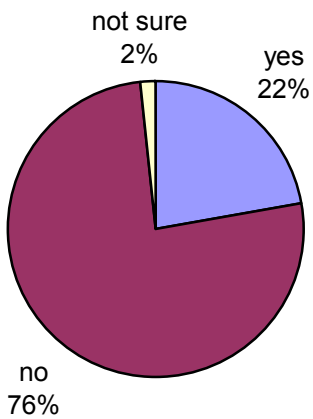
⁷⁰ Because this was an open-ended question, some respondents named test sites that no one else mentioned. These 'one-time' mentioned answers were grouped together to form one group called "Other (mentioned once)"

Where to go to be tested?? Cont'd

Leaders



Are you at risk?⁷¹



⁷¹ This question was only asked to the target population to assess their perception of personal risk.