

**Barfield & Associates/Orlando, FL.**  
*Closing The Gap 2003-2004*

**Closing the Gap Evaluation Team: Barfield and Associates**

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## **Closing the Gap SUMMATIVE EVALUATION REPORT**

**Date:** 5/6/04

**Grantee ID:** 19B5

**Agency:** Intercultural Family Health Education Center

**Project:** Involving Haitians in Closing the Gap (Diabetes)

**Informants:** Yanick Abellard; Mauclair Cajuste; Jean Amisial; and Susan Glaser

**Site Team:** Beverly Hill, Jody Owens, Sharon Watson, and David Himmelgreen

### **1. Collaborations:**

This project demonstrates a high level of collaboration among local agencies, organizations and individuals. These collaborations are made official through letters of intent, informal agreements and formal commitments. The CTG team has established a diverse and solid network of partners throughout the community. Their ability to harness the collective energies of both private and public entities for community level interventions earned them the Palm Beach County Public Health Award.

Collaborative partners include Haitian churches, CHD, Caridad Health Clinic, Migrant Association of South Florida, Haitian American Community Council, Palm Beach County Health Care District, Florida Atlantic University, United Way, JFK Hospital, Bethesda Memorial Hospital, American Heart Association, the local community college, American Kidney Association as well as Haitian physicians and nurses practicing in the community. In addition to medical volunteers, the project is working with churches to support the development and success of “Faith in Action” volunteer caregivers.

Partners exchange information, cash donations, screening sites, referrals, medical supplies, gratis media and advertising services and in-kind financial support.

### **2. Community Health Assessment:**

IFHEC utilizes existing health assessment data in conjunction with its own health evaluations to identify and prioritize community health issues. Using focus groups they were able to get a sense of community members’ knowledge of diabetes and what approaches would be most suitable to their needs. They applied insights gained to create various assessment sheets.

Continual health assessments have been an integral component of IFECs success. Aware of the problem of aggregated data—where Haitians are not differentiated from African Americans—IFEC works to enumerate Haitian community health statistics. They are currently gathering baseline data for the Delray Beach community using a “uniform participant data form.”

IFHEC has access to the county's community health assessment through their partnership with the Palm Beach County Health Care District and the county health department. They also use data from the Florida Department of Health, CDC and US Census Bureau.

### **3. Vision/Mission/Goals:**

The CTG project shares the vision of IFHEC but has developed mission, goals and objectives specific to the project. The mission and goals of the program include educating and screening Haitians living in the area of Delray Beach in south Palm Beach County for diabetes risk factors; teaching and supporting health maintenance strategies; and decreasing health disparities. Goals include outreach, workshops, screenings, and referrals for further diagnosis and treatment. Goals are measured by the number of participants attending workshops and health fairs; the results of pre- and post tests; and the number of participants screened, referred, and who received appropriate medical care.

### **4. Assets & Resources:**

As evidenced by their elaborate collaborations, this project successfully identified, developed, and utilized its list of community assets and resources.

### **5. Prior Experiences:**

IFHEC's ten years of working with the Haitian community has resulted in a wealth of experience that informs specific activities. For example, Health Educators/Doctors in the program have learned the importance of cultural sensitivity. While many health professionals may tend to judge or dismiss claims of voodoo or particular beliefs about diseases, on their Radio Show and phone health hotline, they treat indigenous knowledge and beliefs with respect. They described a situation where a woman was preparing herself for death, because of something sent upon her, but they were able to negotiate both the spiritual dimension while convincing her to seek biomedical assistance—they ended up saving the woman's life.

### **6. Barriers:**

The CTG team discussed several barriers impeding progress toward their goals. At the community level literacy, low English proficiency, high mobility of migrant labor, lack of legal documentation, transportation difficulties, low income, and low rates of insurance remain barriers to health care in the target population. Additionally, they are faced with the challenge of screening and informing participants of the presence of diabetes knowing that they cannot afford medication. Much of their clientele are not eligible for Medicaid (the 5+ year residency requirement) while others who are eligible are not aware of their eligibility, cannot navigate through system (paperwork) or simply treat the system with fear and distrust. They are actively addressing these issues by teaching community members how to navigate the system as well as referring people to appropriate medical and social services. IFHEC's network of Haitian health professionals has played an integral role in overcoming this barrier. The issue of transportation has

been addressed by their adoption of the Haitian notion of the “community agent health worker” where they do not wait for the people to come to them but they go to people’s homes and meet them where they are. Another powerful means of addressing this barrier has been the Radio program and the hotline.

At the organizational/state level, they have faced challenges attaining/affording medical supplies. For example, they have diagnostic equipment but cannot afford the strips. They are also feeling pressured in terms of staffing, they all have particular contracted duties that address the objectives and thereby the deliverables; but in addition to their original duties they are struggling to find the time, money and manpower for grant writing and data entry.

### **7. Outcomes:**

All activities are well documented; the agency excels at record keeping with daily and weekly logs of contacts and activities. Outcomes are the results of initial screenings and repeated measures for blood pressure, cholesterol, weight management, and glucose. Testing results are given to participants at the time of testing. Other outcomes include home visits, individual consultations, support groups, referrals to approved health care providers, maintenance of radio show, increasing the number of individuals attending health education classes and telephone discussions. All of the above activities are conducted on the basis of risk profiles for diabetes, heart attack and stroke. Repeated measures allow for short-term assessment of risk factor control.

### **8. Denominator Populations:**

The specific denominator population for the CTG project is comprised of Haitians and Haitian Americans 18 years of age and over who live in the Delray Beach area of southern Palm Beach County. The IFHEC has nearly a decade of comparative data (since 1994) for Palm Beach County but are focusing efforts for these CTG contracts on more rural Delray Beach communities. Repeated measures allow for short-term assessment of risk factors and control the establishment of numerators. The project periodically compares both the internal data of the denominator population as well as makes comparisons to the community at large.

### **9. Cultural Competence:**

As noted in the formative evaluation, this site is particularly strong in cultural competency and has reached the higher level of cultural proficiency. Project staff have been asked to train community health professionals on cultural competency and sensitivity in addressing Haitian health needs. This group should be considered an expert source on cultural competency. IFHEC’s expertise in this area is an asset to the CTG mandate and should be exploited by offering instruction bilaterally to both health professionals and programs and individuals at the community level.

## **10. Sustainability:**

IFHEC continues to receive support from CTG, Palm Beach CHD, Haitian Pastors Association, FAU, United Way, Haitian American Community Council, county and district funds and local hospitals. Their strategic approach to sustainability is holistic incorporating outcome dissemination, community stakeholder investment, and investigating potential funding sources. IFHEC's sensitivity to community needs partnered with the flexibility to address these needs enhances their reputation in the community, thereby, maintaining and attracting support. Another tool in their process of ensuring sustainability is the grant-writing capacity of project manager, Ms. Aberllard.

## **11. Data Management:**

This is an excellently organized program. Protocols for data management in all areas (i.e., screening, education, outreach, follow-up) are explicit and the data management is current. Records are available in a series of accessible binders. Excel is the program used.

Additional Information:

During the site visit we actually had the opportunity to listen to the radio show. It truly embodies the wealth of knowledge, experience, cultural competency and innovation of this project. Unlike many health related radio shows—who tend to lean on the dry and informative side—this show is filled with humor, sensitivity and indigenous knowledge. They create a show where listeners have the opportunity to call in and ask questions—learning that they are not the “only ones.” Listeners are entertained but still learn about health issues and how to access prevention and treatment.

## **12. Recommendations:**

- Continue to develop diabetes educational materials that are culturally appropriate for Haitians and include issues of traditional health beliefs and practices.
- Explore how cultural competency approach may be formalized, packaged and marketed to other programs that serve similar target populations.

**Education**

*Gender Breakdown*

Figure 15 shows that 52% of participants were Male and 48% of participants were Female.

*Screening Session*

Figure 16 shows that 80% were Blood Sugar Level and 20% were Blood Pressure Level.

*Education Session*

Figure 17 shows that 50% were Public Education Training and 50% were Class Series Sessions.

*Diabetes Type*

Figure 18 shows that 37% were Self Management-Complications, 24% were Self Management-Nutrition/ Weight Control and 13 % were Life Style Management, Prevention Education, and Self-Management-Other respectively.