



# Heeding the call:

## An Assessment of the HIV/AIDS-Related Service Needs of The Haitian Community in Brooklyn, NY

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For the National Haitian American Health Alliance  
(NHAHA)

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## **I. Introduction**

- PURPOSE:

Approximately two years ago, the National Haitian American Health Alliance (NHAHA) identified a need for services for Haitians living with HIV/AIDS in New York City; especially in Brooklyn. As a result, the agency made an organizational commitment to provide, and advocate for culturally competent, accessible HIV primary care services for Haitians. NHAHA, a 501c3 nonprofit organization, incorporated in March 2003, applied for and received a mini-grant from Regional Resource Network HIV/AIDS Capacity-Building Award to conduct an assessment of HIV/AIDS service needs and determine the gaps in services within the Haitian community. As a means to gather current data about service delivery needs, gaps, and barriers impacting the target group, a series of focus groups, and key informant interviews were conducted and qualitative information was obtained from knowledgeable individuals.

- DATA SOURCES FOR ASSESSMENT:

This assessment was prepared over an eight-week period by gathering data collected from the following sources:

- Focus group with 21 clients/affiliates of the Haitian Center Council
- Focus group with 9 clients/affiliates of Diaspora Community Services
- Interviews conducted with Dr. Marie Carmel Pierre Louis, Program Director, Haitian Centers Council, Dan Sendzik, Executive Director, The Path Center/Kings County Hospital, and Carine Jocelyn, Executive Director, Diaspora Community Services
- The Community Needs Index (CNI), a resource developed by the New York State Department of Health AIDS Institute. (The CNI is a composite measure of service needs at the zip code level “to help users identify and direct health care and prevention services to communities most in need of such services.” The zip codes are ranked by region and Brooklyn is within the NYC Region.”
- HRSA Title III guidelines for operations and monitoring

## **II. Analysis of Existing Data**

New York City leads the country in AIDS cases (162,446 through 2003), accounting for 17% of the nation’s total cases, according to the New York City Department of Health and Mental Hygiene 2003 vital statistics survey. From 1999 through 2003, the estimated number of AIDS cases decreased among Whites and increased among Blacks and Hispanics. The New York City Department of Health and Mental Hygiene 2003 vital statistics survey, released in December 2004, reported that

although HIV and AIDS–related deaths continue to decline (1,656 deaths compared with 1,713 the year before), HIV disease remains the leading killer of residents between the ages of 35 and 44, and the 3<sup>rd</sup> leading cause of death for Blacks and Hispanics.

In 2003, the rates of AIDS nationwide were 58.2 per 100,000 in the black population, 20 per 100,000 in the Hispanic population and 6.1 in the white population. More than 80% of all HIV and AIDS diagnoses and deaths occurred among Blacks and Hispanics. Injection drug use was the most frequently reported transmission risk group among persons living with HIV/AIDS. In NYC, 17.8% of Tuberculosis cases are HIV-related, according to the Bureau of Tuberculosis Control Information Summary 2002 Report. Brooklyn comprises 26.1% of all NYC AIDS cases.

Although immigrants account for only 33% of the NYC population (Census 2000), immigrants count for 23% of the NYC new HIV cases. NYC immigrant AIDS cases include individuals from over 150 countries. The segment of the population that is of Haitian descent is by far one of the largest groups of immigrants living with HIV/AIDS in New York City (NYCDOH HIV Surveillance Report, January 2003). In March 2003, while 83,249 New Yorkers were diagnosed and known to be living with HIV or AIDS, 2,236 of them were Haitian. A 2004 UN AIDS report noted that Haiti continues to have the largest number of people living with HIV/AIDS in the Caribbean: 280,000 at the end of 2003; In addition, as many as 13% of pregnant women tested positive for HIV in Haiti.

According to the most recent NYC Department of Health and Mental Hygiene/HIV Epidemiology Program Quarterly Report, the East Flatbush area of Brooklyn has 1.1% HIV rate and Canarsie has 0.5%; those two areas of Brooklyn have the largest cluster of Haitians. Haiti is one of the countries with the highest number (15.4%) of foreign born persons newly diagnosed with HIV/AIDS in New York City. In central Brooklyn, Haitians are scattered over several communities in districts 3, 8, 9, 14, 16 and 17. These districts include the neighborhoods of Flatbush, East Flatbush, Bedford Stuyvesant, Crown Heights, and Brownsville; areas that comprise the epicenter of the HIV/AIDS epidemic in New York.

Haitian immigrants are disproportionately affected by HIV/AIDS for several reasons which include: perception of risk among the community; lack of knowledge about transmission of HIV disease; high risk behaviors (unprotected sex); high rates of poverty (1 in 3 persons in Central Brooklyn); and cultural issues related to HIV and language.

The following needs were identified in Haitian communities by a needs assessment developed by Haitian Centers Council in 2001: 1) lack of appropriate and effective marketing strategies to promote HIV testing, 2) solid collaboration between providers to increase the number of PLWH/A who are successfully linked to care, 3) an evaluation of current referral systems to better measure, monitor and track referrals, 4) development of outcomes for coordinated care, 5) dissemination of lessons learned, 6) increased awareness of available services in the community, 7) increased proportion of consumers engaged in harm reduction so as to promote changes in behavior and attitude, 8) active engagement of community leaders, and 9) community forums and educational seminars to connect clients and policy makers.

### **III. NEEDS ASSESSMENT FINDINGS**

- Focus Groups:

Focus groups have become central to community-based researches and needs assessments. In a focus group, small groups of people focus their discussion on a certain topic, service or service category. Participants describe how they use a service and why they continue to utilize. Effective focus groups reveal consumer behavior and foster ideas about the level of needs. Our team developed a focus group protocol containing nine (9) core questions (Appendix 1).

The questions were ranged from who is most at risk in the Haitian community, to what are the cultural barriers that prevent Haitian individuals from accessing available HIV/AIDS services. Participants were provided with a list of probable answers to the questions. They were advised to check those they think are the right answers, to comment on the incorrect answers and propose better answers. Participants identified social service providers, and the HIV/AIDS service needs of the Haitian community in Brooklyn.

Our team facilitated two focus groups of 30 PLWHA; each group lasted three (3) hours. Haitian Centers Council and Diaspora Community Services organized outreach and recruitment for the focus group participants. Among the 30 participants, two (2) did not speak Creole and required translation services; each participants was a PLWHA residing in Brooklyn. Four of the nine (9) questions that were asked of focus group participants elicited important information for current and future services access.

All participants recognized the work of several local organizations in the community including Diaspora Community Services, Haitian Centers Council, CWAH, CAMBA (social/medical services), King's County Hospital, Downstate Hospital, Caribbean House and Cumberland/Woodhull (clinics/medical). Through the answers and discussions participants expressed a great need for prevention and care services specific to: Haitian women; prevention and primary care information in Creole or in French; culturally competent service providers; and for service providers to make clients more inclined to bond with (trust) the provider and continue seeking care. Additionally, the need for staff sensitivity training, a resource/information base, similar to the 311 system

in New York City, and a specific venue where people can go to discuss issues related to HIV/AIDS and feel welcome.

- Key Informant Interviews:

According to the 2004 Ryan White CARE Act Data Report, “Haitians were identified as a risk group for HIV as early as 1982.” Nearly three years after this report, Key Informant Interviews were conducted with executive level HIV service providers in Brooklyn, NY to assess the needs of Haitian PLWH/A. The findings presented an overwhelming reality that, after over 2 decades, the receipt of culturally competent services is still a major barrier to care for Haitian PLWHA.

An Interview consists of nine questions designed to gather information about the respondent, the community, and the agency he/she represents. The following individuals were selected to provide information from an administrative perspective: *Dr. Marie Carmel Pierre-Louis*, Program Director, **Haitian Centers Council**; *Mr. Dan Sendzik*, Executive Director, **The PATH Center**; and *Mrs. Carine Jocelyn*, Executive Director, **Diaspora Community Services**.



Cumulatively, the respondents have over thirty (30) years of experience in the field of HIV/AIDS. Over the last four years, the following changes have been noted in regard to their efforts to provide quality care to the Haitian community:

- an increased need for multilingual health care professionals;
- an emphasis on client centered care as a means to encourage optimum health care management, i.e., keeping appointments, follow-up with providers, treatment adherence, etc.;
- a need for on-going professional development as it relates to current and emerging needs of the community;
- a need for relationship building between local health care providers and Haitian clients;
- increased difficulty acquiring funding for programs as funders request specific demographic information (about Haitian PLWHA) that is “lumped” under the category of “Black”; making it nearly impossible to determine who is Haitian;
- a shift toward more collaboration and less of a focus on the Haitian community in particular.

When asked to describe how their respective agencies assess baseline HIV prevention needs for Haitian clients, the respondents stated the following:

### **Haitian Centers Council**

- “We talk to them as they come into the office. I reach-out to my radio listening audience asking about what they need while on the air. We gather information from focus groups and monthly client meetings, and most of all we foster strong interpersonal relationships with clients.”

### **The PATH Center**

- In regard to assessing for baseline needs for the community at-large, The PATH Center has a full-time Outreach Worker who speaks to several hundred people in drug treatment programs, churches, etc., monthly.
- To assess for client needs, the agency employs a full-time social worker who provides counseling to high risk groups at each visit, prevention counseling/education (including couples counseling), and an interactive (5-session) Healthy Relationship group.
- Baseline assessment measures via general medical services for clients include: pregnancy and STI prevention; as risk factors are identified, (prevention) counseling is provided by medical staff.

### **Diaspora Community Services**

- As most of our Haitian clients are HIV positive, risk/prevention questions are included in our client assessment form.

Based on the professional experience of these three Brooklyn based HIV service administrators, the essential elements necessary for quality service provision to Haitian clients are listed as follows:

### **Haitian Centers Council**

- You must understand and relate to them. You must get involved in their lives by taking on all primary concerns as well as HIV related issues. If you don't address the needs, i.e., family, children, immigration status, intimate partner violence, etc., they may neither comply with treatment nor attend program related meetings.
- Some people learned of their HIV status when they applied for a green card, so understanding immigration is an essential element; pushing HIV care will turn them off. The Council has developed a partnership with

physicians who provide letters for HIV positive clients, which is a requirement for submitting documents for immigration.

- “We strive to be there for people and treat them more like people than someone with a disease.” “The staff is committed, and gifted when it comes to relating to people at any level.”

### **The PATH Center**

- Linguistic capability of providers
- Comprehensive pool of staff (MD, Nurse, etc.)
- Privacy/confidentiality; separate space, but not labeled as “HIV Identified space”
- Linkage with CBOs that clients use and feel comfortable with; trust established
- Female and Male providers
- Flexibility; coordination of care in venues that are comfortable for clients, i.e., out of neighborhood, etc.
- Focused effort on patient retention; reminder calls/letters mailed (with client consent)
- Tracking system (URS) to stay abreast of appointments; if no appointment is made, a follow-up is initiated
- Intensive care; COBRA, etc.

### **Diaspora Community Services**

- Language, basic cultural knowledge, and knowledge of immigrant issues including immigration laws



The following questions are focused on current and program operation.

Respondents were asked if their agencies have ever been forced to freeze intake. The collective response to this question was, “No”. Though none of the programs are currently at full capacity, the driving force behind the decision not to freeze intake is based on a commitment to maintaining trust and good client-provider relations. In summary the respondents agreed that access to culturally competent care continues to be the key predictor of service utilization and treatment compliance, thus, restricting services would damage the partnership each agency strives to build with Haitian clients.

If additional funding were available, the respondents stated that it could be used to improve HIV services to the Haitian community in the following ways:

- enhance program site, i.e., additions, relocation, etc.;
- update Information/Technology systems;
- increase (Client Retention and Community Outreach) staff;
- expand programs and services;
- update (multilingual) literature;
- campaign to educate and enlist members of the Haitian Media and Faith-Based Community;
- provide supportive housing or expand housing subsidy for undocumented Haitian clients;
- provide services that are not specifically related to HIV, like recreational opportunities (i.e., trips, art classes, family outings, etc.) and complementary therapies (i.e., massage, reflexology, etc.).



The final questions were in regard to general HIV related service delivery in the in the community.

While these three organizations work collaboratively, the following lists the names of other agencies that serve Haitian clients in the community:

- CAMBA (social/medical services)
- New World Creation (Caribbean AIDS fund)
- Flatbush Haitian Center
- Bedford Haitian Community Center
- Haitian Community Health Center
- Caribbean Women's Health Association
- Community Services
- King's County Hospital
- Downstate Hospital
- Brookdale Hospital
- Cumberland/Woodhull (clinics/medical)
- Caribbean House

When asked which factors are used to determine that agencies are culturally competent enough to provide care to the Haitian community, the respondents stated:

### Haitian Centers Council

- Speaking Creole is not enough because you still may not relate to what the clients are saying. “I’ve actually witnessed situations like this.”

### The PATH Center

- Many patients come to us from other agencies
- Established professional relationship/trust between us as providers of care
- Funded by government; evaluated/reviewed regularly
- Members of community advisory board work together on issues and see each other on a daily basis; unified services
- Clients “see us all as the same service” thus needs are being met completely via collaborative effort

### Diaspora Community Services

- “I personally have no way to measure this, however some of our clients receive services from these agencies and they generally appear to be satisfied; these agencies have Creole speaking staff members.”

In conclusion, the respondents identified barriers that continue to impede the provision of quality HIV services to the Haitian community:

- Finding enough professional staff with language, and more scholarship programs to train these professionals to serve clients in the community; linguistically and culturally competent mental health professionals are hard to find;
- Privacy, and confidentiality;
- Alcohol/substance abuse;
- Most agencies lack the personal touch; most are COBRA Case Mgmt.
- COBRA is a barrier because, care not billable is care not done. Undocumented people are not eligible because COBRA cannot bill Medicaid. Clients have a set number of billable hours per week, so the time they have with case managers is limited;
- Lack of translation services, and compassion/the level of caring of staff makes it hard for clients to continue with services; clients are often disrespected by non-Creole speaking staff;
- Stigma and lack of disclosure are two barriers. We have HIV positive clients that live at home with their family, and will not tell anyone for fear of an unfavorable response.

#### IV. CONCLUSION

Overall, this assessment validates a message that Haitian PLWH/A have been sending for over 20 years. The lack of linguistically and culturally competent HIV/AIDS services remains so great in the community and it often overshadows all other needs. A number of Haitian PLWH/A lack basic skills for seeking needed information about resources and services available in their very own communities. Clearly, Haitian PLWH/A would benefit from having a means to increase their knowledge of how to look for services, where resources are available in New York City, and how to access them.

The focus groups facilitated for the purpose of this assessment, solicited Haitian PLWH/A and invited them to participate in the process. Haitian Centers Council and Diaspora Community Services conducted outreach and recruitment of the focus group participants. They recruited a diverse group of male and female PLWH/A of Haitian nationality. As a result of this outreach, a total of thirty (30) participants attended two (2) focus groups in September and October 2006, in Brooklyn. Additionally, three HIV/AIDS providers that serve the Haitian community were selected to participate in a one-hour key informant interview.

Multiple answers were provided for each question, and the facilitator asked participants to check any answer(s) they felt were significant. **Participants overwhelmingly checked Heterosexual males and females, undocumented males and females as risk factors. No participants checked “HIV viewed as God’s punishment” as a cultural barrier to access HIV/AIDS services, which is due to many outreach activities that have been taken place in the community and the role these outreach activities play in des-stigmatizing HIV. Participants checked outreach through the Internet as one of the best action taken by a very few service providers, they argue, however, that these initiatives must be increased and the information provided should be translated into French or/and Creole.** For many reasons, it may seem hard to believe that the Internet has made its way to the Haitian community. It is, however, true that there is a large segment of the Haitian community that enjoys Internet access and depends upon it to purchase airline ticket for Haiti and interstate flying.

All participants pointed out that ensuring that employees are trained on sensitive issues and practices as what providers should do to better provide services. Based on previous needs assessments, these responses would be unexpected from a group of Haitian PLWH/A; but some changes occurred in the community due to significant modifications in the behavior of the community and the fact that community members make use of information and technology more than ever.

The main needs expressed by participants were for information about current and long-term HIV/AIDS treatments, any recommended limitation on daily activities, advice on rehabilitation, more support from the family doctor and easier access to the clinic and

health services. Precise needs differed to some extent according to age, educational level and immigration status. Participants conveyed availability of information on HIV/ AIDS treatments as an imperative to contribute significantly to quality of life and health improvement of PLWH/A. We have noticed a great need for a statewide inventory of the number of service providers that are culturally competent, and capable of providing HIV-infected substance abusers, especially alcohol abusers with mental and primary care services. Collaboration between service providers was a serious challenge and was perceived as nearly nonexistent. Some participants were astonished to hear about some resources in Brooklyn. Others felt that their needs are not being met even with the current resources. There was strong agreement that health education provision in Creole or French to PLWH/A in the community would be beneficial to both clients and service providers.

In the Haitian community, there is a great need to increase access to health services by developing networks of HIV, STD, TB, substance abuse prevention and treatment, and mental health treatment and care services. **The Needs Assessment has revealed the needs for more culturally competent activities that can help identify individuals who need access to HIV services or HIV positive individuals who need to return to care. The activities must be taken place in all types of settings where Haitian persons who are at-risk of HIV infection congregate; or where persons who are HIV positive may be found. The activities must promote referrals that help link individuals to services and helps reduce cultural barriers.**

The focus groups and the key informant interviews have led to the identification of a great need for Internet based HIV/AIDS information in the form of a centralized location of information about agency that provide HIV/AIDS services and discuss HIV/AIDS issues. **In the two focus groups, the participants presented this concept as a possible structure to develop and offer information to the community. The subsequent dialogues indicate strong support for dissemination of health information in Creole or/and in French. NHAHA believes these concepts should be further developed.**

# Appendix 1 – Focus Group Questions & Answers

## Focus Group Discussion Protocols

*Participants were asked to check any answer(s) that they personally felt should be the absolute answer (s) to the question; each X represents the number of participants/PLWH/A checked each answer*

### 1. Who is most at risk in the Haitian community:

- Heterosexual Males **XXXXXXXXXXXXXXXXXXXXXXXXXXXX**
- Heterosexual females **XXXXXXXXXXXXXXXXXXXXXXXXXXXX**
- Undocumented males **XXXXXXXXXXXXXXXXXXXXXXXXXXXX**
- Undocumented females **XXXXXXXXXXXXXXXXXXXXXXXXXXXX**
- IDUs
- MSMs
- Homeless Adolescents
- Recently Arrived Haitians **XXXXXXXXXXXXXXXXXXXX**
- Non-English Speaking Haitians **XXXXXXXXXXXXXXXXXXXX**
- US born Haitians
- Transgenders
- MSM/gay Youth
- Other \_\_\_\_\_

### 2. Specific things that increase risk

- Not a very strong political machine dedicated to addressing HIV issues
- Easy Access to parks (especially Prospect park at night)
- Community media- does not mention HIV enough  
**XXXXXX**
- Poverty **XX**
- Location of agencies...too spread out
- Gentrification of neighborhoods by white, middle class people

- Brooklyn limited by the mobilization of the Faith communities
- Not enough street outreach due to lack of funding **XX**
- Strong ties/connections to native cultures that causes increase homophobia and high risk behaviors **XX**
- Lack of services for API MSMs
- Displaced and transitional housing causing stress and high-risk behaviors
- Little economic opportunities and poverty **XX**
- Religion and cultures that frown on condoms and MSM behaviors  
**XXXXXXXXXX**
- Lack of education on risk factors, co-infections and HIV prevention issues
- More effective outreach in diverse locations with more than just condoms
- Changing community norms on the value of HIV testing and health issues
- More basic education like reading and language comprehension
- Other \_\_\_\_\_

**3. What is being done to prevent HIV of these populations:**

- HIV testing programs for young people 13-24 years old
- Targeted, innovative outreach towards young adults **XXX**
- The “Get Connected” Conference at Columbia University
- The “many Men, Many Voices” program for Black MSM/Gay/Bisexual men
- The Young Men of Color Coalition
- Canarsie Aware: Alternative to Incarceration project
- The HEAT adolescent program
- Other \_\_\_\_\_

**4. What can be done to prevent HIV within those at highest risk:**

- Testing Initiative for adult males MSM **XX**
- A holistic youth center for GLBT people of color
- Shift energy of who does the work within agencies: more bottom up (line staff/volunteers) than top down (management).
- Mentor program for gay youth to develop leadership skills

- More coalition work with the API communities with other people of color
- Empower young people to make informed decisions about their lives and the choices they make
- Develop consistent workshops in high schools on HIV, safer sex and LGBT issues for the entire student body
- Develop workshops on the human bodies, how they work and the impact of health...not just HIV
- Address programming for non-MSM identified males to be delivered in alternative spaces like barber shops, gyms, and sporting events
- Develop workshops for the community on sex & sexuality and link them to appropriate services in the communities upon their return
- Enhance the coalition work with non health-related groups (immigrants, schools, housing, continuing education, prisons to work programs. Faith-based institutions, homeless/shelters)
- Other \_\_\_\_\_

**5. What is being done to meet the needs of those HIV infected:**

- Linking HIV to other health issues like hepatitis C, nutrition, mental health, TB, STD, and other issues impacting the Black communities
- XXXXXXXXXXXXXXXXXXXXXXXXXXXX**
- Good support groups and strong case management that has referral services
- Housing for HIV positive people from emergency services to placement
- Free medical services for HIV positives up to age 24
- Free hormonal treatments for transgender youth clients
- 3 HIV care Networks in Brooklyn
- Patient recruiter for immigrants who are new or newly diagnosed
- Disclosure services and groups for young HIV positive people
- House parties to address HIV prevention issues
- HIV retreats that address health seeking behaviors, identity, care and treatments
- Outreach on the Internet
- XXXXXXXXXXXXXXXXXXXXXXXXXXXX**
- Webcast for HIV positive individuals to be better informed on agency services

XXXXXXXXXXXX

- Multi-service center in Brooklyn that address cross cutting health issues
- Develop media messages and ads to talk to HIV positive people about more than just their medications but their lives and prevention
- Use celebrities to help normalize HIV positive messages **XX**
- Get prominent people of color to come out as Gay/Lesbian
- Use real community/key leaders in media campaigns on HIV issues
- Use the “house/ball” communities to encourage HIV testing and prevention
- Other \_\_\_\_\_

**6. Prevention activities that are not working well:**

- Street outreach is often done in the wrong locations and times.
- Brooklyn gets ignored due to few obvious gay spaces
- Outreach at sex parties must be innovative with their prevention messages
- Pre/post test counseling is often mistaken as prevention **XX**
- Population counselors need training and skill development
- HASA disempowers PLWA/HIV from working and becoming more sufficient
- Little organizing of the PLWH/A communities- too much rhetoric
- Other \_\_\_\_\_

**7. Where should the prevention efforts be focused:**

- Brownsville Projects (most housing projects in Brooklyn)
- Lafayette Gardens
- Prospect Park (many seclude park areas)
- Coney Island Avenue (at night) **XX**
- Glenmore Projects (whore stroll)
- Lincoln Terrace
- Red Hook
- Churches/Mosques
- Bally’s Gym/Health clubs

- Barber Shops **XXX**
- Social Clubs **XXXXXXXX**
- Bars (non-gay specific)
- Outdoor festivals
- Youth Clubs
- Welfare Office
- Homeless Shelters
- Addiction Programs **XXXXXXXX**
- Youth Groups **XX**
- Law Enforcement (parole, work release)
- Immigrant rights group **XX**
- Domestic Violence Shelters **XX**
- Metro-Tech area (space where one can be anonymous)
- Malls **XX**
- Multi-Service Centers
- Secluded side streets
- Knowledgeable Individuals who know about the lives of gay men and their sexual practices
- People who are into hip-hop music and cultural norms
- Health Professionals to discuss HIV issues **XX**
- Social Service workers (welfare, food stamps, kids- the important things)
- Other \_\_\_\_\_

**8. What are the cultural barriers that prevent Haitian individuals from accessing available HIV/AIDS services?**

- Refusal to get tested **XX**
- Lack of trust in medical institutions
- Absence of physical symptoms
- Beliefs in witchcraft & sorcery/voodoo **XXXX**
- HIV viewed as God's punishment

Other \_\_\_\_\_

**9. What would help providers do a better job?**

- Medical providers need to know more about informed consent, HIV pre/post counseling, and proficient in diverse languages of clients
- Staff (management level) must address their issues about youth, those who are openly gay, of differing classes and educational levels when dealing with clients
- Service delivery models must be client specific and consumer friendly
- Stigma and discrimination must be addressed within organizations

XXXXXXXXXXXXXX

- Staffing must be more diverse to better relate to clients
- Medical staff should understand the community levels, issues and challenges in dealing with HIV therapies
- Develop stronger networks among service providers
- Integrate HIV information messages at all medical providers
- Ensure that documentation and evaluation is done on all programming on a regular basis.
- Better training of Staff on sensitivity issues and hiring practices for all communities
- Resources needed to hire research staff within programming
- Technical assistance to address staff turnover, burnout, and sensitivity
- Program models should not be based just on behavioral sciences but real-life issues of clients

Other \_\_\_\_\_

## Appendix 2 – Key Informant Interviews

### Key Informant Interview Form

Thank you for taking time from your morning to meet with me. My name is Lisa Hilton and I've been asked by Dr. Troiyle Sanon to conduct this interview as part of the Needs Assessment he is preparing for NHAHA. There are 9 questions; we will begin by gathering a little background information about you and your experience:

Dr. Marie Carmel Pierre-Louis, Program Director  
Haitian Centers Council

1. How many years have you provided HIV related services to the Haitian community, and what changes have you seen over the last four years in your efforts to provide quality care?

- In the field since 1989 as a Health Educator; Program Director for the Council since 1991. I learned to communicate with people on a variety of levels, as my father was the National Literacy Program Director in Haiti.
- From 1996 – 2006 there's been a change in the way service is provided. Acquiring funding for programs is harder, now you have to prove everything; funders want numbers and stats which is hard to get – the word “Black” lumps everyone together and it's hard to prove who is Haitian
- People receiving services still feel the impact of stigma

2. As an experienced provider in this field, how do you assess for baseline HIV prevention needs for Haitian clients?

- Talk to them as they come in to the office, ask radio audience what they need on air, gather information from focus groups and monthly client meetings; fosters strong interpersonal relationship with clients.

3. Based on your experience, what are the essential elements necessary for quality services for Haitian clients?

- You must understand and relate to them. You must get involved in their lives; take on all primary concerns as well as HIV related issues. If you don't address the needs, i.e., family, children, immigration status, intimate partner violence, etc., they may neither comply with treatment nor attend the program.
- Some people learned of their HIV status when they applied for a green card; understanding immigration is an essential element, pushing HIV care

will turn them off. The Council has linkages to physicians who will provide a letter for submission with documents for immigration

- We strive to be there for people and treat them more like people than someone with a disease. The staff is committed, and gifted when it comes to relating to people at any level.

The next questions are in regard to program operation:

4. Do you ever have to freeze intake? If so, why?

- No, we don't freeze because we don't want people to become discouraged; where can they go? There's always a resource to share rather than turning people away, but we are realistic about what we can do.

5. Is your program operating at capacity, or do you have open slots? If you are at capacity do you maintain a waiting list?

- We have the capacity to serve more people, thus we have no waitlist.

6. If additional funding was available how would you improve HIV services to the Haitian community?

- More education for faith based organizations and their leadership, and the Haitian media. Some pastors are still resistant to promoting HIV education. Church leaders need sensitivity training, as well as HIV 101/Basics
- Haitian media spreads lot's of one shot deals in Brooklyn but more consistency is needed. Four to five years ago a survey was done to identify where people got information about HIV; church and the media were ranked lowest (based on Haitian Community Survey Report). Haitian media is not taking responsibility for educating the public

My final questions are about general service delivery in the community:

7. Please name the agencies that provide HIV related services to Haitian clients in the community?

- Diaspora Community Services
- CWHA
- CAMBA (social/medical services)
- King's County
- Downstate
- Cumberland/Woodhull (clinics/medical)
- Caribbean House

Most agencies lack the personal touch; most are COBRA Case Mgmt., and some services are not billable.

8. Which factors allow you to determine that these agencies are culturally competent enough to provide care to the Haitian community?
  - Speaking Creole is not enough because you still may not relate to what the clients are saying. “I’ve actually witnessed situations like this.”
9. Can you give concrete examples of barriers (i.e., language, literary, etc.) that affect your ability to provide HIV services to this community?
  - COBRA is a barrier because care not billable is care not done. Undocumented people are not eligible because COBRA cannot bill Medicaid. Clients have a set number of billable hours per week, so the time they have with case managers is limited
  - Lack of translation services, and compassion/caring of staff makes it hard for clients to continue with services; clients are often disrespected by non-Creole speaking staff

### Key Informant Interview Form

Thank you for taking time from your morning to meet with me. My name is Lisa Hilton and I’ve been asked by Dr. Troiyle Sanon to conduct this interview as part of the Needs Assessment he is preparing for NHAHA. There are 9 questions; we will begin by gathering a little background information about you and your experience:

Dan Sendzik, Executive Director  
The PATH Center

1. How many years have you provided HIV related services to the Haitian community, and what changes have you seen over the last four years in your efforts to provide quality care?
  - PATH Center has been in operation for 9 yrs.; Dan has been involved since its inception
  - There were some Haitian clients in the beginning, but a special initiative was developed to secure funding to hire a Creole speaking physician to better serve the Haitian community. Dr. Roselyne Chery speaks Creole, French, Spanish and English. She has served in Mexico. Dr. Chery has a good rapport with clients, “they show up for her.”
  - The PATH Center also has a Nurse Assistant from Haiti, and a Physician Assistant who is fluent in Creole, and able to serve Haitian patients

- The PATH Center has access to additional services for Haitian clients on site, i.e., case management, coordination with CBO's; facilitates coordination of care for recent immigrants which is quite challenging
  - The quality of care at the PATH Center makes clients feel at home
  - Money from Ryan White also afforded us: technical assistance via Dr. Laurians Pierre of the Miami University Hospital Center for Haitian Studies; and significant recommendations for care provision via focus groups with agencies specifically geared toward service the Haitian community
  - Over the last four years relations between the PATH Center and the Haitian clients we serve have been enhanced
2. As an experienced provider in this field, how do you assess for baseline HIV prevention needs for Haitian clients?
- General Community – The PATH Center has: a full-time Outreach Worker who speaks to several hundred people in drug treatment programs, churches, etc., monthly.
  - PLWHA – We have a full-time social worker who provides counseling to high risk groups at each visit, prevention counseling/education (including couples counseling), and an interactive (5-session) Healthy Relationship group
  - General medical services for clients include: pregnancy and STI prevention. As risk factors are identified (prevention) counseling is provided by medical staff.
3. Based on your experience, what are the essential elements necessary for quality services for Haitian clients?
- The PATH Center has a low client turn over
  - Linguistic ability among providers
  - Comprehensive pool of staff (MD, Nurse, etc.)
  - Privacy/confidentiality; separate space, but not labeled as “HIV Identified space”
  - Linkage to CBOs that clients use and feel comfortable with; trust established
  - Female and Male providers
  - Flexibility; coordination of care in venues comfortable for clients; out of neighborhood
  - Focused effort on patient retention; reminder calls/letters mailed providing that patient approves
  - Tracking system to stay abreast of appointments; if no appointment is made, a follow-up is initiated
  - Intensive care; COBRA, etc.

The next questions are in regard to program operation:

4. Do you ever have to freeze intake? If so, why?
  - In the fall of 2003 space was limited at the downtown campus, and services were being utilized quite heavily. As a result patients were referred to satellite facility. To date The PATH Center is at capacity.
5. Is your program operating at capacity, or do you have open slots? If you are at capacity do you maintain a waiting list?
  - We have open slots now
  - We appealed to the Hospital Administration for more space to provide additional services, and as a result we now provide: waiting room presentation; literature; refreshments
  - Mr. Sendzick stated that he does not believe that waiting lists are an appropriate approach to serving people in need of care; some clients who need immediate services elect to go elsewhere.
6. If additional funding was available how would you improve HIV services to Haitian community?
  - Annual plan with priorities and goals achieved as per management team and ED, staff and community advisory board, and hospital administration
  - 2007 Plan – Relocation; Information/Technology – electronic reports for pap smears and blood work; Patient Retention – FT staff member to accommodate client needs, evening session until 8pm; Outreach – promotion of new venue, program expansion, updated literature (in 3 languages), Faith-Based Community (educate/recruit)

My final questions are about general service delivery in the community:

7. Please name the agencies that provide HIV related services to Haitian clients in the community?
  - Diaspora Community Services
  - Haitian Centers Council
  - CAMBA
  - New World Creation (Caribbean AIDS fund)
  - Flatbush Haitian Center
  - Bedford Haitian Community Center
  - Haitian Community Health Center
  - Caribbean Women's Health Association
8. Which factors allow you to determine that these agencies are culturally competent enough to provide care to the Haitian community?

- Many patients come to us from other agencies
  - Established professional relationship; trust
  - Funded by government; evaluated/reviewed regularly
  - Members of community advisory board work together on issues and see each other on a day to day basis; unified
  - Clients “sees us all as the same service”; needs are being met completely via collaborative effort
9. Can you give concrete examples of barriers (i.e., language, literary, etc.) that affect your ability to provide HIV services to this community?
- Finding enough professional staff with language, and more scholarship programs to train these professionals to serve clients in the community; mental health professionals are hard to find linguistically and culturally
  - Privacy, confidentiality and stigma
  - Alcohol/substance abuse

### Key Informant Interview Form

Thank you for taking time from your morning to meet with me. My name is Lisa Hilton and I’ve been asked by Dr. Troiyle Sanon to conduct this interview as part of the Needs Assessment he is preparing for NHAHA. There are 9 questions; we will begin by gathering a little background information about you and your experience:

Carine Jocelyn, Executive Director  
Diaspora Community Services

1. How many years have you provided HIV related services to the Haitian community, and what changes have you seen over the last four years in your efforts to provide quality care?

I’ve provided HIV services to Haitian community over the past 6 yrs. The quality is good; don’t know if I’ve seen change but, I’ve noticed more collaboration and less of a focus on the Haitian community in particular.

2. As an experienced provider in this field, how do you assess for baseline HIV prevention needs for Haitian clients?

Most of our Haitian clients are HIV positive. Risk/prevention questions are included in our client assessment form.

3. Based on your experience, what are the essential elements necessary for quality services for Haitian clients?

Language, basic cultural knowledge, and knowledge of immigrant issues including immigration

The next questions are in regard to program operation:

4. Do you ever have to freeze intake? If so, why?

No

5. Is your program operating at capacity, or do you have open slots? If you are at capacity do you maintain a waiting list?

Our program has space; we have no wait list

6. If additional funding was available how would you improve HIV services to the Haitian community?

I would probably provide supportive housing or expand housing subsidy for undocumented Haitian clients, as they do not qualify for housing subsidy. I would add services that are not specifically related to HIV, like recreational opportunities (i.e., trips, art classes, family outings, etc.) and complementary therapies (i.e., massage, reflexology, etc.).

My final questions are about general service delivery in the community:

7. Please name the agencies that provide HIV related services to Haitian clients in the community?

Haitian Centers Council

CAMBA

Hospitals like Brookdale, Kings County, and Down State

8. Which factors allow you to determine that these agencies are culturally competent enough to provide care to the Haitian community?

I personally have no way to measure this, however some of our clients receive services from these agencies and they generally appear to be satisfied; these agencies have Creole speaking staff members.

9. Can you give concrete examples of barriers (i.e., language, literacy, etc.) that affect your ability to provide HIV services to this community?

Stigma and lack of disclosure are two barriers. We have HIV positive clients that live at home with their family, and will not tell anyone for fear of an unfavorable response.