
Rapid Assessment, Response, and Evaluation Project: RARE

Ministry of Health

Paris, France

24 March, 2003

RARE...

- RARE Projects were established to provide multidisciplinary technical assistance to cities whose racial and ethnic minority communities are struggling with the devastating effects of AIDS. The RARE Project is designed to work in partnership with local community officials, public health personnel, and community leaders.
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RARE, cont'd

- The RARE Project consists of the Office of Public Health and Science personnel, the Chief Executive Officer of US Department of Health and Human Services: HIV/AIDS Policy, local health department leaders, ethnographers, community working groups and RARE field team.
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Scientific Basis for RARE

- **Rapid Assessments:** Describe and monitor the dynamics of local HIV/AIDS epidemics and their effect on vulnerable populations.
 - **Rapid Response:** Consists of implementation of “Evidence Based Interventions”, including policy changes, program modifications, and the development of new strategies to intervene in the HIV/AIDS crisis in minority communities.
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Basis Cont'd

- **Rapid Evaluations:** Monitor the effectiveness of RARE changes in local public health planning, practices, and outcomes.
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RARE Training

September 9th – 13th

- Overview
 - Observation
 - Mapping
 - Focus Groups
 - Interviews
 - Findings & Impact
 - Evaluation
 - Ethics
 - Street Safety
 - Surveys
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Valley AIDS Council (VAC) was the first Community Based Organization (NGO) in the United States to conduct a RARE study.

Primary RARE Problem Question:

- What prevention services are needed to serve HIV-positive persons in a clinic-based setting more effectively?



Core Assessment Methods

- Rapid Assessment Surveys
- Cultural Expert Interviews (Key Informants)
- Focus Groups

*Listed in order conducted by McAllen RARE
Team!*

How long have you been a client at the Valley AIDS Council clinic? N=36

Less than a Year	17%
1 – 2 Years	33%
3 – 5 Years	22%
Over 5 Years	28%

Findings

- During your last VAC appointment did your *case manager* discuss any of the following issues with you? (mark all that apply):
 - ❑ Sexual Partners: Yes – 31% / No – 69%
 - ❑ Safer Sex Practices: Yes – 53% / No – 47%
 - ❑ Helped you learn how to discuss safer sex practices with your partner:
Yes – 31% / No – 69%
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- During your last VAC appointment did your Nurse or Doctor discuss any of the following issues with you? (mark all that apply):
 - Sexual Partners: Yes – 50% / No – 50%
 - Safer Sex Practices: Yes – 50% / No – 50%
 - How to discuss safer sex practices with your partner/s:
Yes – 47% / No – 53%
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How often have you discussed prevention issues with a case manager, nurse and/or doctor?

Every Appointment	22%
Every other Appointment	31%
Once or Twice a year	17%
Only Once (since intake)	19%
Never	11%

From which of the following persons would you like to receive prevention information?

Outreach Worker/Educator	33%
Case Manager	44%
Nurse	31%
Doctor	72%

Focus Groups and Interviews

- Interviews: (goal is 15 per group)
 - Conducted 15 HIV positive interviews
 - Focus Groups: (goal is 3 groups for HIV positive persons)
 - Conducted 2 HIV positive groups
 - Participants received \$10.00 incentive for activity.
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Who's at greatest risk?

- Participants said that individuals at greater risk of HIV/AIDS are drug users, prostitutes, individuals practicing unprotected sex, married men having sex with men and promiscuous individuals.
 - [regarding prostitutes] some prostitutes don't use condoms because they get paid more money.
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What services are working effectively?

- Most participants said the most effective services include: medications, treatment by physician, outreach and food.
 - Other participants mentioned other services such as: television and radio announcements, VAC services, transportation from home to clinic, and supplies for children such as diapers, bottles and toys.
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What services are not being offered that should be offered?

- Participants stated that there was a need for syringe exchange program, additional HIV screening, food, home-bound nursing, transportation and more HIV/AIDS information.
 - Other responses included: flu shots in McAllen VAC, support groups (informal and conducted by clients), advocacy and legal aide, information on alternative healing, more information on the availability of community resources, housing and additional information in Spanish.
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Major Findings:

- 11% of HIV positive persons had never discussed prevention issues with *anyone*.
 - 72% indicated they would like to receive prevention information directly from their physician.
 - 69% of HIV positive persons indicated a greater need for HIV prevention services for HIV positive persons.
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Major Findings: Cont'd

- 51% indicated a need for additional clinics that included night hours.
 - 69% of HIV positive persons did not discuss sexual partners or safer sex negotiation with a case manager during their last appointment.
 - 36% of HIV positive persons stated they had only discussed prevention issues with a case manager, nurse or doctor once or twice since intake.
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Merci !

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