

*Palm Beach County HIV/AIDS Crisis Response Team*



*RARE*

*Rapid Assessment, Response, & Evaluation*

*Palm Beach County HIV/AIDS Crisis Response Team*

*R A R E*

*Rapid Assessment, Response, & Evaluation*

*July 2001*

*The Palm Beach County RARE Project would like to thank all the people who contributed their time and efforts to help improve our understanding of HIV/AIDS in Palm Beach County.*

*We are especially grateful to all the people who participated in focus groups, individual interviews, and street intercept surveys. May their words inspire us to use this report to let their voices be heard.*

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*Tony Masilotti, District 6*  
*Addie L. Greene, District 7*

*Many thanks to the public officials in the four target areas. Their support ensured the safety and success of our field ethnography teams.*

**North Coastal Area**

*Riviera Beach*  
*Michael D. Brown, Mayor*  
*William E. Wilkins, City Manager,*  
*Jerry Poreba, Chief of Police*

**South Coastal Area**

*Delray Beach*  
*David Schmidt, Mayor*  
*David Harden, City Manager*  
*Richard Overman, Chief of Police*

**Central Coastal Area**

*Lake Worth*  
*Rodney Romano, Mayor*  
*Wendy Newmyer, City Manager*  
*William Smith, Chief of Police*

**Western Area**

*Belle Glade*  
*Bill Mathis, Mayor*  
*Tony Smith, City Manager*  
*Michael Miller, Chief of Police*

# **Palm Beach County Crisis Response Team**

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Gene Martin  
Rev. Lewis White  
Sandra White

### **Central Coastal Team**

Guadalupe Mendez, Team Leader  
Maria Mendez  
Alfonso Mendez  
Mark Paris, MD  
Luiz Vazquez

### **South Coastal Team**

Pierre Massilion, Team Leader  
Barbara Petit-Homme  
Kelly Fleury  
Mark Paris, MD  
Glory Saget

### **Western Team**

Coretha Smith, Team Leader  
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## **I. EXECUTIVE SUMMARY**

In the Spring of 1999, President Clinton signed a bill releasing \$156 million to address HIV/AIDS in American minority communities. In the Summer of that same year, Secretary Donna Shalala, Department of Health and Human Services (DHHS), announced that Palm Beach County would be among the eleven first-tier metropolitan areas to receive special multi-disciplinary technical assistance from teams of experts described as Crisis Response Teams (CRT's). The Department of Health and Human Services distributed these funds through its various satellite agencies including the Office of HIV/AIDS Policy, The National Institute on Drug Abuse, and The Centers for Disease Control. The aforementioned legislation was the result of an intense lobbying effort by the Health Committees of the Congressional Black Caucus and the Hispanic Caucus. The underlying premise of this advocacy was the belief that the Federal Government was not doing enough to combat the spread of HIV/AIDS in minority communities. One of the critical components of this legislation was the Rapid Assessment Response Evaluation process (RARE), initiated by the Office of HIV/AIDS Policy.

The HIV/AIDS epidemic has disproportionately affected racial and ethnic minority populations nationally, particularly in major metropolitan areas and urban centers. The CRT program was developed to work in partnership with local community officials, public health personnel, and community leaders. Its purpose is to create a local infrastructure that can comprehensively assess the local HIV/AIDS epidemic, implement culturally effective intervention strategies, and evaluate the impact of those interventions at the local level.

The CRT program assists communities to enhance prevention and treatment intervention strategies, and to maximize community health, support, and service networks that provide access to care for the most vulnerable populations. The findings of the CRT utilizing the RARE methods are presented to local elected and health department officials, and HIV community planning groups and councils for their consideration and action.

The RARE process and methodology has been used by a broad spectrum of non-governmental organizations in assessing health and environmental problems and needs in developing countries. The cornerstone of the process is composed of the Crisis Response Teams. The CRT's are comprised of traditionally trained academic researchers and "field researchers". Field researchers are loosely defined as those who come from the areas being investigated and are usually members of the affected populations. The CRT's are capable of penetrating those areas most seriously affected by health problems because field researchers are members of the communities under examination and not exclusively "outsider" scientists.

There are eight basic features of Rapid Assessment. These eight principles make RARE useful for a wide range of community data collection and assessment initiatives: (1) speed; (2) cost effectiveness; (3) relevance to interventions and social issues; (4) strengthening of local responses; (5) use of available data; (6) multiple methods and data sources; (7) investigative orientation and inductive analyses; and (8) multi-level analyses.

3. Urge elected officials, local planners, providers, colleges, universities, and other policy makers to utilize the findings of this report when developing and implementing programs to decrease HIV/AIDS incidence, prevalence, morbidity, and mortality among high-risk populations.
4. Increase the availability of and access to HIV prevention and medical care for African American, Latino, Guatemalan, Haitian, and Caribbean Basin bisexuals and homosexuals within the identified risk pockets.
5. Establish targeted funding to address the HIV/AIDS barriers related to minority communities as identified in the Palm Beach County RARE report. This targeted funding should be used to fund minority organizations in order to meet HIV prevention and patient care needs.
6. Provide adequate funding to conduct a countywide public awareness campaign that reaches all of the targeted populations identified in this study. This campaign should be conducted in English, Spanish, several Mayan Indian dialects, Creole, and French and should address HIV/AIDS prevention and medical care issues, especially for women, infants, and children.
7. Increase the availability and access to HIV prevention and care services for substance abusers, including injection drug users, within the identified target areas.
8. Require that employees and volunteers of the local Health Department and all Community-Based Organizations that provide services to clients in communities of color, receive diversity and sensitivity training, and training regarding issues related to sexual orientation. Training should be incorporated into employee orientation and also provided as in-service training on a regular basis.
9. Recruit and train indigenous HIV/AIDS educators to raise awareness of and educate individuals about their own HIV risk, in their own languages and communities.
10. Establish HIV linkage programs for inmates in prisons and county jails to ensure they are provided with continuity of care and services upon their release.
11. Include those individuals who are engaged in high-risk behavior and those who currently work with them (e.g. community outreach workers) in policy-making decisions.
12. Develop specific strategies for reducing the risk of HIV/AIDS in the communities included in the RARE project, with an emphasis on strategies to benefit minority neighborhoods.
13. Create mentor programs to improve mutual understanding between HIV/AIDS prevention and treatment providers. Mentor programs can also be useful in developing better information to develop more effective programs. Include local colleges when considering internship programs.
14. Establish prevention and patient care programs within the RARE targeted communities. Further, consider times, days, and locations as indicated by RARE project respondents.



## **II. GOALS OF THE PALM BEACH COUNTY RARE PROJECT**

The overall goals of Palm Beach County's RARE Project include:

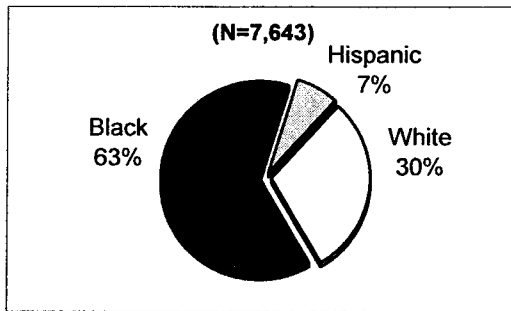
- Reducing HIV/AIDS morbidity and mortality
- Affirming the many existing efforts and current intervention strategies being utilized in Palm Beach County
- Increasing and enhancing current responses to HIV spectrum disease
- Contributing to HIV/AIDS prevention and medical treatment through a directed investigation of high risk populations using research conducted by high risk populations (i.e., injection drug users; men who have sex with men; minority males who have sex with males; minority females who have sex with men who have sex with men; those individuals who exchange sex for drugs; those individuals who exchange sex for money, etc.)
- Working in partnership with the local communities to gather information about treatment and prevention availability and effectiveness
- Presenting detailed information from people affected by a specific health problem who are seldom included in traditional research designs and implementation, yet are the people most affected by these problems.

RARE team members went to the heart of the local HIV/AIDS problem by combining traditional ethnographic field research techniques (observation, interviewing) and focus groups with innovative field research (e.g. street/village intercepts). Many of the most severely affected are considered subterranean, hidden or invisible. The RARE process and methodology raises the voices of the people to the highest levels of local and federal governments. With input from the Palm Beach County HIV CARE Council, the Palm Beach County Community Planning Partnership, and the designated RARE advisory committee, the data collected from this initiative, will be used to craft recommendations to guide the creation of an action plan to meet intervention challenges for the HIV continuum of care.

### III. SELECTION OF PALM BEACH COUNTY AS A RARE STUDY SITE

DHHS targeted cities with the largest populations affected by HIV/AIDS. To be eligible for this assistance, cities had to have populations of at least 500,000 people and at least 1,500 African Americans and/or Hispanics living with HIV/AIDS. In addition, these two groups had to account for at least fifty percent of their community's HIV/AIDS cases. Once a city qualified under these criteria, the chief elected official had to make a request that DHHS dispatch a Crisis Response Team (CRT). Originally, twenty cities were eligible for this assistance. Eleven cities requested the assistance. Palm Beach County, while not a city, was one of the eleven first-tier sites selected for implementation of the RARE project.

Cumulative AIDS Cases by Race/Ethnicity in Palm Beach County, Through 2000



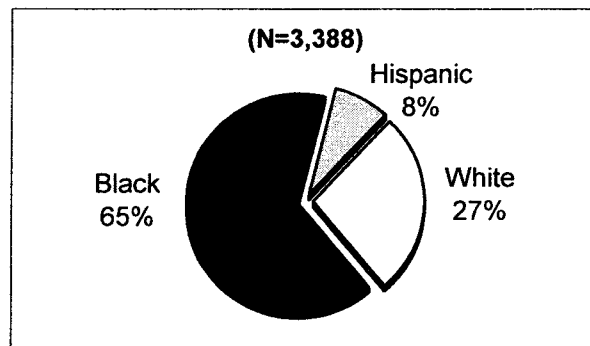
As of December 2000, a total of 7,643 residents of Palm Beach County have been diagnosed with AIDS. Sixty-three percent (4,815) were black and 7 percent (535) were Hispanic.

Of the 3,388 presumed alive adult AIDS cases in the county as of December 31, 2000, 65 percent (2,202) were black and 8 percent (271) were Hispanic.

The Advisory Board, using zip code-based HIV incidence data from the previous twelve months, identified four general areas in the county that appeared to meet the selection criteria of being areas in which HIV was having a disproportionate impact on the minority community. These four areas were initially identified as "North Coastal," "South Coastal," "Central Coastal," and "Western".

Through subsequent focus groups and individual interviews documented in the detailed findings, specific "hot spots" in the four areas were identified more precisely as specific road intersections. While, these intersections are precisely defined and documented in the findings, the terms "North Coastal," "South Coastal," "Central Coastal," and "Western" were retained in the narrative to avoid creating the misleading impression that the specific intersections are the only locations where HIV transmission is occurring.

Presumed Alive Adult AIDS Cases by Race/Ethnicity in Palm Beach County, as of 12/31/2000



## **IV. SELECTION OF THE PALM BEACH COUNTY CRISIS RESPONSE TEAM**

Palm Beach County Health Department's Paul Moore, M.S.W. and Lou Reiter served as the project's Site Coordinators. Karen Dodge, Ph.D., Health Planner for the Palm Beach County HIV CARE Council, served as the project's Principal Investigator and Lead Ethnographer. Additional ethnographic planning and research services were provided by Barbara Feeney, M.P.A. (Health Planner for the Treasure Coast Health Council and Coordinator of the Palm Beach County HIV/AIDS Community Planning Partnership), and Michael Greene, M.P.A., (Health Planner for the Palm Beach County Health Care District).

Team Leaders and Members were selected in consultation with the local HIV/AIDS Advisory Board and the Office of HIV/AIDS Policy of DHHS from a variety of outreach and community planning resources (e.g., Palm Beach County HIV CARE Council, Palm Beach County HIV/AIDS Community Planning Partnership, community advocacy groups and individuals, and HIV testing, counseling, referral, and treatment providers).

The following RARE Team Leaders and Members implemented the five RARE data collection strategies at the RARE target sites:

### **North Coastal Team**

Angrinette Hartnett, Team Leader  
Gene Martin  
Annette Murzike-Dunn, Team Co-Leader  
Rev. Lewis White  
Sandra White

### **Central Coastal Team**

Guadalupe Mendez, Team Leader  
Maria Mendez  
Alfonso Mendez  
Mark Paris, MD  
Luiz Vazquez

### **South Coastal Team**

Pierre Massilion, Team Leader  
Barbara Petit-Homme  
Kelly Fleury  
Mark Paris, MD  
Glory Saget

### **Western Team**

Coretha Smith, Team Leader  
Joseph Clerfond  
Jay Jerome  
Mary Jane Reynolds

## **V. THE SELECTION OF THE TARGET AREAS**

In December 2000, the Advisory Board met and decided that the Crisis Response Team should target four distinct geographic areas as follows:

- ◆ North Coastal Area
- ◆ Central Coastal Area
- ◆ South Coastal Area
- ◆ Western Area

Although many factors were considered when selecting these areas, the major determining factor was a recent (as of mid-July 1997) epidemiological report of HIV infection in Palm Beach County by zip code. The zip codes with the highest number of HIV cases reported were considered the highest priority areas. Another factor considered was anecdotal information alluding to hidden pockets of migrant populations (e.g., Haitians and Guatemalans) who lacked knowledge of HIV risk or infection or who, for a variety of reasons, might not be receiving treatment. The Advisory Board listened to anecdotal reports of people in these areas who had never been tested and had “fallen through the cracks” of the current surveillance system or had been tested but were not receiving appropriate treatment. The Advisory Board agreed that the top priority of this initiative should be reaching those currently underserved populations.

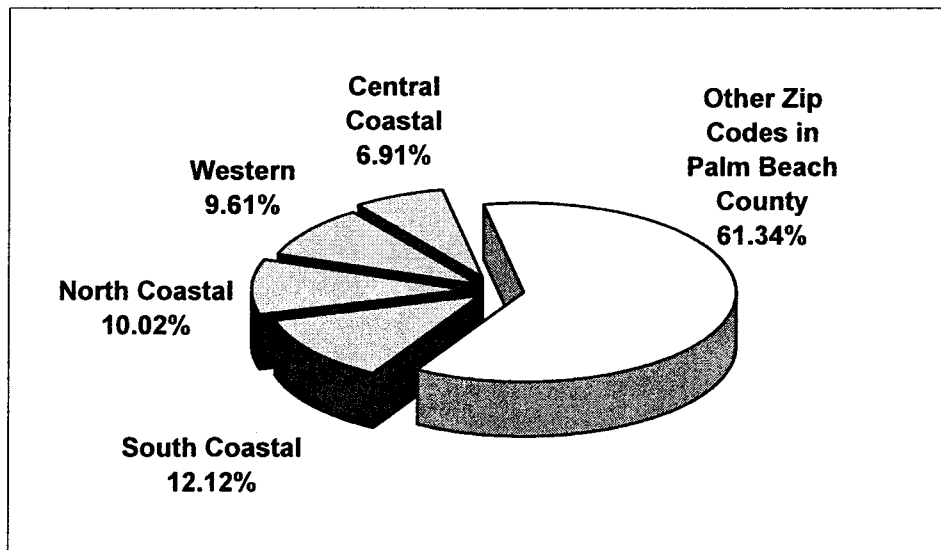
While residents of the western portions of the County have already been the subjects of state and federal research regarding HIV/AIDS, many other sub-populations in the County have not been studied by research scientists at all. Therefore, to begin to ameliorate the gaps in knowledge about some of these other populations, this study included specific coastal populations in need of more effective prevention and treatment interventions.

The four zip codes designated as the four RARE Areas accounted for 571 (38.33 percent) of all the cases in Palm Beach County during the baseline period. The following table and chart summarizes the number and percentage of cases in each zip code.

For the purpose of this study, these four areas were named “North Coastal”, “Central Coastal”, “South Coastal”, and “Western”, respectively. This wide geographic distribution was intended to identify a broad range of previously unidentified or underserved high-risk populations.

**HIV Data July 31, 1997 to September 2000 by Zip Code  
for Zip Codes in Palm Beach County RARE Areas**

RARE Area	Zip Code in Which Area is Located	1997 - 2000	
		Number of Cases	Percentage of Total
<i>South Coastal</i>	<b>33444</b>	<b>179</b>	<b>12.12%</b>
<i>North Coastal</i>	<b>33404</b>	<b>148</b>	<b>10.02%</b>
<i>Western</i>	<b>33430</b>	<b>142</b>	<b>9.61%</b>
<i>Central Coastal</i>	<b>33460</b>	<b>102</b>	<b>6.91%</b>
Total Cases in Zip Codes Containing All Four RARE Sites		571	38.66%
Total Cases in P.B. Zip Codes Other Than the Four RARE Sites		868	61.34%
Total Cases in All P.B. County Zip Codes		1,439	100.00%



Source: Florida Department of Health, HARS Reporting System, 2000.

## VI. METHODOLOGY

A unique feature of RARE is its overall approach to data collection and analysis. Rapid assessments utilize a detective-like approach, which tends to neutralize any cultural or political incentives to deny the existence of certain activities, such as substance abuse and prostitution. The advantage of rapid assessment methods over other social science approaches is that it encourages the constant crosschecking of information from various sources. This helps uncover information that may be invisible to traditional methods of observation.

For example, the reports of Community Experts can be checked against the descriptions in Direct Observations. Investigators work inductively and build their conclusions or theories from the ground up by collating and checking from a wide array of sources. This is called “grounded theory”, based on “idiographic” or “inductive” theoretical construction. This model aims at explanation through the enumeration of all the motivations and contributing factors in a given action or situation. The purpose of this type of research is to understand a particular situation as fully as possible. This type of research is considered “qualitative”; it complements and adds depth to “quantitative” research by enhancing mere numerical descriptions of people or cultures.

This research model also recognizes that, to be accurate and meaningful, researchers must view and describe a problem within its social, cultural, religious, political, and historical contexts. Thus, rapid assessments move across several levels of investigation in order to identify different potential levels of intervention. In the *Recommendations and Strategies* section of this report, the relationship between rapid assessment and intervention development will be more fully demonstrated.

In preparation for the actual fieldwork, the Advisory Board and the Field Team formulated interview questions and strategies. The questions were designed to elicit information about HIV/AIDS within the following three frameworks:

- ◆ Risk/protective factors  
These questions were designed to elicit the nature of risk behavior as well as protective factors that facilitate risk reduction
- ◆ Context/environmental factors  
These questions were designed to elicit information about the extent to which the environment influences HIV-related behaviors and how the environment influences access to current HIV prevention, care and treatment services
- ◆ Interventions/services  
Lastly, these questions were designed to elicit information about the effectiveness of current prevention and intervention services. Care was taken to determine whether existing interventions and services were culturally appropriate and to encourage suggestions for future programmatic change

See Appendix for a complete list of the questions used in this study. Some examples of study questions are listed on the following page. Team Leaders converted the questions listed in this section into understandable, localized language.

## **B. KEY INFORMANT/COMMUNITY EXPERT INTERVIEWS**

Individuals were selected from the three cultural expert groups described in the Focus Group section, and invited to provide one-on-one, open-ended, ethnographic interviews. The information gathered included:

1. Identification of vulnerable populations
2. Description of risks and protective factors that impact the identified populations
3. Description of available services
4. Discussion about the types of programs that might be effective for the population
5. Identification of prevention and treatment gaps that could be closed by introducing an effective and appropriate intervention.

The information gathered was compared and triangulated with focus group data and was used to design and plan the direct observations, geographical mapping, and street intercepts.

## **C. GEO-MAPPING**

The RARE field team used observation techniques to provide information needed for all three assessment modules (i.e., Risk/Protective Factors; Contextual/Environment; and Intervention). The strategies utilized were mapping (by drawing), and verbally describing the observed risk behaviors, demographic information, service availability, and intervention sites in relation to the targeted populations.

## **D. DIRECT OBSERVATIONS**

The RARE Field Team completed extensive direct observations at each site. After the Team had identified the primary hot spots by reviewing focus group feedback and community expert interviews, centers of HIV-risk behaviors were identified. These centers, compared to “hubs” of a wheel, became the focal points for this study. Risk behavior along pathways leading into and away from the “hubs” may be compared to “spokes” of a wheel. It is along these “spokes” of activity that various risk behaviors and factors travel and where “mixing” with other populations and behaviors occur.

Using interviews and focus groups of community experts, the risk behaviors were described, observed, and documented within their cultural context. Additionally, risk behaviors and protective factors were identified by Field Team members taking notes and/or recording the movements and behaviors of the target populations. Access routes for vulnerable populations receiving services were also observed and noted, as were barriers and facilitators for interventions. Finally, identification of changes in the environment in the context of risk was documented through primary time cycles (time of day, day of week, etc.).

## **E. RAPID ASSESSMENT SURVEYS/STREET INTERCEPTS**

The RARE Team conducted several rapid assessment surveys to fill gaps in information for the risk, contextual, and intervention modules. These short (three to five) short-answer or closed-ended question surveys were used to collect information from small samples of individuals (approximately ten) across the three cultural expert populations. These surveys were constructed after the focus groups and interviews were completed to provide triangulation of previously unsupported data.

## VII. KEY FINDINGS ACROSS ALL AREAS

### 1. Populations at Risk by Area

- ◆ **North Coastal**
  - Substance Abusers/Addicts
  - Prostitutes
  - Homosexuals
  - Primarily African-American
  
- ◆ **Central Coastal**
  - Guatemalans
  - Hispanics
  - Migrants
  - Primarily Guatemalan
  
- ◆ **South Coastal**
  - Primarily Haitians
  - Prostitutes
  - Drug Addicts
  - African Americans
  
- ◆ **Western**
  - Substance Abusers/Addicts
  - Prostitutes
  - African Americans
  - Primarily African-American, and immigrants from the Caribbean, West Indies, and Central and South America

### 2. The Fundamental Elements of Time and Place

In all four sites, time and place were influential factors in HIV risk, prevention, treatment, and access to services.

For example, some Haitians and Guatemalans, especially those from agrarian cultures, who have low levels of literacy, or have, recently, immigrated to the U.S., may be unfamiliar with the concept of “telling time” by a watch or a clock. Members of both populations may, instead, “tell time” in reference to an *event* rather than numbers on a clock. This is a critical factor to consider when scheduling appointments, expecting drug adherence, prescribing medications, or arranging for the delivery of social and/or medical services.

Additionally, in the southern coastal and central coastal areas, study participants reported being afraid to go to the Department of Health’s main HIV clinic because the U.S. Immigration and Naturalization Services (INS) is located the same building. Many Haitians and Guatemalans report being afraid of arrest and deportation. Thus, the proximity of patient care services to the INS appears to significantly impede access to care.



## **6. Prevention and Patient Care Services:**

### **Lack of Awareness or Absence of Services in the Intervention Zones The Dichotomy Between Prevention and Patient Care Services**

There were two major dimensions to the issue of services as follows:

1. Study participants indicated inadequate access to preventive and patient care services in the target areas.
2. Providers described a dichotomy between prevention and patient care services. Some prevention providers were critical of patient care services citing instances of perceived poor service delivery and an unwelcoming attitude toward patients from the hot spots. Likewise, some patient care providers reported being unaware of the efforts and successful outcomes of prevention services among target populations.

## VIII. FINDINGS AND SUPPORTING QUOTATIONS BY AREA

This section of the report contains detailed information regarding HIV/AIDS risk/protective factors, context/environmental factors, and services/interventions in each of the four RARE study sites. The verbatim statements (with the local vernacular retained) are direct quotations from the focus group discussions, community expert interviews, and street intercept surveys.

Tables at the end of each area section summarize the qualitative data in a quantitative display. In order to convert the qualitative data into quantitative data, the ethnographers performed thematic or content analyses in which communications were analyzed in a systematic, objective, and quantitative manner. Six major themes were identified, thus creating six variables. At each site, various attributes emerged relating to the six variables, creating four unique constellations of barriers and risk factors in each of the intervention zones.

Data from all geographic areas were coded as relevant to the following themes:

- ◆ Populations at Risk
- ◆ The Fundamental Elements of Time and Place
  1. Barriers Related to Time and Place
  2. Risk Factors Related to Time
  3. Risk Factors Related to Place
- ◆ Variations in Language and Literacy
- ◆ Beliefs, Attitudes, and Practices Relating to HIV/AIDS
- ◆ The Mixing of Alcohol Sex and Drugs
- ◆ Services

It is important to note that percentages referenced in the narrative and in the tabular data were calculated by dividing the number of times a particular attribute was mentioned during a specific data collection strategy by the total number times all attributes in a particular theme were mentioned during that specific data collection strategy. Percentages do not necessarily refer to the number of individuals who mentioned specific attributes, but rather to the number of times a particular attribute was mentioned. These were tabulated across data collection strategies to produce un-weighted aggregate scores.

For example, in the North Coastal Area, there were five Focus Groups, and a total of twenty Focus Group participants. Those twenty participants had a total of sixty-eight responses relevant to *Populations at Risk*. Eighteen (26 percent) of those responses indicated that Substance Abusers/Addicts were at high risk in that target area.

Finally, *triangulation*, or *agreement* among data collection strategies is indicated by bolded type in the tables. In contrast, a “0” in one or more data collection strategies indicates *disagreement* relating to that particular attribute. For example, in the North Coastal Area, there was triangulation or agreement among all five data collection strategies that Substance Abusers/Addicts were a Population at Risk. In contrast, there was disagreement regarding Teens being a Population at Risk. Data from Focus Groups and Community Expert interviews revealed that Teens were thought to be a Population at Risk. However, data from Street Intercept Surveys did not support those findings.

## **North Coastal Area**

**Within Zip Code 33404**

This area is comprised of a mix of commercial and residential properties. There are also numerous empty lots, abandoned buildings and empty houses. According to study participants, interspersed among mainstream establishments are numerous legitimate businesses that front for illegitimate enterprises. The primary function of the business site varies according to the time of day and the demands of the customers. For example, some grocery stores are also sites of drug dealing and some lawn maintenance services double as crack houses and homosexual brothels.

This area extends from Broadway on the east, to the railroad tracks on the west, and from 8<sup>th</sup> street on the South to Blue Heron Boulevard on the north.

### **Populations at Risk in the North Coastal Area**

The populations most frequently mentioned as being at risk were Substance Abusers/Addicts (27 percent), Prostitutes (23 percent), and Homosexuals (18 percent).

- ◆ **Substance Abusers/Addicts**
- ◆ **Prostitutes**
- ◆ **Homosexuals**

#### **Quotes:**

“...it’s young blacks in our area...Females ages 13 on up...very young people out there.”

“...It’s not isolated because there’s a lot of drug use in this area...”

“...The prostitutes are giving it to the male clients and they take it home to their wife or girlfriend...”

“Substance abusers and also teenagers for there is a lot of insecurity going on. Substance abuse because the act itself causes you to act irresponsible and they don’t think to use protection, teenager lack of education.”

“It’s not isolated. There’s weekend warriors. The people just party on the weekend.”

“...a lot of time the black women take care for everybody but themselves.”

“...more people are using condoms...its easy to be in denial and that’s what most teenagers do.”

“...Its young blacks in our area...Females ages 13 on up...very young people out there.”

“Night action and when ever people have money.”

“There’s no special time for stuff to happen, but come to think of it I believe early in the morning hours, check time, 3<sup>rd</sup> of the month, they’re the people that get paid every two weeks, holidays, every day is a pay day to a crack head.”

“Weekends and Friday night.”

“Mostly on the weekend when the young folks are out partying and they don’t care and their using drugs are what ever that causes AIDS start from Thursday and goes on to Sunday night.”

“No special time. Early in morning, 1<sup>st</sup> and 3<sup>rd</sup> of month, everyday pay day to crack users. Fridays.”

“Anytime drugs and sex happens...night and weekends...when people have money.”

## **Beliefs, Attitudes, and Practices Relating to HIV/AIDS in the North Coastal Area**

RARE participants in the North Coastal area indicated that the two leading beliefs and attitudes influencing HIV/AIDS are “Fatalism/Hopelessness” (20 percent), and “Denial of Risk” (19 percent).

Another major issue regarding beliefs, attitudes, and practices involves the reluctance of African-American men to access services at the local health department.

- ◆ **Fatalism/Hopelessness**
- ◆ **Denial of Risk**
- ◆ **Resentment/Vengeance**
- ◆ **Faith/church healing**
- ◆ **Denial of Risk**

### **Quotes:**

[re: African-American men reluctant to get care at the clinic]

“Yes. Because they think they are okay.”

“If they got they don’t want to know, some feel if they got it, f\_\_\_\_ it I’m going to kill up the world.”

“...most of the men tend to be more stubborn, we feel like we are supermen and it does not deter us.”

“...they don’t want people to know that they got it.”

“We try and respect one another, not disrespect one another because of their condition. We try and go out of our way to make them feel a part. As far as getting any compassion from the outside, there is none, therefore the neighborhood has to take care of itself.”

Question: Are the addicts aware of their risk for HIV? “Oh sure. A lot of people don’t believe they can catch it just because some one looks healthful he don’t believe they have it that don’t mean nothing, don’t think they can get it.”

“Everybody trying to get high, just basically trying to do everything to support it...some prostitute...some working...some stealing or either robbing.”

[re: addicts and prostitutes] “Everybody is mixed together.”

“They both the same that mix.”

“The drug addict get with the sex workers for sex and the sex workers get with the drug addicts for drug...”

“Its regular, crack, young and old people and middle age people are selling and buying the drugs.”

“Drug use is prevalent – all kinds. Businessman from work – from the sea cruises all kinds not just one kind coming through, very prevalent. This area the main drug is marijuana and cocaine – powder and hard.”

“Crack is the most widely drug that people use young, old, and middle age people use.

“Its acceptable, the white prostitute be on Broadway, and the black prostitute be on E Avenue, H Street...the customer come from out the hood, white Chinese, they buy sex any time.”

[re; prostitution in the neighborhood] Its heavy, the white prostitute has always been in the black neighborhood long before crack. The black prostitutes are in the black neighborhood. They hang on E-Avenue Broadway US 1. They work all around every day. The people that come around is middle class people, you have rich come through some time. They come from Palm Beach, Palm Beach Gardens, North Palm Beach they but sex all the time mostly at night.

“...the sex trade is everywhere...its the oldest trade since the beginning of times...”

“There are lot of Caucasian male and females that come through and they will solicit. You won’t see blacks buying sex, basically because everybody in this area sort of knows everybody. They do it discreetly but its hidden; when it comes to money and drugs they will do what they need.”

“E Avenue and Broadway – prostitution is like any other group that stick together, they move amongst each other, up and down Broadway.”

“S Avenue, Dixie Highway, wherever drug activity is going on.”

“You can see them in the drug area. Wherever you have drugs you have action. E. Avenue, S Avenue, 12<sup>th</sup> Street, its going on all in the hood man.”

House provide housing...the stigma needs to be address and lack of understanding among the general population...”

“CAP is doing Out Reach in the later hours now.”

“If you go to the Health Department, most people know you got AIDS.”

“The awareness is in the schools, Civil Court, CAP, continual education programs. The awareness is affected...”

“[Jay’s Ministry] working in conjunction with C.A.P. every two months C.A.P. come to Jay’s Ministry and do testing. He has been preaching for 4 years...”

“...If you’re talking about on E Avenue, S Avenue, there’s nothing in those areas, they need testing in those areas day and night, promoting prevention they don’t have anything in place in those areas.”

“...They have programs now, treatment program, these people who have this disease will go to the program which they will get help with al the paper work. And there are nurses and doctors there to help to prevent the disease from spreading. It’s even in the school they have people that comes out from different organizations to talk to the students and some churches have programs also to help people with the knowledge about the disease”

“ Now it’s [i.e. information] mostly within all Communities because they know theirs a big need, school has the health program, ...church has a program that helps, the walk-in clinic’s such as the health department. It’s available all a person has to do is seek for it and you do have representatives that go out and speak to people about the disease...Grace Episcopal 3600 Australian.”

“Don’t know of services. At least not in areas I just mentioned... E Ave., S Ave., nothing.”

“They effective if they’re used. Awareness is there. It lies now at level of responsibility of individuals.”

“Schools, Partnership for Drug-Free Community, civil courts, CARP, continuing ed. programs, C.A.P. [Awareness?] Very effective. [Stopping spread of virus?] Very effective.”

“[at 12<sup>th</sup> and Ave. E) CAP up here and Health Department, but they don’t have people come out in the field anymore. Services are available from 9-4 I think. Last time you saw anyone doing street outreach – 8 days ago. Never got HIV results. Some people from the church passing out condoms.”

“None really, I don’t see none come out. Last time I saw one of them was 11 months, the church giving out condoms and rubbers.”

[re: awareness of hustlers and prostitutes]

“Yes I feel like they do because they know the consequences you can die, some people have

# Factors that Influence HIV Prevention/Treatment in the North Coastal Area

Factors that Influence HIV Prevention / Treatment	Aggregated Responses from Five Data Collection Strategies											
	Focus Groups (N=5, n=20)		Community Expert Interviews (N=10)		Street Intercept Surveys (N=8)		Direct Observations (N=2)		Geo-mapping (N=7)		Total (N=32)	
	(f)	%	(f)	%	(f)	%	(f)	%	(f)	%	(f)	%
<b>Populations at Risk</b>	total number of responses = 68		total number of responses = 77		total number of responses = 56		total number of responses = 22		total number of responses = 33		total number of responses = 256	
<b>African Americans</b>	7	10%	9	11%	6	11%	1	5%	2	6%	25	10%
<b>Nationalities</b>	4	5%	0	0%	0	0%	1	5%	0	0%	5	2%
<b>Hispanics</b>	1	1%	2	2%	0	0%	0	0%	0	0%	3	1%
<b>Whites</b>	1	1%	5	6%	3	5%	0	0%	0	0%	9	4%
<b>Men</b>	2	2%	5	6%	0	0%	1	5%	3	9%	11	4%
<b>Women</b>	4	5%	5	6%	3	5%	1	5%	2	6%	15	6%
<b>Homosexuals</b>	11	16%	9	11%	11	20%	1	5%	13	39%	45	18%
<b>Prostitutes</b>	15	22%	12	15%	16	29%	8	36%	7	21%	58	23%
<b>Johns</b>	0	0%	2	2%	4	7%	0	0%	0	0%	6	2%
<b>Substance Abusers/Addicts</b>	18	26%	23	29%	13	23%	8	36%	6	18%	68	27%
<b>Teens</b>	4	5%	6	7%	0	0%	1	5%	0	0%	11	4%
<b>Unemployed</b>	1	1%	0	0%	0	0%	0	0%	0	0%	1	0%

# Factors that Influence HIV Prevention/Treatment in the North Coastal Area

Aggregated Responses from Five Data Collection Strategies												
Factors that influence HIV Prevention / Treatment	Focus Groups (N=5, n=20)		Community Expert Interviews (N=10)		Street Intercept Surveys (N=8)		Direct Observations (N=2)		Geo-mapping (N=7)		Total (N=32)	
	total number of responses = 46	%	total number of responses = 20	%	total number of responses = 9	%	total number of responses = 0	%	total number of responses = 0	%	total number of responses = 75	%
<b>Beliefs, Attitudes, &amp; Practices</b>	(f)		(f)		(f)		(f)		(f)		(f)	
<b>Resentment/Vengeance</b>	4	9%	3	15%	2	22%	0	0%	0	0%	9	12%
<b>Stigmatization</b>	14	30%	0	0%	0	0%	0	0%	0	0%	14	19%
<b>Faith/church healing</b>	4	9%	3	15%	1	11%	0	0%	0	0%	8	11%
<b>Homophobia</b>	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
<b>Gender/power disparities</b>	3	7%	3	15%	0	0%	0	0%	0	0%	6	8%
<b>Fatalism / Hopelessness</b>	7	15%	5	25%	3	33%	0	0%	0	0%	15	20%
<b>Denial of Risk</b>	5	11%	6	30%	3	33%	0	0%	0	0%	14	19%
<b>Domestic Violence</b>	2	4%	0	0%	0	0%	0	0%	0	0%	2	3%
<b>Wanting Love</b>	6	13%	0	0%	0	0%	0	0%	0	0%	6	8%
<b>No condoms</b>	1	2%	0	0%	0	0%	0	0%	0	0%	1	1%
<b>The Mixing of Alcohol, Drugs, and Sex</b>	total number of responses = 62		total number of responses = 62		total number of responses = 61		total number of responses = 27		total number of responses = 20		total number of responses = 232	
<b>Alcohol</b>	(f)		(f)		(f)		(f)		(f)		(f)	
	4	6%	1	2%	0	0%	1	4%	1	5%	7	3%
<b>Drugs</b>	19	31%	22	35%	12	20%	8	30%	4	20%	65	28%
<b>Prostitution</b>	15	24%	12	19%	16	26%	8	30%	5	25%	56	24%
<b>Other High Risk Sexual Behavior</b>	15	24%	11	18%	15	25%	3	11%	5	25%	49	21%
<b>The Interaction of Populations at Risk</b>	9	15%	16	26%	18	30%	7	26%	5	25%	55	24%
<b>Services</b>	total number of responses = 11		total number of responses = 9		total number of responses = 6		total number of responses = 0		total number of responses = 0		total number of responses = 26	
	(f)		(f)		(f)		(f)		(f)		(f)	
<b>Lack of Awareness of HIV Services</b>	5	45%	3	33%	1	17%	0	0%	0	0%	9	35%
<b>Absence of HIV Services in Hot Zone</b>	6	55%	6	67%	5	83%	0	0%	0	0%	17	65%



## Central Coastal Area

Within Zip Code 33460

The Central Coastal RARE site is located in a mixed Latino and Guatemalan neighborhood near the downtown area. It extends from Lucerne Avenue to the north with surrounding alleys and streets, to Lake Avenue on the south with surrounding alleys and streets. The eastern boundary is U.S. 1 and the western boundary is Avenue C.

### Populations at Risk in the Central Coastal Area

Unlike in the North Coastal Area, respondents in the Central Coastal Area identified ethnicity as an indicator of risk. Guatemalans were mentioned most frequently (20 percent), followed by Hispanics (15 percent).

#### Quotes:

“...Guatemalans and Hispanics combined.”

“...Puerto Ricans, Cubans, Hispanics with Guatemalans folded in.”

“...Migrant Guatemalans.”

- ♦ **Guatemalans**
- ♦ **Hispanics**
- ♦ **Prostitutes**
- ♦ **Substance Abusers/Addicts**

### The Fundamental Elements of Time and Place in the Central Coastal Area

The Guatemalans and Latinos in the Central Coastal Area report that going to the Health Department in Riviera Beach is problematic for two reasons. First, the U.S. Immigration and Naturalization Service (INS) is located in the same building as the Health Department's HIV clinic. Study participants reported being afraid to go there because they were unsure of their citizenship status and did not want to be detained, arrested, and deported. 31 percent of the responses alluded to the INS at Broadway as a barrier to services.

Second, the Health Department in

- ♦ **Barriers**
  - INS at Broadway**
  - No services in the hot zone**
  - No services in Lantana**
  - No transportation**
- ♦ **Risk Factors related to Time**
  - High-risk behavior occurs on weekends**
- ♦ **Risk Factors related to Place**
  - Brothels in the Neighborhood**
  - Near the markets**

strong protective factors against HIV. However, some respondents suggested that in its opposition to artificial birth control, Catholicism may impede access to the use of condoms, a major protective factor against the transmission of HIV.

The situation is further complicated in that the mixing of Catholicism and Santeria (a form of Voodoo) exerts a profound influence on HIV risk. Like the Haitians in the South Coastal Area, the Guatemalans and Hispanics in the Central Coastal Area believe that a combination of Santeria and/or Catholic rituals can render the HIV-infected individual “healed” and, therefore, incapable of spreading the disease.

Another example of the influence of the mixing of Catholicism and Santeria is the belief that those who are infected with the “virus” are believed to have done something wrong, or that a family member has committed a sin and that the HIV infection is the punishment. The recommended cure is a mix of Catholicism and Santeria, specifically, penance and expensive faith healings, respectively.

Because the Hispanic culture believes that the infected person has done something to deserve the infection of the HIV virus, the stigma of HIV has dire spiritual and social implications. Therefore, this population goes to great lengths to deny diagnosis and tends to report their illnesses are due to causes other than HIV infection.

#### **Quotes:**

“...The ‘disease’ is viewed as a punishment. I did something wrong or my sister did something wrong. My parents did something wrong. That is why I am sick. We Guatemalans believe in Santeria. There is no ‘germ’ concept. Our people view a lot of disease as punishment. It doesn’t make sense to take medicine...we don’t believe it’s a ‘virus’; we believe it’s a curse for sin. We have a belief about what needs to be done...going back to Guatemala, some kind of ritual, some kind of cure with herbs or cleansing.”

“...I visit religious healer when children are sick with the ‘evil eye’. I will pay her about \$100.00 per visit. I won’t go for myself. I can’t afford it...”

“...The healings of HIV are based on the power of your faith in God. We don’t take our meds. The Guatemalans believe meds is the cause of death. Dentists can provide alternative care in here for HIV. He said he can test people for HIV. Not one person showed up for the test. You can buy medicine here. For \$20.00 you can buy a shot of penicillin or a box of birth control pills. If you get the shot of penicillin you get through with HIV...”

“...I am a religious healer. I practice Gods’ gift. I see about 16 people a day. Most of my patients are pregnant women. They come to me to make sure the fetus is okay. The people know about some services in the community but they will not go for it because they never had it in Guatemala. The most common illness they got is the evil eye...diarrhea, nausea, fever...I give them an herb bath (ruda), tea and some herbs. Patient only needs to see me about 5 or 6 times. Guatemalans are at risk because of alcoholism. When they are under the influence of alcohol then they get involved with prostitutes. There are some Guatemalan prostitutes and some American prostitutes.”

months pregnant. He won't let anyone near her. She needs to go to the 'Clinic'. No doctor. Finally she goes to clinic. She starts asking him questions. He won't say anything to her. She's positive. The baby's okay. Man dies of AIDS. She started to realize what was going on. He went back to Guatemala to be cured and came back. He died of AIDS..."

"...There's lots of drinking, domestic violence and unprotected sex. It is disrespectful to discuss sex with a woman. I won't do it..."

'...Often the men will have sex with young girls who are members of the original house they stayed in. That is how it goes in my community..."

"...I do not discuss sex with my husband..."

The stigmatization, social isolation, and ostracism associated with HIV risk behavior, diagnosis, and treatment, deeply affects the population in the Central Coastal Area.

"...If we're sick, we go to the emergency room. That's how we get services. Hispanics believe that HIV is for homosexuals, so the heterosexual males don't want to go to 'Clinic'. We're afraid someone will see us. We cross the county to avoid contact. Our families don't know we're positive. Which is probably why they don't take meds. Most of our families write us off if they find out we're HIV..."

"...Often, our men will have sex with the young children in the house of the original house they stayed in. The parents then abandon them. Kick them out into the street because they're no longer clean. It's survival for the children, then..."

"...There is in our Migrant community loneliness. It makes our man go to the prostitutes..."

"...Guatemalans have a hard time admitting they are gay. Puerto Ricans who are here admit. Not Guatemalans."

## **Variations in Language and Literacy as Barriers to Services in the Central Coastal Area**

Language Barriers were the single most frequently mentioned barriers to services in the Central Coastal Area. Seventy-five percent of the responses indicated "language barriers" and 25 percent indicated "literacy barriers".

- ◆ **Language Barriers**
- ◆ **Literacy Barriers**

Non-English speaking Guatemalans and Hispanics face enormous barriers to accessing HIV prevention and treatment services. Difficulties in removing these barriers are complicated by the ethnic, cultural, and linguistic diversity in immigrant populations in Palm Beach County.

For example, approximately twenty-two distinct Guatemalan dialects are spoken in the Central

## The Mixing of Alcohol, Drugs, and Sex in the Central Coastal Area

The behavioral intersect, or “mixing” between substance abusers/addicts and commercial sex workers in the target areas increases the risk of HIV transmission in the hot spots and to the broader community.

“Prostitution” was cited in 40 percent of the responses, followed by “Alcohol” (26 percent) and the “Interaction of Populations at Risk (19 percent).

- ◆ **Prostitution**
- ◆ **Alcohol**
- ◆ **The Interaction of Populations at Risk**
- ◆ **Drugs**

Initially, when questioned, study participants denied drug abuse among the Hispanics and Guatemalans. Further probing revealed that the influence of indigenous taboos against illegal drug use has weakened, and youth of the Guatemalan and Hispanic cultures, like their American counterparts, are indeed using and abusing drugs.

Commercial sex workers in this neighborhood are set up in “cat” houses. Alcohol is served while the men await their sexual encounters. Additionally, legitimate neighborhood businesses front as drug distribution centers and sex procurement operations. The RARE field team observed an all male “cat house” adjacent to one of the markets.

### Quotes:

“...Whenever the Guatemalans have a family here they don’t search for prostitutes. When they alone here they seek prostitutes. The males come to the US first. Alcohol and prostitutes starts in USA for solitary Guatemalans males. It’s the US teenagers that show how it is done in the US Teenagers as a group. There’s a mix now of drug behaviors...”

“...Sex is not spoken of in the Guatemalan culture. Barely in the Hispanic. Parents don’t want their children participating in the sex education at school. If the parents don’t read or write then children can’t take sex education at school. No permission if it’s not written permission. We need alcohol counseling. Every body drinks now, then, has sex. While they’re waiting for sex in the Whore houses, they drink alcohol to get ready...”

“...Alcoholism, prostitution and drugs. That’s how it goes. The drugs are marijuana and crack...”

“...Black and white American prostitutes come to stay at the labor camps. We come from the Broadway and Northwood areas, south. Us prostitutes like living on the labor camps. It is good job for us. It’s better than walking Broadway ...”

“...The prostitutes live in the same house with 20 people. Everybody drinks a lot. We get the women in the city, then bring them to the house...”

**Quotes:**

“...Money is a big part of life. A few hours spent at DOH. is not considered important to me. Add a few hours for transportation...it’s not worth it. Money is scarce. We don’t see medical services as important until we get so sick...the clinic has no night hours...after work so we can work and then go...or early in the A.M.”

“...There are no HIV services in Lantana where our people are. There are no services in the Labor Camps. We need to get services there. There are Costa Rican, El Salvadoran, Guatemalan and other Hispanic groups. We all need services. It’s a headache. But, we must find a way...”

“...African Americans work with African Americans because of grants. There’s outreach and education with Blacks. No grants for Spanish education and outreach. It doesn’t happen here in the neighborhood. No Spanish speaking. Only three or four who speak Spanish for all of West Palm area. Caseload is enormous. Not enough workers...”

“...There used to be an Hispanic organization and outreach workers from Health Department used to educate and outreach a long time ago. At the present time, I’m not familiar with any HIV program in the area...”

“...I’ve been living in the neighborhood for about six months. There’s no HIV services here...”

# Factors that Influence HIV Prevention/Treatment in the Central Coastal Area

Factors that Influence HIV Prevention / Treatment		Responses from Various Data Collection Techniques											
		Focus Group Participants (N=4, n=26)		Community Expert Interviews (N= 4)		Street Intercepts (N=13)		Direct Observation (N=3)		Geo-mapping (N=4)		Total (N=28)	
Barriers Related to Time and Place		total number of responses = 19		total number of responses = 7		total number of responses = 13		total number of responses = 0		total number of responses = 0		total number of responses = 39	
		(f)	%	(f)	%	(f)	%	(f)	%	(f)	%	(f)	%
INS at Broadway		7	37%	0	0%	5	38%	0	0%	0	0%	12	31%
No transportation		5	26%	0	0%	2	15%	0	0%	0	0%	7	18%
Long wait at clinic		2	11%	0	0%	0	0%	0	0%	0	0%	2	5%
No services in hot zone		1	5%	4	57%	3	23%	0	0%	0	0%	8	21%
No services in Lantana		2	11%	3	43%	3	23%	0	0%	0	0%	8	21%
Inability to tell time		2	11%	0	0%	0	0%	0	0%	0	0%	2	5%
Risk Factors Related to Time		total number of responses = 1		total number of responses = 7		total number of responses = 6		total number of responses = 1		total number of responses = 1		total number of responses = 16	
		(f)	%	(f)	%	(f)	%	(f)	%	(f)	%	(f)	%
Weekends		1	100%	4	57%	3	50%	1	100%	0	0%	9	56%
Evenings		0	0%	3	43%	3	50%	0	0%	1	100%	7	44%
Risk Factors Related to Place		total number of responses = 8		total number of responses = 5		total number of responses = 36		total number of responses = 28		total number of responses = 27		total number of responses = 104	
		(f)	%	(f)	%	(f)	%	(f)	%	(f)	%	(f)	%
Lake Avenue		0	0%	0	0%	8	22%	5	18%	3	11%	16	15%
Lucerne Avenue		0	0%	0	0%	3	8%	3	11%	3	11%	9	9%
Avenues D, E, and F		1	13%	0	0%	6	17%	6	21%	4	15%	17	16%
Near the markets		4	50%	3	60%	7	19%	5	18%	4	15%	23	22%
At the Taqueria		1	13%	0	0%	0	0%	4	14%	3	11%	8	8%
Bars		2	25%	0	0%	0	0%	1	4%	3	11%	6	6%
Brothels in the neighborhood		0	0%	2	40%	12	33%	4	14%	7	26%	25	24%

## South Coastal Area

Within Zip Code 33444

The South Coastal RARE site is in a predominantly Haitian neighborhood extending from East Atlantic Boulevard to S.E. 5<sup>th</sup> street and from South Swinton Avenue to S.E. 4<sup>th</sup> Avenue.

The target area consists of a main street (S.E. 2<sup>nd</sup> Avenue) running parallel to the railroad tracks. A hot spot of HIV risk activity is located just west of the tracks. This area resembles a Caribbean village with many shops, including several Voudou (Haitian for Voodoo) shops, selling Haitian products. Homes and businesses appear to be Haitian due to the reliquaries displayed in the yards and visible from the windows. Atlantic Avenue, on the north side of this corridor, is a burgeoning business district well known for fine dining, an abundance of art galleries, and numerous up-scale gift and clothing shops. The southern boundary is S.E. 5<sup>th</sup> Street, which intersects the railroad. The eastern boundary is S. Federal Highway, which is lined with mainstream American businesses and fast food restaurants.

Along the western boundary, close to Swinton Avenue, mixing of African Americans and Haitians occurs. This is the hub of sexual and drug-related activity for South Coastal Palm Beach County. Despite this mixing, Haitians participating in this project reported a distinct division between Haitians and African Americans characterized by ethnic and racial tensions, fear, and mistrust.

Crack use, commercial sex work, and unprotected sexual practices are the main HIV/AIDS risk behaviors detected in this zone. Although the area initially appears clean and well kept, the RARE team gathered information suggesting that sexual and drug practices among Haitians are arranged in the businesses along the main strip of S.E. 2<sup>nd</sup> Avenue and practiced in rundown tenements on the streets designated for sex and drug activities.

The Health Department clinic is approximately three miles from this zone, yet residents report that they know little about the Health Department and do not know how to get there. *Hope House of the Palm Beaches* operates a small office on S.E. 4<sup>th</sup> Avenue and provides case management but no medical services are offered in the zone at all. There are several soup kitchens and missions north of Atlantic Avenue, but, reportedly, few Haitians will go there. St. Marks Episcopal Church operates a new after-school program on Swinton Avenue and has expressed a desire to expand services to include other Haitian-related activities. This parish is considered to be one of the most socially prominent, well-funded Episcopal parishes in Florida, and is located at the epi-center of the HIV/AIDS disease in south coastal Palm Beach County.

### Populations at Risk in the South Coastal Area

The most frequently cited populations at risk in the South Coastal Area were Haitians (27 percent), Prostitutes (20 percent), Drug Addicts (13 percent), and African Americans (12 percent).

- ♦ **Haitians**
- ♦ **Drug Addicts**
- ♦ **Prostitutes**
- ♦ **African Americans**

**Quotes:**

“...Many of our Haitian here are Mountain Haitian people; from the mountain villages. We don’t tell time like in the U.S. in the villages. We go by the thing happening...”

“...I cannot read. My friend help me with my appointment. I take my med but not on time because I cannot read the label or the time...”

“...Most of the Haitian do not tell time. Even the one who read does not put emphasis on time...”

“...I do not tell time because I do not read. I cannot really show of the time...”

“...We don’t tell time like in the U.S. in the villages. We go by the thing happening.”

“...I take my med, but not on time, because I cannot read the label or the time.”

“...There are no HIV services that I’m aware of in the community. I know that some center tried to answer the need of the community.”

“...No street level access. No service in language people understand. I don’t know where the clinic is.”

“...Not many HIV services. I do not know of anyplace in the community. We need it. We need for a special center for HIV/AIDS and at present time no services for Haitian patients.”

**Beliefs, Attitudes, and Practices Relating to HIV/AIDS in the South Coastal Area**

“Voodoo”, at 27 percent, and “Stigmatization” at 16 percent, were the most frequently cited Beliefs, Attitudes, and Practices related to HIV/AIDS. Other factors in this category included “Homophobia” (15 percent) and “Faith/Church Healing” (12 percent).

- ◆ **Voodoo**
- ◆ **Stigmatization**
- ◆ **Homophobia**
- ◆ **Faith/Church Healing**

**Quotes:**

“...Most of the Haitians care for they self and give they self they own medicine.”

“We Haitians sell our meds and our condoms.”

“...Voudou is all we have...as high as five thousand dollars.”



**Quotes:**

“...The Haitians do not have enough. That is why we share and sell medicine...”

“...Most of us do not have insurance. We won't go to hospitals. We use our own medicines 'cause they're affordable and we prefer it. We use the herbs and leaves...”

“...It is part of our culture to self-diagnosis and share medicine...”

**Gender and Power Disparities in the South Coastal Area**

Reportedly, the Haitian culture is patriarchal and polygamous. Men are socially, economically, and sexually dominant. During individual interviews, Haitian women, reported that they had no right to ask their male partners about fidelity. . Nor did they feel comfortable requesting that the men wear condoms. Their fears were that they would jeopardize their households, their children, and financial support. In addition, the Haitian women did not feel that they had the right to refuse sexual requests from their partners.

**Quotes:**

“...Males have always been dominant over the females. Females are afraid that their partners will leave them; we can't tell our husbands about condoms...”

“...Haitian males are polygamous. Our females are not allowed to ask to have protected sex... I do not ask either...”

“...Females cannot ask the men to have protected sex. Our women are nothing in the eyes of the man. Man has one wife but can have mistresses. The female can't force the male to wear condoms because the male is supporting her financially so she does what he wants...”

“...Even though women are well regarded in this society, men are the leaders. Males tend to be polygamous especially if they come from the countryside. Women tend to be reluctant for two main reasons. 1. Belief in having a child ...”(the rest of the sentence was left incomplete).

**Stigmatism, Social Isolation, and Ostracism in the South Coastal Area**

The Haitians participating in this project revealed that being observed entering into the Health Department clinic would cause social isolation and ostracism. Because community support is so important, visiting to the clinic is avoided. In fact, to avoid social stigma, seeking medical treatment is often delayed until a person is near death. Stigmatization occurs because the community believes that the HIV/AIDS diagnosed individual is cursed. Further, if it is determined that a Haitian male is homosexual, the isolation and ostracism is intensified and can become dangerous, even deadly, for that individual. The Haitians participating in this study said that if a male is seen entering the clinic to get tested, it is assumed that he is HIV+ and a homosexual. The result is social isolation and all the ramifications associated with stigmatization.

the newly created language. Because HIV prevention and patient care information written in English or Creole has a relatively small readership among this population, most HIV information is presented vocally, person-to-person.

**Quotes:**

“...There is not enough Creole information...”

“...There’s not enough people who speak Creole that provide the HIV services...”

“...We, as Haitians, are able to relate to their own. Need more Haitian educators...”

## **The Mixing of Alcohol, Drugs, and Sex in the South Coastal Area**

The Mixing of Alcohol, Drugs, and Sex was a frequently cited theme in the South Coastal Area. Forty percent of responses mentioned “Prostitution”, 26 percent mentioned “Alcohol”, and 19 percent cited “The Interaction of Populations at Risk.”

- ◆ **Prostitution**
- ◆ **Alcohol**
- ◆ **The Interaction of Populations at Risk**
- ◆ **Drugs**

The economies of sex in exchange for money, sex in exchange for drugs, sex in exchange for money and drugs and/or the practices of either unprotected sex or shared intravenous injection equipment is practiced among the Haitian population in the target area. Haitian participants initially reported that intravenous drug abuse does not occur in their culture. Upon further probing, it was found that the assimilation and integration occurring among African American and Haitian youth in this target area promotes the sharing of drug practices, thus creating a bond of IDU substance abuse between the two cultures. During nighttime direct observations, young male Haitians were observed dealing drugs on the street corners and alleys alongside their African American counterparts. Thus, relationships are often cultivated within a context of high-risk behavior and activity.

This mixing is also noted with regard to the marketing of commercial sex. Reportedly, negotiations for covert Haitian prostitution (purchased at seemingly legitimate storefronts and enacted at close proximity in designated private homes) is occurring in the same area as street solicitation (usually associated with prostitution observed in inner city neighborhoods). The street solicitation was observed most frequently during the early morning hours. All the street prostitutes were women. There was a noticeable absence of male prostitution.

Another finding was that sex in exchange for commodities (rather than cash) was not considered prostitution. Rather, the Haitians viewed it as a form of “family contribution.”

Thus, the intersection between sex, alcohol, drugs, and cash create numerous risk factors for HIV transmission within the Haitian community in this South Coastal “hot spot”.

# Factors that Influence HIV Prevention/Treatment in the South Coastal Area

Factors that Influence HIV Prevention/ Treatment	Responses from Various Data Collection Techniques											
	Focus Group Participants (N=5, n=20 )		Individual Interviews with Cultural Experts (N=9)		Street Intercepts (N=18)		Direct Observation (N=4)		Geo-mapping (N=2)		Total (N=38)	
	total number of responses = 34	%	total number of responses = 43	%	total number of responses = 74	%	total number of responses = 34	%	total number of responses = 10	%	total number of responses = 195	%
<b>Populations at Risk</b>	(f)		(f)		(f)		(f)		(f)		(f)	
Haitians	15	44%	6	14%	21	28%	8	24%	2	20%	52	27%
Mountain Haitian	0	0%	1	2%	3	4%	0	0%	0	0%	4	2%
African Americans	5	15%	2	5%	12	16%	4	12%	0	0%	23	12%
Men	0	0%	4	9%	11	15%	3	9%	1	10%	19	10%
Women	1	3%	3	7%	3	4%	1	3%	2	20%	10	5%
Young People (15-35)	0	0%	4	9%	3	4%	4	12%	1	10%	12	6%
Prostitutes	4	12%	10	23%	13	18%	9	26%	3	30%	39	20%
Drug Addicts	4	12%	8	19%	8	11%	5	15%	1	10%	26	13%
Homosexuals	4	12%	4	9%	0	0%	0	0%	0	0%	8	4%
Bisexuals	1	3%	1	2%	0	0%	0	0%	0	0%	2	1%

## Factors that Influence HIV Prevention/Treatment in the South Coastal Area

Factors that Influence HIV Prevention/ Treatment		Responses from Various Data Collection Techniques											
		Focus Group Participants (N=5, n=20)		Interviews with Cultural Experts (N=9)		Street Intercepts (N=18)		Direct Observation (N=4)		Geo-mapping (N=2)		Total (N=38)	
		total number of responses = 39	%	total number of responses = 30	%	total number of responses = 53	%	total number of responses = 1	%	total number of responses = 0	%	total number of responses = 123	%
<b>Beliefs, Attitudes, &amp; Practices</b>		(f)		(f)		(f)		(f)		(f)		(f)	
Voodoo	3	8%	13	43%	16	30%	1	100%	0	0%	33	27%	
Stigmatization	16	41%	4	13%	0	0%	0	0%	0	0%	20	16%	
Faith / church healing	3	8%	3	10%	9	17%	0	0%	0	0%	15	12%	
Homophobia	5	13%	4	13%	10	19%	0	0%	0	0%	19	15%	
Gender / power disparities	1	3%	1	3%	4	8%	0	0%	0	0%	6	5%	
Hate condoms	4	10%	0	0%	2	4%	0	0%	0	0%	6	5%	
Black market pharmaceuticals	0	0%	0	0%	11	21%	0	0%	0	0%	11	9%	
Side effects of HIV meds	6	15%	1	3%	1	2%	0	0%	0	0%	8	7%	
Mistrust of government	0	0%	4	13%	0	0%	0	0%	0	0%	4	3%	
Suicide as solution to HIV status	1	3%	0	0%	0	0%	0	0%	0	0%	1	1%	
<b>Variations in Language and Literacy</b>		total number of responses = 24		total number of responses = 4		total number of responses = 14		total number of responses = 2		total number of responses = 0		total number of responses = 44	
	(f)	%	(f)	%	(f)	%	(f)	%	(f)	%	(f)	%	
Language Barriers	17	71%	2	50%	8	57%	1	50%	0	0%	28	64%	
Literacy Barriers	7	29%	2	50%	6	43%	1	50%	0	0%	16	36%	

**Western Area**  
**Within Zip Code 33430**

The center of the target site in the Western Areas is near the intersection of Martin Luther King Boulevard and 5<sup>th</sup> Street. The local name for this area is the “Loading Ramp”. The surrounding streets and alleys are also part of the target site.

**Populations at Risk in the Western Area**

The populations mentioned most frequently were “Substance abusers/addicts” (27 percent), “Prostitutes”, (18 percent), and “African Americans”, (10 percent). It is noteworthy to report that study participants anecdotally reported that anal sex is now preferred in order to reduce the risk of unintended pregnancy.

- ◆ **Substance abusers/addicts**
- ◆ **Prostitutes**
- ◆ **African Americans**

**Quotes:**

“...Haitians, Mexicans, blacks, whites.”

“...Prostitutes who engage in back to back sex without using protection. All races in the area...a lot of anal sex is going on in the community now.”

“...when the [prostitutes] are high they don’t care what they do.”

“The people who are not getting these types of sexual activity from their wives, seek on the street. School teachers, doctors, whatever kinds of professions you have in Belle Glade, these are the people that comes out late at night.”

**The Fundamental Elements of Time and Place in the Western Area**

The most frequently mentioned Barrier Related to Time and Place was “No services in the hot zone” (29 percent).

The most frequently mentioned Risk Factors Related to Place was “5<sup>th</sup> Avenue” (25 percent), followed by “Around markets” (16 percent) and the “Loading Ramp” (15 percent). Significantly, there are few HIV/AIDS prevention or treatment services being provided in this area.

The target site in the Western Area included the Loading Ramp, a large open square where buses and trucks pick up and

- ◆ **Barriers Related to Place**  
No services in hot zone  
Black males won’t go to the Health Dep’t.  
No recreation center
- ◆ **Barriers Related to Time**  
Night
- ◆ **Risk Related to Place**  
5<sup>th</sup> Avenue  
Around Markets  
The Loading Ramp

9:57 p.m. “White lady appears to walk across the street...in her car, back out and drove away toward sixth street and very slow to the end of sixth street and circle to the loading ramp. She going down the corner of Martin Luther King Boulevard and Fifth Street to a black guy...it looks like a transaction in progress. This guy sell weed in the community.”

6-9 P.M. “Activities remained constant throughout the time spent mapping activities.”

11:30 P.M. “...a lady’s trying to make a trick; she tell the guys to meet her in the alley...”

3:30 A.M. “...people on the side of Hall’s store having sex in the dark.”

4:15 A.M. “...Drug people are walking around the ramp looking and observation of the area.”

5:00 A.M. “Police on the loading ramp watching the activity going on [in the middle of the ramp]...”

7:00 A.M. “White female prostitution selling her body on 5<sup>th</sup> and C Place.”

7:00 A.M. “White female prostitution gets in another car with a black man.”

8:45 A.M. “More people pull up to the loading ramp and talking, passing weeds, and drugs from one person to another.”

Sat., 2:00 P.M. Description of drug deal in progress. Per local resident of 11 years, “...the woman is the runner came to buy some stuff...” Area mostly frequented by “Haitians, Jamaicans, and African Americans.”

### **Quotes from study participants in the Western Area**

In response to the question, “Where is the hot area for sex and drugs in Belle Glade?”

“Probably Fifth and Sixth Streets.”

“Fifth and Sixth.”

“Probably down on Fifth and Sixth Street. In the area down on Martin Luther King.”

“I would say on Fifth and Sixth...”

“On Sixth Street and on Fourth Street and sex in abandoned buildings.”

“...we don’t have enough people in the field to do the work to provide HIV education and prevention.”

“...people come to the Glades, get information, and do nothing about that. We need more actions in the Glades. More education, more involvement in the community.”

“...the guys on the side of the road who are selling drugs often offer money to young girls who come from school.”

“...these activities take place more likely in sex clubs and after school dances, parties.”

## **Beliefs, Attitudes, and Practices Related to HIV/AIDS in the Western Area**

“Faith/Church Healing” was the most frequently mentioned belief (18 percent) followed by “Conspiracy Theories” (12 percent).

- ♦ **Faith/Church Healing**
- ♦ **Conspiracy Theories**
- ♦ **No Adult Supervision**

Participants from the Western RARE site expressed a variety of beliefs regarding the inception of and the continued spread of AIDS. The community tends to believe that the “aliens” or “nationalities” brought the virus to the area as part of an intentional effort to eradicate the community. It is also believed that white prostitutes, who are infected with the “virus”, are somehow encouraged to continue to practice their craft, locally.

It is believed that having a Western Community Recreation Center would curtail the spread of HIV/AIDS by occupying the teens and young adults with positive community activities rather than sex partner trading, prostitution and alcohol/drug abuse and dealing. Reportedly, young teens become involved in sexual activities as a form of after school recreational activity.

Many local residents indicated their belief that an external, powerful consortium - that is only interested in financial gain - controls drug dealing. Community experts voiced the hopeful expectation that Federal Government would arrive to eradicate the HIV/AIDS virus, provide affordable housing, set up financial development training centers and build new schools.

### **Quotes:**

“...People believe when Caucasian prostitutes come down here they already infected.”

“...AIDS don’t come over here until different nationalities come over here.”

“...nobody knows what causes AIDS, no one has the cure...we just have to pray.”

“...you can’t tell until they do it a long time, then you can tell because people are watching you.”

In response to the question, “Is it true that African American males are uneasy going to the Health Department? Why?”

“Yes, cause they don’t have no way and they scared of the people working there cause they in this area.”

“...Women are more vulnerable because they tend to be more dependent.”

“...here in Belle Glade they don’t have a special place where this [drugs] is sold because the police have control over this activities.”

“a lot of people have several partners without even thinking of with whom these people were having affairs. People don’t care to know who the other partner went with.”

“...there is some kind of exchange. A six pack of Corona beer or drug is enough for the exchange.”

“...it doesn't take much. Once the guy who is pushing dope has the money, a lot of women can get some and get some disease at the same time.”

“...a lot of men don't stay honest. By going to the street, you don't know who they meet and what they can bring home.”

“...rifa, rocks, marijuana...”

“...cocaine, marijuana...”

“...the minds aren't well set when someone is under drug influence.”

“...drugs make people don't care about HIV or AIDS. We don't stop people from selling drugs, young people look and want what the drug pushers have money...”

“...when a person that is using drugs is not themselves – it's a different person – unclean needles transfer it to the veins.”

“...sometimes they get drunk in the bar and they have backrooms in the bars and they go back there or even at their rooms.”

“...all types of people are involved...you would be surprised to know that some people are involved in sexual activities and drugs. I believe the white more than the blacks are involved because they have the money to engage in all these activities.”

“...One thing the community needs education on drugs and AIDS...they need to be aware of the dangers of drugs and AIDS.”

“...Prostitutes who engage in back to back sex without using protection...All races in the area...A lot of anal sex is going on in the community now.”

“...A lot of people are having sex for drugs – a wide variety of sex...10-15 people per night.”

“...Haitians, Mexicans, Blacks, and Whites.”

“...where the drug trade is sold at...SW 6<sup>th</sup> Street is mostly where the drug trade is”

“...easy access to prostitution and the price is very low”

“...marijuana, cocaine, and a little speed.”

re: alcohol “...its a drug but its legal. It leads to a lot of sexual activities.”



“...there is a great need of people to go door to door to give education sessions about HIV and they can prevent it.”

“...there should be a program of education to break the silence because a lot are affected by those who are infected...need HIV positive speakers to go to schools and talk about their status.”

“...Education. There’s no recreation for teens. There’s nothing for teens to do. Lack of recreation promotes greater interest in sex.”

“...Corner hanging out leads to drugs which leads to sex. Unprotected sex.”

In response to question, “What HIV services are available here on Martin Luther King Blvd. and Fifth Street?”

“None.”

“None.”

“To my knowing none.”

“...education sessions should be provided in different languages such as Creole, French, Spanish, etc., because there are people with different cultural backgrounds.”

“...outreach workers that are multicultural with all languages that people speak in the Glades.”

# Factors that Influence HIV Prevention/Treatment in the Western Area

Factors that Influence HIV Prevention / Treatment		Responses from Various Data Collection Techniques										Total (N=41)			
		Focus Group Participants (N=5, n=36)		Community Expert Interviews (N=14)		Street Intercepts (N=11)		Direct Observations (N=7)		Geo-mapping (N=7)					
		total number of responses = 16	total number of responses = 6	total number of responses = 36	total number of responses = 0	total number of responses = 0	total number of responses = 0	total number of responses = 5	total number of responses = 0	total number of responses = 5	total number of responses = 0	total number of responses = 0	total number of responses = 58		
		(f)	%	(f)	%	(f)	%	(f)	%	(f)	%	(f)	%		
<b>The Fundamental Elements of Time and Place</b>															
<b>Barriers Related to Time and Place</b>		total number of responses = 16		total number of responses = 6		total number of responses = 36		total number of responses = 0		total number of responses = 0		total number of responses = 58			
Small town, lack of confidentiality		8	50%	0	0%	3	8%	0	0%	0	0%	0	0%	11	19%
No recreation center		0	0%	4	67%	8	22%	0	0%	0	0%	0	0%	12	21%
No services in hot zone		2	13%	2	33%	13	36%	0	0%	0	0%	0	0%	17	29%
Black males won't go to Health Dept.		5	31%	0	0%	7	19%	0	0%	0	0%	0	0%	12	21%
Lack of transportation to services.		1	6%	0	0%	5	14%	0	0%	0	0%	0	0%	6	10%
<b>Risk Factors Related to Time</b>		total number of responses = 21		total number of responses = 25		total number of responses = 0		total number of responses = 5		total number of responses = 0		total number of responses = 51			
Early Morning		3	14%	1	4%	0	0%	0	0%	0	0%	0	0%	4	8%
Night		3	14%	8	32%	0	0%	0	0%	0	0%	0	0%	11	22%
Weekends		5	24%	1	4%	0	0%	0	0%	0	0%	0	0%	6	12%
24/7		5	24%	12	48%	0	0%	0	0%	0	0%	0	0%	17	33%
Payday		3	14%	1	4%	0	0%	5	100%	0	0%	0	0%	9	18%
First of the month (when the checks come)		2	10%	2	8%	0	0%	0	0%	0	0%	0	0%	4	8%

## Factors that Influence HIV Risk/Prevention in the Western Area

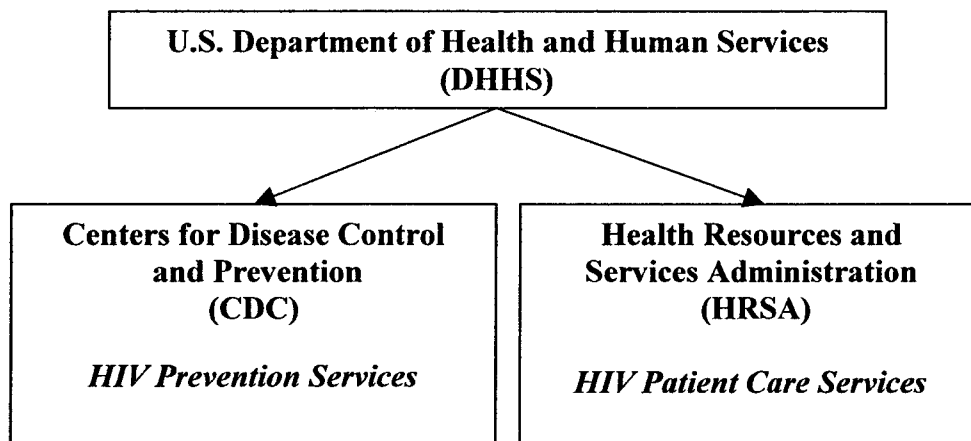
Factors that Influence HIV Prevention / Treatment		Responses from Various Data Collection Techniques											
		Focus Group Participants (N=5, n=36)		Community Expert Interviews (N=11)		Street Intercepts (N=11)		Direct Observations (N=7)		Geo-mapping (N=7)		Total (N=41)	
Beliefs, Attitudes, & Practices		total number of responses = 26		total number of responses = 27		total number of responses = 21		total number of responses = 0		total number of responses = 0		total number of responses = 74	
		(f)	%	(f)	%	(f)	%	(f)	%	(f)	%	(f)	%
Resentment and Vengeance	0	0%	2	7%	0	0%	0	0%	0	0%	2	3%	
Stigmatization	1	4%	2	7%	1	5%	0	0%	0	0%	4	5%	
Faith/church healing	1	4%	2	7%	10	48%	0	0%	0	0%	13	18%	
Homophobia	1	4%	0	0%	0	0%	0	0%	0	0%	1	1%	
Gender/power disparities	2	8%	0	0%	4	19%	0	0%	0	0%	6	8%	
Conspiracy theories	5	19%	4	15%	0	0%	0	0%	0	0%	9	12%	
Fatalism / Hopelessness	3	12%	2	7%	1	5%	0	0%	0	0%	6	8%	
Denial of Risk	8	31%	0	0%	0	0%	0	0%	0	0%	8	11%	
No adult supervision	0	0%	5	19%	3	14%	0	0%	0	0%	8	11%	
Expecting government intervention	3	12%	4	15%	0	0%	0	0%	0	0%	7	9%	
Non-adherence to medicine	2	8%	0	0%	0	0%	0	0%	0	0%	2	3%	
No condoms	0	0%	6	22%	2	10%	0	0%	0	0%	8	11%	

## **IX. The Dichotomy Between Prevention and Patient Care Services in Palm Beach County**

In Palm Beach County, as throughout Florida and the country as a whole, HIV prevention services and HIV patient care services are funded, planned, and implemented through two distinct systems.

On the federal level, the U.S. Department of Health and Human Services (DHHS) implements many policies related to HIV/AIDS. While DHHS' Centers for Disease Control and Prevention (CDC) implements policies related to HIV prevention, DHHS' Health Resources and Services Administration (HRSA) implements policies related to HIV patient care.

Likewise, at the state and local level, divided prevention and patient care services are the norm. As might be expected in this divided structure, prevention workers have little knowledge of patient care services, and vice versa. Not surprisingly, project participants who specialize in prevention, as well as project participants who specialize in patient care expressed their frustration and lack of confidence in the other "side of the house."



Unlike previous planning projects, the RARE Project attempts to bridge the division between HIV prevention and HIV patient services in order to develop a more coordinated and effective network of services.

### **Quotes from Prevention Workers**

Question: What are some of the problems (at the Health Department) ?

"...The quality of staff, need to address everything, not just AIDS, recruitment of doctors who want to stay, they burn out the doctors..."

"...I don't trust the medical world. I'm not sure an African American would. This is it - you go to the clinic or you don't get nothing."

Question: Do you think the clinicians believe in spending of prevention dollars?

"Not if it wasn't politically correct... We have no way to measure prevention...No one wants to

## **X. Recommendations and Strategies for Palm Beach County HIV/AIDS Prevention and Treatment**

On July 20, 2001, the RARE Community Advisory Board recommended that the Palm Beach County Department of Health convene a committee to consider the findings of this report in realigning existing resources and refining and prioritizing the following recommendations and strategies:

**Goal 1. Demonstrate the continued commitment of Palm Beach County to HIV prevention and clinical care activities by taking a leadership role in identifying and securing additional funding to address and implement the recommendations.**

### **Strategies:**

1. Commit and/or provide through the county, the mechanism to secure additional funding to support harm reduction and HIV care and prevention outreach initiatives, including but not limited to:

- The dissemination of wound care items
- Water and condom distribution
- Syringe/needle kits
- Expanded HIV/AIDS, STD and family planning, counseling, testing, and referral services
- Expanded HIV primary care, case management, and other supportive services

2. Dedicate and secure funding through the Board of County Commissioners and through each municipality to provide HIV liaisons with local, state, and national HIV/AIDS networks.

3. Provide funding and other support to ensure organizations targeting high-risk populations have the technical assistance necessary for capacity building, preparing them for future expansion.

**Goal 2. Educate County and City Commissioners, community leadership, and all health care providers in the county about high-risk communities and the special needs of their residents regarding HIV/AIDS prevention and treatment. Emphasize the importance of commitment to a systemic and systematic planning process for change.**

### **Strategies:**

1. Establish an HIV/AIDS Round Table Forum comprised of elected officials and administrators from the four RARE team sites, the RARE Ethnographers and Team Leaders, Department of Health officials, HIV-related Service Providers, other health care providers, and other stakeholders necessary to the development and implementation of effective solutions. The inclusion of representatives of economic development and educational services is imperative to developing comprehensive and meaningful change.

2. Contact, establish, and/or make services accessible through African American and Latino gay organizations which are targeted to the behaviors occurring in the risk pockets as well as the risk behavior initiation points that are identified in this report. These services need to be formally linked with opportunities for HIV testing and counseling.

3. Mobilize HIV prevention and medical outreach services. Services must be provided in non-traditional settings and at non-traditional hours (not just 9-5) or days (not just Monday-Friday) to effectively reach targeted populations in their geographic pockets.

**Goal 5. Establish targeted funding to address the HIV/AIDS barriers related to minority communities as identified in the Palm Beach County RARE report. This targeted funding should be used to fund minority organizations in order to meet HIV prevention and patient care needs.**

**Strategies:**

1. Encourage collaboration between established HIV/AIDS providers, Public Health, Community-Based Organizations and emerging minority agencies.

2. Provide adequate funding for HIV education for providers, especially in areas that are identified as having high concentrations of high-risk behaviors and vulnerable individuals.

3. Reinstate HIV/AIDS prevention and patient care services in the labor camps.

4. Form a collaborative of minority organizations that can develop proposals to apply for grants and contracts on a unified basis. The collaborative should establish rapport with well-established agencies that will provide accurate data upon request.

**Goal 6. Identify a funding source to conduct additional investigational studies of specific geographic areas having high concentrations of individuals engaging in high-risk behaviors.**

**Strategies:**

1. Obtain funding or make opportunities available to implement the RARE methodology in other risk pockets in Palm Beach County.

2. Provide additional funds to increase capacity building efforts to expand the Palm Beach County Minority Network, and provide training and technical assistance for community-based organizations to facilitate their access to local funding.

3. Identify and encourage collaboration between private sector and public health to maximize the effectiveness of currently available HIV/AIDS funding streams.

4. Establish minority-based substance abuse treatment programs with an outreach component to address HIV and substance abuse among minority clients in urban and rural settings. Additionally, interventions need to be specifically developed to meet the needs of Guatemalan, Haitian, and Latino substance abusers.

**Goal 9. Require that employees and volunteers of the local Health Department and all Community-Based Organizations that provide services to clients in communities of color, receive diversity and sensitivity training, and training regarding issues related to sexual orientation. Training should be incorporated into employee orientation and also provided as in-service training on a regular basis.**

**Strategies:**

1. Encourage a partnership between Palm Beach County and Florida's black colleges and universities to educate incoming students via peer mentoring. Likewise, cultivating a relationship with colleges and universities in Puerto Rico and other Caribbean islands might yield similarly beneficial results.

2. Require that all state HIV/AIDS contracts have a staff training component, which includes HIV testing standards, train the trainer courses, and AIDS 101. If the agency is a test site, it must conform to all requirements set by the Centers for Disease Control and the State of Florida.

3. Recruit Guatemalan, Spanish, and Haitian workers to provide HIV/AIDS prevention and intervention services to their respective communities in a culturally appropriate manner.

**Goal 10. Recruit and train indigenous HIV/AIDS educators to raise awareness of and educate individuals about their own HIV risk, in their own languages and communities.**

**Strategies:**

1. Expand the implementation of HIV education in Palm Beach County Schools, grades K-12.

2. Establish a formal linkage to the Palm Beach County HIV/AIDS Community Planning Partnership.

3. Produce culturally appropriate prevention messages and services including messages transmitted by radio and posters utilizing visual art and illustration for those who are unable to read.

4. Expand current messages to include individuals who may be at risk but who do not identify themselves at risk (e.g., teens, women, drug addicts).

5. Deliver messages by sources respected and understood by individuals engaging in the identified risk behaviors.

3. Conduct prevention activities in high-risk locales, such as condom distribution and HIV testing on strolls. This should include providing condoms to individuals engaged in sex trade and on-site HIV-testing. This should also include the provision of condoms to substance abusers and distribution of other HIV prevention materials.

**Goal 14. Create mentor programs to improve mutual understanding between HIV/AIDS prevention and treatment providers. Mentor programs can also be useful in developing better information to develop more effective programs. Include local colleges when considering internship programs.**

**Strategies:**

1. Ensure that HIV/AIDS training in the Department of Children and Families includes ample instruction regarding raising children orphaned due to HIV/AIDS, care of HIV/AIDS children, being a teen with HIV/AIDS, and how to get support as parents of HIV positive children.

2. Expand and modify service delivery system to accommodate individuals from the targeted risk areas, including sex workers and substance abusers. Provide incentives in a harm reduction format introducing a “Model of Change Philosophy“ to Palm Beach County.

3. Recruit community experts and “natural helpers” such as owners of local businesses, pimps and drug pushers who share a vested interest in preserving the health of their customers. Use every opportunity to promote health and prevention interventions – keep an open-mind to effective non- traditional methods.

**Goal 15. Establish prevention and patient care programs within the RARE targeted communities. Further, consider times, days, and locations as indicated by RARE project respondents.**

**Strategies:**

1. Develop and sustain satellite community-based services in neighborhoods where high-risk behaviors occur. Staff these offices with trained members of the surrounding indigenous communities.

2. Utilize the Risk Related to Time information gathered from this project to guide planning and implementation of prevention and intervention time schedules, e.g. nights and weekends. Outreach agents should be available to provide services at hours when clientele are receptive to services and education, e.g. nights and weekends.

3. To avoid the stigma attached to AIDS-only venues and services, provide venues and services that are health-generic. Offer these services in places associated with generic health concerns.



**Goal 18. Develop and implement protocols to ensure that persons who test positive for HIV/AIDS are provided with access to clinical care and secondary prevention services.**

**Strategies:**

1. Improve access to HIV primary medical care for those who test positive for HIV.
2. Continue to provide outreach efforts to those who have tested positive yet, are refusing services. This is critical to preventing the spread of the disease and protecting the health of those who are positive.
3. Ensure that health care providers integrate HIV/AIDS services with other medical services (e.g., primary care and family planning services) in the RARE targeted neighborhoods.
4. Use methods and information described in this report to develop and implement plans for HIV/AIDS testing and referral in the RARE target areas.
5. Provide a more effective and efficient transportation system to improve clients' access to services.
6. Establish linkage and follow-up systems between the local health department and emergency rooms, crisis centers, and hot lines.
7. Coordinate efforts with local and state educational institutions to train and recruit health care providers from high-risk communities.

**Goal 19. Design specific strategies to help reduce or eliminate high-risk behaviors in persons who test negative but continue to practice high-risk behaviors.**

**Strategies:**

1. Form support groups for high-risk individuals (i.e., prostitutes, drug addicts, minority bisexual and homosexual males, sexually active teens). Provide incentives for attendance and creative risk reduction behaviors and suggestions.
2. Consider supplying high-risk individuals with an arts-based, harm reduction intervention. Include ideas from neighborhoods and local artists.
3. Provide a one-stop-shop for risk reduction education.
4. Earmark funding that allows the purchase of food vouchers as an incentive for individuals to be tested for HIV.

**APPENDIX**

## Notes on RARE Research Methodologies and Questions

### **Risk Factors, Protective Factors, and Consequences Module**

Answers to questions in this module were used to elicit descriptions of the risk factors, protective factors (which enabled people to reduce the risk), and consequences regarding the transmission of HIV for individuals in the target area. Methods included focus groups and individual interviews.

1. What are the different patterns of risk and proactive behaviors that influence the transmission of HIV and morbidity and mortality associated with HIV?
2. What are the different configurations of risk that people are engaging in? e.g., sex for sex, sex for money, sex for drugs, etc.
3. What are the levels of knowledge that people have about the causes and treatment of HIV? e.g., What are the risk and protective factors associated with the indigenous medicinal/healing/religious/spiritual myths and traditions (e.g., Voodoo, Santeria, or the African - American belief that having a child makes them complete.) of specific subgroups or cultures.
4. Where do the specific risks for specific sub-populations occur?
5. When do these risks occur? What is the frequency or temporal variation in the risk behavior (daily, hourly, weekly, seasonal)?
6. Why are these people taking these risks? What is their motivation?
7. Who, in the community, knows about these risks? Who does something increase or decrease the risks? For example, are owners or employees of local grocery stores aware of these risks? Do they offer free condoms? Do local pastors open the church

2. Describe the features of the geographical environment that either facilitate or constrain the spread of HIV. (e.g. Intracoastal Waterway)
3. What are the significant movements of the population that are relevant to the spread of HIV risks? (e.g., commuters, tourism, trucking lanes, migrant workers)
4. What economic conditions are important to understanding HIV risks and consequences? (e.g., income inequalities, drug and sex economy)
5. Where and when, in the neighborhood, does the health care system provide care and treatment for HIV risks? (local health departments, clinics, ER's, etc)
6. What health care services are available and accessible in the neighborhood? What types of health care workers are there? Are there alternative health providers (e.g. Latin American outpost of the Department of Health)? What are the relevant priorities for the Department of Health?
7. What are the different views held about HIV risks and consequences by different sectors of the population? Are there any racial/ethnic divisions in society that have an impact upon HIV risk at the neighborhood level?
8. Do households and families support or constrain HIV risks and consequences?
9. What aspects of the roles of men and women affect the consequences of HIV risk? (e.g. , If you're a woman, are you afraid to ask your partner(s) if he/she/they is (are) having sex with anyone else. In the Haitian culture, which is polygamous; the man is allowed to have many households; sometimes they all live under one roof.)
10. What are the local powerful groups/organizations that effect the implementation of intervention? (e.g., church, health department, health care district, police, schools)

4. Why are some interventions available while some are not available?
5. How does the local community evaluate the characteristics of these interventions?
6. What new or expanded interventions are needed?
7. What new or expanded policies are needed?

