

**Buffalo, New York**  
**Rapid Assessment Response and Evaluation**  
**RARE**

Report of Findings and Recommendations  
2003



***Rapid Assessment,  
Response, and Evaluation***



# **RARE**

*Rapid Assessment, Response and Evaluation*

## **Final Report and Recommendations**

Buffalo, New York

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Health and Human Services, Office of the Secretary, Office of Public Health and Science*

***Rapid Assessment,  
Response, and Evaluation***



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## **Executive Summary**

Eliminating health disparities is an overriding goal promoted by Healthy People 2010<sup>1</sup>. Buffalo and Erie County, like most of the United States, has seen a disproportionate increase in many health conditions in minority populations. HIV and AIDS are no exception. Beginning at the state level, in New York, African-Americans and Latinos made up 32% of the general population in 1997 yet they made up 80% of people living with HIV and AIDS. In 2001, a study completed in Western New York indicated that Latinos and African Americans made up less than 12% of the population but accounted for 77% of people living with HIV and AIDS<sup>2</sup>.

As a response to this disproportionate burden, officials at the Erie County Health Department notified Mayor Anthony Masiello, the chief executive of the City of Buffalo, of a project called RARE. The RARE project is sponsored by the Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science. The purpose of RARE is to examine HIV and AIDS in disproportionately affected racial and ethnic minority communities. On September 6, 2002, Mayor Masiello responded to the Department of Health and Human Services and requested funding for the City of Buffalo to conduct a RARE project in Buffalo, NY.

RARE, in Buffalo, New York was composed of a Community Working Group made up of local officials and leaders of the local and regional health care community. It also included other stakeholders of the community. A field team was assembled from people who were indigenous to the communities of interest and a field team coordinator was selected to coordinate the activities of the field team and secure and analyze the data the team collected. A Community Liaison was identified to bring these two groups together to produce a final product.

At the end of June 2003, after being trained in the RARE methodologies in assessing communities, the field team began to collect data. HIV Prevention efforts and their acceptance in racial and ethnic minorities in Buffalo, New York were the focus of the tools utilized in RARE. This began with observation and mapping of the two areas of interest. Street Intercept Surveys and focus groups were conducted in these areas. Interviews began shortly after and an additional Street Intercept Survey was conducted to confirm findings from the interviews that were being conducted with cultural experts, health care and service providers and community leaders.

The content of this report discusses the findings of these research methodologies. These findings were relatively consistent at both sites that were chosen in Buffalo, New York. Recommendations are presented and action steps are provided to address the issues that surfaced during the research.

The findings of the 12 focus groups, 74 interviews and 119 street intercept surveys conducted at the two sites provided similar results. The field team was interested in two main groups. The majority of the focus was on intravenous drug users. Additional time was devoted to assessing those who use other drugs in these communities and people over the age of 50. The neighborhoods chosen consisted mainly of Latinos on the West side of Buffalo and African Americans on the East side of Buffalo. Although in both communities, representatives from many cultural and ethnic backgrounds were identified.

## **The assessment and research uncovered the following findings:**

- 1. The participants who were 50 years or older, identified teens and youth, as the groups at most risk for HIV infection. They perceived they were not at risk due to their age.**

Recommendations: Use of Peer educators to increase awareness in the over 50 population of the risks associated with HIV infection and a reinforcement that the incidence of HIV is increasing among those 50 and older. These programs should use the media and provide epidemiological data. These programs should be delivered through street outreach as well as through other methods.

- 2. IDUs identified, as the most vulnerable to HIV infection in the community and sharing needles is the most common risk activity of people in this community.**

Recommendation: Through increased funding, syringe exchange should be expanded to serve other areas of the community.

- 3. Specific organizations have more success reaching the intravenous drug using population than other organizations.**

Recommendation: Utilize this information in the development of a collaborative effort to focus prevention programs on the IDU population. Develop a community effort to assist service providers/organizations in the acquisition of grant monies from various sources.

- 4. Street outreach and syringe exchange were consistently identified as activities that help prevent HIV infection in those who use IV drugs.**

Recommendations: Increase street outreach in all HIV prevention agencies; specifically street outreach into the side streets and off the main “drags.” The syringe exchange program should be expanded into known health care centers and service providers. Syringe exchange should be provided through street

outreach to various areas throughout the community at scheduled times every day/week. Syringe exchange services provided at times of high traffic in arena of drug trade.

**5. Lack of jobs was identified as a significant reason people in this community continue to put them selves at risk for HIV.**

Recommendations: Offer employment services at main Syringe Exchange Programs (SEP) or community health sites. This should include resume services, interview coaching and job availability services. Linkages with nontraditional providers, such as the Department of Labor, should be established. Offer GED services/programs at main SEP or community health sites. This should include assistance with college applications and admission procedures. Compensate syringe exchange participants with an hourly stipend as they are trained to assist with the operation of the SEP sites.

**6. Twenty-two percent of the time, cultural experts identified hopelessness for the reason this community continues to put themselves at risk for HIV, despite knowing the risk exists. Street outreach and peer education are the best strategies/methodologies for effective HIV prevention programs.**

Recommendations: Offer SEP participants volunteer opportunities to give them a sense of purpose at local health care and service agencies. Utilize peer navigators to help SEP participants and other high-risk individuals access and navigate the social service system.

**7. Eleven percent of health care and service providers identify people of color, ranking only behind IDU, as those at most risk of contracting HIV. Cultural experts identify African-Americans and Latinos as those in need of more HIV prevention services (26% and 12% respectively).**

Recommendation: Agencies that provide HIV prevention should increase and or expand outreach and peer education services to African-American and Latino

populations. All agencies that provide HIV outreach should, within six months, develop a strategic plan through BORN (Buffalo Outreach Network) to deliver street outreach, including side street outreach and night outreach as well as peer education to focus on African American and Latino populations.

**8. Abandoned houses and drug houses, or shooting galleries, were named as the most common places where people put themselves at risk of contracting HIV.**

Recommendation: Street outreach should focus on these abandoned houses. Develop a collaborative effort between Buffalo and Erie County to demolish abandoned houses.

**9. Cultural experts reported that they have had to wait for extended periods to be admitted to drug treatment.**

Recommendation - Any person who requests entry into a drug program should gain that access within 24 hours. The harm reduction model should be utilized more frequently by drug treatment agencies.

**10. Responses of Health Care and Service Providers were varied and inconsistent between agencies regarding HIV prevention activities and effective agencies.**

Recommendation: A strategic plan to deliver HIV prevention services in Erie County should be developed within a period of 12 months.

**11. Many neighborhoods in Buffalo and Erie County were identified as places people put themselves at risk for HIV. People who responded to the Street Intercept Surveys lived in many areas of Buffalo and Erie County.**

Recommendation: Utilization of the RARE Methodology in other neighborhoods and with other high-risk groups in Buffalo and Erie County.

# **RARE Buffalo**

## **History of Buffalo, NY**

Buffalo, NY is a city of 292, 648 people in Erie County which has a population of 950,265 per the 2000 US census<sup>3</sup>. Like many of the steel cities of the Northeast, the population of Buffalo has steadily been decreasing.

In 1900, the city of Buffalo was considered one of the most cosmopolitan cities in the world. Its proximity to Niagara Falls allowed Buffalo to be on the forefront of the implementation of electricity. Electricity was the largest draw at the Pan-Am Exposition of 1900 held in Buffalo. Buffalo continued to grow and had a population of nearly 600,000 people in 1950. Industries such as steel, flour and automobiles made Buffalo a powerful northeastern industrial city.<sup>4</sup>

Many factors have contributed to the decrease in population. The leading cause of much of the population loss was the loss of industrial jobs. Buffalo's population decreased through the 1960's and 1970's. The city continued to run despite the loss of some population and some jobs. Then in the early 1980's Bethlehem Steel closed its doors and left over 20,000 people out of work<sup>5</sup>. This caused the exodus of many residents, and more importantly their children, to southern US cities, where jobs were more plentiful and the climate was less harsh.

Today, many people in and around Buffalo remain unemployed or underemployed. The city is in dire financial straits; in an attempt to turn this around, a state appointed control-board has been established. Pittsburgh and other old steel cities are in a similar predicament.

Through this, Buffalo is attempting to look to the future, to a high-tech medical corridor and regional government to bring its young people back. An effort to

improve the downtown area and promote residency in downtown Buffalo is actively taking shape. Local government officials have plans for a redevelopment of the waterfront and restoration of the cobblestone district and the historic terminal lock of the Erie Canal.

Unfortunately, though, this history and lack of jobs has played a significant role in the HIV epidemic in Buffalo. Poverty and poor health outcomes are often intertwined. In Buffalo, 26.6% of the population and 23.0% of families are below the poverty line. Out of the total people living in poverty, 38.4% are under the age of 18 and 14.0% are 65 or older 26.6% of the population and 23.0% of families are below the poverty line.<sup>6</sup> This reality was cited repeatedly during the research for RARE.

### **HIV and AIDS in Buffalo, NY**

HIV and AIDS diagnoses in Buffalo have not remained stable. In 2000, in Buffalo, NY, the incidence of AIDS was reported to be 6.9 cases per 100,000 people. Just one year later the incidence increased to 11.6 per 100,000 population. This accounted for 81 cases in 2000 and 136 cases in 2001.<sup>7</sup> Cumulative totals of cases of AIDS reported through March of 2000 indicate 1199 people are living with AIDS in Buffalo, NY. The corresponding prevalence rate is 359.0 per 100,000 population.<sup>8</sup>

In Buffalo, 7.5% of the population considers themselves Latino<sup>9</sup>. Yet, in 1999, the New York State Health Department reported that Latinos accounted for 21.2% of diagnosed adult AIDS cases in the region<sup>8</sup>. African-Americans make up 37% of the population<sup>9</sup>, but account for 51.4% of cases diagnosed in the same region<sup>8</sup>. These statistics illustrate the disproportionate effect that HIV and AIDS have had on racial and ethnic minorities in Buffalo, New York.

Through 1999, in New York State (excluding New York City), 43% of AIDS cases reported their risk factor as injecting drug use. This is nearly double the 25.6% that reported men who have sex with men as their risk factor.<sup>8</sup>

HIV became reportable in New York State on June 1, 2000. Statistics from this change in reporting procedures have been slow in arriving. There have been unlinked seroprevalence studies being conducted in New York since 1995. One example is the unlinked serosurvey of STD Clients in three clinics outside New York City. One of these clinics is located in Buffalo, NY. This surveillance indicates that the risk behavior, which is reported most frequently as the cause of a HIV positive status, was injecting drug use. Of the 742 individuals that reported IDU as their risk factor, 71 or 9.57% tested positive for HIV. This clearly indicates that IDU is a risk behavior that creates the greatest risk of contracting HIV.<sup>8</sup> Looking at this same data; the highest rate of positive HIV tests is attributed to those 30-39 years of age with 2.28% positive. Surprisingly, right behind this group, are those 40-59 years of age with a rate of 2.2% positive<sup>8</sup>. This illustrates the affect of HIV on middle and older aged individuals.

## **RARE**

In response to the disproportionate affect of HIV/AIDS on racial and ethnic minorities, the Office of HIV/AIDS Policy (OHAP) and the Office of Public Health Science (OPHS) in the US Department of Health and Human Services (DHHS) announced a public health program in the Federal Register of December 24, 1998 (63:247 pp. 71290). This program is an effort to help local officials and public health administrators in metropolitan areas reduce the impact of the HIV/AIDS crisis in ethnic and racial minority communities.<sup>10</sup>

The components of the RARE Methodology include:

1. Rapid Assessments that describe and monitor the dynamics of local HIV/AIDS epidemics and their effect on vulnerable populations.
2. Rapid Responses that consist of the implementation of evidence based interventions, including policy changes, program modifications, and the development of new strategies to intervene in the HIV/AIDS crisis in minority communities.
3. Rapid Evaluations that monitor the effectiveness of RARE changes in local public health planning, practices and outcomes.<sup>10</sup>

This methodology is not a new tool. It has been used in developing countries for many years to address a wide range of public health issues. These include sanitation, malaria and substance abuse. It is especially useful when time and money are limited to get a quick assessment and plan in place to address these problems.<sup>10</sup>

## **RARE in Buffalo, NY**

In September of 2002, members of the Erie County Health Department became aware money to conduct RARE programs would be awarded to cities considered to have high rates of HIV infection. The Erie County Health Department notified the chief executive of the City of Buffalo, Mayor Anthony Masiello, of the program. The mayor proceeded to request the funding. Since the City of Buffalo does not have its own health department, the Erie County Health Department was asked to implement the program.

## **Assembly of the RARE Team**

### *RARE Field Team*

After meeting, the coordinator of HIV/AIDS education for the Erie County Health Department and the Commissioner of Health for Erie County hired a RARE Field Team Coordinator. As the project progressed, the need to hire an additional expert for this research project was identified. The Associate Liaison appointed by the Commissioner of Health for Erie County fulfilled this need. The coordinator of HIV/AIDS education became the RARE Community Liaison. The Community Liaison and Field Team Coordinator worked to assemble a field team of seven local persons to make up the field team of researchers. These individuals were to be from or familiar with the communities and people of interest. Outreach experience and relationships with individuals who lived or spent time in these areas was a desirable qualification. This would allow them to reach individuals who were true cultural experts about the activities occurring in these areas. Simultaneously, the Community Liaison and Field Team Coordinator began to assemble the Community Working Group.

### *RARE Community Working Group*

The Community Working Group included local political officials as well as the local leaders in the county and state health departments. A representative from the University of Buffalo School of Public Health and Health Related Professions, the executive director of the AIDS Network of WNY to represent the variety of CBO's in Buffalo, the CEO of the Erie County Medical Center (ECMC) and the chairwoman of the board of AIDS Community Services (ACS) were also a part of the group. ECMC and ACS are the leading providers of HIV medical services to those who are HIV infected in Erie County. Local faith based leaders were also invited to join the group.

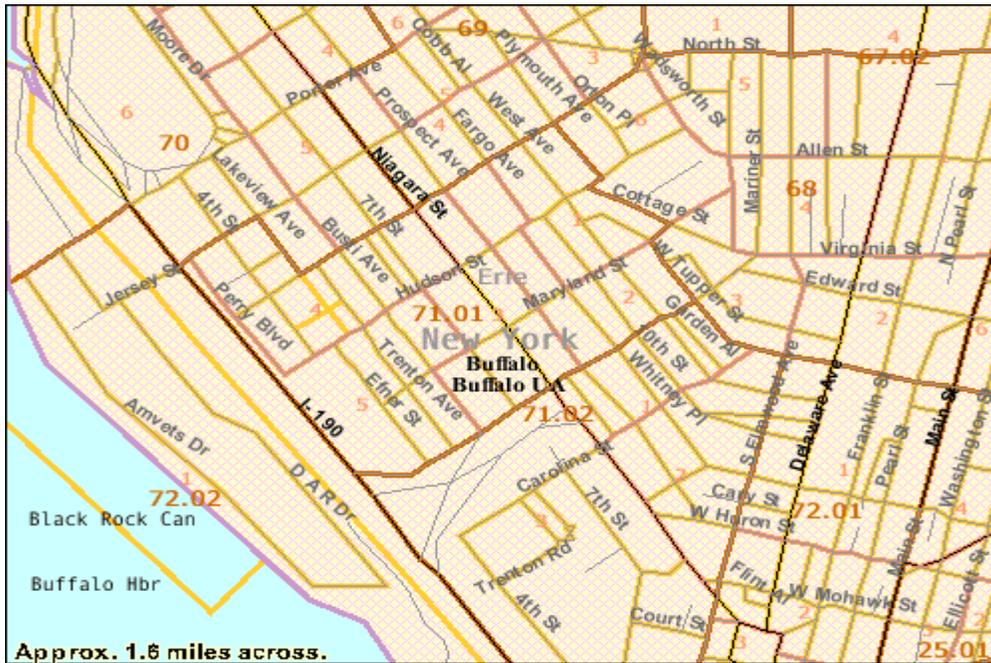
The community-working group became increasingly involved with the RARE project as it progressed past the initial development stage. The Community Working Group members were very involved with the development of the recommendations based on the research completed by the RARE research team. They worked with the Field Team Coordinator in hope that the plan developed would affect the rate of new HIV infections in Buffalo.

### **Selection of the RARE Sites**

RARE is designed to look at a site that is approximately 8-24 blocks. The area of interest should be smaller than an entire zip code. The two areas in Buffalo chosen by RARE had the highest rates of HIV and known drug activity in the area.

## SITE ONE:

*Niagara and Maryland Sts. on the lower west side of Buffalo.*



Map obtained from the American Fact Finder on the US Census Internet site

This area is predominately populated by a Latino population. Most of the individuals are from Puerto Rico. The area lies completely within the 14201 zip code.

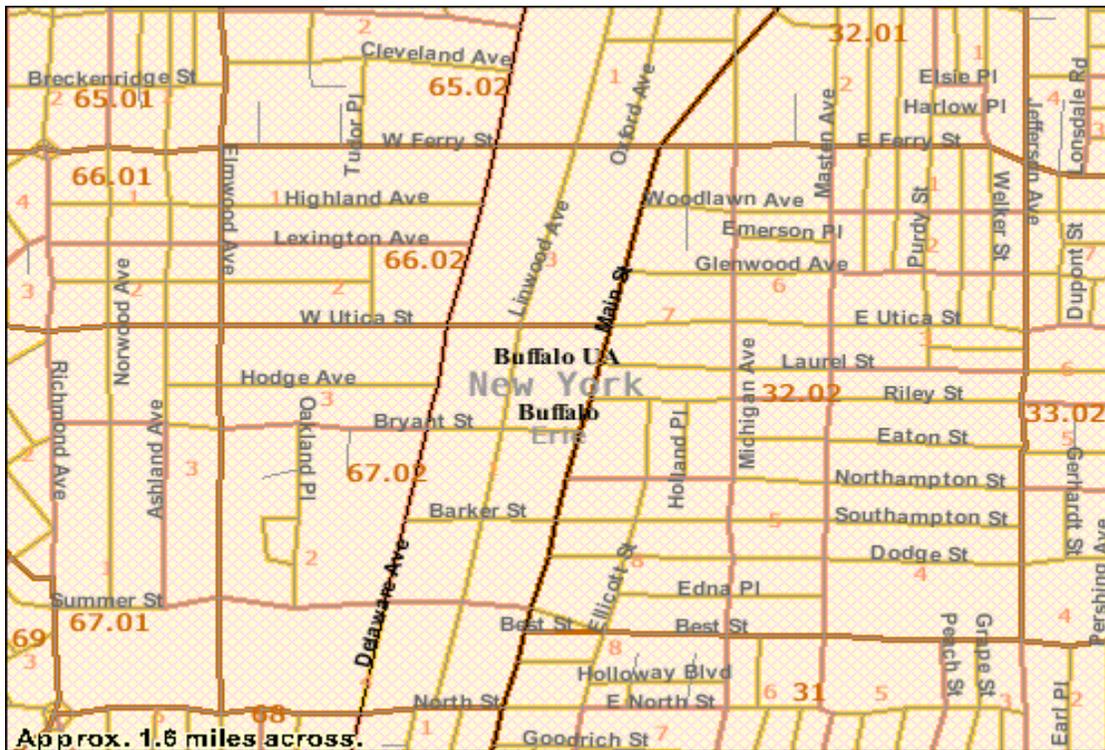
The west side of Buffalo was not always a community made up of Latinos. Those familiar with this area and those passing through can observe the history of the area. A community health center named after Christopher Columbus and bakeries with names that are obviously Italian indicate the past of the west side of Buffalo. Italian immigrants predominantly populated the area for many years. In the mid to late 1970's, the Latino population began to populate the area. The west side of this area is within blocks of Lake Erie and it is less than ten blocks west of downtown Buffalo. One can see Buffalo's city hall from the intersection that makes up the center of the area of interest. Access to this area is convenient for those who work in downtown Buffalo as well as other areas of the county. Just blocks from this

corner the New York State interstate 190 exits onto Niagara Street allowing easy access from any area of Erie County. In general, Tremont Ave borders this area on the west, Virginia St. on the south, West Ave on the east and Pennsylvania St. on the north. It encompasses approximately 21 city blocks.

Within this area are several social service and drug treatment programs. In September of 2003, while the RARE project was well underway, the Buffalo News identified this corner as a center of heroin activity in Buffalo. Citing interviews with police, people from the community and people from the suburbs who purchase heroin, this location was, and is, considered one of the hottest spots for the drug trade<sup>11</sup>.

**SITE TWO:**

*Main and East Utica Sts. on the East side of Buffalo*



Map obtained from the American Fact Finder on the US Census Internet site

This area is predominantly populated by African-Americans. Just like the west side of Buffalo, this was not always the case. For many years, until the mid 1970's and early 1980's, German and Polish immigrants populated the area.

This site's proximity to downtown Buffalo is further than the other site of choice. However, access to this area is quite convenient, via bus and the underground rapid transit that has a station at this corner. In general, this area is bordered on the north by East and West Utica, on the east by Masten Street, on the south by Southampton and Bryant Street and on the west by Linwood Avenue. This encompasses approximately an eighteen-block area.

This area has several social service and drug treatment facilities and it is known for the drug activity that takes place. Due to the treatment facilities, there are many people from different areas of the city and county that come into the area during the day. IDU and sex work occurs in this area. There is also a large amount of illegal (street) and prescription drug activity in the area. Because of the proximity to housing for veterans, this area also has a large population that is over 50 years of age.

## **METHODS**

RARE utilizes five qualitative methods to assess the communities of interest. These include:

1. Observation
2. Mapping
3. Street Intercept Surveys
4. Formal Interviews
5. Focus Groups

These methods are used with three types of community members:

1. Cultural Experts
2. Health Care and Service Providers
3. Community Leaders

The accomplishments of the Buffalo RARE team are illustrated in the chart below:

	<b>Interviews</b>	<b>Street Intercept Surveys</b>	<b>Focus Groups</b>
<b>Cultural Experts</b>	33	60/59	8
<b>Health Care or Service Providers</b>	23	n/a	2
<b>Community Leaders</b>	18	n/a	2

The field team was trained in the methods during the week of June 16<sup>th</sup>, 2003. The research commenced with the completion of the training.

*Observation:* Working in pairs field team researchers observed the two areas of interest during late June and early July of 2003. Each site was observed virtually all times of the day and night. These observations were not continuous but did allow the team to know when the times of higher activity occurred. Some contacts were

made during this period, but in general, the team only observed activity and recorded it through field notes and pictures. Some of the pictures taken during the observation stage are presented in Appendix A of this report.

*Street Intercept Surveys:* Street intercept surveys were conducted in early July of 2003, as well as early September of 2003. The first survey led to findings about certain HIV prevention agencies in Buffalo. These findings were confirmed by the second street intercept survey. These surveys allowed the team to “break the ice” with the community so they were aware of the research and its goals. This helped later when conducting the cultural expert interviews.

*Mapping:* Mapping was accomplished during the observation and street intercept survey process. Specific team members who had additional insight into these communities, as well as through observation field notes, assembled maps of each location. This allowed the team to identify areas within the communities of interest that had more activities related to HIV risk behaviors occurring.

*Interviews:* The interviews began in mid August and continued until the end of the project. The cultural expert interviews were easily accomplished. Many of the field team members made contacts in the community during the street intercept surveys and were then able to interview these individuals without difficulty. Some of the interviews were taped and later transcribed, but field notes were always recorded for each interview. Interviews with health care and service providers were difficult to obtain. Due to the connections of some of the team members to different health care and service agencies, interviewers were able to complete the process. Due to the schedules of local leaders, a multitude of issues affecting the community during the time of the project and the proximity of local elections to the research activities the interviews of community leaders were the most difficult to obtain. Leaders of the faith community, and informal community leaders were interviewed as well.

*Focus Groups:* Focus groups were conducted with cultural experts from mid July of 2003 to mid August of 2003. Four groups were held at the location of the local syringe exchange, two were held at an outpatient drug treatment facility and two at a community based organization that works with the Latino community. The participants were more than willing to speak their minds and provided the team with invaluable research. Two of the groups were conducted in Spanish. Two of the field team members, as well as the transcriptionist, spoke Spanish so the data was easily utilized. The focus groups with health care and service providers were much more difficult to obtain. Due to their large client load few organizations were able to spare staff members to participate in focus groups for more than a few minutes. The community leader focus groups were also very difficult to organize. If not for the help of a coordinator at the local health department and the community-working group it would have been virtually impossible to complete these focus groups.

Utilization of these methods by the research team allowed the development of recommendations for this report. The field team coordinator, presented to the community-working group, who examined the data as well as the recommendations and made adjustments. These recommendations and adjustments were incorporated into the recommendations presented in this report by the field team coordinator and the RARE Associate Community Liaison.

One note to this report is that the findings were consistent at both sites with only a few variations. With that in mind, the recommendations and action plan do not always specify a site as the activity appears to be appropriate for both locations where the research was completed.

## **FINDINGS**

### **1. The participants who were 50 years or older, identified teens and youth, as the groups at most risk for HIV infection. They perceived they were not at risk due to their age.**

Individuals 50 years or older, who participated in the focus groups, often mentioned teens and young people as most at risk for HIV infection. Many admitted that people in their age group engage in risk but had reasons why interventions would not work with people of this age. A common theme was “you can’t teach an old dog new tricks.” Yet another was that if they became infected at the age of 50 and lived for 20 years with the HIV virus, what more could one ask. Often mentioned by the individuals that attended the groups on the east side, was activity surrounding prostitution. Men reported that at their age, they would never turn down a young woman who was willing to have sex with them for twenty dollars. These individuals specifically kept returning to the use of television to reach others who were over 50. Suggesting a reality show where a person becomes infected with HIV and the outcomes are seen in the program.

Examples of statements made are:

- *“I got to agree with this guy, the older people we kinda slow down and we are not out ripping and running. We try to dedicate ourselves to one woman, some of us you know. We try to dedicate ourselves to one person and we’re a little more aware of HIV and other stuff. I try to be very protective myself.” (Cultural expert focus group July 24, 2003)*
- *“You can’t. You can’t teach an old dog new tricks. If you’re over 50, like us, you really can’t. If you are going to practice, practice at this point of our life.” (Cultural expert focus group July 24, 2003)*
- *“Like I said, the older generation have either moved on or are in jail, they are either dead, sick or in prison. It’s the young ones that are doing this.” (Cultural expert focus group July 15, 2003)*
- *“The younger people are more devious; they get what they want.” (Cultural expert focus group July 15, 2003)*

## **2. IDUs identified as the most vulnerable to HIV infection in the community and sharing needles is the most common risk activity of people in this community.**

Many intravenous drug users reported that they knew they were engaging in high-risk activities. Many stated or implied that they did not care because of the hopelessness that pervades their community. They spoke highly of the local syringe exchange program. Several stated that even when they showed the ID card from this program to the police, the police still took their syringes and gave them a hard time. They liked hanging out at the syringe exchange and indicated they would like the idea of a drop in center where they could relax and be safe. The support for syringe exchange was relatively steady across the board. A few community leaders and health care providers had dissenting views but most thought the expansion and support of this program is worthwhile. were well founded.

IDUs admitted that they sometimes share needles because they are in a hurry to get high and do not want to waste time worrying about clean syringes. Convenience, as well as acceptance, was important to this group.

Examples of statements made are:

- *“There are no jobs...people do this stuff for survival” (focus group, service provider 8/28/2003)*
- *“There are many people who hang out because they are bored and turn to marijuana, drinking. Something to distract people from their mind.” (Cultural expert focus group 7/15/2003)*
- *“Give us places that we can go and give us activities. You know how they have Father Belle. They could have a tutor, computer education. Give us things to do because we are so poor.”(Cultural expert focus group 7/15/2003)*
- *“Because you don’t care. You get sick, you gotta get high. You do a trick, you need the money and you gotta get high. You do it because that’s all there is to do.” (Cultural expert interview)*
- *You’re getting arrested for carrying the syringes. They don’t pay attention to the card. (Cultural expert focus group July 15, 2003)*

### **3. Specific organizations have more success reaching the intravenous drug using population than other organizations.**

Identification of organizations successful in reaching the IDU population makes it possible to focus efforts in only one or two directions. This is not to imply other organizations are not doing well. However, identifying the organizations respected in each community and then allowing them to do what they already do well will increase the effectiveness of many prevention organizations. As a whole, the HIV prevention community should work together to assist each organization in reaching its targeted audience. Organizations must also remember they cannot be all things to all people.

Examples of statements made are:

- *“Project Reach, because they give needles.” (Cultural expert interview September 2003)*
- *“I would say without no doubt. The Hispanic place (HUB).” (Cultural expert focus group July 14, 2003)*
- *“I definitely feel Group does (a good job).” (Cultural expert focus group July 14, 2003)*
- *“They’re doing a good job, I think Lakeshore is a really good agency” (Cultural expert focus group July 14, 2003)*
- *“That’s one thing Project Reach does an excellent job. We come in, we’ll sit down, put on the TV. We’ll sit there with our coffee and kick it with them and they will talk. And, if they need help, they send them over down to Hispanic United, you know they know what their doing. And it’s like, what’s really sorry, is they share all that space, they could come in for checkers or some shit For someone to sit their ass down, not where they eat and go to bathrooms, they could get their shit and go.”(Cultural expert focus group July 14, 2003)*

### **4. Consistently identified is Street outreach and Syringe Exchange programs as activities that help prevent HIV infection in those who use IV drugs.**

Repeatedly cultural experts, providers and community leaders talked about the importance of having street outreach. Many said they wanted to talk to someone who looked like them; someone who lived through what they lived through. Many were looking to role models and some actually mentioned people who they aspired to be like. Many voiced the desire to see providers leave their offices and desks and come out into the streets to help with HIV prevention. Non-traditional outreach was consistently mentioned. This includes outreach at

different times and in the side streets, not just on the main street corners.

Syringe exchange was mentioned multiple times as an important activity of successful HIV prevention programs.

Examples of statements made are:

- *“Well you know get out there in the community. Different groups get out there and spread the word, not just stay in your place of business. Get out there and spread the news because you are not going to know if you don’t get out there.” (Cultural expert focus group July 24, 2003.)*
- *“Wow man 35 years and they have cleaned, like C..., R..., and A... G..., I give that man props, you know what I’m saying because he way respect. The ... one... Yeah, yeah they have gotten their lives together in a form that you know what I saying. There is a way; you know what I’m saying..” (Cultural expert focus group July 15, 2003)*
- *“Walk around and give out condoms. Outreach programs are one of the best things” (Cultural expert focus group July 15, 2003)*
- *“The ones that don’t come out into the community (don’t work). The one that just closed. They didn’t come out into the community. You need to go out to the people; you just can’t stay inside all the time. You know..” (Cultural expert focus group July 15, 2003)*

## **5. Lack of jobs is identified as a significant reason people in this community continue to put themselves at risk for HIV.**

Across the board, poverty and lack of jobs were identified as reasons that people continue to put themselves at risk. Based on this research, the belief that these people do not want to work is flawed,. They voiced the desire to have purpose in their lives and a responsibility to do something, even if it is volunteer work. Those conducting the focus groups consistently noted that the participants wanted to help in some way. They collected papers, cleaned up after the groups and some even approached the group leader asking if they could help them find a job. Many of these people just want to work.

Examples of statements made are:

- *“Grab people off the streets and say, “hey I’ve got a job”. I have 6 years in prison. It’s tough getting a job. Its tough getting to be where I want to be, but I know I will” (Cultural experts focus group 7/15/2003)*
- *“People who engage in risky behaviors have very little resources (economically)” (Service provider interview 8/22/2003)*

- *“If you can give them meaningful employment the recovery is more successful” (Service provider interview 9/02/2003)*
- *“They put themselves at risk because they have idle time, there is so much poverty and unemployment” (Community leader 8/17/2003)*

**6. Twenty-two percent of the time, cultural experts identified hopelessness for the reason this community continues to put themselves at risk for HIV, despite knowing the risk exists. Street outreach and peer education are the best strategies/methodologies for effective HIV prevention programs.**

Repeatedly, hopelessness appeared as a risk factor for HIV. Some talked fondly of the past as a child, but reported a sad current picture. They report little opportunity to get out of the life they are living and have always known. Poverty and depression appear to play a large role in the sense that nothing will ever help. Many said there is nothing that can be done to help prevent HIV in their community. Very pronounced, is the sense that many have given up on life. Repeatedly stressed was the importance of using street outreach, and peers who have “made it out” to bring HIV prevention messages to their community.

Examples of statements made are:

- *IN SPANISH: “What do you think I am talking from my experience? I am a young adult. I was from a poor community in Puerto Rico. I arrived at Buffalo for my health. I had many profound experiences. I was involved with drug vocation, I was almost murdered; I was shot seven times, hit me in the kidneys, suffered with many surgeries in a program for my body. I arrived in Buffalo for economic help. So I am young adult; I have potential and yet I have tremendous pressures and have been depressed. I could cry right now. What can I do right now. I can’t work. I have no opportunities. Do I do the same thing that got me in trouble in the first place? I have difficulty paying my rent after I do I have \$6 dollars left...What can I do?” (Cultural experts focus group 7/15/03)*
- *“They have a poor outlook on life and little hope due to their family conditions and the nature of their surroundings...economic blight, crime, unemployment and poor housing.” (Service provider interview 8/18/2003)*
- *“It’s so boring there is nothing to do. I loved it before, I not gonna lie, I don’t know if you have seen me; even my mother used to see me, Tenth St was my place. I would look forward to going to that playground. Half the summer I’d be at that playground. Now, I can’t take my daughter or my niece to that playground, needles everywhere. The babies can’t go here. Remember the cleaning sweep, 500 needles in the playground” (Cultural expert focus group July 15, 2003)*
- *“They can’t be helped. They are lost. The only help is death. I don’t know how you can help us, drug addicts. How you can help me or us.” (Cultural expert interview)*

**7. Eleven percent of health care and service providers identify people of color, ranking only behind IDU as those at most risk of contracting HIV. Cultural experts identify African-Americans and Latinos as those in need of more HIV prevention services (26% and 12% respectively).**

Minorities were consistently mentioned as being at greatest risk of HIV. These responses are important, but most of the cultural experts were members of minority groups, so a concern that bias may have affected the answer to these questions is raised. The health care and service providers also reported this finding and many more of these individuals were Caucasian addressing the concern that bias played a role and making the finding more reliable. This finding is consistent with actual statistics that report a disproportionately elevated HIV infection rate in minority groups.

Examples of statements made are:

- *“Blacks, Hispanics, We are the last of the pool to understand what is going on.” (Cultural experts focus group July 24, 2003)*
- *“People of color and minorities... Because we’re in the ghetto that’s how they look at us.” (Cultural experts focus group July 15, 2003)*
- *“Blacks, Hispanics, minorities... Because I don’t think the education is there for people.” (Cultural expert interview)*
- *“Puerto Ricans and Blacks... They tend to be the ones on this community that tend to use the most drugs.” (Cultural expert interview)*

**8. Abandoned houses and drug houses, or shooting galleries, were named as the most common places people put themselves at risk of contracting HIV.**

Both sites have many abandoned homes and during observation, some of the team made entry into these houses. The researchers saw drug paraphernalia, people sleeping on the floor, and drug sales taking place. Some of these abandoned houses are used to sell drugs but, often, no drug use takes place in the houses. These houses not only give a location for the drug activity to occur, but they also affect the quality of life in these neighborhoods. Although many of the neighbors and the police are aware of these houses, little is done. The

neighbors are fearful. The police clear out the houses and in a few days, new individuals move in.

**9. Cultural experts reported that they have had to wait for extended periods for admittance to a drug treatment program.**

IDUs report that they have to wait up to three months before they can get into drug treatment programs. This is an obvious problem. It can take a long time for an individual to realize they need help. Efficacy of treatment is enhanced greatly, when it is available upon request. All programs have a waiting list but the methadone programs have the longest wait and the ability to admit more clients is needed.

**10. Responses of Health Care and Service Providers were varied and inconsistent between agencies regarding HIV prevention activities and effective agencies.**

During data analysis, it was noted that health care and service providers had more varied answers to questions around which HIV prevention services are successful. Every question had multiple responses. Although this was noted with cultural experts, the answers were significantly more diverse among the health care and service providers. Community leaders answers were more consistent and fewer in number.

**11. Many neighborhoods in Buffalo and Erie County were identified as places people put themselves at risk for HIV. People who responded to the Street Intercept Surveys lived in many areas of Buffalo and Erie County.**

While conducting the street intercept surveys, it was noted that people came from multiple areas of the city and county to the two areas of interest. Cultural experts on the east side reported people come from the suburbs to the east side site to purchase drugs. This helped reinforce the concept that HIV risk is occurring in many more locations than the two that were examined in this report.

## **RECOMMENDATIONS**

1. Use of Peer educators to increase awareness in the over 50 population of the risks associated with HIV infection and a reinforcement that the incidence of HIV is increasing among those 50 and older. These programs should use the media and provide epidemiological data. These programs should be delivered through street outreach as well as through other methods.
2. Syringe exchange should be expanded through increased funding to serve other areas of the community.
3. Utilize this information in the development of a collaborative effort to focus prevention programs on the IDU population. Develop a community effort to assist service providers/organizations in the acquisition of funding from various sources.
4. Increase street outreach in all HIV prevention agencies. Specific emphasis should be placed on street outreach into the side streets and off the main "drags." The syringe exchange program should be expanded into known health care centers and service providers. Emphasis should be placed on the areas examined by this report. This includes Niagara and Maryland Sts. and Main and East Utica Sts. Any initial expansion should take place on the east side of the city. The current SEP is located on the west side of the city. There should be Syringe exchange through street outreach to various areas throughout the community at scheduled times every day/week. Syringe exchange services should be provided at times of high traffic in area of drug trade. This should include early morning (6am-10am) and exchanges in areas where Methadone treatment programs are operating.

5. Offer employment services at main SEP or community health centers. This should include resume services, interview coaching and job availability services. Linkages with nontraditional providers, such as the Department of Labor, should be established. Offer GED services/programs at main SEP or community health center sites. This should include assistance with college applications and admission procedures. Linkages with nontraditional providers should be established. Compensate syringe exchange participants with an hourly stipend as they are trained to assist with the operation of the SEP sites. Develop a relationship/memorandum of agreement between the SEP and the local community college to assist SEP participants who are interested in continuing their education. HIV education and prevention services should be offered or advertised at local unemployment offices.

6. To give them a sense of purpose, SEP participants should be offered volunteer opportunities at local health care and service agencies. Encourage local municipalities to form volunteer groups of SEP participants to accomplish needed community services that will provide SEP participants with evidence of their efforts (ex. cleaning up a playground in their neighborhood). Peer educators and street outreach workers should be utilized to link individuals in need of substance use/addiction services to SEP sites. Utilize peer navigators to help SEP participants and other high-risk individuals access and navigate the social service system.

7. Agencies that provide HIV prevention should increase and or expand outreach and peer education services to African-American and Latino populations. All agencies that provide HIV outreach should, within six months, develop a strategic plan through BORN (Buffalo Outreach Network) to deliver street outreach, including side street outreach and night outreach as well as peer education to focus on African American and Latino populations.

8. Street outreach should focus on these abandoned houses. Condoms and clean syringes should be provided in addition to education, information on harm reduction programs and drug treatment facilities. Development of a collaborative effort between Buffalo and Erie County to demolish abandoned houses should be explored.

9. Any person who requests entry into a drug program should gain that access within 24 hours. The number of previous admissions should NOT be a consideration in granting this request. Additional drug treatment programs should be open, or current agencies expanded. The harm reduction model should be utilized more frequently by drug treatment agencies.

10. A strategic plan to deliver HIV prevention services in Erie County should be developed. This plan should be created by an Ad Hoc committee formed from current agencies involved with the AIDS Network of WNY. This committee should form and have the strategic plan in place within a period of 12 months.

11. Utilization of the RARE Methodology in other neighborhoods and with other high risk groups in Buffalo and Erie County.

## **Action Plan**

In this action plan are goals that, per the research in this project, will assist in decreasing the total number of new HIV infections in Buffalo, NY and Erie County.

- 1. Goal:** Decrease the number of new HIV infections attributable to IDU.

### **Action Steps**

- Increased support of SEP by all HIV prevention agencies.
- Utilize findings of this report to expand syringe exchange into other locations.
- Increase the number of spaces for inpatient treatment of substance use/abuse.
- Expand street outreach to abandoned houses and other areas where drug use is known to occur.
- Support attempts to repeal the ban on federal funds used for SEPs.

- 2. Goal:** Increase employment, education and volunteer opportunities available for SEP participants.

### **Action Steps**

- Provide employment services at SEP sites.
- Train SEP participants to assist with the operations of SEP sites.
- Form a collaborative relationship with local community colleges for SEP participants who would like to return to school.
- Encourage utilization of SEP participants in programs to promote quality of life improvement.

**3. Goal:** Develop a strategic plan to focus HIV prevention activities within one year.

**Action Steps:**

- Formation of an Ad Hoc committee of the AIDS Network of WNY to develop this plan
- Utilize the data from this report in development of the plan.

**4. Goal:** Decrease the number of new HIV infections in the over 50 population

**Action Steps:**

- Utilize the media to reach the over 50 population
- Provide outreach and HIV education with epidemiological data to senior centers and places where the over 50 population spend their time.
- Make efforts to obtain funding from grants and pharmaceutical companies to cover the expenses of advertisement and media coverage.

**5. Goal:** Expansion and promotion of street outreach activities

**Action Steps:**

- Utilize indigenous persons to provide HIV prevention services to difficult to reach communities.
- Utilize peer navigators to help people navigate the social service and healthcare systems.
- With the assistance of BORN, develop a plan to reach ethnic and racial minority groups through street outreach within one year.

## **Appendix**

### Sights of RARE Buffalo

When the field team was completing their observations, they were provided with disposable cameras. Presented here are pictures that the RARE project in Buffalo captured:



**Abandoned house on the west side of Buffalo**



**Inside abandoned house on west side of Buffalo. People sleep on the insulation.**



**House on the west side of Buffalo that appears boarded up. This plywood has been pulled away and the apartments are used for drug activity, by prostitutes and for other activities.**



**Syringe wrappers lying on the floor of an abandoned house of the west side of Buffalo**



Drugs are sold through the windows on the side of this house on the west side of Buffalo. No drug use takes place in the house.



This dealer has a part time job and a daughter. To make ends meet she sells drugs to select customers.



A cultural expert took the field team researcher behind an abandoned house on the west side to prepare his heroin.



He draws up the heroin from the cooker.



After three attempts he finds a vein into which he can shoot the heroin.



A transaction for an eight-ball of cocaine on the west side.



An abandoned house on the east side of Buffalo.



Just doors away a well maintained occupied home.



A Cultural expert uses a crack pipe on the east side.



A cultural expert prepares to smoke crack cocaine on the east side.



**An abandoned house entrance on the east side of Buffalo, where drug use takes place.**



**Just feet away from the entrance to the abandoned house, a garage. The kids in the garage consider this garage their playhouse.**



**In their "clubhouse" the kids proudly show the field team researcher the kittens a stray cat has just delivered. They tell the field researcher they will not leave their "clubhouse" because they were there first...before drug activity took over the house.**

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