National African HIV Initiative (NAHI) New England

Final Report

February, 8, 2008

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Executive Summary

The HIV pandemic continues to be a major health crisis affecting communities of color within the United States. Unlike other minority groups of color, African immigrant and refugee communities have lacked an indigenous body advocating and working to address the many cultural and linguistic barriers that affect HIV prevention, education, and care.

In 2006, a small group of committed public health professionals, with support from the U.S. Office of Minority Health Resource Center (OMHRC), came together to create a national body that addresses the increasing HIV rates in African immigrant and refugee communities – the National African HIV Initiative (NAHI).

NAHI is an African-led initiative, comprised of organizations from across the United States, dedicated to improving the health outcomes of African immigrants and refugees living in the US by enhancing HIV prevention, education, and care through culturally competent advocacy, education, and research. The goals of NAHI are:

1. Advocacy: To create a national platform that increases the availability of targeted HIV resources and promotes affirmative policy change and development
2. Education & Outreach: To facilitate a learning environment for African immigrants and refugees, service providers, and government officials (local, state, and federal) to increase knowledge of HIV prevention, education and care disparities among the African-born population living in the US
3. Data Collection, Research, and Evaluation: The development and implementation of culturally competent data collection, research and evaluation mechanisms that accurately reflect the HIV epidemic in the African-born population living in the US.

Under the NAHI umbrella, members decided to convene four regional summits – Atlanta, GA; New England; Seattle, Washington; and Washington, D.C. The objectives of the regional summits are:

1. Educate stakeholders on the multiple issues surrounding HIV/AIDS in the African refugee and immigrant communities
2. Disseminate information on HIV/AIDS among African immigrants in the United States.
3. Network with stake-holders to competently respond to the public health issue of HIV/AIDS in the African community

The New England NAHI Summit was convened by the Multicultural AIDS Coalition (MAC) in Jamaica Plain, MA; African Services Committee (ASC) in New York, NY; and Lowell Community Health Center (LCHC) in Lowell, MA. It took place on Friday, February 8, 2008 at the Crowne Plaza Worcester - Worcester, Massachusetts from 9:00am to 4:00pm.

The New England NAHI Summit brought together 131 health and social providers, consumers, academia, faith leaders, government agencies, and African immigrants and refugees to highlight NAHI goals; enhance partnerships and coordinate an action plan to address the HIV/AIDS epidemic among Africans living in Massachusetts, Connecticut, New Hampshire, Rhode Island, New York, Maine and Vermont.

NAHI New England Planning Committee

Amanda Lugg, Community Advocate
African Services Committee
New York, New York

Chioma Nnaji, Program Manager
Multicultural AIDS Coalition – AFIA Program
Jamaica Plain, Massachusetts

Josephine Mogire, Program Coordinator
Multicultural AIDS Coalition – AFIA Program
Jamaica Plain, Massachusetts

Juliet Berk, Contract Manager
Massachusetts Department of Public Health
Boston, Massachusetts

Victoria Nayiga, HIV CTR Coordinator
Lowell Community Health Center
Lowell, Massachusetts

Agenda for the Day

8:30a Registration & Continental Breakfast

Jama Jigi
African Musical Selection

Welcome

Ms. Chioma Nnaji, Program Manager
Multicultural AIDS Coalition – Africans For Improved Access (AFIA) Program

Mr. Kevin Cranston, MDiv, Director
MDPH - HIV/AIDS Bureau

Overview of the National African HIV Initiative (NAHI)

Mrs. Margaret Korto, Capacity Development Specialist
Office of Minority Health Resource Center

Panel 1: Advocacy

Moderator: Ms. Amanda Lugg, Community Advocate
African Services Committee

10:45a Break

Panel 2: Education & Outreach

Moderator: Mr. Barry Callis, Director of Prevention and Education
MDPH – HIV/AIDS Bureau

12:00p Lunch & Presentation

Mr. Christopher Bates, Acting Director
DHHS - Office of HIV/AIDS Policy

Panel 3: Data Collection, Evaluation, and Research

Moderator: Mr. Kevin Cranston, MDiv, Director
MDPH - HIV/AIDS Bureau

The Way Forward

Moderator: Ms. Agnes Lubega, Contract Manager
MDPH - HIV/AIDS Bureau

3:30p Evaluation & Closing

Panel 1 - Advocacy

NAHI Objective
Create a national platform that increases the availability of targeted HIV resources and promotes affirmative policy change and development

Moderator:
Ms. Amanda Lugg, Community Advocate, African Services Committee, New York

Panelists:
Ms. Cristina Velez, Esq., Attorney, HIV Law Project, New York
Dr. Frenk Guni, Principal Consultant, Complementary Health Partners, Maryland
Ms. Tione Chilambe, Director of the ACCESS Project, Cambridge Health Alliance, Massachusetts
Ms. Sombo Mweemba, Peer Educator, African Services Committee, New York

Key Points:
- There African immigrant and refugee community needs to organize itself with its many languages, cultures and traditions
- Translations of advocacy information into the major African languages
- Develop resources that help AIDS service organizations provide African immigrant-friendly services
- Pilot and model best practices in advocacy and community mobilization
- Reversal of the HIV travel and immigration ban.

Summary:
Panelists and participants engaged in a lively discussion on challenges needing to be addressed by effective advocacy tools and strategies. Many participants spoke of the difficulty of accessing and navigating healthcare in the U.S., specifically understanding health insurance programs and the need for primary care services. The African community's unfamiliarity with confidentiality laws is another barrier to engagement into HIV services. Language was seen also as a major barrier to access. Some felt that many Africans are unable to prioritize wellness due to the many hours worked and the difficulty of fitting health appointments into the 9:00am to 5:00pm paradigm. The lack of understanding of the political system and fear of deportation was also cited as a barrier to participating in advocacy efforts.

Most of the discussion, as well as questions from the audience, focused heavily on issues related to HIV and immigration – the HIV travel ban and the HIV wavier. Educating people about HIV and its implications on immigration is a very complicated issue.

The HIV travel ban was enacted in 1987. A number of audience members were unfamiliar with the HIV travel ban that permits people living with HIV/AIDS from visiting or immigrating to the US.

Current immigration law requiring the HIV wavier also makes it difficult for people living with HIV/AIDS to change immigration status and gain access into the US after receiving the diversity lottery. There is a perception that people are informed about the HIV wavier and that applying for the HIV wavier is a seamless process. One must demonstrate that you will not become a public charge by and have health insurance, which in most cases requires assistance from a relative living in the US.

One panelist emphasized the stigma and discrimination caused by the HIV wavier. Once a person is approved for the HIV wavier, the passport is stamped and it is indicated on the passport that this is a special waiver for someone carrying a communicable infectious disease. Hence, immediately when one leaves the US to another country, everyone knows your HIV status. It is one of the biggest impediments; once your passport has been stamped, and you go out of the US and try to come back, the stamp alone can be a denial for entry into the US.

Lastly, panelist emphasized the need to create a very strong movement that advocates for the needs of the African immigrant population in this country. This involves engaging state and federal representatives, including state HIV/AIDS bureaus. But, more importantly, it also requires African immigrants infected and affect with HIV/AIDS to organize themselves despite cultural differences, work schedules and other priorities.

As summed up by Dr. Frenk Guni, "We need a movement that advocates for the needs of the immigrant population, reminiscent of the early AIDS movement, but immigrant-specific."

Panel 2 – Education & Outreach

NAHI Objective
Facilitate a learning environment for African immigrants and refugees, service providers, and government officials (local, state, and federal) to increase knowledge of HIV prevention, education and care disparities among the African-born population living in the US

Moderator:
Mr. Barry Callis, Director of Prevention & Education Unit, Massachusetts Department of Public Health – HIV/AIDS Bureau, Massachusetts

Panelists:
Mr. Bakary Tandia, Case Manager, African Services Committee, New York
Rev. John B. Katende, Pastor, Global Evangelical Church, Massachusetts
Mrs. Juliet Berk, Contract Manager, Massachusetts Department of Public Health – HIV/AIDS Bureau, Massachusetts
Mrs. Naima Agalab, Program Director, Refugee and Immigrant Assistance Center, Massachusetts

Key Points:
- Barriers in understanding, accessing and utilizing HIV information for African immigrants are complex and grounded in language and culture
- HIV/AIDS is highly stigmatized and multilayered in the African immigrant community.
- There is a need to increase targeted resources (financial and human resources) for providing culturally and linguistically appropriate outreach and education strategies
- Develop community prevention programs that train community leaders
- Use HIV educational strategies that incorporate the African communities' way of communicating, teaching, and learning (i.e. music, proverbs, theater)
- Engage providers in cultural competency trainings focused on providing effective HIV services to the African community

Summary:
Most barriers and challenges were alluded to during the previous panel and discussion. However, panelists re-emphasized that the African community is not homogeneous. There are a lot of differences in culture and ethnic conflict or politics that make it a challenge to conduct effective outreach. Not only are there many difference languages and dialects, but also most African immigrants do not use English, French or Spanish as their primary language of communication. Therefore providing education materials in a linguistically appropriate manner is complex. Also, there is a chronic lack of information and resources available as well as knowledge of accessing the resources available.

HIV/AIDS is highly stigmatized and multilayered in the African immigrant community. With the lack of medicine in Africa and the painful images of people dying of AIDS in Africa, most African immigrants refer to HIV/AIDS as a death sentence. Also, HIV/AIDS is association with sexual behaviors. In most African cultures sex is private and not discussed openly, which presents a challenge in talking about HIV to the community. The issue of immigration creates a fear in the community because undocumented Africans are unsure of the HIV services available and people are under the perception that being HIV positive will result in deportation.

Developing practical and effective strategies to outreach and education the African community is a work-in progress. The African community living in the US is a newly identified population seeing an increase in HIV infection. Hence, strategies that adhere to cultural preferences are minimal, plus resources allocated to address the HIV needs of African immigrants are very limited. However, panelists agreed that most of the approaches have to be rooted in relationship building and trust.

Effective strategies used in New York and Massachusetts were presented by panelists. In Massachusetts, the Lowell Community Health Center (LCHC) and Multicultural AIDS Coalition (MAC) – Africans For Improved Access (AFIA) Program have collaborated to form the Sub-Saharan African Faith Collaborative (SSA FB Collaborative). In terms of working with community leaders, including faith leaders, one panelist stated the need to train the leaders first so that they will have the heart to accept those living with HIV/AIDS. In the SSA FB Collaborative, African faith organizations are trained on HIV and various HIV services that can be provide through the faith organizations. Then, LCHC and AFIA work with leaders of the faith organization to implement the HIV service and achieve self-sufficiency.

In addition, AFIA has also developed individual, group, and community level interventions for African men and women at risk or infected with HIV. Each intervention meets people where they are at. Through these programs, outreach and education is taken to people's houses, social/civic organizations, faith organizations, and African community events. The Lowell Community Health Center (LCHC) has also instituted an African Health Advisory Board, where the African community can discuss and recommend matters to LCHC management. To address stigma, AFIA uses Social Networks to educate the community and link people to services through their peers/friends. In community events, the AFIA program implements an HIV 101 raffle. This strategy de-stigmatizes HIV/AIDS by asking questions about HIV in a crowd setting.

African Services Committee (ASC) in New York has similar initiatives. ASC works with African associations, faith communities, African hair salons, and African businesses to provide targeted outreach to African immigrants. Outreach at community events including targeting health fairs and providing HIV testing along with other health screenings, has proven to also work in New York. ASC has seen clients (undocumented and documented) empowered by participating in advocacy trips to City Hall.

Panelists also focused on the human resources needed to conduct effective outreach and education, and engage the community into services. Working with the African community is a 24 hour job, which doesn't fit into the normal Monday to Friday, 8am to 5pm day. One has to be very visible in the community meaning attending baby showers, weddings, funerals, independence/national day celebrations and other community events. The community wants to identify with you first before you can make an impact with them. Based on this discussion, the panelists emphasized the need for the parent organization and senior management to support efforts in reaching the African community. Providing cultural competency to staff is critical in being able to effectively serve the African community.

In doing this work it is imperative to use communication strategies that the communities identify with. Using metaphors or proverbs engage the African community in a non-directive manner. The use of media, music, and theater has also shown success in Massachusetts. African resettlement agencies, such as Refugee and Immigrant Assistance Center (RIAC) use a video, *In Our House: An African Story*, to educate the Somali community during community events and group level interventions. *In Our House: An African Story* tells the journey of an African immigrant family dealing with HIV/AIDS in the US. It also discusses issues related to African youth, homosexuality, and intergenerational differences. Panelists also acknowledged the need to empower community members through access to ESL classes and other services so that they are able to navigate the system by themselves.

One participant questioned the engagement of Africans living with HIV in the Summit and on the various panels. This was an assumption that leads to bigger questions about disclosure in the African community. It was noted that there are Africans living with HIV involved in the planning of the Summit and panelists on the various panels. Because HIV stigma is so significant and those living with HIV fear isolation from family and friends, Africans living with HIV are still silenced.

Panel 3 - Data Collection, Research, & Evaluation

NAHI Objective
Development and implementation of culturally competent data collection, research and evaluation mechanisms that accurately reflect the HIV epidemic in the African-born population living in the US

Moderator:
Mr. Kevin Cranston, MDiv, Director, Massachusetts Department of Public Health – HIV/AIDS Bureau, Massachusetts

Panelists:
Mr. Amadou Diagne, Senior Medical Science Liaison, Gilead Sciences, Inc., Pennsylvania
Dr. Hugo Kamya, Professor, Simmons College School of Social Work, Massachusetts
Mr. James Murphy, Director, Massachusetts Department of Public Health – HIV Surveillance Program
Ms. Sergut Wolde-Yohannes, Coordinator, Massachusetts Department of Public Health - Refugee and Immigrant Health

Key Points:
- HIV surveillance programs need to collect HIV/AIDS data on Africans living in the US
- Community participatory approaches are most effective in research and evaluation of prevention and education needs in the African immigrant community
- Culturally competent tools and strategies are necessary to accurate collect client level data and capture the realities of HIV in the African immigrant community
- Advocacy efforts are necessary to engage government entities and other funders in allocating resources for effective research and evaluation in the African community

Summary:
The panel began by speaking on the epidemiology profile of HIV/AIDS in their respective city and states, including data reflecting the rates of HIV/AIDS in the African immigrant community. Massachusetts reported that during 2003 to 2005, 50% of new HIV diagnosis within the Black population was non-US born. Of these new diagnoses among the Black non-US born population, 36% are from Sub-Saharan Africa. The panel agreed that, overall, the African community living in the US is experiencing high rates of HIV/AIDS.

The challenge is identifying the states that collect and report on data depicting the HIV/AIDS rates of the African community living in the US. States are not required to collect data based on origin or ethnic background. Because of this, it becomes necessary for advocacy efforts to focus on having state and federal mandates to collect non-US born HIV/AIDS data according to country of origin.

Panelists acknowledged the difficulty in collecting data on the client level. Talking about sex is seen as private and secretive; hence during risk assessments or intakes, clients are less likely to be open. Other data collection issues as it relates to prevention and care needs focused on not accurately capturing possible infection from female circumcision and social cultural factors, such as polygamy and distance between couples.

Following discussions centered on research. A question was posed as to what degree we were correctly capturing the effects of prevention and care programs in the African immigrant population? Research in the African community should consider (1) Methodologically and (2) Cultural Competence. The methods of collection data should be mixed, including qualitative and quantitative data. It was also stressed that researchers must be trained in cultural competency otherwise valuable information will not be forthcoming and therefore lost.

One participant expressed concern about that lack of engaging smaller states, such as Maine. Maine is experiencing an increase number of African refugees being resettled and there is a need to capture information on these populations. Again, this spoke to the differences among states, even within the same region.

One panelist stated, "Data drives policy." So, it is imperative for the community to start talking about HIV/AIDS among Africans living in the US, collect the data, and facilitate research. This will build a case for government entities and other funders to allocated appropriate funding to address the prevention, education and care needs of African immigrants.

The Way Forward Exercise

Facilitator:
Agnes Lubega, Contact Manager, Massachusetts Department of Public Health – HIV/AIDS Bureau, Massachusetts

The Way Forward session was an opportunity for participants to give feed back on four major questions.

1. What resources (e.g. human resources, knowledge and HIV services) are available in your state/communities specifically for Africans?
2. What challenges do you encounter in your state/communities when providing HIV prevention, education and care needs?
3. What successful strategies have you utilized in your state/communities to engage Africans in HIV prevention, education and care?
4. Recommendations for next steps for NAHI (including topics not discussed today)

Participants were divided into four groups to answer the questions, including tying in the information and experiences shared during the panel discussions. Summarized below are answers to the questions.

1. What resources (e.g. human resources, knowledge and HIV services) are available in your state/communities specifically for Africans?

- Hepatitis /Tuberculosis videos and brochures available in various languages
- NAHI may take advantage of colleagues/friends that are part of the community NAHI wants to access and reach.
- MGH Disparities Center's information on health/wellness available in translated versions
- AIDS Institute in New York that could provide Technical Assistance/interpretation for medical profession.
- VOLAGS in Rhode Island for refugees/recently arrived immigrants living with HIV. Linkage to care. There is a similar agency in New York.
- Lynn, Massachusetts exclusively works with recently arrives Somalis, connects to care services.
- MAPS – Portuguese translation.
- NYS Refugee Health goals to integrate into US medical system. Assess feasibility/effectiveness or referrals.
- Find/Access concentrated neighborhoods
- Getting into local churches plus congregations.
- Mutual assistance agencies
- Community support groups.
- Identification of rationale behind geographical placement of specific communities.
- Bureau of Refugee/Immigration affairs in New York. Website for translation services. MA,RI
- Outreach opportunities plus materials specific to Refugee/Immigration

2. What challenges do you encounter in your state/communities when providing HIV prevention, education and care needs?

- Reaching out to people (e.g. working, do not want to meet others, immigration status)

- Denial
- Old African traditions/customs
- Religious beliefs
- Afraid to get tested
- People do not want to be known as HIV+
- Lack of funding/time
- Lack of frontline staff, language, staff for individual to relate to.
- Changing roles in the generations- communication between young and old.
- Being inexperienced, unable to use present models and adopting to African community.
- Resources require having an evidenced based model and how to adapt these to the African communities.
- Lack of a place for individuals to share their stories.
- Influence of older generations to keep things private and not to talk.
- Lack of commitment from government, state, federal-funding, policy makers
- What the community thinks is a problem and the agencies thinks is the problem is not in sync.
- Not really a partnership.
- Gender differences/funding.
- Education/materials they can understand and relate to.
- Not feeling like they belong to.
- Fear, stigma.
- Issues with the systematic health care system.
- Confidentiality/privacy from the aspect of the interpreters, not keeping information private.
- Not enough sharing of success stories.
- Utilizing culturally competent care
- Utilizing strengths modules from communities

3. What successful strategies have you utilized in your state/communities to engage Africans in HIV prevention, education and care?

- Integrating other services.
- Using community leaders to champion HIV prevention.
- Hiring/Utilizing African staff who have multiple language capacities to work in the communities.
- Use local leaders.
- Ensure media is used in prevention efforts.
- Identified community centers that most Africans access care from and bringing the care providers to work with us.
- Challenging and support community leaders.
- Cultural competency for non African service providers.
- Youth empowerment that is inclusive of leadership enterprise.
- Ensure education/materials get to the main stream.
- Cultural identification.
- Women who braid-outreach to them.
- Peer education.

4. Recommendations for next steps for NAHI (including topics not discussed today)

- Steps to reach immigrants before they come to the U.S.
- Funding education & prevention in Africa.
- NAHI should encourage its members to collaborate with centers/hospitals that serve African immigrants but have no African leadership.
- Provide cultural competency trainings to non-Africans
- Work with organizations that serve new immigrants. Education should happen when they first arrive (include info in the welcome packets)
- Utilize resources used by international organizations (FHI, PSI, etc.) to reach immigrants
- Trainings that encourage providers/immigrants to become comfortable talking about sex.
- Trainings on consensus building skills for organizations here in the U.S.
- Creating a database or log of all the services in the area for specific African communities almost like a resource guide specifically as a way of sharing information/connecting to other agencies working with the same groups for immigrants and as a way of identifying gaps in services. What communities are present but missed out among other services?
- To advocate for more services, NAHI should start with regional services and then build nationally.

Commitment Cards

The Planning Committee wanted to ensure that interested participants were able to continue in the development of NAHI's goal and objectives. The Commitment Cards had the option to engage in future NAHI efforts as an individual and/or representing their agency. Those who were interested also had the opportunity to sign-up on the NAHI mailing list and/or workgroup that represented each NAHI objective. Out of the 131 participants, 68 submitted the Commitment Card.

NAHI Workgroup	Number of People Signed-Up
Advocacy	21
Data Collection, Evaluation & Research	12
Education & Outreach	22

Participants who completed the Commitment Card also included other areas for workgroups, such as international efforts and immigration law.

Evaluation

The following summary and data were collected from the participants' evaluation and commitment cards. Out of the 131 attendees, one hundred and twelve (112) participants completed the evaluation, which is an 85.5% response rate. Participants were asked on the evaluation form to rate how the panelists increased their (participants') understanding in the various topics covered regarding the goals and objectives of NAHI. The following is a summary of the outcome:

Evaluation Question	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	No Response	Total
Overall goal of NAHI	52 (46%)	52 (46%)	4 (4%)	2 (2%)	1 (1%)	1 (1%)	112 (100%)
Advocacy Objective of NAHI	46 (41%)	54 (48%)	10 (9%)	0	2 (2%)	0	112 (100%)
Education/Outreach Objective of NAHI	47 (42%)	54 (48%)	9 (8%)	0	1 (1%)	1 (1%)	112 (100%)
Data Collection, Research & Evaluation	36 (32%)	53 (47%)	13 (12%)	0	1 (1%)	9 (8%)	(100%)
Awareness of Challenges/barriers in HIV prevention & Education targeting African immigrants	54 (48%)	43 (38%)	6 (5%)	2 (2%)	2 (2%)	5 (5%)	112 (100%)

The evaluation indicates that most participants either strongly agreed or agreed that the summit increased their understanding of the overall goal of NAHI; and NAHI's objectives about Advocacy, Education and Outreach, Data Collection Research and Evaluation, and Awareness about the challenges/barriers in HIV prevention and education targeting the African immigrant community. The overall sense, based on these evaluations is that the summit was a great success. Several participants gave the impression that such a conference, seeking specifically to address how to better meet the needs of the African immigrant population, surrounding HIV/AIDS has been long overdue. Since the panelists sought to address many of these concerns, most participants left with very beneficial information.

Most comments regarding "what did you like the best about the summit?" focused on the relevance of the information and the set up which allowed for wider participation. Some of the comments included:

- "*Very well organized, panels were well put together, thoughtful and culturally competent.*"
- "*Opportunity to be with participants, share knowledge & experience.*"
- "*The wide variety of topics covered and the panel mode of presentation allowed people to attend all sessions without having to choose between any competing presentations.*"
- "*Good mix of speakers from government, NGOs and research, giving diverse views.*"
- "*An eye opener as to how far we really need to go as providers to truly begin to identify and start to effectively connect African immigrants to healthcare.*"
- "*For the first time I began to understand some of the reasons for privacy among African clients—survivors of war and being private is all about safety.*"

- *"It offered excellent format, entertainment, location, Q & A session, and collaboration between states."*
- *"It went beyond the usual clinical P&E topics and addressed barriers like immigration."*
- Some of the things participants liked least, and will therefore need improvement included:
- *"Not enough time for participant questions and contributions."*
- *"The apparent lack of youth representation"*
- *"Better time control on panelists—some took too long and not enough time for others."*
- *"The answer to hire an African worker as the only solution to better work with Africans was not sufficient or practical."*
- *"The lunch hour presenter should have been reallocated and leave the lunch time for networking instead."*
- *"NOT enough time to cover all important topics/questions/discussions—two days would have been better."*
- About improving the sharing of information, participants had the following suggestions:
- *"Create a NAHI Website."*
- *"Form working committees for each objective that should disseminate progress information."*
- *"Mass mail/list serve, or newsletter—to have continued flow of information."*
- *"Hold frequent but shorter events such as local breakfast meetings or evening talks."*
- *"Advertise through HIV prevention community planning groups in each state."*
- *"Ground the summit locally by inviting local leaders—congress, senate—for continuing support."*
- *"Market NAHI by meeting people and groups and telling them what it is all about—people don't know."*

The following are some of the other topics that participants suggested as being of interest to them and the work they do in serving the African immigrant population:

- *"Strategies for working effectively with the youth"*
- *"Tension between Cultural Respect and social change needed for behavior change, necessary to address HIV/AIDS."*
- *"Refugees, Asylees and Torture Survivors"*

- *"Transportation, and medical interpretation training."*
- *"Economic development/poverty alleviation, and domestic violence."*
- *"Cultural competency issues"*
- *"How to involve consumers in the policy making process about HIV/AIDS"*
- *"Getting comfortable talking about sex, HIV/AIDS"*
- *"Children and Adolescents living with HIV"*
- *"Gender dynamics, domestic violence and HIV"*
- *"Battling stigma associated with HIV."*
- *"Building local community leadership"*
- *"Faith-based strategies for HIV prevention & Education—success and challenges"*
- *"Use of role models in HIV education"*
- *"Delegation of African youth (12-25 yrs) to articulate their concerns and ideas about this issue"*
- *"Immigration-specific workshops to help consumers"*
- *"The role of individuals in the work you are doing—how they can volunteer"*
- *"HIV transmission among African immigrants"*
- *"Other ways of making connections with the African community"*
- *"Address difference between barriers facing immigrant groups and refugee groups"*

Reflections of the Day

The New England NAHI planning committee met after the conference to reflect the planning process, attendance, speakers/panelist, and overall logistics. It was also an opportunity to review participants' feedback on the evaluation form.

The overall sense from the participants' verbal comments suggested that the conference was an exceptionally upbeat experience. Some of the positive feedback stated that a conference focusing distinctively on the HIV/AIDS needs of Sub-Saharan African immigrant and refugee was done at an opportune time.

The New England NAHI planning committee was very pleased with the outcome of the Summit. Attendees included all stakeholders - community members, consumers, various community based organizations, AIDS service organizations, and government agencies. Many expressed excitement about moving forward with a plan of action and continuing efforts post the Summit.

The Planning Committee acknowledged that there was not enough time for the Advocacy Panel because the Summit started late due to weather conditions and panelists not being on time. It was also agreed that the Advocacy Panel should have been the last panel presented because of the nature of the discussion and the need to mobilize the African community to address the issues discussed on the Education & Outreach Panel and the Data Collection, Evaluation & Research Panel.

As far as the planning process, the Committee felt it was very successful especially given that the planning committee members work in different states and agencies. In coordinating the cross-state efforts, it was a huge benefit to hire the conference coordinator, Pat Dance & Associates. However, to improve the planning process for future events, the Committee recommends that the moderators meet with the panelists before the day of the event to clarify roles, questions, and process. For follow-up the New England NAHI Planning Committee agreed to:

1. Set-up a NAHI listserv
2. Send thank you letters to funders, participants, and partner organizations
3. Develop a plan for using the commitment cards
4. Within a year, develop a NAHI strategic plan

Biographies:
Moderators, Panelists, and Luncheon Speaker

Data Collection, Research & Evaluation Moderator: Kevin Cranston
Panelists: James Murphy, Amadou Diagne, Sergut Wolde-Yohannes, Dr. Hugo Kamya, Thierry Ekon

Kevin Cranston is the Director of the Massachusetts Department of Public Health (MDPH) HIV/AIDS Bureau, and was formerly Deputy Director for Policy and Programs and Director of AIDS Prevention and Education at MDPH, as well as the AIDS/HIV Program Director at the Massachusetts Department of Education. Prior to government work, Kevin was an adolescent HIV prevention specialist at the Boston Children's Hospital, where he helped initiate the Boston Street Youth Outreach Project. He also helped found the Boston Alliance of Gay and Lesbian Youth (BAGLY). Kevin holds a Master of Divinity degree from Harvard Divinity School where he served as a visiting lecturer for four years. He was the immediate past Chair of the National Alliance of State and Territorial AIDS Directors (NASTAD) and serves as a technical assistant through NASTAD's Global AIDS Technical Assistance Program having worked with the national AIDS control programs of the Federal Republics of Nigeria and Brazil and the Eastern Cape Province of South Africa.

Amadou Diagne completed one year of studies at the School of Medicine and Pharmacy of the University of Dakar in Senegal (West Africa), before transferring to the University of Wisconsin-Madison where he graduated with B.Sc. degrees in Bacteriology and Nutrition.
He later joined the Epstein-Barr Virus (EBV) research group of the Mc Ardle Laboratory for Cancer Research at the University of Wisconsin-Madison, working as a Research Specialist.

In 1986, Amadou co-founded the UCLA AIDS Institute Virology Laboratory which he ran until 1996. While at UCLA, he collaborated with the AIDS Clinical Trials Group (ACTG) on several projects including the standardization of quantitative culture techniques to measure viral load (VL) and the evaluation of experimental treatments on VL in HIV/AIDS patients as well. He also helped develop techniques for studying viral pathogenesis and tropism, while setting up training programs in basic virology laboratory techniques for post-doctoral and graduate students at the UCLA School of Medicine.

Amadou has co-authored several peer-reviewed papers published in journals such as Nature, AIDS, Journal of Infectious Diseases and the New England Journal of Medicine. He has also given oral and poster presentations at National, Regional and International HIV/AIDS conferences. In addition he is responsible for the isolation of JRCSF and JRFL; dual tropic HIV viruses that have been characterized and are widely used in HIV research today. Amadou has been a Medical Scientist specializing in HIV since 1999.

In 2003, Amadou joined the Medical Affairs' Team of Gilead Sciences as a Medical Scientist covering the Northeast, Mid-Atlantic and Central regions working on HIV / AIDS and Hepatitis B. Amadou is the recipient of Awards from the Right Foundation and The Faith Community Partnership of Philadelphia/Wilmington for services to the HIV/AIDS Community. He is on the Medical Advisory board of MANNA, a Philadelphia-based ASO and the Board of Directors of SACAIDS a New York based ASO.

Thierry Amegnona Ekon is a native of Togo, West Africa who has extensive experience in domestic and international HIV prevention, care, treatment and Sexual Reproductive Health (SRH). In the late

80's, in West Africa, he contributed to numerous IPPF funded STIs' Prevention Projects as a community organizer and translator.

Mr. Ekon immigrated to the United States in 1989. After completing his interdisciplinary graduate degree (with a focus in international development) at Clark University, Worcester, MA he was hired by Community Healthlink as an AIDS Housing HIV Case Manager, and ultimately became the director of that program. Afterwards, he joined the AIDS Bureau of the Massachusetts Department of Public Health (MDPH) as an AIDS Contract Manager. He co-led the effort to create and publish the first comprehensive quality improvement/standards of care for AIDS residential programs in MA.

Following five years at the AIDS Bureau of the MDPH, Mr. Ekon joined Planned Parenthood of New York City as Senior Program Officer for Africa. In this position, he helped integrate HIV prevention in the agency's work in Africa and successfully obtained funding for new HIV programs in the region. Mr. Ekon made numerous missions to the continent including travel to Central Africa to establish a major multi-country, UN-funded initiative to build and reinforce gender equity and HIV prevention for youth. In Zambia and South Africa, he also organized and provided technical assistance to Community Based Organizations (CBOs) to acquire their own financial support.

Mr. Ekon currently works as an HIV Prevention Coordinator for the New York City Department of Health and Mental Hygiene to expand programs to the most disenfranchised areas of Harlem, New York City. His work includes partnering with New York City Housing Authority (NYCHA) to bring HIV testing and prevention to their residential complexes. He has also prepared a gap analysis to respond to program needs in Harlem, and supervised the institution of new systems for condom distribution. He is currently working on a research project to assess the impact of HIV on Africans and ways to better reach this community. He is also working on a community survey analysis to assess HIV testing capacity in Harlem.

Sergut Wolde-Yohannes is a graduate of Boston University School of Public Health and School of Education. She is a Public Health Practitioner, Researcher and Educator. Currently, she is the Regional Coordinator of the Boston Regional Office of Refugee and Immigrant Health Program (RIHP) at Massachusetts Department of Public Health.

Before joining RIHP, Sergut worked as Director of Programs at Refugee and Immigrant Assistance Center (RIAC), a community-based non-profit organization that provides resettlement, social and health services to refugees and immigrants in Greater Boston, North Shore and West Massachusetts. She also has worked at the New England Research Institutes, Inc. (NERI), a private public health research firm as Associate Research Scientist and at Boston University School of Public Health as a lecturer and Research Fellow/Research Data Analyst. She has served as co-principal investigator, Program Evaluator and Project Director on many local, national and international programs including HIV/AIDS, domestic violence, intimate partner violence (IPV), substance abuse and female genital mutilation. She was also a recipient of ASPH/CDC/ATSDR Fellowship as part of her graduate studies and served as a Joel Kleinman Memorial Research Fellow at the National Center for Health Statistics, Women and Children Health Branch, Hyatsville, MD.

Since 1991, Sergut has been involved in refugee health issues and travels to provide reproductive health and cultural orientation workshops to African refugees and cross-cultural competency training to social and health care providers.

James Murphy has been working as an HIV/AIDS epidemiologist since 1993. He is currently the Director of the HIV/AIDS and STD Surveillance for the Massachusetts Department of Public Health in the Bureau of Communicable Disease Control. He was previously an HIV/AIDS epidemiologist with the Chicago Department of Public Health from 1994 until May 2001. He was the Director of the Office of

HIV/AIDS Surveillance for the Chicago Department of Public Health from July 1997 until May 2001. He has presented on topics in HIV/AIDS epidemiology at numerous local, state and national conferences in the past and has published original research in several peer-reviewed professional journals. He is currently a government appointed member of the Massachusetts HIV Prevention Planning Group. Mr. Murphy earned a Masters degree in Public Health from the Boston University School of Medicine and Public Health with concentrations in the areas of both Epidemiology & Biostatistics and Health Behavior, Health Promotion, & Disease Prevention in 1991. He earned a Bachelors degree in Biological Sciences from the University of Chicago in 1987.

Hugo Kamya, Ph.D. is Associate Professor at Simmons College teaching in the Practice Sequence and the Doctoral Program. He has taught at Boston College, Boston University and the Family Institute of Cambridge and is one of the founding members of the Boston Institute for Culturally Accountable Practices (BICAP). His background combines the practice and training in psychology, social work and theology. His interests include collaborative family services to children living in HIV-affected families, trauma, immigration, spirituality, narrative and group work. He has conducted research with immigrants, HIV/AIDS and spirituality. He is the recipient of the Economic and Social Justice Award from the American Family Therapy Academy for his work with unaccompanied minors from the Sudan. Over the years, he has facilitated bilateral citizen exchanges between the U.S. and Uganda through his interests in international social work.

Advocacy Moderator: Amanda Lugg
Panelists: Sombo Mweemba, Tione Chilambe, Dr. Frenk Guni, and Cristine Velez

Amanda Lugg was born in London England of Ugandan and British parentage. Amanda grew up in the Middle East and first moved to the US in 1985. Amanda moved from California to New York City 1993 where she began her work in HIV/AIDS with the AIDS food program, "God's Love We Deliver" and later at Gay Men's Health Crisis, the oldest and largest community-based AIDS service organization in the country. In 1999 Amanda began her work with the African immigrant community as the HIV Housing Coordinator at African Services Committee in Harlem. African Services Committee (ASC) is a 25 year-old nonprofit organization based in Harlem, dedicated to improving the health and self-sufficiency of the African community in New York City. In 2001 ASC opened the first of four free voluntary HIV testing centers in Ethiopia.

In 2002 Amanda moved to the position of Community Advocate and as the program coordinator for the Independent Living Skills Program Amanda works to integrate direct service with community mobilization and policy advocacy to address issues of immigration, health disparities, access to care, and the global AIDS crisis at the local, national and international level.

Amanda is a member of the direct action group ACT UP New York, a diverse, non-partisan group of individuals united in anger and committed to direct action to end the AIDS crisis. She also serves as a board member for Health GAP (Global Access Project) an organization of U.S.-based AIDS and human rights activists, people living with HIV/AIDS, public health experts, fair trade advocates and concerned individuals who campaign against policies of neglect and avarice that deny treatment to millions and fuel the spread of HIV. Health GAP is dedicated to eliminating barriers to global access to affordable life-sustaining medicines for people living with HIV/AIDS as key to a comprehensive strategy to confront and ultimately stop the AIDS pandemic. We believe that the human right to life and to health must prevail over the pharmaceutical industry's excessive profits and expanding patent rights.

Cristina Velez is a staff attorney at HIV Law Project, where she represents immigrants living with HIV/AIDS. Prior to joining HIV Law Project, Cristina worked for a private immigration law firm, where she engaged in family immigration, removal defense, and asylum work on behalf of undocumented immigrants. She is a member of the Civil Rights Committee of the New York City Bar Association. Cristina is a graduate of Oberlin College and Cornell Law School.

Sombo Mweemba is a peer counselor at African Services. She works across our client programs using her personal experiences, extensive language skills and knowledge of HIV treatment to help clients deal with a positive diagnosis, access services and manage their care. She facilitates daily workshops for the Independent Living Skills program and coordinates African Service's Women's Advocacy Group. This project aims to ensure health care access for African Women immigrants at risk for HIV through education, community mobilization, communications and Advocacy, and to reduce discrimination against and build leadership among HIV- positive African immigrant women. She brings to her Advocacy work pervious experience in community organizing and local politics in Zambia, her home country. Sombo settled in the U.S. in 2003 and is interested in pursuing a degree in social work. She is a Board Member of Smart University and Also a Steering Committee member for the Center for Women and HIV Advocacy, a program of the HIV Law Project. Sombo hopes to return to Zambia in the future to continue working in HIV/AIDS. In addition to English, Sombo speaks Luvale, Nyanja, Tonga, and Bemba.

Tione Chilambe is currently the Director of The ACCESS Team, a SAMHSA Mental Health Access grant for HIV positive individuals under the Cambridge Health Alliance. Cambridge Health Alliance (CHA) is an innovative, award-winning health system that provides high quality care in Cambridge, Somerville, and Boston's metro-north communities.

Prior to doing so she attended the University of Malawi-Chancellor College for her undergraduate studies and also attended Boston University's School of Public Health. Tione worked for the Department of Public Health prior to going to Cambridge Cares about AIDS. While working with the African Community Health Initiative (currently called AFIA) under the Multicultural AIDS Coalition, she also speaks to various colleges and organizations educating audiences about the AIDS pandemic.

Tione, born and raised in Malawi, in Sub-Saharan African believes that "Social justice and human rights is crucial to public heath and social development." Tione says her goal in life is to "spend my career doing more international public health work."

Frenk Guni is a renowned expert on HIV/AIDS, epidemiology and public health. He is the 2003 recipient of the Jonathan Mann Global Award for Health and Human Rights. He is also the recipient of the 2002 International Award for Leadership in HIV/AIDS Programming. As the former Executive Director of the Zimbabwe National Network for People Living with HIV/AIDS, he co-founded and led the largest network of people living with HIV/AIDS in the world. Prior to his work in Zimbabwe, Guni was the clinical care and youth program coordinator for the Midlands AIDS Service Organization supported by the Canadian International Development Agency, As a program manager for the International Federation of Red Cross and Red Crescent Societies, Guni was responsible for providing healthcare and clinical logistics, and administering disaster preparedness, mitigation and relief in their Africa Regional Program. Guni is committed to issues involving people living with HIV/AIDS worldwide. He is widely recognized as an HIV/AIDS consultant and has provided services for UNAIDS, World Health Organization (WHO), the Organization of African Unity, US Department of Health and Human Services, USAID, Emory University Faculties of Public Health and Medicine, Indiana University Faculty of Medicine, Private Agencies Collaborating Together (PACT), Academy for Education and Development (AED), The Synergy Project, The Futures Group, where he assisted with planning and policy development related to HIV/AIDS, human rights and stigma-related issues. He provided services for Doctors Concerned about AIDS, Global Council on Foundations, US. State Department, The Global Fund for TB, Malaria and HIV/AIDS and, Georgetown University's Institute for Health Policy where he worked with U.S. Health Resources and Services Administration (HRSA) to identify roles and strategies for people living with HIV/AIDS to develop responses to HIV/AIDS-related stigma and discrimination

Guni was Field Director for films depicting the impact of AIDS on individuals and families in Zimbabwe including "What shall we do "Todii" a piece funded by UNDP, and "Death by Denial" directed by Ed Bradley, CBS News: 60 minutes.

Guni was a founding executive board member for the National AIDS Council of Zimbabwe, continues to serve as a board member for Global Network of People living with HIV/AIDS (GNP+), Network of African People living with HIV/AIDS (NAP+) and the Open Society Institute. He is a member of the International AIDS Society (IAS) and serves as an eminent advisor for Action Aid on Public Health and HIV/AIDS Policy.

Guni has written several manuals on HIV/AIDS-related stigma and discrimination, human rights and leadership development for people living with HIV/AIDS. With more than 18 years of public health experience, Guni is formally trained in community medicine, public health and sociology. He operates as an independent consultant for the Department of Health and Human Services and the National Institutes of Health. He is the immediate past Director for International Programs for the National Association of People with AIDS (NAPWA-US.) Guni currently resides in the Washington Metropolitan area.

Education & Outreach Moderator: Barry Callis
Panelists: Rev. John B. Katende, Imam Souleimane Konate, Bakary Tandia, and Juliet Berk

Barry Callis is a Social Worker and the Director of the AIDS Prevention and Education Unit, HIV/AIDS Bureau for the Massachusetts Department of Public Health. His interests included the role of intersecting risks of mental health, sexual assault/domestic violence, resident status and substance use in understanding how to help people and communities protect themselves and create informed responses to HIV, STDs and HCV infections.

Rev. John Baker Katende was born in 1958 and raised in Kisozi, a village in the outskirts of Kampala, Uganda. The son of a small landowner, John went to Kisozi Primary School after which he went to Duhaga Secondary School in Hoima. From there he went to Reformed Bible College in Grand Rapids, Michigan, USA. He is also a graduate of Calvin College and Seminary also in Grand Rapids Michigan.

John worked as a social worker in Nairobi Kenya working with African Vineyard, an organization dedicated to addressing various needs of people. From there he went back to Uganda and worked as a Farm Manager at Kitalya Tea Estate where he cultivated his managerial skills. He also worked as a social worker with Africa Foundation where he contributed greatly to the well being of disadvantaged children. He later worked with the Presbyterian Church as a pastor. It was during this time that he launched his career as an evangelist when he was sent by the Presbyterian Church to Eastern Uganda to lead evangelism campaigns in that part of the country. For eight years he served as an evangelist in Mbale Uganda. After accomplishing his goals, John came back to Kampala and served with Back to God Evangelistic Association as Coordinator of Evangelism.

Apart from evangelism, John was also among the first and strongest proponents of a serious crusade against HIV/AIDS in Uganda. While at Back to God Evangelistic Association, he championed the struggle against the disease contributing to the tremendous and drastic fall in new HIV/AIDS cases. Against all odds and obstacles, John refused to part with his belief; that people must live with dignity in a violent world. Because of his compassion, dedication, and altruistic drive, many lives have been changed and saved.

Bakary Tandia works as both an HIV case manager and policy advocate at African Services Committee. As a case manager, he assists clients newly diagnosed with HIV in accessing healthcare, housing and supportive services that enable them to regain their health and build productive lives. In this role, he facilitates a weekly support group that is culturally and linguistically appropriate for people from across the African Diaspora who are living with HIV.

As policy advocate, Mr. Tandia works to raise awareness of public health and human rights issues in the African community and to empower newcomers to understand and protect their rights as immigrants. He has extensive experience in community organizing, coalition work and building strategic partnerships across diverse communities. He advocates on behalf of African immigrants by participating in public hearings and lobbying trips to City Hall, Albany, and Washington, D.C. and with elected officials and policymakers. He is a frequent media commentator and has presented at numerous local and international forums and conferences, including the historic immigration rally in New York City in 2006 and the World Conference on Racism in Durban, South Africa where he was a member of the African NGOs coordinating committee.

Originally from Mauritania, Mr. Tandia is a human rights activist in the movement against slavery and racial discrimination. He is also the executive director of the Forum for African Immigrant Associations, and organization begun under the auspices of African Services, and serves on the board of the New York Immigration Coalition. He was recipient of the 2005 New American Leaders Fellowship Program

jointly sponsored by Coro Leadership Center and The New York Immigration Coalition and was a participant in the Hamburg-New York 2007 integrationXchange 2007, a program jointly sponsored through DCS by the U.S. State Department and the Koeberg Foundation, Germany.

Mr. Tandia was featured for his significant contributions to human, immigrants and health rights by New York Daily News on October 24. 2007.

Trained as a criminologist at the University of Abidjan, Ivory Coast, Tandia speaks French, Soninke, and Pulaar, in addition to English.

Juliet Berk was born and raised in Zimbabwe, Southern Africa; Juliet Berk has always envisioned a better world for her family, community and self and has more than seventeen years of community development experience in different capacities. Most recently Juliet Berk joined the MDPH/HIV/AIDS Bureau. Before joining the HIV/AIDS Bureau, Juliet Berk worked for the Lowell Community Health Center (LCHC) Coordinating HIV Counseling, Testing and Referral Services. In different capacities with LCHC"HIV department she has initiated and strengthened the African Outreach program and gave structure to the HIV department's Counseling and Testing and Referral Services. Juliet Berk's desire to reach and educate the African community in particular and the immigrant community in general about HIV/AIDS have seen her being awarded numerous recognitions. During her tenure at LCHC as an HIV outreach educator, LCHC has seen a significant increase in the number of African- born clients utilizing the Health Center services, testing for HIV and getting into care. Apart from her employ with LCHC, Mrs. Berk has also served as a Sub-Saharan African HIV Specialist Consultant for the Multicultural AIDS Coalition –Sub-Saharan African program.

Juliet Berk is enthusiastically involved in the African community and actively works with African organizations in Lowell. In addition, Mrs. Berk serves on the Board of One Lowell, a grassroots social justice Community Based Organization in Lowell.

Juliet Berk holds a Master of Science Degree in International Community Economic Development from Southern New Hampshire University, NH; she is a recent fellow in the CDC/ASPH Institute of HIV Prevention Leadership Atlanta GA, also a graduate from the post graduate certificate program in Community Health and Community Health Center Management from Suffolk University/ Mass League of Community Health Centers. She has conducted numerous trainings and presentations on Cultural Competency. She is also a member of the planning committee for this 2008 NAHI summit.

Imam Souleimane Konate is currently the Imam of the Masjid Aqsa Mosque in New York City, a position he has held since 1996. His congregation of 1500 includes a large West African Immigrant Group.

Born in Lakota Ivory Coast, Imam Konate studied Islamic Studies at AL AZHAR University in Cairo, Egypt between 1979 and 1983. Imam Konate went on to earn a master's degree in Communications in 1990 from King SAUD University in Riyadh Saudi Arabia.

After moving to the United States, Imam Konate founded the 'Council of African Imams in America in 2000. He currently serves as the Council's General Secretary. Imam Konate co-founded the Harlem Islamic Leadership Council of which he currently serves as vice president.

Biography on Christopher H. Bates

In August 2002, Christopher H. Bates was appointed Acting Director for the Department of Health and Human Services - Office of HIV/AIDS Policy. He is a Senior Health Program Analyst, who also served as the National Director for a departmental initiative known as the Rapid Assessment Response and Evaluation (RARE). Before joining OHAP, in 1998, Christopher worked as a consultant with the John Snow, Inc., conducting a feasibility study on the integration of STD, HIV, and drug abuse services for a proposed national demonstration project. From 1997 through 1998 he served as interim Director of the city of Philadelphia HIV Commission.

From 1991 through 1997, Christopher was the Executive Director of the D.C. Comprehensive AIDS Resources and CARE Consortium. The Consortium is an Alliance of local organizations and institutions that provide HIV/AIDS services and education in the District of Columbia. Before 1991, Christopher enjoyed a successful 11 year career in various management positions with the District of Columbia government.

Over the past 20 years, Mr. Bates has served on numerous national and local Boards and Commissions. Christopher is a founding member of the DC Primary Care Association. He also served as a member of the Board of the Washington Consortium of Agencies, a six-year member of the Executive Committee of the Metropolitan Washington Ryan White Title Planning Council, a member of the Mayor's Health Policy Advisory Committee and a past Chair of the Mayor's AIDS Advisory Committee. Christopher is a graduate of the University of Michigan, and received a MPA from Southeastern University.

Acknowledgments

This event could not have been possible without the hard work and dedication of several federal, state, local, and community partners. We thank the moderators, panelists, and presenters for sharing their experiences and expertise focusing on the HIV prevention, education, and care needs of Africans living in the United States. The New England NAHI Planning Committee would also like to acknowledge the commitment and collaboration of the following:

New England Partner Organizations:
African Services Center (ASC), New York, NY
Lowell Community Health Center (LCHC), Lowell, MA
Multicultural AIDS Coalition (MAC) – Africans For Improved Access (AFIA) Program, Jamaica Plain, MA

Funders:
Massachusetts Department of Public Health (MDPH) – HIV/AIDS Bureau (HAB)
Office of Minority Health Resource Center (OMHRC)
New England AIDS Education and Training Center (NEAETC)

Conference Coordinator:
Patricia Dance & Associates

African Food Caterer:
Karibu Catering

Videographer:
Abiodun Shobowale, GAIN TV, Inc.

Photographer:
Kara Delahunt Photography

African Entertainment:
Jama Jigi – Sidi Mohamed "Joh" Camara, Band Leader

Appendices

Progress Report (As of February 1st)
Evaluation Form
Commitment Card

MEMORANDUM

Please find attached a progress report for the New England Regional NAHI Summit that will be held on Friday, February 8th from 9am to 4pm in Worcester, Massachusetts. The report includes updated information, as of Friday, February 1, 2008, on the following items:

- Summit Participants
- Panels and Panelists
- Program Schedule
- Budget

The Planning Committee appreciates your continued support and collaboration in ensuring a successful event. The mission of the National African HIV Initiative (NAHI) is to address the unique HIV prevention, education, and care needs of Africans in New England and across the United States. With your help, the Summit, planned for Friday, February 8th, will be the first critical step in bringing together all regional stakeholders to coordinate a complete and comprehensive plan of action.

Sincerely,

The New England Regional NAHI Planning Committee

Juliet Berk – MDPH HIV/AIDS Bureau, Boston, MA

Amanda Lugg - African Services Committee (ASC), New York, NY

Victoria Nayiga – Lowell Community Health Center (LCHC), Lowell, MA

Chioma Nnaji - MAC – Africans For Improved Access (AFIA) Program, Boston, MA

Summit Participants

The Planning Committee implemented four outreach strategies to inform individuals and organizations about the Summit and encourage participation.

1. Personal contacts
2. Email listserv(s)
3. On Monday, December 17, 2007, the Planning Committee mailed out 260 NAHI invitations to individuals and organizations in Massachusetts, Connecticut, New Hampshire, Rhode Island, New York, Maine and Vermont. Using a temp, invitees also received a follow-up phone call on Wednesday, January 16, 2008.
4. The Director of the MDPH - HIV/AIDS Bureau, Kevin Cranston, and Director of Prevention and Education at the MDPH, Barry Callis, volunteered to forward letters to colleagues in the New England states, including New York, and other MDPH-funded programs.

The Planning Committee anticipated registration from at least 100 people. However, after the letter forwarded by Kevin Cranston and Barry Callis, registration exceeded expectations and budget allocations. To date, 171 individuals (including panelists and presenters) have registered for the Summit. The breakout by state is listed below.

NEW YORK: 14
MAINE: 3
VERMONT: 2
MARYLAND/WASHINGTON: 2
MASSACHUSETTS: 144
NEW HAMPSHIRE: 1
RHODE ISLAND: 2
CONNECTICUT: 2
PENNSYLVANIA: 1

The Planning Committee believes that it is critical to have a sizeable representation of all states at the Summit to ensure a comprehensive discussion. As a result, the Planning Committee will personally contact, during the week on Monday, February 4th, individuals and organizations in Connecticut, New Hampshire, Rhode Island, New York, Maine and Vermont.

Panels and Panelists

The following individuals have been confirmed for each panel. The panels will address the NAHI objectives.

Advocacy Objective: Create a national platform that increases the availability of targeted HIV resources and promotes affirmative policy change and development

Panelists: Ms. Amanda Lugg (Moderator), Ms. Sombo Mweemba, Ms. Tione Chilambe, Dr. Frenk Guni, and Ms. Cristine Velez, Esq.

Education & Outreach Objective: Facilitate a learning environment for African immigrants and refugees, service providers, and government officials (local, state, and federal) to increase knowledge of HIV prevention, education and care disparities among the African-born population living in the US

Panelists: Mr. Barry Callis (Moderator), Rev. John B. Katende, Imam Souleimane Konate, Mrs. Juliet Berk, and Mr. Bakary Tandia

Data Collection, Research, & Evaluation Objective: Development and implementation of culturally competent data collection, research and evaluation mechanisms that accurately reflect the HIV epidemic in the African-born population living in the US

Panelists: Mr. Kevin Cranston (Moderator), Mr. James Murphy, Mr. Amadou Diagne, Ms. Sergut Wolde-Yohannes, Dr. Hugo Kamya, and Mr. Thierry Ekon

As part of the NAHI budget, each panelist and moderator, if needed, received travel and hotel accommodations.

Program Schedule

The program schedule, with details, is listed below. The Planning Committee meets weekly via conference call and emails daily to finalize logistics for each activity.

8:30a – 9:30a Registration & Continental Breakfast

Music selections from a local African band will be playing during registration and the continental breakfast

9:30a – 9:45a Welcome (Ms. Chioma Nnaji & Mr. Kevin Cranston)

9:45a – 10:00a Overview of NAHI

Mrs. Margaret Korto, Capacity Development Specialist of the Office of Minority Health Resource Center will provide a brief overview of NAHI, which includes history, goals & objectives, and an introduction of the national planning committee.

10:00a – 10:45a Panel 1: Advocacy

10:45a – 11:00a BREAK

11:00a – 12:00p Panel 2: Education & Outreach

12:00p – 1:00p LUNCH

Mr. Christopher Bates, Acting Director of DHHS - Office of HIV/AIDS Policy will provide a brief presentation. Lunch will be provided by an African caterer.

1:00p - 2:00p Panel 3: Data Collection, Evaluation, & Research

2:00p - 3:30p The Way Forward

Ms. Agnes Lubega, Contract Manager of MDPH – HIV/AIDS Bureau will facilitate an interactive group discussion that elicits ideas, recommendations, and other information from participants. The purpose is to gain a better understanding on the regional similarities and differences in addressing HIV/AIDS among African immigrants and discuss practical next step options.

3:30p – 4:00p Evaluation & Closing

Participants will be encouraged to complete an evaluation and will receive a small beaded AIDS ribbon made by South African women living with HIV in appreciation of their participation

Budget

The New England Regional NAHI Summit is funded by the Office of Minority Health Resource Center (OMHRC), the Massachusetts Department of Public Health (MDPH) - HIV/AIDS Bureau (HAB), and the New England AIDS Education and Training Center (NEAETC). Planning Committee members have also solicited funds from their individual organizations. These funds are still pending.

EVALUATION

National African HIV Initiative (NAHI) - New England Regional Summit
Friday, February 8, 2008

City/State: _____

Check <u>all</u> that apply:

☐ **HIV Provider** ☐ **Other Provider, please list:** _____ ☐ **Consumer** ☐ **Government Agency**

☐ **Other, please list:** _____

Please rate the Summit Please check **<u>only one</u>** response	**Strongly Agree 1**	**Agree 2**	**Somewhat Agree 3**	**Somewhat Disagree 4**	**Disagree 5**
1. The panelists increased my understanding about the **overall goal** of the National African HIV Initiative	☐	☐	☐	☐	☐
2. The panelists increased my understanding about the **advocacy objective** of the National African HIV Initiative	☐	☐	☐	☐	☐
3. The panelists increased my understanding about the **education and outreach objective** of the National African HIV Initiative	☐	☐	☐	☐	☐
4. The panelists increased my understanding about the **data collection, research and evaluation objective** of the National African HIV Initiative	☐	☐	☐	☐	☐
5. The panelists increased my awareness about the challenges/barriers in HIV prevention and education targeting African immigrants	☐	☐	☐	☐	☐

Please turn over ⟶

6. What did you like the best about the Summit?

7. What did you like least about the Summit?

8. How can we improve sharing information about the goals and objectives of NAHI?

9. What other topics are you interested in?

Upon leaving, please submit evaluation at the registration table and receive a small beaded AIDS ribbon made by South African women living with HIV in appreciation of your participation.
Thank You!

COMMITMENT CARD

National African HIV Initiative (NAHI) – New England Regional Summit

Name: _____ Organization (if applies): _____

Address: _____

City: _____ State: _____ Zip:_____

Phone: _____ Fax: _____

E mail: _____

I am interested in participating in NAHI in the following way (check all that apply):

As an individual As an organization

____ I would like to be kept on the NAHI mailing list

____ I would like to join a NAHI working group

Advocacy Education & Outreach Data Collection, Research & Evaluation

____ Other: _____

Thank You!

Capturing the Moments


EXIT


John B. Katende


Christopher Bates

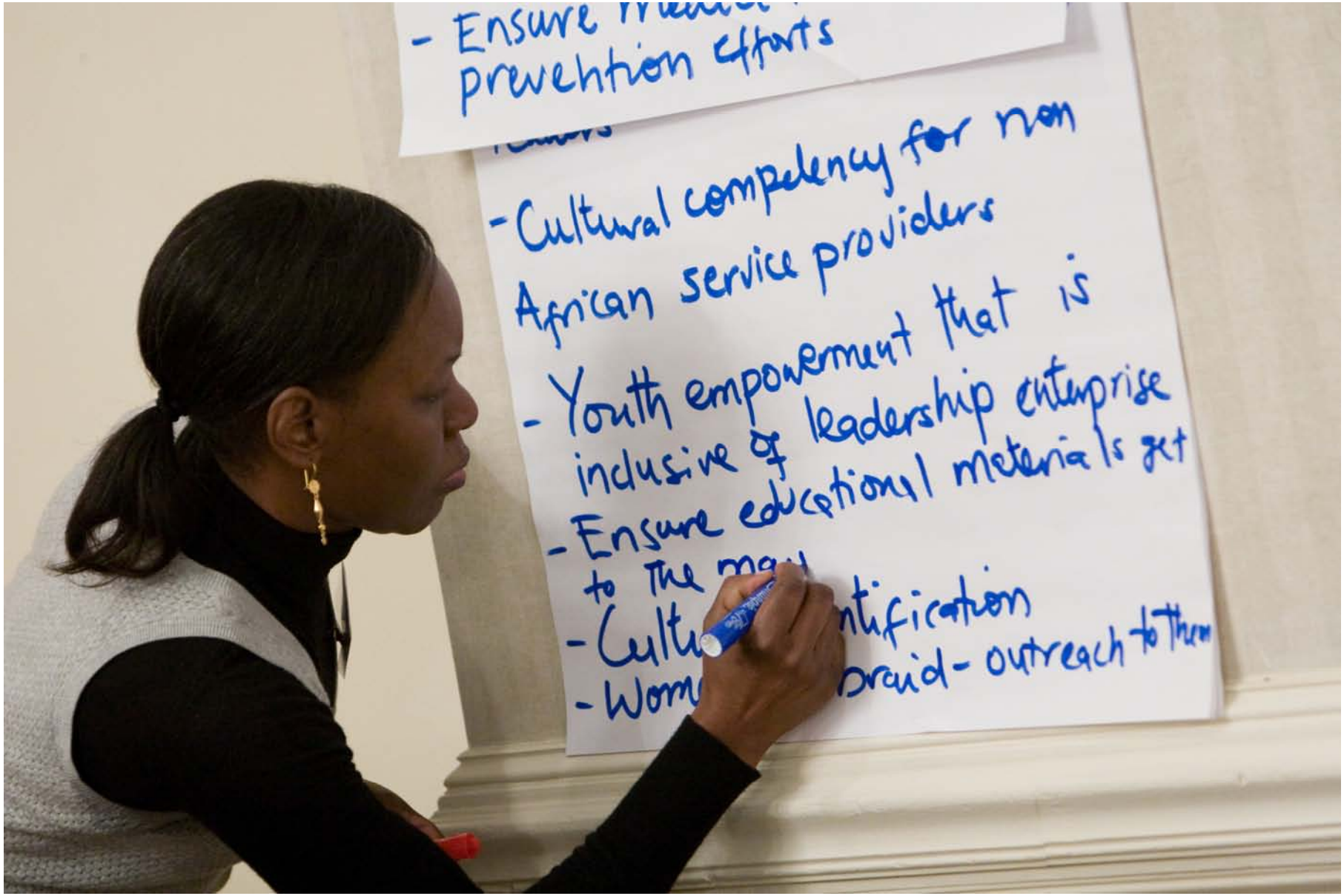

Christopher Bates

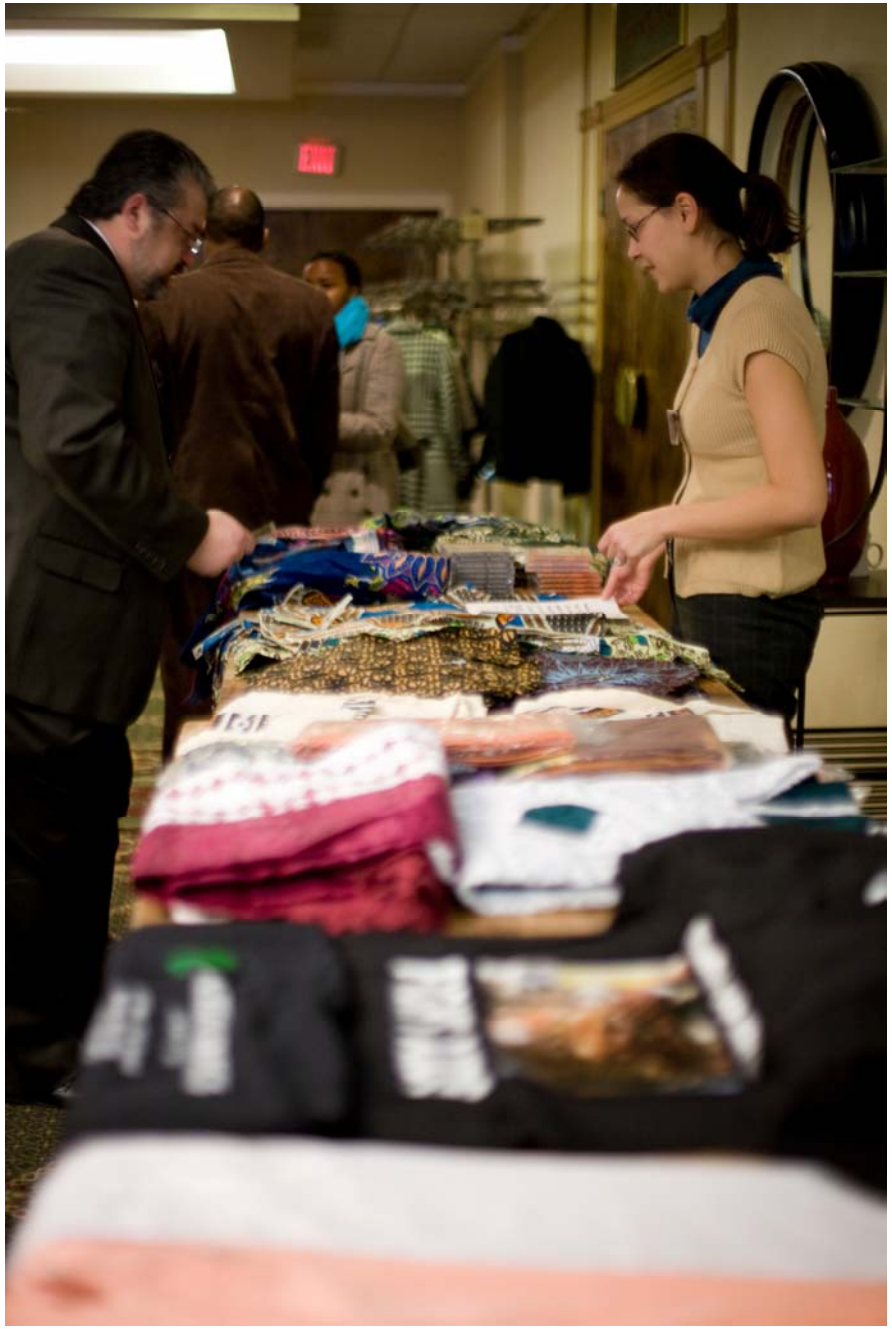

Augustus
Woynh


Immigrants
Come to the U.S.
2. Funding Education &


nges do you
in your State/
ties when providing
prevention, education
d care needs?
-reaching out to people (ex: working, don't want to meet others, immigration status)
-Denial
-old African traditions/customs
-religious beliefs
-Afraid to get tested
-# People do not want to be known as HIV+
lack of funding
time staff, language barrier


- Utilizing community leaders
to champion HIV prevention
- Hiring/Utilizing African
who have multiple languages


- Ensure
prevention efforts
- Cultural competency for non
African service providers
- Youth empowerment that is
inclusive of leadership enterprise
- Ensure educational materials get
to the
- Cultu ntification
- Wom braid- outreach to them




EXIT


take control
of your
health
and your
life
Get Tested for HIV
Approximately
40,000 people
in the United
States become
infected with
HIV each year.
www.hivtest.org
IONAL HIV TESTING MOBILIZATION CAMPAIGN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EXIT


Recommendations for
Next Steps for AIAH
(including topics not discussed
today)


EXIT


EXIT


* How do we engaged
Young People / Se
generation Immigra
* Taking advantage of
new initiatives like CDC's
routine testing // Emergency
room testing to best serve
Africans? - Counseling as a
critical point and chann
to a comprehensive health
System!
* What some of the
are unique to Africans that
been missed?