

Center for Community Health, Education & Research, Inc. (CCHER)



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Executive Director**

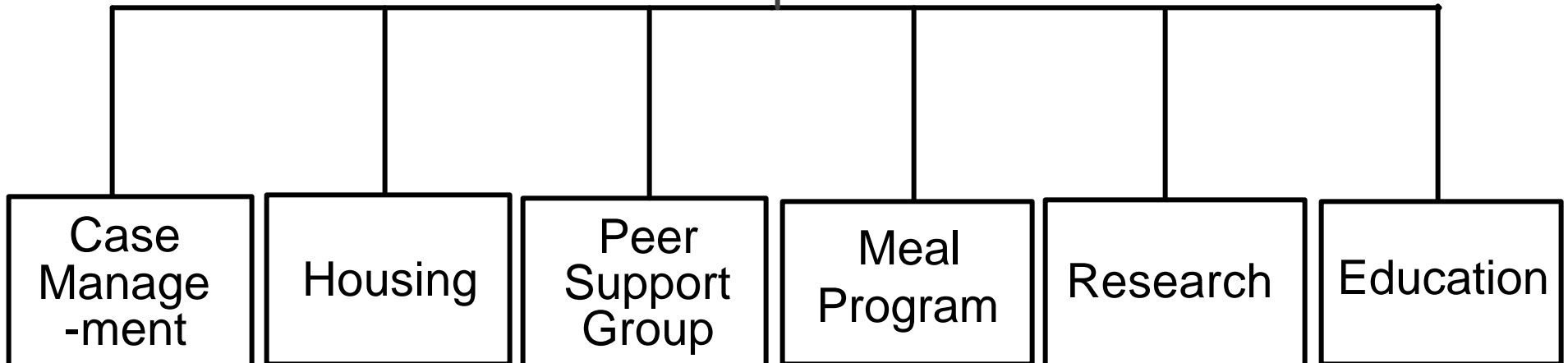
CCHER's Mission



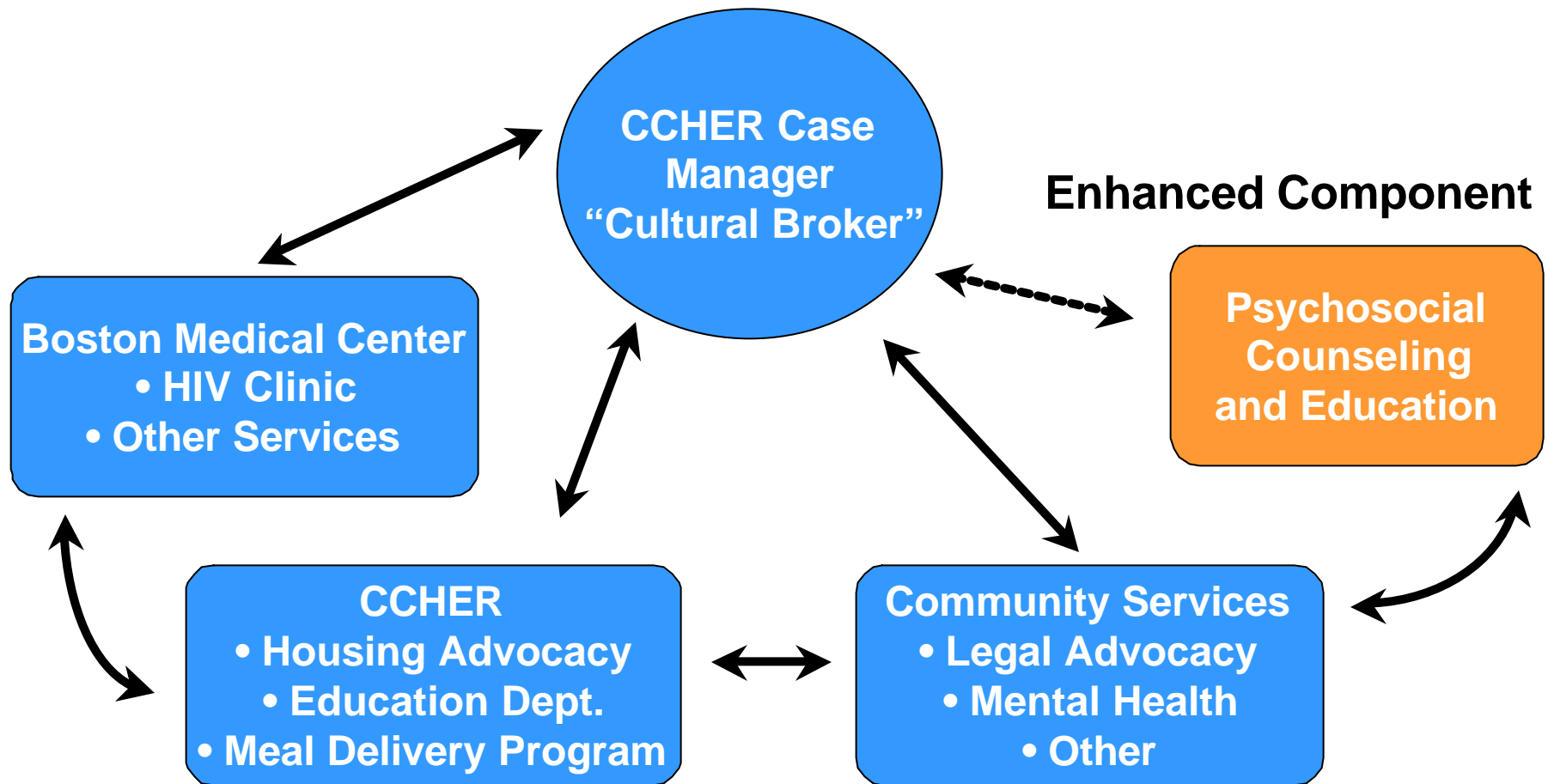
- To increase access to services
- To improve the well-being of consumers
- To reduce other causes of disease
- To implement culturally based interventions
- To test and analyze new interventions for the Haitian community in Greater Boston

CCHER'S Services

***Center for Community Health,
Education & Research, Inc.***



Enhanced Innovative Case Management Plan (EICMP) Model of Care

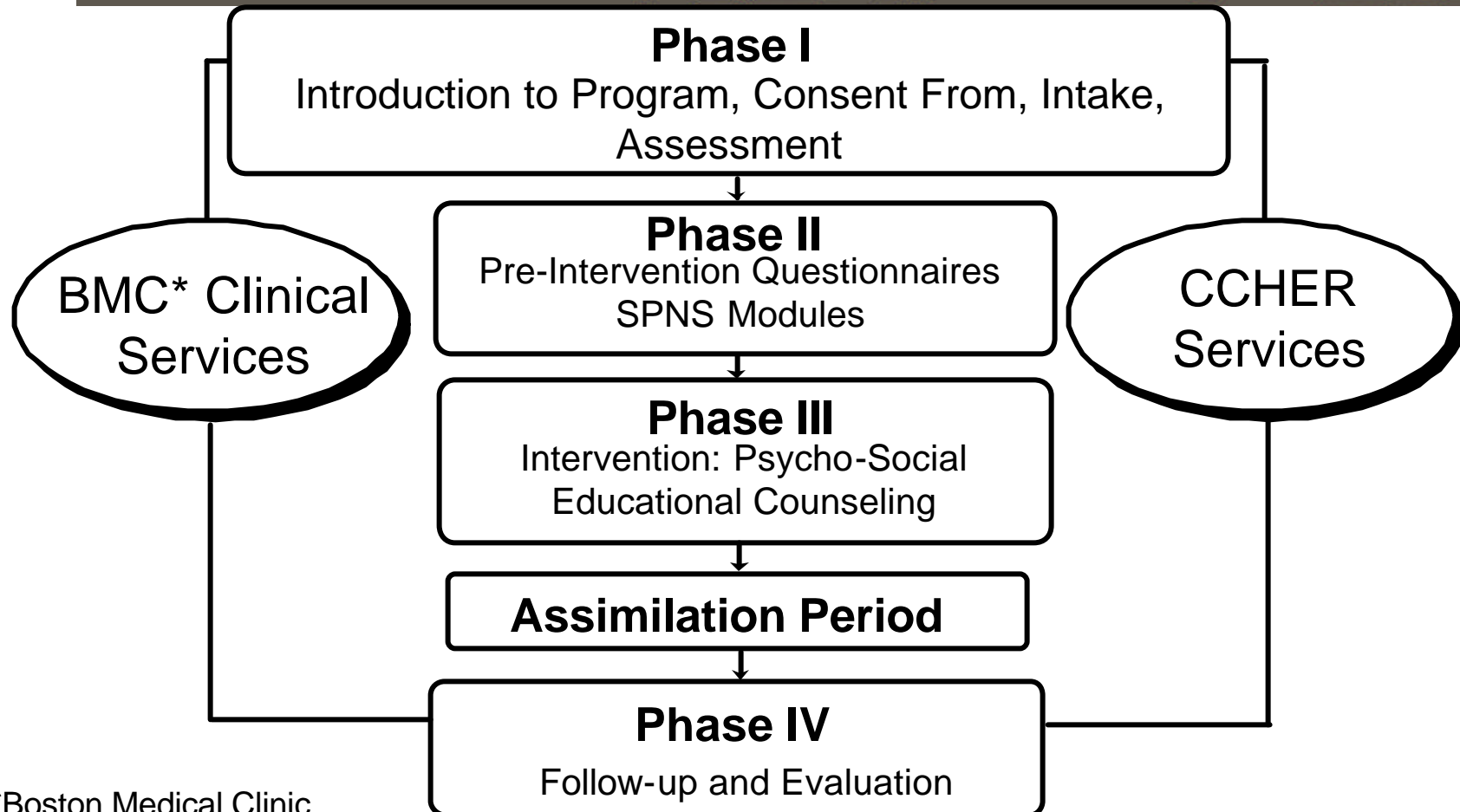


Objectives



- Increase knowledge of how to prevent HIV transmission
- Increase compliance with treatment
- Improve access to health and social services
- Increase satisfaction with case management services
- Improve consumers' sense of well-being

EICMP Services and Evaluation



*Boston Medical Clinic

Consumers receive clinical care and CCHER support services while enrolled in the program

Phases I and II Gather Baseline Data



- Consent Form
- Intake, Assessment
- Knowledge, Attitude, Behavior (KAB) Questionnaire
- Topic Questionnaire
- SPNS/TMG Modules

Baseline Knowledge (Before Intervention)



- Only 28% of consumers report that using a latex condom during sex can protect them from HIV

Baseline Barriers to Care (Before Intervention)



- 93% of consumers experienced language as a barrier to care
- 58% of consumers reported that family and friends would oppose their seeking services
- Less than 20% of consumers felt comfortable asking their provider questions

Baseline Consumer Sense of Well-Being (Before Intervention)



- 45% of consumers enjoyed life “none of the time” or “some of the time”
- 71% of consumers reported having crying spells

Baseline Behaviors (Before Intervention)



- 61% of consumers reported using condoms (or other latex protection) with their main sexual partner “never” or “less than 25% of the time”

Phase III Intervention



- Psychosocial Educational Counseling
- Non-directive instructional counseling with HIV infected Haitians living in the greater Boston area
- Based on the unconditional faith that consumers, if given the right tools and a culturally competent counselor, can take charge of events that affect their lives

CCHER Counseling Philosophy



- Culturally Competent
- One-to-One
- In Haitian Creole
- Non-judgmental

CCHER Counseling Can Take Place



- At CCHER
- At the Consumer's Home
- At the Hospital
- Over the Telephone

CCHER Counseling Topics



- Alcohol Use/Abuse
- Drug Abuse
- Mental Health
- HIV Pre-Test Counseling
- HIV Post-Test Counseling
- Individual Counseling/Therapy
- Guardianship for Parents Living with HIV
- Domestic Violence
- Barriers to Care
- Self-Identity in Sexuality
- Legal Problems
- HIV Disclosure
- Treatment Compliance
- Public Assistance
- Family Planning
- Dating/Sex
- Health System Concept
- Emotional Problems
- Chronic Health Problems
- Managing Stages of Disease
- Women's Issues in HIV/AIDS
- Men's Issues in HIV/AIDS
- Adolescents and HIV/AIDS
- Elderly and HIV/AIDS
- Tuberculosis

Phase III (Post-Intervention Assessment)



Re-administer:

- Knowledge, Attitude, Behavior (KAB) Questionnaire
- Topic Questionnaire

Assimilation Period



- Six month period after the intervention gives consumers time to think about:
 - what they have learned
 - using the information for better decision making

Phase IV (6 Month Follow-Up)



- SPNS Cooperative Agreement Evaluation
- CCHER Local Evaluation

Phase IV Evaluation Components



- Process Evaluation
- Focus Groups
- Document Intermediate Outcomes
- Statistical Analyses of SPNS/TMG Modules
- Statistical Analyses of Knowledge, Attitude, Behavior (KAB) and Topic Questionnaires

Intermediate Outcomes



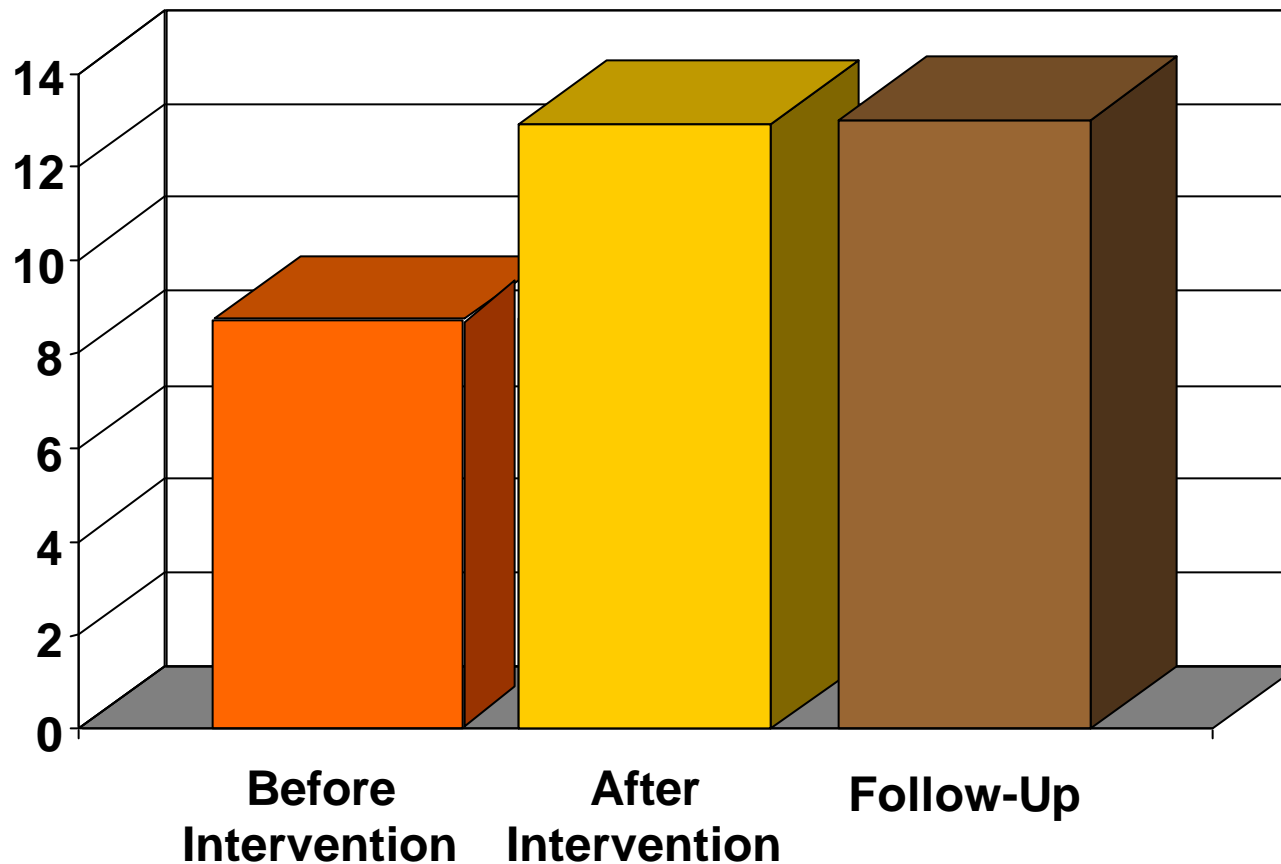
- Risky Behaviors
- HIV/AIDS Knowledge
- Acceptance of Illness
- Disclosure
- Treatment Compliance
- Participation in Drug Trials
- Guardianship Plans
- Missed Appointments

Knowledge, Attitude, Behavior (KAB) Questionnaire Results



- Evaluated on 23 questions
- Three administrations
- Significant improvements across administrations (paired t-test, $p < 0.001$)

Mean Number of Correct Responses for Repeated Knowledge, Attitude, Behavior (KAB) Questionnaire Administrations



Other Successes



- 62% of consumers at baseline, were able to keep appointments
- 100% of consumers, immediately after the intervention, were able to keep appointments
- 97% of consumers, even after the assimilation period, continued to keep their appointments

Other Successes



- From baseline, there was a 100% increase in the number of consumers who knew that a latex condom during sex can protect someone from getting HIV
- This knowledge was retained after the assimilation period

Other Successes



- From baseline, there was a 50% increase in the number of consumers who reported using or asking their sexual partners to use condoms when having sex
- These behaviors were retained after the assimilation period

Consumer Beliefs



- 84% of consumers report using traditional Haitian medicines to help them with their HIV/AIDS “some of the time,” “most of the time,” or “all of the time”
- Only 24% of consumers report that AIDS cannot be caused by someone putting a spell on them

Consumer Beliefs



- Only 27% of consumers report that a person with AIDS cannot be cured by a voodoo priest

What We Have Learned



- Consumers need access to culturally-competent residential drug rehabilitation programs
- Consumers need continued psychotherapeutic counseling after leaving the CCHER program

What We Have Learned



- Information dissemination needs to take place within the Haitian community as to what works, what doesn't work for replication purposes nationally
- Providers need culturally-competent training

What We Have Learned



- Statistics need qualitative data to make sense
- To be humble



Mesi
Gracias
Thank You