

REAL AIDS PREVENTION PROJECT (RAPP) LOGIC MODEL

Assumptions

Women may decide to not use condoms because of:

- Fear
- Relationship needs
- Need for self-validation
- Insufficient financial resources
- Peer norms and practices

Assumptions

- People are influenced by the behavior of peers.
- Behavior change occurs in stages and to facilitate behavior change, stage of change readiness must be understood and utilized.
- People are more likely to adopt a behavior if given the opportunity to learn about the behavior.
- People are more likely to adopt a behavior if influential community leaders embrace and endorse that behavior.

Issue/Problem	Inputs (Necessary for Implementation)	Activities (Core Elements)	Outputs	Immediate Outcomes	Intermediate Outcomes	Long Term Outcomes
<p>Women often engage in unprotected sex with high-risk partners because:</p> <ul style="list-style-type: none"> → The need for financial security or fear of losing financial resources → Influence of substance use → Unaware of partners' HIV status and/or the implications for personal transmission risk → Peer norms and practices 	<ul style="list-style-type: none"> → Research to inform assessment methodology → Staff time to develop methodology and assessment materials → Staff time to implement assessment strategy 	<p>Conduct community assessment</p> <ul style="list-style-type: none"> → Collect information about the community → Determine how to talk to women and their partners about risk for HIV infection → Identify businesses and agencies that community members use 	<ul style="list-style-type: none"> → Small group activities for the community identified → Formal and informal community leaders identified → Community norms identified → Information to guide development of strategies most appropriate for talking to target populations → Areas within community to target outreach activities identified 	<ul style="list-style-type: none"> → Most appropriate methods and modes for communicating with the community and community members are utilized. 	<ul style="list-style-type: none"> → Formal and informal leaders utilized to impact community norms as appropriate → Strategies developed based on information gathered → Outreach schedules and locations are based on identified target areas → Community norms integrated into role model stories 	

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	<ul style="list-style-type: none"> → Staff time <ul style="list-style-type: none"> • Develop materials and train volunteers to assess change readiness • Supervise volunteers conducting stage based encounters → Stage of change training materials → Information on most appropriate locations for outreach activities 	<ul style="list-style-type: none"> → Outreach Specialists conduct stage based encounters (one-on-one discussions about safer sex practices) <ul style="list-style-type: none"> → <i>Make referrals to HIV counseling and testing</i> → <i>Make referrals to other services and activities based on stage and/or serostatus</i> 	<ul style="list-style-type: none"> → Information on safer sex practices provided to target population, based on change readiness → Incremental encouragement to adopt safer sex behaviors → <i>Information on the availability of HIV testing</i> → <i>Information on the availability of other HIV related services</i> 	<ul style="list-style-type: none"> → Increased knowledge of risky sexual behavior and repercussions of unprotected sex → Change in perception of self risk → <i>Knowledge of availability to HIV testing</i> → Change in perception of peer norms → Community members move toward intention to change behavior stage 	<ul style="list-style-type: none"> → Prevention messages are personalized → Risk perception internalized → Increased use of condoms → Increase in HIV counseling and testing → Increase in number of persons in the community who know their HIV status → Increase in use of other risk reduction activities → Move to next stage of change 	<ul style="list-style-type: none"> → Increase in safer sex practices → Change in peer norms → Decrease in HIV prevalence among target group → Decreased morbidity and mortality in target population

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	<ul style="list-style-type: none"> → Staff time <ul style="list-style-type: none"> • Develop role model stories • Recruit and train role models → Role model stories 	<ul style="list-style-type: none"> → Recruit role models and develop role model stories 	<ul style="list-style-type: none"> → Role models identified → Stories available for dissemination 	<ul style="list-style-type: none"> → Increased awareness → Women feel enhanced sense of empowerment → Decision to change behavior is sustained 	<ul style="list-style-type: none"> → Women adopt consistent condom use behaviors 	<ul style="list-style-type: none"> → Increase in safer sex practices → Decrease in STD/HIV prevalence
	<ul style="list-style-type: none"> → Staff time <ul style="list-style-type: none"> • Recruit merchants • Distribute condoms to businesses • Develop and disseminate materials to showcase 	<ul style="list-style-type: none"> → Local merchants and organizations provide space for role model stories for community members → Local merchants and organizations provide space for condoms (optional) for community members → Local merchants and organizations endorse and/or support prevention activities (sponsorship, logo in window, actively disseminate message) 	<ul style="list-style-type: none"> → Role model stories readily available and accessible to community members → Condoms readily available and accessible to community members → HIV prevention educational materials available and accessible to community members 	<ul style="list-style-type: none"> → Increased public exposure to information about safer sex practices → Increased access to condoms 	<ul style="list-style-type: none"> → Condom use perceived as a norm → Condom use increases 	<ul style="list-style-type: none"> → HIV prevalence in community decreases

Text in blue italics represents information that is not currently included in RAPP.

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