

**Haitian Men, HIV and Health Care:
An Update from the Men's Working Group
By J. Marques LaForest, Coordinator**

Haitian Health Outreach Program, Cambridge Health Alliance

When a group of five of us Haitian men met and had to develop a curriculum that would address HIV infection among Haitian males, we knew somehow, it was not going to be an easy task. We had to take several factors into consideration. First of all, we knew that most Haitian males do not like to visit a doctor, even for a simple physical exam. We knew that time was also a factor for most of them. Going to the doctor is often considered a waste of time. We understood that just putting HIV information out there would not be enough to help reduce the rate of HIV infections among Haitian men. Thus, we ascertained that health care had to be part of our HIV Prevention and Education package. The reason was simple. We first needed to find a way to encourage Haitian males to seek health care before we could educate them about HIV and other sexually transmitted infections.

It took us in fact several months to come up with a curriculum, which we think can begin to engage Haitian men into the process. Indeed, none of us was estranged to the contents of the curriculum. We are a group of health professionals with different backgrounds. We all tried to look deep into ourselves and our experiences to find our strengths and our weaknesses as Haitian men when we chose our subjects. Trust me. We had our bickering moments over what might work or not. In the end, we have found a consensus over what may be effective.

Moreover, we all acknowledged the need for some Haitian men to start changing their sexual behaviors. The need for a change is there; however, we have cautioned ourselves not to get in the practice of trying to change people's behavior. But of course it was a privilege for us to work together and identify appropriate prevention tools that can help Haitian men to modify their sexual behaviors. Remember! Haitian men can make a difference in the fight against HIV/AIDS in our community. It's time Haitian men stand together and defeat this disease.

The Haitian Men's Working Group will soon be providing workshops for Haitian men and we anticipate that we will be learning a lot from our community. United, we will make an impact on the fight against HIV/AIDS.

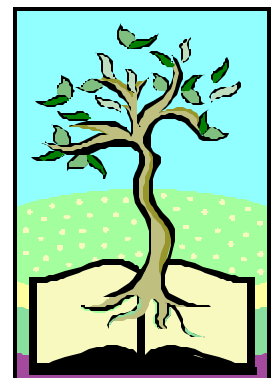
REACH 2010 Coalition Working Groups Process Evaluation
By Anna Madison

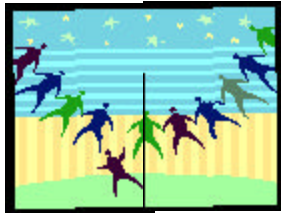
The evaluation findings reveal that the first year of Reach 2010 Phase II was very successful. The Coalition convened six working groups to develop curriculum content tailored to meet the HIV preventive education needs of Haitian women, men, adolescents, individuals living with HIV, couples and new immigrants. The working groups were organized as an interagency collaborative of providers serving similar consumers. The goals of the working groups were: (1) to develop preventive education content and intervention strategies to reach the targeted subgroups within the Haitian population and (2) to create a team of service providers to take responsibility for and ownership of the delivery of the educational content.

The preliminary evaluation findings indicate that the working group process was successful in creating a team of Haitian service providers to take responsibility for and ownership of community-wide HIV preventive education. Some of the key elements that made the working group experience successful were: (1) it allowed organizations to share information and expertise, (2) it provided an opportunity for agencies to become more acquainted with each other's services, (3) it provided a designated time for agencies that provide similar services to reflect and create new ideas, (4) it provided an opportunity for agencies that had never worked together to develop a trust relationship and (5) it created leadership to guide future community-wide public health interventions.

Participants' Assessment of the Working Group Process. Overall the participants are very enthusiastic about the working group process. Fifty-five percent rated the overall effectiveness as very effective and 45% rated it as effective. When asked about the features that made the process successful, there was unanimous agreement that the facilitator was the key factor. Ninety percent felt that without a facilitator it would have been impossible to accomplish the tasks assigned the working group. Another factor attributed to the success of the working group is that the participants felt included in the process. Although the members of the working group did not always agree, 91% felt that the final product represented the thinking of the entire group. When there was disagreement, 64% stated that there was always discussion until a consensus was reached, whereas only 5% stated that there was seldom discussion. The participants' perception of consensus building is affirmed by the evaluation team participant observers who noted that the working groups engaged in lively discussion of opposing views, yet they usually reached consensus before a final decision was made. Language was another important factor in the working groups. In all of the working groups, both Haitian Creole and English were spoken. Although English was the language used most often, Haitian Creole was essential in communicating expressions that are not easy to translate from Haitian Creole to English. Regardless of the language chosen by participants, 95% stated that they always had the opportunity to express their views.

The working group meetings were held weekly for 2 to 3 hours from March through October. In addition to the work done during the group meetings, participants were assigned homework. One-half of the participants reported spending more than 5 hours per week preparing homework to be presented at the next meeting. This represents a considerable time commitment, yet





(Continued from PG 2)

Capacity Building.

The immediate result of the working groups is a curriculum developed by Haitians, tailored to meet the unique HIV/AIDS preventive education needs of Haitians. However, the broader accomplishment of the working groups is that the process provided the Haitian community an opportunity to develop the capacity to mobilize local resources and to develop long-term collaborative relationships to address future public health issues. The working groups demonstrate the power of Haitians coming together to accomplish a common goal. The evaluation data reveal that prior to participating in the working group, most of the participants had not worked together individually, nor had their agencies worked together on community-wide initiatives. Almost half of the participants had never participated in a community-wide service planning effort. Participants who had participated in interagency advisory and planning group activities described the experience as less formal and less intense than the working group experience. As a result of the working group experience, participants expressed a desire to create interagency working groups to address other issues important to the quality of life in the Haitian community.

Implementation. The next step is the implementation of the curriculum. Because the curriculum is the working groups' product, they have a vested stake in its successful implementation. All of the participants reported that they will have a role in the implementation of the preventive education in their agency; 46% will be the project coordinator; 27% will be HIV educators; 14% will be HIV educator/ counselors; and 13% will hold other positions.

HAITIAN COMMUNITY SURVEY: Building Capacity to Reduce Health Disparities By Eustache Jean- Louis

One of the goals of REACH 2010 for the Haitian community is to build up the capacity of the Haitian community to provide leadership in addressing HIV in particular and community health issues in general. One area of capacity building that is essential to community health is the assessing the impact of community public health interventions. CCHER is providing the leadership to develop capacity in the Haitian community to assess the impact of REACH 2010. One way to assess impact is to conduct a survey prior to the implementation of the programs and conduct a survey after the completion of the programs. Comparisons are made between the results of the two surveys to determine the impact. A community survey managed by CCHER and conducted by bilingual Haitian residents will provide data about the Haitian community's awareness of HIV. The survey will be conducted again upon the completion of the REACH 2010 intervention. This is the first major survey of the Haitian community designed and conducted by Haitians. It is anticipated that the survey will include 2,000 Haitian households.

In December 2001, CCHER staff selected 3000 households from the Boston area phone directories. The cities of Boston, Brockton, Cambridge, Lynn, Milton, Medford, Randolph, and Somerville are included in the survey. Once the survey questionnaire was designed and translated into Haitian Creole, CCHER staff tested the questionnaire with about 100 from the list of 3000 households. Based on these pilot surveys, improvements to the questionnaire were made. CCHER also recruited a number of residents from the community to conduct the full survey. These bilingual interviewers completed a full-day training on interviewing held at CCHER on Saturday, January 19, 2002. At the same time, CCHER also publicized the community survey through the Haitian media in the Boston area in order to enhance the response to the survey.

The community survey is well under way. A telephone bank of 25 telephones has been set up at the CCHER conference room to conduct the survey. Haitian interviewers take shifts to conduct the survey during weekday evenings and weekends, when residents are more likely to be at home. The phone surveys are conducted in English or Haitian Creole, depending on the preference of the respondent. It is expected that the community survey will be completed by March 2002.



**REACHing to Put the Pieces Together:
A Training series for Metro Boston Haitian REACH 2010
Coalition Members**

**“Introduction to Public Health and
Epidemiology”**

With Guest Speaker

Linda Langford, ScD

Asst. Clinical Professor, Tufts University School of Medicine,
Associate Director for Education & Assessment,
Higher Education Center for Alcohol and Other Drug Prevention
and

Andrew Fullem, MSPH

Senior HIV/AIDS Advisor at JSI

Wednesday, March 27, 2002

10am – 3pm at HAPHI

10 Fairway Street

Mattapan Square

What is public health? How is it different from providing medical care? What is our role as a provider? What is epidemiology and why is it important? Come to this workshop to learn the basic about public health and epidemiology!

To register, please call Elaine Carlson by March 20th at 617-265-0628 ext 233
Lunch will be provided



“Mete Ti Moso ak Ti Moso pou Rdedui Pwopagasyon VIH nan Kominote Ayisyen an nan Boston”

Gason Ayisyen, VIH ak Lasante: Dènye Nouvèl sou Ekip Travay
Gason yo
J. Marques LaForest, Kowòdinatè
Haitian Health Outreach Program, Cambridge Health Alliance

Lè 5 nan nou, gason Ayisyen te rankontre pou n te devlope yon pwogram ki pou te adrese enfeksyon VIH pami gason Ayisyen, nou te deja konnen travay sa a pa tap fasil. Nou te oblije pran plizyè faktè an konsiderasyon. Premyèman, nou te konnen an jeneral gason Ayisyen pa renmen al kay doktè, menm si se pou yon senp vizit. Nou te konnen tou, kesyon tan an te yon lòt faktè pou anpil nan yo. Yo toujou konsidere lè yon moun al kay doktè se tan taf pèdi. Nou te konprann si nou te annik mete enfòmasyon sou VIH deyò nou pa tap fè ase pou nou ede redui to enfeksyon VIH pami gason Ayisyen. Kidonk, nou te detèmine kesyon lasante ta dwe fè pati pwogram Prevansyon ak Edikasyon sou VIH nou an. Rezon an te senp. Alapapòt, nou te bezwen jwenn yon fason pou n ankouraje gason Ayisyen pou yo wè nesosite laswenyay anvan pou nou te kòmanse edike yo sou VIH ak lòt maladi veneryèn.

Anfèt, li te pran nou anpil mwa pou nou te ka rive met yon pwogram sou pye, yon pwogram nou panse ki ka kòmanse fè Ayisyen rantre nan lojik laswenyay la. Se vre, pat gen youn nan nou ki te sezi sou sa ki te nan pwogram nan. Nou se yon gwoup pwofesyonèl lasante ki gen edikasyon diferan. Lè nou t ap chwazi sijè yo nou tout te eseye rantre nan nou menm e gade eksperyans nou, pou nou te ka jwenn pwen fò nou ak pwen fèb nou antan gason Ayisyen,. Fè m konfyans. Gen de lè nou te monte sou kisa ki te ka mache oubyen sa k te ka pa mache. Bout pou bout, nou te rive dakò sou kisa ki te ka mache pi byen.

Anplis, nou tout te dakò te gen yon bezwen pou kèk gason Ayisyen chanje mòd vi seksyèl yo. Bezwen pou chanjman an la, men nou pran prekosyon tou pou n pa rantre nan lojik chanje konpòtman moun. Natirèlman, se te yon gwo privilèj pou nou te travay ansanm epi idantifye zouti prevansyon ki apwopriye ki ka ede gason Ayisyen modifiye konpòtman seksyèl yo. Sonje! Gason Ayisyen ka fè yon diferans nan batay yo kont VIH/SIDA nan kominote nou an. Li lè pou gason Ayisyen kanpe ansanm pou konbat maladi sa a.

Ekip Travay Gason Ayisyen an pral fè atelye pou gason Ayisyen nan yon tan ki pa twò lwen e nou antisipe n ap aprann anpil nan men kominote nou an. Ansanm, na va fè yon enpak nan batay nou kont VIH/SIDA.

Mailing Label

Sant pou Sante Kominotè, Edikasyon ak Rechèch koòdone Kowalisyon REACH 2010 nan kominote Ayisyen an nan Boston e ke se Centers for Disease Control and Prevention ki finanse l. Bilten an se efò tèt ansanm Sant pou Sante Kominotè, Edikasyon ak Rechèch ak Boston AIDS Consortium (BAC).

Evalyasyon Pwosedè Koalisyon Travay An Ekip 'REACH 2010'
By Anna Madison

Rezilta evalyasyon premye ane Etap II "REACH 2010" an te gen anpil siksè. Koalisyon an te met sis (6) gwoup travay sou pye pou te ka devlope pwogram edikasyon prevantif pou satisfè bezwen fanm Ayisyen, gason, adolesan, moun k ap viv ak VIH, koup ak nouvo imigran. Gwoup travay yo te fòme pa yon kolaborasyon ant ajans ki bay apeprè menm kliyan sèvis. Bi gwoup travay yo se te: (1) pou devlope kontni edikasyon prevantif ak estrateji pou entèkansyon pou ka touche ti gwoup sib yo nan popilasyon Ayisyen, epitou; (2) pou kreye yon ekip moun k ap bay sèvis pou pran responsab pou kontni edikasyonèl la e pou moun sa yo plase yo nan pozisyon pou delivre kontni edikasyonèl la.

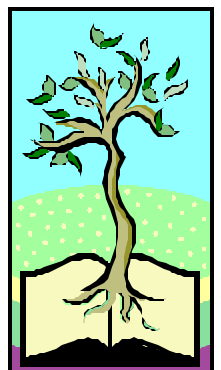
Premye rezilta evalyasyon yo endike metòd travay an ekip yo pou fòme yon gwoup Ayisyen k ap bay sèvis pou pran responsab yo epi pran pozisyon sou edikasyon prevantif nan kominote a te gen siksè. Kèk nan eleman kle ki te fè eksperyans travay an ekip yo yon siksè se te:

(1) Pèmèt òganizasyon yo pataje enfòmasyon ak espesyalite yo, (2) bay ajans yo opòtinite pou yo vin okouran ki sèvis youn lòt ap bay pi byen, (3) pèmèt ajans ki bay apeprè menm sèvis yo gen tan pou yo reflechi epitou akouche lide tounèf, (4) bay ajans, ki pat janm gen chans anvan pou travay ansanm, okazyon pou yo devlope yon relasyon ki baze sou konfyans, epitou (5) kreye lidèship pou gide lavni kominote a sou zafè entèkansyon nan sante piblik.

Evalyasyon Patisipan yo sou Metòd Travay an Ekip. Angwo, patisipan yo te trè chofe sou pwosesis travay an ekip. Senkant senk pousan (55%) kalifye travay la kòm trè anfòm e karant senk pou san (45%) ladan yo kalifye l anfòm. Lè yo te poze patisipan yo kesyon sou ki aspè ki fè pwosesis la yon siksè, tout moun te dakò se fasilite a ki te pilye a. Katreven di pousan (90%) te santi san yon fasilite li t ap enposib pou akonpli tach yo te gen pou akonpli yo. Yon lòt faktè ki te kontribiyè nan siksè travay an ekip yo se paske patisipan yo te santi yo te fè pati pwosesis la. Malgre se pa tout lè manm ekip yo te dakò, 91% ladan yo santi pwodui final la reprezante lide tout gwoup la. Nan ka kote tout gwoup la pat dakò, 64% nan patisipan yo fè remake yo te toujou menmen diskisyon an pou jis yo te rive dakò sou yon pwèn. Se sèlman 5% nan patisipan yo ki deklare se yon lè konsa ki te gen diskisyon. Obsèvatè patisipan ekip evalyasyon an apiye pèsèpsyon patisipan yo sou devlopman akò, yo te fè remake ekip travay yo te chofe nan diskisyon kontrè, men yo te toujou jwenn yon akò anvan yo pran dènye desizyon an. Lang se te yon lòt faktè enpòtan nan travay an ekip yo. Nan tout ekip yo, yo te pale e Kreyòl Ayisyen e Angle. Malgre manm ekip yo te itilize Angle pi souvan, Kreyòl Ayisyen an te yon gwo fòs nan kominike ekspresyon an Kreyòl Ayisyen ki pa toujou fasil pou tradui Angle. Kèlkilanswa lang patisipan yo te chwazi a, 95% ladan yo di yo te toujou jwenn opòtinite pou fè pase pwennvi yo.

Rankont travay an ekip yo te fèt chak semenn e yo te dire 2 a 3 zèd tan, soti nan mwa Mas rive nan mwa Oktòb. Anplis travay yo te fè pandan rankont yo, patisipan yo te gen devwa tou. Mwatye nan patisipan yo repòte yo te depanse pase 5 èd tan pa semenn pou prepare devwa sa yo pou prezante nan pwochen rankont yo. Malgre tan sa a parèt kòm yon gwo devouman, plis pase mwatye (59%) nan patisipan yo deklare tan an te rezonab.

(Continued on PG 3)



(Continued from PG 3)
 Devlopman Kapasite.
 Rezilta imedya travay
 an ekip la se yon
 pwogram Ayisyen yo
 devlope pou satisfè



bezwen edikasyonèl ak prevansyon VIH/SIDA. Men, pi gwo akonplisman travay an ekip la sèke metòd sa a pèmèt Ayisyen devlope kapasite yo pou mobilize resous lokal yo e pou devlope relasyon travay an kolaborasyon kap dire lontan pou adrese pwoblèm sante piblik ki ka debouche alavni. Ekip travay yo demontre kapasite Ayisyen pou met tèt ansanm pou akonpli menm objektif. Done evalyasyon yo revele anpil nan patisipan yo, anvan yo te travay an ekip, pat konn travay ansanm sou yon baz endividyèl. Epitou, ajans kote yo soti a pat kon pran okenn inisyativ kominotè ansanm. Prèske mwaye nan patisipan yo pat janm patisipe nan efò kominotè pou planifye sèvis. Patisipan ki te patisipe nan aktivite gwoup konsèy ak planifikasyon ant ajans te dekri eksperyans yo te fè yo pat gen tout fòmaliite travay an ekip, san konte eksperyans travay an ekip la te pi vif. Kòm rezilta eksperyans travay an ekip la, patisipan yo demontre dezi yo pou yo kreye yon ekip travay ant ajans pou adrese lòt kesyon ki enpòtan nan kalite lavi kominote Ayisyen an.

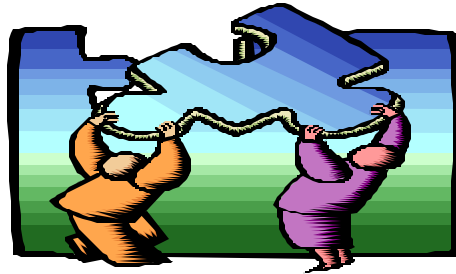
Aplikasyon. Pwochen etap la se aplikasyon pwogram nan. Paske pwogram nan se pwodui travay an ekip yo, yo gen enterè pou aplikasyon l tou yon siksè. Tout patisipan yo repòte y ap gen yon wòl nan aplikasyon edikasyon prevantif nan ajans pa yo a; 46% ladan yo ap koòdinatè pwojè a; 27% ladan yo ap edikatè VIH; 14% ladan yo ap edikatè/konseye VIH; epitou 13% ap gen lòt pozisyon.

**SONDAJ KOMINOTE AYISYEN:
 Devlope Kapasite Pou Redui Disparite nan Lasante
 By Eustache Jean-Louis**

Youn nan objektif REACH 2010 pou kominote Ayisyen an se devlope kapasite kominote Ayisyen an pou l bay lidèchip pou l adrese HIV an patikilye, epitou adrese pwoblèm lasante kominote a an jeneral. Youn nan domèn devlopman kapasite ki esansyèl pou lasante kominotè se evalye enpak entèvansyon sante piblik kominotè. CCHER ap bay lidèchip pou devlope kapasite nan kominote Ayisyen an pou evalye ki enpak REACH 2010 genyen. Yon fason pou evalye enpak la se fè yon sondaj avan aplikasyon pwogram yo e fè yon lòt sondaj apre pwogram yo fin konplete. Lè nou konpare toude rezilta sondaj yo, n ap ka detèmine enpak la. Yon sondaj, kominotè Ayisyen ki bileng fè, men CCHER dirije, ap bay done sou konesans kominote Ayisyen an genyen sou HIV. Sondaj sa a pral fèt ankò lè REACH 2010 fin fè entèvansyon an. Se premye fwa gen yon gwo sondaj konsa nan kominote Ayisyen an ke Ayisyen konsevwa e mennen. Nou antisipe ka gen 2000 fanmi Ayisyen ki patisipe nan sondaj sa a.

An Desanm 2001, ekip CCHER a te chwazi 3000 fanmi k ap viv nan Boston nan anyè telefonik. Vil Boston, Brockton, Cambridge, Lynn, Milton, Medford, Randolph ak Somerville te antre nan sondaj la. Pèsonèl CCHER te teste kesyonè a sou 100 fanmi Ayisyen ki te nan lis 3000 fanmi yo apre yo te fin devlope modèl la epi tradui l an Kreyòl. Baze sou sondaj esè sa a, te gen amelyorasyon ki te fèt nan kesyonè a. CCHER te anwole kèk moun kap viv nan kominote a pou administre sondaj la. Anketè bileng sa yo te patisipe nan yon sesyon fòmasyon sou entèviyou pandan yon jounen nan CCHER, jou ki te Samdi 19 Janvyè 2002 a. Menm lè sa a, CCHER te fè piblisite pou sondaj kominotè a nan medya Ayisyen nan Boston, yon fason pou te ogmante repons pou sondaj la.

Sondaj kominotè a ap mache di-di. CCHER etabli yon rezo 25 telefòn nan sal konferans li pou kondui sondaj la. Anketè Ayisyen yo travay atou de wòl pou fè sondaj la pandan lasemenn lèzaprèmidi, ak lè wikenn, lè moun taka plis lakay yo. Sondaj pa telefòn nan fèt an Angle e an Kreyòl suivan preferans moun k ap reponn nan. Nou espere konple te sondaj kominotè sa a an Mas 2002.



Vanse pou n ka met pyès yo ansanm
Yon seri sesyon fòmasyon pou Manm Kowalisyon Ayisyen REACH 2010
nan Zòn Metwopòl Boston

“Entwodiksyon sou Sante Piblik ak Epidemiyoloji”

Envite espesyal

Linda Langfod, ScD

Asistan Pwofesè Klinik, Lekòl Medsin Inivèsite Tufts
Direktè Asosye Edikasyon ak Evalyasyon
Sant Edikasyon Avanse pou Prevansyon Alkòl ak lòt Dwòg
Epi

Andrew Fullem, MSPH

Konsesye Siperyè nan JSI sou VIH/AIDS

Mèkredi 27 Mas 2002
10 a.m. – 3 p.m. nan HAPHI
Mattapan Square

Manje a Gogo

Kisa Sante Piblik ye? Kijan l fè pa menm ak founi sante medikal? Ki wòl
nou kòm founisè? Kisa epidemyoloji ye e poukisa l enpòtan?
Vin nan Atelye sa a pou pran baz sou sante plik ak epidemyoloji!

Pou anrejistre souple rele Elaine Carlson jiska 20 Mas nan (617) 265-
0628 Ext. 233

Kisa sante piblik ye? Kijan l fè pa menm ak founi sante medikal?

