

Building on Our Achievement and Meeting New Challenges in Addressing Health Disparities

Insuring Haitian's Health

NHAHA Mission Statement

NHAHA's mission is to improve the health and welfare of Haitians by enhancing communication, promoting and facilitating collaborative projects, and fostering cooperative relationships among similar organizations.

Key points from the conference presentations.

1. State of Health of Haitian Population

- a. Survey conducted on "*Knowledge, Attitude, Behaviors and Beliefs*" of the Haitian community living in selected cities surrounding Boston, Mass. Population surveyed = 2719.
- b. Data collected from the Massachusetts project included
 - a. Age and gender distribution
 - b. Years lived in the US
 - c. Marital status and sexual activity
 - d. Perception of health
 - e. Sources of health information most utilized
 - f. HIV knowledge
 - g. Most serious health conditions reported and documented
- c. Most serious health conditions reported and documented for Massachusetts, New York and Florida were similar:
 - a. HIV (Highest)
 - b. Diabetes
 - c. Hypertension
 - d. Cancer
 - e. Cardiovascular diseases
 - f. STD
 - g. Alcoholism (Lowest)
- d. Existing community resources in Mass. working together for a common cause
 - a. **Haitian Multi Service Center** (Maternal Health, HIV case management)
 - b. **Center for Community Health Education and Research (CCHER)** (HIV client services, HIV P & E, Mental Health, Substance Abuse, Diabetes and TB educ. with Hyde Park Health Associates)
 - c. **Haitian American Public Health Initiative (HAPHI)** (HIV P&E, C&T, Tobacco education, Mental Retardation)
 - d. **Caribbean U-Turn** (Youth Education SA & HIV, Mental health)
 - e. **Haitian Women Association (AFAB)** (Domestic violence and HIV education)
 - f. **Haitian Health Outreach Project CHA** (HIV P& E and C&T)
 - g. **Mass Community Health Services Brockton** (HIV P& E,)

2. Women's Health

- a. Summary of Main health issues identified in the Haitian community
 - a. Reproductive health
 - b. Unreported and undiagnosed Mental health conditions

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- c. Non-practice of Breast feeding
- d. Need to identify Haitian Females in health professions
- e. Absence of Research opportunities
- f. Barriers caused by Social and cultural aspects of health and health care practices and beliefs
- g. Issues of classism
- h. Absence of a system to identify available resources for women's health.
- b. Speakers remarks
 - a. Health issues affecting Haitian women include:
 - Diabetes
 - Obesity
 - Hypertension
 - Coronary health disease
 - Arthritis
 - b. In the United States 50% of new cases of HIV reported are among African Americans. Diagnosis of HIV is usually late in the course of the disease.

3. Youth Health

- a. **Presentation Title : “Ki Bo w Prale”** by Metro Boston Haitian REACH 2010 Coalition
- b. Project development included the development of a curriculum addressing
 - a. General Health
 - b. Identity
 - c. Communication
 - d. Relationship
 - e. Target population: 11-13 years old
- c. Implementation
 - a. Participation of 200 Youths
 - b. Conducted 150+ workshops in Mattapan, Cambridge, Somerville and Brockton
- d. Outcome
 - a. Volunteers “Festi Sante 2004”
 - b. Job creation
 - c. Community and cultural Credibility,
 - d. Parents participation,
 - e. Positive Cultural identity and interaction
 - f. Participants' increased knowledge on health, community and culture

4. The Virtue of Collaboration in Community Organizing

- a. Project REACH – Boston Massachusetts
- b. Goals and Objectives of the Project
 - 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.

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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

- c. Activities
 - a. Small Group Intervention – HIV-preventive education to population-specific groups.
 - b. Community-wide media campaign
 - c. Training of community leaders and non-Haitian medical/service providers
 - d. Survey of metropolitan Boston Haitian community as part of formal evaluation
- d. Benefits of the Program
 - a. Programmatic
 - b. Strategic
 - c. Organizational
 - d. Community
- e. Challenges
 - a. Time consuming to sustain collaboration;
 - b. Power differentials among coalition members;
 - c. Originally lacking formal methods of decision making;
 - d. Distrust among coalition members
- f. Lessons learned
 - a. Coordination is not just a full-time job, it is multiple full-time jobs that requires the need to develop, understand and maintain qualitative infrastructure for
 - Financial management
 - Reporting/compliance with funding requirements
 - Logistical coordination
 - Contract monitoring
 - Capacity-building/training
 - Program development and strategic planning
 - Program evaluation, data collection
 - Research, dissemination of results

5. Haitian Health Care Needs

- a. Dental Care
- b. HIV and AIDS care
- c. Access to health care. Barriers include
 - Language
 - Cultural competence
 - Health insurance
 - Immigration
 - Disability
 - Stigma

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- Discrimination
- d. Mental Health
 - Depression
 - Isolation
 - Stigma
 - Lack of competent practitioners
- e. Research
 - Need for assessment of knowledge, beliefs and behaviors
 - Community participatory research
 - Collecting and archiving sharing data
 - Statistical information based on science
 - Haitian researchers
- f. Funding opportunities
- g. Capacity building
- h. Management of Chronic illness
 - Diabetes
 - Hypertension
 - Obesity
 - CVS

6. Setting an Agenda for Haitian Health

- a. Leading Health indicators are
 - HIV/AIDS
 - Diabetes
 - Cardiovascular diseases (encompassing, physical Activity, Obesity)
 - Cancer
 - Mental Health
 - Access to Health Care
 - Tobacco Use
 - Substance Abuse
 - Injury and Violence
 - Environmental Quality
 - Immunization
- b. Recommendations
 - Recommendation 1. Health care policies in general and leading health indicators, in particular, should be the focus of educational efforts to improve the understanding of these issues between Haitians at the community level and health professionals, who serve them - including medical, nursing, and public health practitioners.
 - Recommendation 2. A coordinated effort among federal, state , local public health agencies, and community based organizations is needed to improve the collection and coordination of health information and to better link it to providers who serve Haitian populations and communities of concern

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- Recommendation 3. Public Health Research related to Haitian health should engender three principles:
 - a) Improve the data base on health indicators affecting Haitians in the US
 - b) Involve the affected populations
 - c) Communicate the results to all stakeholders
- Recommendation 4. In instances where the science is incomplete with respect to Haitian Health and the leading health indicators, community leaders in the Haitian community (NHAHA) are urged to promote and encouragepolicymakers and providers, to exercise caution on behalf of the affected communities, particularly those that have the least access to medical, political and economic resources, taking reasonable precautions to safeguard against or minimize adverse health and cultural outcomes

Final Remark

Communities, like men, are judged in the end by the things they hold most valuable. Not only is health more important than economic wealth, it is also its foundation and therefore its future. Our entire society, then, has a direct stake in the health of every member. In carrying out its responsibilities in this field, a community serves its own best interests, even as it demonstrates the breadth of its spirit and the depth of its compassion.