

Project CAPAB

Capacity Building Assistance to Prevent HIV/AIDS in the
Metro Boston Haitian Community

What is CAPAB?

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The Center for Community Health, Education and Research (CCHER) was funded by the Centers for Disease Control and Prevention (CDC) in April 2000 to build community capacity in the Boston area Haitian community related to HIV/AIDS prevention. The project will work to engage formal and informal leaders from the Haitian Communities of Dorchester, Mattapan, Cambridge, Somerville, Brockton, and others to become agents of change in the community's fight against HIV/AIDS. The project will, in its later stages, link capacity building efforts with the Haitian communities of New York and Miami. "Project CAPAB" was derived from the Haitian Creole word "Kapab" meaning "can do" or "to be able".

This CDC initiative funds local, regional and national minority organizations to build capacity for HIV/AIDS prevention in four priority areas: Priority Area 1: organizational infrastructure and development; Priority Area 2: intervention design, development, implementation and evaluation; Priority Area 3: community participation; and Priority Area 4: community capacity building for HIV Prevention. The CDC model of community capacity for HIV prevention is defined as a set of core competencies that contribute to the ability of community stakeholders to provide leadership and support in increasing community awareness of HIV risk behaviors and in contributing to development and sustaining the infrastructure and resource base necessary for effective HIV prevention. Capacity building is considered the process that results in increasing the core competencies of a community.

Broadly, Project CAPAB seeks to: identify the most appropriate key strategies to improve the core competencies of Haitian community stakeholders; create a "community capacity action plan"; and implement the action plan through culturally appropriate capacity building strategies. Based on lessons learned, the project will then create linkage plans with key players in Miami and New York to implement capacity strategies in those Haitian communities. CCHER will work closely with its consultant, the Boston AIDS Consortium (BAC), in the development of the 'community capacity building action plan'. A 'Community Capacity Advisor Board' of key community stakeholders- business, faith, media leaders, consumers and others- will serve to provide guidance and leadership to the process.

Mailing Label

Report on Needs Assessment Analysis

Thanks!

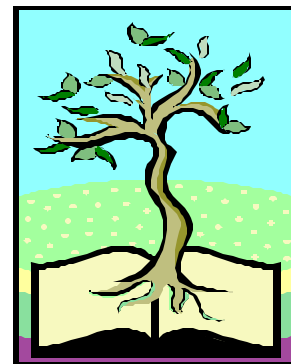
Special thanks to those who participated in the needs assessment surveys and focus groups. Your input into this project is invaluable, and we appreciate your time and dedication to this project.

The CAPAB Advisory Board is a group of Haitian community members who assisted in conducting an assessment of the capacity within the Haitian community to address important social, economic, and community mobilization issues among local Haitians. The assessment included 30 interviews with formal and informal leaders in the Haitian community in Massachusetts and two focus groups involving approximately 15 participants each. The assessment provides insight into the perceptions and beliefs regarding HIV among a sample of the community's leaders, and perceptions related to existing community capacity and mobilization. The plan also provides recommendations for educational trainings designed to build capacity in the community.

The Massachusetts CAPAB Advisory Board believes that in order to effectively curtail the spread of HIV in the community, the community's capacity to come together to address issues of social importance must be enhanced. The specific objectives of the first phase of the CAPAB project were to determine: formal and informal leadership within the Haitian community; where partnerships and existing coalitions already exist within the Haitian community and between Haitian and non-Haitian organizations; what community mobilizations strategies are currently used in the Haitian community; what strategies are currently being used by Haitian organizations to determine the needs and unmet needs of Haitians; and what resources are available within the Haitian community.

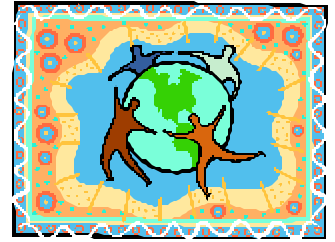
Some highlights from the Needs Assessment follow:

As of May 1, 2001, there were 737 cumulative reported AIDS cases among Haitians living in Massachusetts who were born in Haiti, an increase of 53 cases since April 1, 2000. Of the 737 total cases, 383 are currently living with AIDS. According to Mass. Department of Public Health data, Haitians comprise about 4% of cumulative AIDS cases and about 5% of all alive AIDS cases in the state. People born in Haiti diagnosed with AIDS and living in Massachusetts are more likely to be female, to have been infected through heterosexual or presumed heterosexual contact, and to live in the Metro Boston region than those people not born in Haiti diagnosed with AIDS and living in Massachusetts. Among Haitians living with AIDS, 14% have unspecified transmission risk as opposed to 3% in the non-Haitian population.



In Massachusetts, 79% of Haitians living with AIDS were infected through heterosexual or presumed heterosexual sex. Another 14% were recorded as having no identified risk, 4% as men who have sex with men (MSM), 2% as injection drug users (IDU), and 1% as blood-related mode of transmission. Due to stigmas surrounding homosexuality and substance abuse in the Haitian community, these two modes of transmission are likely to be under reported. Among non-Haitians living with AIDS, 21% were infected through heterosexual or presumed heterosexual sex, 32% as MSM, 38% as IDU, 3% MSM/IDU, 2% blood related and 1% as pediatric mode of transmission. Only 3% were recorded as having no identified risk.

Early in the HIV epidemic, Haitians were branded as part of the “4H Group” (heroin users, hemophiliacs, homosexuals and Haitians) that resulted in fear, discrimination and stigma towards, and among, Haitians. Residues from this stigma may still remain and can have implications for community HIV prevention and mobilization efforts. While more options have become available during recent years, Haitians continue to experience a great need for culturally appropriate services, and Haitians continue to be at considerable risk for HIV.



Haitians often encounter difficulties in accessing services. Interaction with health care providers who do not understand Haitian Creole may result in negative experiences. Cultural beliefs specific to the Haitian heritage may cause misconstrued conceptions and denial about HIV disease and risks associated with the virus. Furthermore, Haitians may be unwilling to access care for fear of illegal immigrant status and potential deportation. In order to address these issues it is imperative for culturally- and linguistically-specific interventions and services to be made available to the Haitian community. These services include, but are not limited to, treatment information in Haitian Creole, translation and interpretation services, case management and advocacy, and legal services.

Participants in the interviews and focus groups (n=60) were asked about certain leadership and linkages in the community. Some of the categories were: **Community Leadership:** Fifty-eight percent (58%) of respondents felt that community leadership exists but needs to be strengthened. Thirty-six percent (36%) felt that it needs to be developed. Three percent (3%) indicated that it exists at a satisfactory level. **Community Mobilization:** Sixty-three percent (63%) of respondents felt that community mobilization exists but needs to be strengthened. Thirty-seven percent (37%) felt that it needs to be developed. Zero percent (0%) indicated that it exists at a satisfactory level. **Networks and Partnerships within the Haitian Community:** Fifty-five percent (55%) of respondents felt that these exist but need to be strengthened. Forty-five percent (45%) felt that it needs to be developed. Zero percent (0%) indicated that it exists at a satisfactory level. **Trust within the Haitian Community:** Thirty-two percent (32%) of respondents felt that trust exists but needs to be strengthened. Sixty-three percent (63%) felt that it needs to be developed. Five percent (5%) indicated that it exists at a satisfactory level.

Respondents were asked what some of the most effective ways of mobilizing the Haitian community to address HIV prevention could be. Respondents identified media, church groups, and community forums as the most significant ways.

This plan is intended for the Massachusetts Haitian community as a next step in building capacity within the community. It is also intended to serve as an educational resource for the Haitian communities in New York City and Miami in order for those communities to begin building community capacity and to learn from lessons learned throughout the Massachusetts CAPAB Haitian community capacity building process.

After assessing the capacity-building needs in the community, the CAPAB project will then develop and implement educational and skills-building interventions to address these needs so that the community is better equipped to meet its current and future needs.



CCHER's goal is to train a minimum of 60 Boston Haitian community leaders in the Fall of 2001. The training curriculum, designed based on the needs assessment, completed by the CAPAB Advisory Board, will target three distinct leadership groups: Haitian Faith-Based Leaders, Haitian Media Leaders, and Haitian Political/ Business/ Educational Leaders. The curriculum for the target groups is a seven (7) session training program to be held in the evenings during the week. Five (5) core sessions will be held for all target groups, with two (2) specialized trainings designed for the individual target groups. CCHER plans to recruit local or national-level individuals to facilitate the trainings, while also utilizing the expertise/resources of its cooperative partners and the CDC where applicable.

For a complete copy of the Massachusetts Haitian Community Capacity Building Plan, contact CCHER at 617-265-0628.

Community Calendar

October 2001

Monday, 10-15-01 to Wednesday, 10-31-01:
Capacity Building Training for Members of the Media-
5:30pm -8:30pm at CCHER

November 2001

TBA: CAPAB Board Meeting
TBA: Capacity Building Training for Spiritual Leaders

December 2001

TBA: CAPAB Board Meeting
TBA: Capacity Building Training for Business, Politics and
Other Community Leaders

For further information on dates, times and location, please contact CCHER at 617-265-0628.

How to get Involved!

The CAPAB Advisory board is made of individuals, groups or organizations who have an interest in HIV prevention within the community and who can be agents of change for the community. These individuals have a many different backgrounds and live throughout the Metro Boston Area. The CAPAB Boards works with a core project staff to assist them in mobilizing the community for change and deciding what are the best community capacity strategies for the Haitian community.

The CAPAB board meets one evening a month to discuss what can be done to help prevent HIV/AIDS in the Haitian communities and to guide the work done by the project staff. Meetings are held at The Center for Community Health, Education and Research (CCHER) located at 420 Washington Street, Dorchester, MA. If you would like more information about attending a meeting or becoming part of the CAPAB board, contact CCHER at 617-265-0682 ext 221.

JOIN US! The next CAPAB Board meeting is scheduled for October 2, 2001 from 6pm to 8pm.



Pwojè KAPAB

Sipò bati Kapasite kominote Ayisyen nan Boston sou Prevansyon VIH/SID.

Kisa k KAPAB?

N ap li nan
nimewo jounal
saa:

Kisa k KAPAB ?

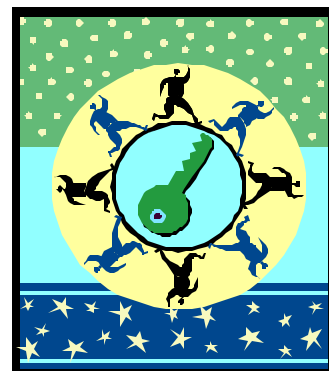
Rapò sou Analiz
Evaliyasyon Bezwen Yo

Kouman pou w patisipe!

Kalandrye Kominotè

Se Centers for Disease Control and Prevention ki finanse Center for Community Health, Education and Research nan mwa avril 2000 ki sot pase la a pou bati kapasite kominote Ayisyen nan Boston sou prevansyon VIH/SIDA. Pwojè a apral angaje l pou travay ak lidè fòmèl e enfòmèl nan kominote Ayisyen an nan Dorchester, Mattapan, Cambridge, Somerville, Brockton, epitou ak lidè lòt kote pou yo vin ajan chanjman kominotè nan batay kont VIH/SIDA. Pita, pwojè a pral ralye jèfò kominote Ayisyen nan New York ak Miami gen tan bati. Non pwojè a “CAPAB” derive de mo “Kapab nan lang Kreyòl Ayisyen an ki vle di “ka fè”.

Objektif CDC se fonde pwogram lokal, rejyonal e nasyonal pou bati kapasite prevantif kont VIH/SIDA nan kat zòn priorite: Zòn Priorite 1: mete sou pye enfrastruktik ak devlopman; Zòn Priorite 2: bati plan devlopman, aplikasyon ak evaliyasyon; Zòn Priorite 3: ankouraje patisipasyon kominotè; epitou Zòn Priorite 4: bati kapasite kominotè sou prevansyon VIH/SIDA. CDC defini modèl sou kapasite kominotè pou prevni VIH tankou yon gwoup eleman konpetan ki met ansanm pou bay moun ki entere nan kominote a abilite pou yo kondui epi sipòte konsyans kominote a sou konpòtman yo dwe genyen anfas VIH. Epitou eleman sa yo ap kontribye pou devlope e soutni enfrastruktik ak resous debaz ki nesè pou yon prevansyon efektiv de VIH. Yo konsidere bati kapasite tankou yon pwosesis k ap pote bon rezilta nan ogmantasyon eleman konpetan kominote a.



Anjeneral, Pwojè CAPAB ap chèche: idantifye estrateji kle ki pi apwopriye yo pou amelyore eleman esansyèl yo pami moun k ap dirije kominote Ayisyen an; kreye yon plan dakasyon sou kapasite kominotè; amelyore plan dakasyon an apati de estrateji pou bati yon kapasite apwopriye kiltirèlman. Apati de leson nou aprann, pwojè a apral palasuit kreye plan ki relye jwè kle nan Miami ak New York pou amelyore kapasite estratejik nan kominote Ayisyen sa yo. CCHER apral travay men nan men ak konsiltan l yo, Boston AIDS Consortium (BAC), nan devlopman plan dakasyon an sou kapasite kominotè. L ap mete sou pye yon Konsèy Administratif sou Kapasite Kominotè ki gen ladan lidè kle kominote a, biznis, legliz, medya, konsomatè ak lòt ankò pou dirije epi bay direksyon sou pwosesis la.

Rapò sou Analiz Evaliyasyon Bezwen Yo

Yon Gwo Mèsi!

Nou voye yon mèsi trè espesyal pou tout moun ki te patisipe nan rechèch ki te fèt sou pwoblèm bezwen sante yo ak fokus group yo. Sa nou te pote nan pwojè a gen anpil enpòtan pou nou; nou apresye anpil tan nou pèdi avèk tout bèl konklizyon sa te pèmèt nou fè nan pwojè sila a.

Manm Konsèy Administratif CAPAB se yon gwoup Ayisyen, manm kominote a ki te ede nan evaliyasyon ki te fèt sou kapasite kominote Ayisyen an pou abòde sijè enpòtan sou mobilizasyon sosyo-ekonomik ant Ayisyen k ap viv nan rejyon an. Trant lidè fòmèl e enfòmèl Ayisyen te bay dizon yo nan kominote Ayisyen nan Massachusetts la. Epitou te gen de gwoup de travay ki te genyen apeprè 15 patisipan pa gwoup. Evaliyasyon an ede nou konprann pèsepsyon ak kwayans nan mitan lidè kominote a sou sa yo panse de VIH, epitou pèsepsyon ki gen rapò ak kapasite kominotè e mobilizasyon pou prevansyon VIH. Plan an ofri rekòmandasyon pou bay fòmasyon pou bati kapasite nan kominote a.

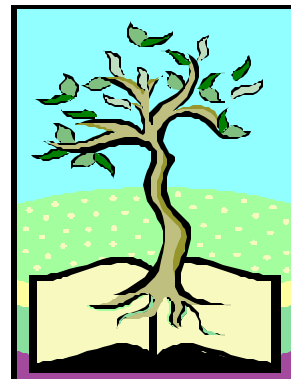
Manm Konsèy Administratif CAPAB nan Massachusetts kwè youn nan mwayen pou redui pwogresyon viris VIH la nan kominote a se devlope yon kapasite kominotè pou n chita ansanm epitou adrese sijè sa yo ki gen yon epòtan total kapital.

Objektif espesifik premye faz pwojè CAPAB la se idantifye lidè fòmèl e enfòmèl nan kominote Ayisyen an; chèche konnen ki asosyasyon ak kowalisyon ki deja egziste nan kominote Ayisyen an, oswa ant òganizasyon Ayisyen ak lòt òganizasyon; idantifye ki estrateji ki sou plas pou mobilize kominote Ayisyen an; idantifye ki estrateji òganizasyon Ayisyen yo itilize pou yo konnen bezwen Ayisyen ak lòt bezwen ki poko satisfè; epitou ki resous ki genyen nan kominote Ayisyen an.

Men kèk pwen nan Evaliyasyon Bezwen yo:

Apati de 1e me 2001, te gen yon total de 737 ka SIDA pami Ayisyen k ap viv nan Massachusetts, tout Ayisyen sa yo te fèt nan peyi Ayiti. Chif sa a reprezante yon ogmantasyon de 53 ka soti 1e avril 2000. Pami 737 ka sa yo, 383 ap viv ak SIDA kounye a. Daprè enfòmasyon ki soti nan Depatman Sante Piblik nan Massachusetts, apeprè 4% nan total moun ki gen SIDA nan eta a se Ayisyen epitou apeprè 5% nan moun ki gen SIDA yo vivan.

Nan pami Ayisyen ki fèt nan peyi Ayiti ki gen SIDA prèske pifò ladan yo se fanm, ki enfekte nan fè sèks oubyen ki di se nan kontak seksyèl yo enfekte. E moun sa yo ap viv nan zòn Metro Boston tandiske lòt Ayisyen ki pat fèt Ayiti ki gen SIDA ap vin nan lòt lokalite nan Massachusetts. Pami Ayisyen ki gen SIDA yo, 14% ladan yo pa di kouman yo te pran maladi a konparativman a 3% nan popilasyon ki pa Ayisyen yo.



Nan Massachusetts, 79% Ayisyen k ap viv ak SIDA pran maladi a nan kontak etewoseksyèl sa vle di gason ak fanm oubyen se sa yo sipoze. Yon lòt 14% pa di ki jan yo pran maladi a, 4% gason di yo te fè sèks ak gason (MSM), 2% di se nan pran dwòg ak zegui (IDU), epitou 1% di se nan transfizyon san. Akòz de tabou ki genyen nan kominote Ayisyen an sou kesyon omoseksyèl/masisi ak pran dwòg ak zegui, de fòm de transmisyon sa yo petèt pa rapòte. Pami lòt moun ki pa Ayisyen ki gen SIDA, 21% pran l nan fè sèks sa vle di gason ak fanm

Nan kòmansman epidemi VIH la, yo te mete etikèt sou Ayisyen ki te pami “Gwoup 4H” ki reprezante moun k ap pran ewoyin (Heroin), emofilyak (Hemophiliacs), omoseksyèl (homosexuals) epitou Ayisyen (Haitians). Etikèt sa a vin kreye laperèz, prejije kont e ant Ayisyen. Sa vin lakòz kominote a pa devlope efò pou mobilizasyon ak prevansyon VIH. Sepandan, vin gen plis opsyon pandan dènye ane ki sot pase yo; malgretou Ayisyen kontinye pa jwenn sèvis ki apopriye ki pran an konsiderasyon kilti yo, konsa Ayisyen kontinye ap pran gwo risk nan transmisyon virisVIH la.



Anpil fwa Ayisyen rankontre pwoblèm nan al chèche sèvis. Entèaksyon yo ak sant k ap bay sèvis sante yo ki pa pale Kreyòl ka lakòz yon move eksperyans. Kwayans kiltirèl ki espesifik a eritaj Ayisyen ka lakoz move entèpretasyon epitou demanti risk ki asosye ak viris oubyen epidemi VIH la. Anplis desa, Ayisyen ka pè pou y al pran swen sante akoz yo pa legal e yo pè depòtasyon. Pou adrese sijè sa yo yon fason ki pi efikas, li enperatif pou gen yon entèvansyon kiltirèl e lengwistik, epitou ofri sèvis yo nan kominote Ayisyen an menm. Sèvis yo dwe gen ladan, men yo pa dwe limite a, enfòmasyon sou trètman ak gerizon nan lang Kreyòl, sèvis tradiksyon ak entèpretasyon, pwogram sosyal pou pale ak defann kliyan an, epitou ofri sèvis legal.

Patisipan ki te bay entèvyou yo ak gwoup de travay yo (n=60) te mande kesyon sou direksyon ak rapò sou kominote a. Men kèk nan kategori yo: **Lidèchip Kominotè:** Senkant-uit (58%) pousan moun ki reponn yo santi ke lidèchip kominote egziste men li bezwen direksyon. Trann-sis pousan (36%) di ke li bezwen devlope. Twa pousan (3%) di ke yo satisfè. **Mobilizasyon Kominotè:** Swasann-twa pousan (63%) moun ki reponn yo santi ke mobilizasyon kominotè a egziste men li bezwen direksyon. Trann-sèt (37%) pousan di li bezwen devlope. **Rezo ak Asosyasyon anndan Kominote Ayisyen:** Senkant-senk pousan (55%) moun ki reponn yo santi ke li egziste men li bezwen direksyon. Karant-senk pousan (45%) di ke li bezwen devlope. Zero pousan (0%) di ke yo satisfè. **Konfyans anndan Kominote Ayisyen:** Trann-de pousan (32%) moun ki reponn yo santi ke konfyans egziste men li bezwen direksyon. Swasann-twa pousan (63%) di ke li bezwen devlope. Senk pousan (5%) endike ke yo satisfè.

Kesyon yo te poze patisipan yo se ki mwayen ki pi efikas pou mobilize kominote Ayisyen sou sijè prevansyon VIH la. Patisipan yo te idantifye medya, manm legliz, epitou sesyon plenye nan kominote a.

Plan an fèt pou kominote Ayisyen an nan Massachusetts kòm pwochen etap nan bati kapasite nan kominote a. Se ak menm entansyon an pou l sèvi kòm yon resous edikatif pou kominote Ayisyen yo nan vil New York e Miami yon jan pou kominote sa yo kòmanse bati kapasite kominotè e aplike leson yo aprann de CAPAB nan kominote Ayisyen sou bati pwosesis kapasite.

Aprè evalyasyon plan bezwen sou kapasite kominotè a, pwojè CAPAB apral devlope e egzekite ladrès sou bati entèvansyon pou abòde bezwen yo pou kominote a pi byen ekipe pou l reponn a lòt bezwen yo pi devan.



Objektif CCHER se bay 60 lidè Ayisyen nan kominote Boston an trenin nan otòn 2001. Kourikouloum trenin lan fèt sou evalyasyon bezwen kominote a ke Manm Konsèy CAPAB te finalize, l apral takle twa gwoup lidè byen distenge: Lidè Legliz, Lidè Medya Ayisyen, Politisyen Ayisyen/ Biznis/ Lekòl. Kourikouloum lan genyen 7 seyans k ap fèt aswè pandan senmen lan. Senk seyans debaz k apral fèt pou gwoup ki chwazi yo, ak de (2) seyans espesyal pou chak gwoup. CCHER gen plan pou l anboche endividi nan nivo lokal e nasyonal pou fasilite trenin yo, pandan y ap itilize tou ekspètiz/resous patnè kooperatif yo ak CDC si li aplikab.

Pou yon kopi konplè Plan Aksyon pou Bati Kapasite Kominotè a, rele CCHER nan 617-265-0628.

Kalandrye Kominotè

OKTÒB 2001

Monday, 10-15-01 to Wednesday, 10-31-01

Capacity Building Training pou Manm Media-yo.

5:30pm - 8:30pm at CCHER

NOVANM 2001

TBA: Reyinyon CAPAB Board.

TBA: Training Capacity Building pou Lidè nan Legliz-yo.(Ou Lidè spirityel-yo).

DESANM 2001

TBA: Reyinyon CAPAB Board.

TBA: Capacity Building Training pou tout moun ki nan Business, nan Sektè Politik, ak

tout kalite lòt Lidè Kominotè yo.

Si ou ta vle gen plis enfòmasyon sou dat, ki lè ak ki kote bagay sa yo ape fèt, tanpri rele CCHER nan tefòn silaa: (617)265-0628.

Kouman pou w patisipe!

Manm Konsèy Administratif CAPAB se moun, gwoup oubyen òganizasyon ki gen enterè nan prevansyon VIH, epi ki se bon ajan chanjman pou kominote a. Manm yo gen diferan fòmasyon epi y ap viv nan zòn Metro Boston. Manm Konsèy CAPAB ap travay ak estaf ki nan kè pwojè a pou mobilize kominote a epitou deside sou estrateji ki pi efikas pou devlope kapasite kominotè.

Manm Konsèy CAPAB rankontre yon fwa chak mwa nan aswè pou diskite sou mwayen pou prevni VIH/AIDS nan kominote Ayisyen yo nan Massachusetts epitou gide estaf pwojè a sou travay ki deja fèt. Reyinyon yo fèt nan Center for Community Health, Education and Research ki nan 420 Washington Street, Dorchester, MA. Si w ta renmen pi plis enfòmasyon pou patisipe nan reyinyon oubyen vin yon manm Konsèy CAPAB, rele CCHER nan 617-265-0682 X 221.

JWENN NOU! Pwochen reyinyon Konsèy CAPAB ap fèt madi 2 oktòb, 2001 de 6 a 8 nan aswè nan local CCHER.