

## **The Seattle RARE Project: Recommended Action Steps**

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The following recommendations respond to the community beliefs, knowledge, and barriers detailed in the RARE findings by determining a concrete action plan to increase and improve the HIV prevention services available both within the RARE sites, and for the larger Black community. These action steps have been agreed upon by the Community Working Group, and will be presented to the community in both RARE sites through public forums in the remainder of 2003.

### **Action Step 1:**

#### **Incorporate RARE findings in 2004-05 HIV Prevention funding cycle**

##### ***1.1 Encourage programs funded through Public Health to use the RARE findings to guide program development.***

In July 2003, the RARE findings were presented to the HIV Prevention Planning Committee and they endorsed the inclusion of the RARE findings in the 2004-05 HIV Prevention Request For Proposals (RFP). The RFP now requires applicants that propose to serve African-American and/or foreign-born Blacks to incorporate the RARE findings in the development of their intervention plans.

Based on the 2004-05 Prevention Plan for King County, the following priority sub-populations are most likely to attract proposals that specifically focus on African-American and foreign-born Blacks:

- High-risk heterosexuals: Women and men with, or at highest risk for, STDs; Foreign-born Blacks; HIV+ women and their sexual and needle-sharing partners.
- Men who have sex with men: Non gay-identified Black men, Gay-identified Black men
- Transgender: Male-to-female transgendered people.

##### ***1.2 Fund a program that specifically focuses on the HIV prevention needs of African Immigrants.***

If Public Health receives no viable proposals for a program serving African Immigrants, the Community Working Groups recommends that the Allocation Panel set aside funds from the 2004-05 funding pool and work with local agencies to develop a program for this population. This could include social service organizations such as Horn of Africa, as well as membership organizations like the Nigerian Association.

##### ***1.3 Ensure that the Allocation Panel for 2004-05 HIV Prevention funding considers the RARE Project findings and actions steps in their funding recommendations.***

The allocation panel for the RFP should receive a copy of these findings and action steps to inform their decisions.

### **Action Step 2:**

#### **"Back to Basics" outreach: Increase the presence of one-to-one HIV prevention/education outreach in each of the RARE Project sites.**

Outreach programs should be designed to respond directly to the RARE findings including: 1) the need to utilize closely matched peers and culturally appropriate education and 2) confronting the barriers caused by the stigma, fear, confidentiality, and distrust associated with HIV within the community. The outreach program(s) should train and pay people from the community, even those without prior HIV outreach experience, to conduct the outreach.

### **2.1 Emphasize outreach in the current funding cycle.**

Programs that apply for funding through the 2004-05 RFP should include an outreach component for closely matched peer outreach.

### **2.2 Generate additional resources to increase peer outreach.**

Because much of Public Health's pooled HIV/AIDS funding must conform to the 2004-05 Prevention Plan by targeting prioritized high-risk populations rather than the general community, the department should dedicate extra resources to increase peer outreach in the RARE sites.

- Public Health should hire a health educator, or use an existing health educator, who has the ability to work with this community to coordinate a peer outreach program and/or work closely with agencies coordinating peer outreach and education programs. This person could contribute to the overall visibility campaign through activities such as a regular column in local African American weekly newspapers such as *The Medium* and *The Facts*, participating in local health fairs, visiting schools, etc.

## **Action Step 3: Implement a targeted media campaign to increase the visibility of the epidemic**

As Dr. Alonzo Plough, the Director of Public Health—Seattle & King County said in May 2003 at the King County Leadership Summit for HIV/AIDS and the African American Community, we need a “permanent campaign” against HIV/AIDS in the African American and foreign-born Black community in King County.” Through the Sims Initiative, Dr. Plough and County Executive Ron Sims have indicated their strong support for reducing the rate of HIV/AIDS in the Black community. We call on them to continue this support by increasing the visibility of the HIV epidemic in the African American community. To this end, Dr. Plough and Executive Sims should dedicate additional funds to build on to the recently implemented media campaign that focused on local African American clergy and HIV prevention.

### ***Funding***

- At a minimum, the campaign should be funded to run through the remainder of 2003 and all of 2004. Based on the costs of the current campaign that includes design of the campaign, 3 months of bus ads and billboards, and 1 month of radio, the minimum cost for this extended campaign is \$50,000 in 2003 and \$100,000 in 2004.

### ***Campaign messages***

- Focus on heightening the visibility of the problem and reducing the stigma, distrust, and fear surrounding HIV.
- Be "in your face" and talk about the disproportionate impact of the disease in the local Black community using blunt statistics about local HIV rates, reminiscent of the recent anti-smoking campaigns.
- A media campaign and other educational efforts must convince people of the benefits of testing (e.g., availability of HIV medical services and effective drug therapy) to combat the perception that a positive test is a “death sentence”.
- Educate about the availability of local HIV prevention services, including their location, cost, level of confidentiality, etc.

### ***Spokespeople***

- The media campaign should feature local people, particularly if they are trusted leaders or local celebrities (e.g., owners of barbershops and other local businesses, local rap artists, etc.). If possible, it could also include sports stars, but not to the exclusion of the local people.

### ***Target audience***

- Focus first on youth – using targeted messages designed to appeal to this demographic and placed in locations and on radio stations that are frequented by youth
- Secondary audiences can include a variety of community groups – maintaining the targeted approach to the campaign.

### ***Media methods***

- Feature radio Public Service Announcements (PSAs) on radio stations listed by the target demographic in question, e.g. placing PSAs on KUBE 93 for youth targets and JWJZ 98.9 for more mature target audiences.
- Can also include busboards, TV PSAs (e.g., BET if possible), billboards, and collaboration with local newspapers that target the Black community.

### ***Outreach component***

- The media campaign must be reinforced by one-to-one street and community-based outreach.

## **Action Step 4:**

### **Adapt HIV Counseling and Testing to increase availability and enhance confidentiality**

#### ***4.1 Increase availability of HIV Counseling and Testing (HIV C/T) at multi-use service centers and as part of general health screening services.***

Public Health should seek additional funding for a comprehensive health screening van that would include not only HIV screening, but also other health screening services. Wherever possible, clients should be offered a choice of testers so they can choose one with whom they feel comfortable. As part of this effort, Public Health should increase internal collaboration among divisions that provide health screening services for African Americans and foreign-born Blacks so that HIV counseling and testing can be included with these services.

#### ***4.2 Increase availability of HIV C/T in publicly funded clinics that serve the needs assessment sites.***

Public Health should pilot a program to provide intensive technical assistance to help publicly funded clinics serving the Central District and Rainier Valley to incorporate HIV counseling and testing as a routine part of their health screening services.

#### ***4.3 Increase availability of rapid testing in the Black community.***

Public Health should implement a pilot rapid testing program in at least one of the needs assessment sites. This pilot program should be similar to that implemented in 2003 for gay and bisexual men in the Broadway neighborhood.

### **Action Step 5: Increase Leadership and Clergy Involvement in HIV Prevention Efforts**

Methods for increasing the involvement of Black community leadership and clergy in HIV Prevention efforts remain the most difficult to determine. The Community Working Group, however, has defined several characteristics of this work.

- Utilize a strategic capacity building approach that involves leadership and clergy in the planning and implementation of HIV prevention programs throughout the community.
- Emphasize the utilization of faith-based settings and connections with local congregations for HIV prevention work when possible. Any programs linked to faith based organizations should be offered to all churches and mosques that predominately serve African Americans and foreign-born Blacks.
- Continue existing efforts like the Sims Initiative that have pulled together local Black leaders, especially local clergy, to focus the leadership on the HIV care and prevention needs of their community.
- Support efforts of local organizations that seek to increase the involvement of leadership and clergy in HIV prevention efforts.

### **Action Step 6: Increase the level of HIV prevention services available in both RARE sites**

RARE findings clearly detail the lack of HIV prevention sites and services in both specific RARE sites, and the neighborhoods in which they are located. Increasing the availability of new prevention facilities and targeted services must be a priority.

- Public Health should study the feasibility of locating syringe exchange sites within the needs assessment sites.
- Public Health, through the 2004-05 HIV Prevention funding process, and through other fund sources, should support local programs that provide outreach to these areas – even if their primary location is not within these neighborhoods.
- The HIV Prevention Allocation Panel should recognize the distinct lack of services in the Rainier Valley area, and give special attention to proposals in the 2004-05 HIV Prevention funding cycle that seek to bring services to this area.
- There must be increased collaboration with existing community institutions in the areas, including community centers, schools, and libraries, to ensure that there is adequate printed and visual material available in these areas. Not only would this increase the visibility of the epidemic, but it would also help members of the community find the HIV prevention and care services they need. The Public Health health educator (see above) should provide technical assistance for staff at these organizations to assist in the placement of materials and to facilitate the referral process.
- Increase support for special events, such as health fairs, in both the Central District and Rainier Valley neighborhoods.