

ESSENTIAL COMPONENTS OF HIV PREVENTION PROGRAM TARGETING DISENFRANCHISED YOUTH:

Lessons Learned from an HIV Intervention with Haitian Adolescents in Boston



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COMMUNITY PROFILE

Mattapan
 Population: 37,371
 Foreign-born population: 30.1%
 80.8% of the population is BLACK OR AFRICAN-AMERICAN
 32.6% of population is under eighteen years old
 22.3% poverty rate
 Owner-occupied residences: 35%
 Median Household Income: \$32,748
STD RATE TWICE THAT OF CITY OF BOSTON
HIV Incidence rate of 60.8 per 100,000

Southern Dorchester
 Population: 63,647
 Foreign-born population: 31.2%
 42.6% population is African-American or Black
 28.6% population is under 18 years old.
 17.3% poverty rate
 Median Household Income: \$39,587
 Owner-occupied residences: 37.9%
STD RATE 2.4 TIMES THAT OF BOSTON
HIV rate is 2.3 times that of Boston

Cambridge/Somerville
 Total population (both cities, combined): 178,833
 Income (mix of affluent and low income):
 Cambridge: \$47,979 Median; 12.9% below poverty
 Somerville: \$46,315 Median; 12.5% below poverty
 Owner-occupied residences:
 Cambridge: 32.3% Somerville: 30.6%
 Percent of population that is African-American or Black:
 Cambridge: 11.9% Somerville: 6.5%
 Percent population less than 18 years old:
 Cambridge: 13.3% Somerville: 14.8%
 While these two cities are known for having many high income residents, a large percentage live below the poverty line.



2000 US Census
 Boston Public Health Commission,
 "The Health of Boston, 2004, Data Tables," 2004

Brockton

Located 20 miles south of Boston
 Population: 92,788
 17.8% African American or Black
 Median Income: \$39,507
 Owner-occupied residences: 54.6%
 27.8% of population is under eighteen years old
 14.5% residents live below poverty level
 Limited public transportation available

HIV/STDs in Massachusetts

- In Boston, 61.3% of alive AIDS cases are among people of color.
- 27.2% of alive HIV cases were diagnosed before the age of 30.
- HAITIAN-BORN RESIDENTS OF BOSTON HAVE AN HIV TRANSMISSION RATE THREE TIMES THAT OF THE GENERAL MASSACHUSETTS POPULATION.**

Massachusetts Department of Public Health, HIV/AIDS Surveillance Program, HIV/AIDS Summary Report, May 1, 2005

COUNTERACTING STIGMA

- First Black Nation
- Haitians helped America fight England in Savannah, GA and gain their independence.
- Haitians assisted Simon Bolivar in gaining independence for Latin American countries.

Stigma: Being Haitian

- 4Hs – In 1982, the Centers of Disease Control and Prevention labeled homosexuals, Haitians, heroin users, and hemophiliacs as the carriers of the virus HIV. As the only ethnic group identified, Haitians were greatly discriminated against as a result of this.
 - Waves of Immigration from Haiti
 - Political wave – upper class, educated (late 60s, early 70s, early 90s)
 - Economic wave – lower class, uneducated, "boat people"
 - Haiti
 - Poorest nation in western hemisphere
 - Political problems/violence

THE METROPOLITAN BOSTON HAITIAN REACH 2010 HIV COALITION*

Goals (by 2007)

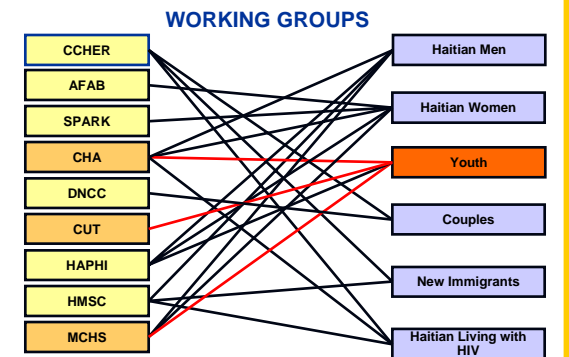
- Goal 1:** Expose approx. 18,000 or 25% of Haitians in the metro Boston area to HIV/AIDS preventive education.
- Goal 2:** Increase the capacity of leaders in the Haitian community to effectively provide HIV prevention messages to the Haitian community.
- Goal 3:** Increase the capacity of non-Haitian providers to effectively provide HIV prevention services to the Haitian community.
- Goal 4:** Maintain momentum of Metro Boston Haitian REACH 2010 Coalition and enhance collaboration of key people involved in HIV prevention service provision.

Coalition Members

- Composed of seven community based organizations and two health centers:
- Center for Community Health, Education & Research, Inc. (Lead Organization) (CCHER)
 - Association of Haitian Women in Boston (AFAB)
 - Caribbean U-Turn (CUT)
 - Dorchester Nazarene Compassionate Center, Inc.
 - Haitian American Public Health Initiative (HAPHI)
 - Haitian Multi-Service Center (HMSC)
 - Mass Community Health Services (MCHS)
 - Cambridge Health Alliance/HOP
 - Boston Medical Center(BMC)/SPARK

Working Group Model

- The first targeted action of the Metro-Boston Haitian REACH 2010 Coalition was to convene six working groups. The working groups were organized as inter-agency collaborations of providers serving similar clients.
- Each group designed a curriculum for HIV preventive education.
- Today, working groups collaboratively implement all small group intervention curricula.
- Working groups debrief following each training in order to constantly evaluate and improve the implementation phase of the project.



Funded by the Centers for Disease Control (CDC) and Prevention under the REACH 2010 Initiative.

YOUTH RISK FACTORS

Environmental

- Poverty
- Prevalence of drug/alcohol use
- Violence
- Prostitution

"It's not who's there, it's what's there."

Family

- Parents work multiple jobs
- Little adult supervision
- Poverty
- Intergenerational culture differences
 - Parents want "American Dream"
 - Parents Emphasize Education
 - Strictness of Parents

Personal

- Racial Minority/Racism
- Language
- Immigration
- Lack of support
- Low self-esteem
- Weak ethnic identity

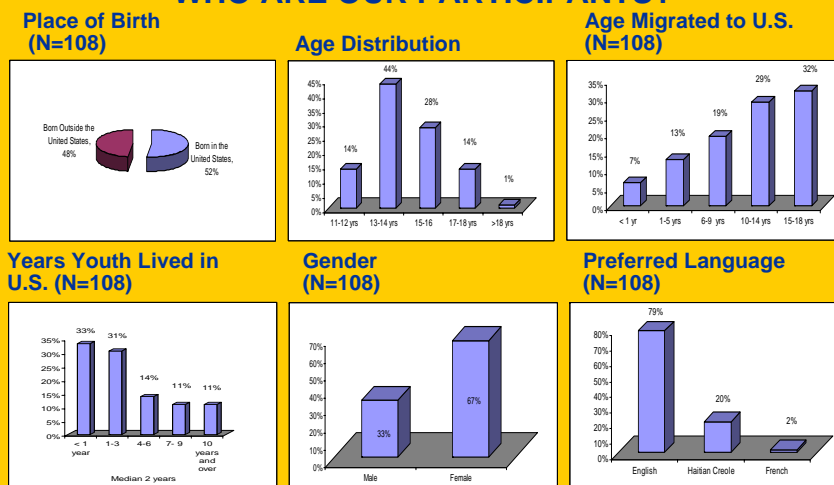
PROVIDERS AS MODELS OF COLLABORATION

- To model the importance and effectiveness of working together.
- Working together is the cornerstone of Haitian history where former slaves worked together to overthrow oppressors.

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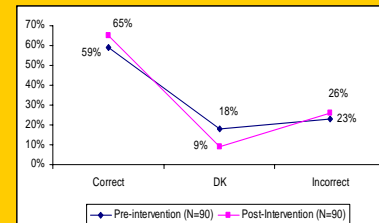
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- Waters, Mary, *Black Identities: West Indian Immigrant Dreams and American Realities*, Harvard University Press, Cambridge, Massachusetts, 1999.

WHO ARE OUR PARTICIPANTS?



PRELIMINARY RESULTS

General Knowledge: Pre and Post-Intervention Mean Scores



YOUTH'S BARRIERS TO PROGRAM PARTICIPATION

- Transportation** – particularly for areas without public transportation or potentially unsafe neighborhoods.
- Food** – it essential that programs provide food for youth. This becomes costly.
- Family responsibilities** – Older children are often responsible for the supervision of younger children. Babysitting services may increase participation.
- Need for Stipend** for program participation

INTERVENTION – YOUTH

- Topics in the Curriculum
 - General Health
 - Concept of Health
 - Know your Body
 - Protect Yourself
 - HIV/AIDS
 - Drugs/Alcohol and HIV

YOUTH INTERVENTION

- General Health
 - HIV/AIDS
 - Substance Abuse and HIV
 - General Health
 - Anatomy
- Identity
 - Who am I?
 - Identifying with Your Ethnic Group
 - Being Haitian-American
 - Sexual Identity
- Communication
 - Bridges and Barriers
 - Parent Interview/Adult
 - Communication and Language
- Healthy Relationships

RATIONALE FOR CURRICULUM COMPONENTS

General Health

- Includes education to know how to protect one's body against HIV, alcohol, and drugs.

Identity

- Many sources for stigma regarding being Haitian.
- Haitian youth often identify themselves as African-American or Jamaican, but not Haitian.
- Immigrant youth who assimilate may take "oppositional" pose, in distinction to their parents' ethnic identities.
- Positive relationship between ethnic identity and self-esteem.
- Relation between weak ethnic identity and problem behavior, including substance abuse, delinquency.

Communication

- At home, it is a struggle for youth to express opinion to their feelings.
- At school, many Haitian youth have difficulty communicating with classmates and school personnel because of language barriers.

Relationships

- Includes tools to help youth recognize when they may be involved in an unhealthy relationship.
- Includes discussion of gender roles in Haitian culture.

SUMMARY

The environments where many Haitian youth live put them at greater risk for health and behavior issues,

particularly related to HIV. Haitian youth face stigma for a variety of reasons, affecting their ethnic identity, increasing their risk. The Youth Working Group of the Metro-Boston Haitian REACH 2010 Coalition created an innovative HIV-prevention project to strengthen ethnic identity, build self-esteem and reduce risk for HIV. Through implementation, the working group identified several barriers to successful program execution.