

Northwest University

Raising Awareness of the Haitian Community and Faith Based Organizations to Mitigate
Alcohol, Illicit Drug Abuse, and STI/HIV.

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Guided Thesis

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Abbreviations

AFAB: Association of Haitian Women in Boston

AI: Appreciative Inquiry

AIDS Acquired Immunodeficiency Syndrome

AJPA: Youths Association for Progress of Anse a Pitres, Haiti.

AR: Action Research

AUD: Alcohol Used Disorder

BIPOC: Black Indigenous and People of Color

BMC: Boston Medical center

BRA: Batey Relief Alliance

BSAS: Bureau of Substance Abuse

CCHERS: Center for Community Health Education Research and Services

CHW: Community Health Workers

CBO: Community-Based Organization

COVID-19: Coronavirus Disease 2019

ESOL: English to Speakers of Other Languages

HAPHI: Haitian American Public Health Initiative

HIV: Human Immunodeficiency Virus

IFSI: Immigrant Family Services Institute, Inc.

LEP: Limited English Speakers

LGBTQI: Lesbian, Gay, Bisexual, Transgender, Queer and Intersex

MAICD: Master of Arts in International Community Development

MCHC: Mattapan community Health Center

OUD: Opioids Used Disorder

PPN: Peer Prevention Navigator

PTSD: Post-Traumatic Stress Disorder

PIH/ZL: Partners in Health

SAMSHA: Substance Abuse and Mental Health Services Administration

STI: Sexual Transmissible Infections

SUD: Substance Used Disorder

TB: Tuberculosis

US: United States

USCIS: U.S Citizenship and Immigration Services

ESSAY I: CONTEXTUALIZATION

Introduction

Cultural contextualization is the practice of designing programs and processes with attention to the particular cultural characteristics and inherent resources of a given people, place, and time. It also recognizes that certain social groups have migrated and adopted characteristics due to the new environment and cultural context in which they find themselves. While they may continue to live closely with their families' values, their host program providers need knowledgeable and realistic approaches to understand the newcomers' needs and culture. This knowledge will help providers tailor community programs to help them achieve a successful new life in their new physical location. Consequently, all professionals, regardless of their workplace environment, must understand their clients' different characteristics linked to their culture, beliefs, and myths. By focusing on these details, Foundation Macaya's (See Appendix) team will acquire a competitive advantage and can contribute better to the success of the project that our team hopes to implement. Indeed, in this essay, I will explain the ways in which I have used contextualization as a guide to be purposefully innovative during my fieldwork, to apply its use in my thesis project, and to make clear the values and practices that contextualization will bring in my future vocational work as a change-maker.

Why Practice Contextualization?

First, we practice contextualization because of cultural and racial diversity, historical ideology, and often because of a group's lack of assimilation inside the newly acquired society and its subgroups. It is important to go to the grassroots level to understand people's specific behaviors and reactions to find solutions to their problems. Such has been the case in my fieldwork while interviewing and observing the Haitian communities in Boston last year. In fact,

understanding cultural contextualization has allowed me to focus on my research questions in an exceptional way. For instance, I was fortunate to interview a youth named Haisha, and after a question directed us to discuss HIV and drug awareness, she said, “I prefer a prayer from my pastor before I go to the clinic because I do not trust the medical staff. You know there’s a lot of stuff happened. I have read the fact about HIV injection on black blood to demonize us.” This may be a concept she has heard from her parents or peers, but the mistrust the minority group has about the US healthcare system remains firm, unfortunately. Additionally, I conducted interviews with religious leaders, community-based organization managers, drug users, homeless individuals, youths, and young adults in Boston’s Haitian community to gain knowledge of the level of support services available to minority groups and the Haitian communities. This stage has also allowed me to identify the different idiosyncrasies related to the community in the greater Boston area, additional contextualization that will assist my efforts in helping this community.

Secondly, contextualization is important even in recognizing disparate faith beliefs that affect one’s health. For example, religious leaders such as pastors and Vodou priests play a fundamental role in Haitian society. Many people think they are healers of the soul as well as the first practitioners to offer traditional therapy for diseases that they consider superstitious. This belief is so real that even today, many people go to a Vodou priest’s office to receive a first diagnosis of their health problem. In my interview with T-black, a Vodou practitioner located in Boston who offers services to the community, he affirmed that these types of ideologies still exist and that he has frequently referred or made collateral contacts with a specialized medical center when he has received cases that he considers medicinal. However, in Haiti, his colleagues treat all kinds of cases. During my time as a medical intern in Haiti in 2011, we had clients

diagnosed with HIV, TB, or cholera all seeking a cure with the Hougan (Vodou Priest) before coming to the clinic. The same wish happens in the churches since the worshippers believe that the pastor can cure any type of illness with prayer. As I have identified, for example, most Haitians maintain a deep connection with their origin and rituals no matter where they find themselves. This connection means that Haitians respectfully approach the Lwa (spirits in the African Diasporic religion) as if advancing towards elders: with earnestness, much reverence, and a cautious sense of humor. Most important, every ritual step they take is mirrored to them. In this way, mirrors provide personal access to Ginen (link between Haitian Vodou and their African Ancestral), the world of the dead, and the ancestors, thereby offering a source of communication through mystic translation. Thus, during a Haitian's regular medical, paramedical, or mental health checkup or an after-death visit, practitioners can expect that the Haitians may display beliefs in the impact of the Vodou (Daniels 971). For professionals who aim to offer services to the Haitian community, it is imperative they understand that Haitian's beliefs about life and health are linked to faith.

Finally, contextualization is important in identifying biases. Despite the beliefs and connections of Haitians to faith-based activities, they often reject individuals who abuse substances, live with HIV, or who are in the LGBTQI+ (lesbians, gays, bisexual, transgender, queer and intersex) community. In Haiti, someone who experiences one of these situations is openly excluded, stigmatized, and/or seen as impure. In his book *Unclean*, Beck argues that, as churches explore missional living, they routinely come into conflict over the tensions inherent in mercy and sacrifice. Churches must make choices, often walking what seems to be a razor sharp edge, trying to balance the imperatives of holy living and missional engagement (84). However, I have noticed a certain flexibility in my conversation with the church leaders here in Boston,

perhaps due to US customs and culture. Furthermore, Vogl mentions that spiritual and religious communities often run into this challenge of implicit, negative values. They may advocate an explicit value of welcoming strangers, but their language (and those whom they choose to stand next to) shows that they value more their own homogeneity, familiarity, and conformity. It's largely the resulting disagreement over values and apparent hypocrisy that angers outsiders and prevents visitors from joining for connection (16). Haitians show similar behavior with either foreigners or with their own compatriots. Consequently, using contextualization to raise the level of awareness and education can be valuable for individuals in general as well as for faith leaders who hope to encourage the mission of their congregation.

Because of these circumstances, in my project, I have a goal to work hand in hand with religious leaders to raise awareness about and educate them about the need to prevent drug abuse and to support compatriots in difficult situations.

ICD Values and Contextualization

Understanding the context of the Haitian culture is crucial to successfully implement any proposed social changes. Indeed, change is often gradual in the United States and Haiti, and these countries take their time to make cultural, social transformations. While external practices may change rapidly, internal values can take time. Any adjustment to the cultural dimension certainly does not mean a deliberate adjustment to the practices such as eliminating evident barriers, distribution of means, and deleting explicit bias toward others. Hofstede et al. state the following in *Cultures and Organizations: Software of the Mind*:

Regional, ethnic and religious cultures account for differences within countries; ethnic and religious group often transcend political countries borders. Such groups from

minorities stand at the crossroads between the dominant culture of the nation and their own traditional group culture. (45)

I agree with this statement because it reflects both communities. In fact, the 95% of the iceberg that remains invisible below the surface represents the mysterious cultural values, differences, and assumptions between the two countries. For example, the belief that Haitian Christians will embrace the lessons learned from our Foundation Macaya intervention could be challenging if we and they are not each involved in the design. As a result, Foundation Macaya will join with faith leaders, community-based organizations leaders, and civil associations so that all recognize the need for and work to produce specific change. We will not propose a solution to faith leaders; however, we aim to work with them as they use their resources to encourage a change and welcome everyone, regardless their sexual orientation or health condition. At the same time, this change also means that those who want to work toward preventing substance abuse and HIV are in for a long process, because the cultural values and beliefs involved are stable, and change will be gradual.

To illustrate the importance of the contextualization in his work with Hmong refugees, Dwight Conquergood offers his observation of the Thailand culture as well as suggests an innovative approach that might help these refugees. The author explains how the Hmong citizens faced difficulties in the refugee camp after the Vietnam War. They suffered many new restrictions, which produced different problems in health and hygiene (Conquergood 226). Conquergood, in contrast to the refugee camp way, took a contextualized approach by using traditional Hmong performative art techniques to convey the necessary information in ways that the Hmong could accept and understand, using both well-known Hmong characters and inventing a few of his own in partnership with the Hmong performers (Conquergood 225). His

intuitive appreciation of their culture and readiness to work alongside them combined with his creativity led to a positive result for everyone involved in this situation. It was contextualization at its finest.

Certainly, I will use the innovative method of contextualization as I identify available resources and links to assure that Boston Haitians have the opportunity for education and treatment for drug abuse and HIV at the grassroots level. They will learn that an exchange of sex for money and drugs can bring significant risks for contracting STI/HIV; this behavior is somewhat common among Haitian adolescents and young adults (Boyer et al. 97). Foundation Macaya's innovative approach will introduce a fresh community perspective regarding the role of faith leaders, health and service providers, and the community-based organizations. It will bring these together to understand the problems and create ways in which to educate and encourage the most-at-risk individuals.

Contextualization and Community Development

US systems significantly influence the Haitian family dynamic and ability to function in a healthy way. These include education, community engagement, employment, migration status, faith activities, and systems management. Regarding these concepts, the author of *Theories and Practices of Development* writes the following:

These interconnections demonstrate that environmental protection measures are about more than just natural development; rather, attempts at sustainable development need to be placed within the much wider context of poverty alleviation, meaningful community participation in decision-making and a recognition of the importance of social and cultural contexts. (Willis 189)

Haitians are active and seeking leadership roles in the city, state, and national level. By seeking opportunity for themselves, most families operate as parts of these sociocultural and economic systems, which themselves concentrate in diverse environments in the state of Massachusetts, including rural, suburban, and urban areas. At the same time, Cephass Jn Baptiste, Director of C&S LLC, a Nursing Assistant training school based in Boston, believes that the pandemic has specifically and negatively affected the Haitian community because Haitian leaders might not be technologically competent to use a video call. The informant also agrees to raise awareness about HIV/STI and drugs abuse with nursing assistant students involved in his nursing school. COVID-19 pandemic has definitely impacted families everywhere, but for Haitians, it's also possible that virtually celebrating certain folkloric events such as Haitian heritage month may cause additional cultural stress. Besides the major stressors of environment, migration, and politics, the non-realization of these cultural events risks producing tension and lack of unity in the group.

My direct involvement last summer has allowed me to identify specific stakeholders, their available resources, and the different needs of the community. For example, economic and e-learning support are almost non-existent for the flow of Haitian migrants who recently arrived through the US-Mexico border. That lack tends to increase risk factors for leading youth to use alcohol, illicit substances, and engage in illegal activities. Although the Mattapan Community Health Center offers behavioral health services, migrants often lack health insurance and cannot access the services.

It is evident that the city of Boston is quite diverse. Regardless, the culture, race, and ethnicity downgrade the Haitian family integration in the community because of language barriers, racial mistrust, and poor/different educational backgrounds. As a result, interventions that include job and social skills training, English classes for speakers of other languages

(ESOL), interpretation services, and support groups could improve Haitian health outcomes and socioeconomic circumstances.

Contextualization and my Thesis Project

The team leaders involved in Foundation Macaya (see appendix) have the specific information, knowledge, and ability to work with Black/Haitian family cultures. They are aware of their comprehensive prevention service needs and challenges to provide culturally responsive family education focused on substance abuse and STI/HIV. Moreover, having the full understanding of the background issues and aspects of family structure and functioning in the Haitian community will help us guide our approach to meet the needs of individuals from a cultural perspective. For instance, the Foundation Macaya team knows the specific family cultures (racial and ethnic) backgrounds, and for families with lesbian, gay, bisexual, or transgender (LGBTQI+) members, we have plans for culturally tailoring interventions to bring awareness and acceptance. In *Moral Geographies of Diasporic Belonging: Race, Ethnicity, and Identity among Haitian Vodou Practitioners in Boston*, Crocker affirms that for Vodouisants in Boston, this awareness means plugging into the progressive narratives of feminism and LGBTQ equality using particular presentations of Vodou mythology and practice. Presentations at universities and work with academics help legitimize not only Vodou but also Haitian's sense of belonging. Legitimization of Vodou respect in local Boston contexts may aid in claims-making for Haitians' belonging to larger American forms of religion, but it also creates problems with homeland identities because in this "growth," Haitians begin to question what they have always known and believed (8). Beyond these basic faith issues, there are additional limitations. For example, the literature on the effectiveness of Haitian family education for preventing SUDs and STIs considering our in specific cultures is often limited. Thus, our project's faith-based leaders'

interventions and the creation of the Task Force for SUDs and STI awareness and prevention are realistic and effective approaches to achieving and sustaining halted substance use disorder and HIV prevention, particularly for adolescents and young adults. However, the diverse makeup and culture of the Haitian household may affect the level to which individuals facing substance misuse can effectively access, engage in, and profit from SUD prevention and treatment. It could partly be because of cultural barriers (language barriers, stigma, or negative attitudes about seeking help) that can make looking for support a challenge.

My thesis project aims to deliver a contextualized family-based intervention to successfully offer a cross-cultural approach for services to reduce STI and substance misuse in the Haitian community. Foundation Macaya's team is aware of and will pay attention to the unique characteristics of certain family and personal subcultures. According to Richman, the conversions relating these to the moral dialectic from Vodou, known as Guinea and Magic, address the conflicts between individualism and community and give examples of often pragmatic motivations for conversion (Richmond 45). That motivation seems very practical because the Haitians' perceptions of their adaptations are unique in that they are filled with each individual's cultural concerns, images, and morality. These adaptations include the family's structure, communication style, immigration history, level of education, experience of individual and historical trauma, and interrelationships with one another.

Contextualization in my Future Work

Using contextualization is key to efficiently serving any given community. Considering that my professional interest focuses on developing activities in the field of community health, I believe that applying this core value throughout the life cycle of any project or program will facilitate the success, and therefore, will be a win-win strategy. Obviously, the Haitian culture

often has specific practices, structures, values, beliefs, habits, and rituals that can affect community support services prevention focused on substance use and HIV outcomes for any provider. That said, the process will not be easy, and it will face obstacles. Luckily, I understand the ways in which Haitian family cultures function, so that I can identify and tackle family-related causes such as communication designs and level of assimilation that may affect the engagement, and consequently, increase the risk for substance misuse and STI/HIV.

Additionally, I am aware of the main cause of family separation (migration, divorce, or death). Even if families are together, they may lack an awareness and education about substance misuse. Also, racial discrimination, stigma, shame, trauma history, and bias may have affected multiple generations, influencing these immigrants to abuse substances and to refuse help-seeking behavioral services when needed. Consequently, I will target all families as a part of family awareness and education for SUD and HIV.

I have found that literature inadequately addresses the best ways to culturally adapt Haitian family-based education interventions for SUDs/HIV to the specific needs of the community and individuals. To the extent possible, I will use family-based support services that meet Haitian families where they are via social media and faith with message that harmonize to the family's level of interest to learn and to understand their unique goals. As Myers states, being clear about God's plan for our better future is important for Christian development workers as they help communities develop their own views of the better future they wish to seek. Any Christian vision of a better human future must include a vibrant, growing, living Christian community that eagerly and joyfully serves God and its community. It is difficult to imagine a transforming community without a transforming church in its midst (177). My building partnership and collaboration with community-based organizations, faith leaders, and civil

associations so that we all work together for the common good will be a tactical move toward my success.

Conclusion

Serving my community and/or any societies in difficult situations is part of my personal ambition. To make my dream true, it is necessary to apply the principles and values inherent to community development such as contextualization to develop sustainable programs.

Contextualization helps practitioner's awareness of such beliefs, and it is essential in creating and sustaining any positive, life-changing goals with Haitians and with any other community. I have the necessary knowledge and experience, and Foundation Macaya's leadership team is made up of highly qualified experts for this work. Through the ICD program, as a future change-maker, I have learned the values of person-to-person transformation in a robust way. This project is the result of its design that has considered all the key elements to achieve a perceptible impact on the target population. Our team will use cultural action to address the needs of the population on a small but sustainable scale, one that will last for generations.

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ESSAY II. QUALITATIVE INQUIRY

Introduction

Humanity's evolution links to mankind's ability to seek solutions to problems that affect their well-being. Depending on the objective, research methods have been used to identify the problems and to propose solutions. One of these methods, qualitative inquiry, is essential for community development experts because it requires that they use basic principles such as observations and interviews that provide information related to people's life, culture, and traditions. For instance, in his book, *Action Research*, author Ernest Stringer states that "community-based action research focuses on methods and techniques of inquiry that take into account people history, culture, interactional practices and emotional lives" (17). During my fieldwork, I applied qualitative research techniques to answer my study questions about Boston Haitians' cultural beliefs related to the use of alcohol as well as the correlation of substance use to sex. The partnerships I have gained in the field make it easier for me as a researcher and for those working with me to better understand the needs of the community so that we can work together to discover solutions to social and behavioral problems.

The qualitative methods of Appreciative Inquiry (AI) and Action Research (AR) are fundamental to collecting data in qualitative research. I have employed both methods, including interviews with faith leaders, stakeholders, and all other participants involved, and our dialogues were optimistic. Sue Hammond, the author of the *Thin Book of Appreciative Inquiry*, asserts that a significant theory of AI is that the language we use creates our reality (15). So, concentrating on and putting into words what is going well in a research project can transform and encourage our experience. In this paper, I will explain ways in which I have used qualitative research skills

I gained in the field. I will also describe how they have assisted my thesis project and have begun to build my expertise as a prospective community development agent.

Qualitative Inquiry and Community Development

Community research interactivity can support the need of government, agencies, stakeholders, and researchers as they engage in finding solutions to community problems. They can identify possible alternatives and potential changes that will help people prosper. When compared to quantitative methods, the qualitative approach allows us to learn in-depth strategies toward finding and meeting needs of any community we hope to serve. Merriam and Tisdell, the authors of the book *Qualitative Research*, argue, “In community development, practitioners and qualitative researchers are both interested in understanding how people make sense of their world and the experiences they have in their world” (15). I support this assertion because statistics or numbers cannot describe peoples’ feelings, perceptions, or their interactions with others. Moreover, communities are not just digits, but citizens’ lives, customs, stories, hopes, and dreams. In the same manner, having the opportunity to work alongside the people and to identify available resources for positive change has allowed me to decrease false assumptions. From the start, qualitative inquiry promotes active and objective researchers who engage and build up from first-hand preliminary ideas about the community.

To identify the research questions that relate to life conditions, needs, and potential improvements, the researcher must work with cultural humility. In the article “Cultural Humility: Essential Foundation for Clinical Researchers,” the authors claim that “when cultural humility is used by the researcher, this process of reflection includes the unpeeling of the layers that make up a person and incorporates an examination of personal, professional, and research values that may guide the researcher’s actions” (Yeager & Bauer-Yu). By using qualitative methods, the

researcher assures that participants' voices are primary, not filtered through the lens of any assumptions or bias. Similarly, the researchers must be self-reflective and disclose not only what shapes their interpretation of the data, but they must also collaborate with their partners to seek ways to address any biases they may encounter. Establishing a common goal presents a unique opportunity to combine large research data networks with partnered approaches. In this way, researchers and co-workers can aim at reducing inequities in behavioral health and social risk factors (Arevian et al. 5). I believe being able to gain the trust of faith leaders has allowed me significantly enhanced and important insights regarding my inquiry. As a result, I have been able to create a task force committee here in Boston integrated by faiths, community-based organizations leaders, and stakeholders. Together we can prioritize education regarding the prevention of alcohol and substance abuse as well as STIs (Sexual Transmissible Infections).

Qualitative Inquiry and Fieldwork

Interview

My motivation to use qualitative inquiry began when I first learned about the MAICD (M.A. International Community Development) curriculum. During my orientation, the program director emphasized its core values of Contextualization, Copowerment, Collaboration, and Human Transformation, and I quickly realized the ICD program would aid me in achieving my life purpose in community healthcare, particularly with Boston Haitians. My enthusiasm about telling stories of Black American life, especially for native Haitians who have relocated in the US, has been especially important to me in the past few years. Additionally, my experience in the community health field has increased my knowledge of Haitian cultural values, rituals, traditions, and principles that appear in cross-cultural communication. For example, I have come to better understand that Haitians often use faith to help interpret their health complications. I

also have a deep interest in social justice and health equity for the marginalized community, so I have joined the ICD program to help make my dream come true. Early on, I took the course Research for Social Change where I learned ways in which qualitative inquiry is used to shape any investigative areas about which very little is identified. This fact has encouraged my research aims to study the co-relation between STI/HIV and drug misuse, especially in the Boston Haitian community. Regarding this community and the necessity for understanding its culture, I have read the article entitled “Mechanics of Conducting Culturally Relevant HIV Prevention Research with Haitian American Adolescents: Lessons Learned.” Its authors Norris and DeMarco argue the following:

So, understanding the culture is vital because it makes it easier to remove insignificant obstructions that can create obstacles to the program. Haitian history, culture, and experience with HIV present challenges for developing culturally relevant and effective HIV prevention strategies and for conducting the ethical research needed to evaluate these interventions. Cultural values of respect for authority and for educators along with the poverty associated with being both Black and an immigrant in the U.S. create unique vulnerabilities with respect to voluntary participation. (72)

Luckily, qualitative methodology has allowed me to carefully use information that has originated directly from the facts. For instance, Esther, a participant of my study spoke with me, saying “this is my first participation in an investigation, I feel like it is a simple talk, where I can express freely my opinions without any fears. I am happy to meet with you since I learned something important about my culture, parenting role, and safety; all of them very important for my family and our community.” I took time to explain the objective of the study to all participants, hoping to avoid any misinterpretation. As Stringer states, “Action research requires all participants to

engage in communication that facilitates the development of harmonious relationships and the effective attainment of group or organizational objectives" (26). As a researcher, I have used objective, unbiased, neutral interviews and observations to deliver this product. For an example of such information gained in my research, I spoke with T-Wes, another participant, who shared the following:

Spirituality and immorality aspect of the Vodou reflect evils actions that technically reduce its importance for many Haitians compatriots. However, it should be taught in school, so children could be proud of its values. While I understand it is part of all of us, we have to use it to create unity, peace and opportunity for the Haitian children and the youths. All Haitians subgroups, including faith leaders and worshipers must unify to back the Vodou. (T-Wes)

His input is valuable because qualitative researchers seek to understand how people interpret their experiences, including ones with Vodou, how they construct their worlds, and what meaning they attribute to their experiences (Merriam and Tisdell 5). Because I understand their culture, I can appreciate my participants' religious beliefs on both Christianity and Vodou, and I can basically understand their views on alcohol abuse, drug abuse, and STIs. Apart from this understanding, the cultural competency I have gained during my research confirms that all cultures and subcultures matter and must be appreciated.

My Observation

Observation at the grassroots level has allowed me first to understand the dynamism of the Haitian people still living overseas, and second, to understand the opportunities and challenges they face when relocating and integrating into the US. During my fieldwork, I primarily used qualitative inquiry, which required that I spend time with the culture being

studied. I met with participants, and I organized data, held interviews, made observations, and created personal field notes to explain my insights regarding the culture, group, and my observations (Merriam and Tisdell 30). For instance, I was able to go directly to Boston's Haitian consulate to observe the quality of the services they offer to the public. When I arrived there, I found that the office displays a few precious handmade paintings (beach, carnival, birds) that reflect art directly from Haitian scenes and life. Unfortunately, I saw many adults accompanied by their children waiting for service there, and I have heard them complain about the indifference of certain employees. Among the services that most come for are passport renewals, birth certificates, and identity cards. Looking around, I did not see anything "official" such as a price list for the services, and I have heard that many clients think they have been overcharged. Also, the documents requested often do not arrive in time to update their pending immigration regularization process with the USCIS (U.S Citizenship and Immigration Services).

Similarly, in the Mattapan neighborhood, using my own natural senses has strengthened my fieldwork. This area of Boston is recognized for being very marginalized and impoverished and for suffering from frequent crime. Still, there are multiple banks, restaurants, money transfer agencies, and supermarkets that sell typical products from the Caribbean. Mattapan Community Health Center (MCHC) is close by as are the trains and buses that move people everywhere. I have witnessed people walking along speaking Haitian Creole or Spanish. I have seen others singing and asking for coins, and some sitting together in a group. What most caught my attention were a few Blacks who preach and distribute flyers in the streets, promoting a religion called the Jubilee. They dress in a long purple suit, similar to the attire that Muslims wear. Also, on one Saturday visit, I saw many people drinking alcohol and smoking marijuana on the street, activities that can set a bad example for school-age children and youths. Finally, I was impressed

by the new branch of the Chase Bank. Its walls toward the parking lot show graffiti honoring Black Haitian heroic leaders. I believe that these strategies were intended to attract Haitians since they are among the bank's target customers. When using qualitative inquiry, researchers must draw on a similar abundance of people, places, cultures, and things to understand the details that they observe (Sunstein and Chiseri-Strater 173). Clearly, my study has improved drastically because I have observed the reality of the Haitian diaspora living in Boston.

I am not very familiar with the role of faith leaders in decision-making related to the use of alcohol and drugs and/or their correlation to HIV in the US. However, I have been able to address this gap clearly during my fieldwork by collecting primary data from key participants who have responded to my inquiry. Through my interviews and Mattapan observations, I have learned that qualitative inquiry is essential to my goals. I have also been able to obtain important information that responds to my questions of interest and details that will enlighten the way for other investigators.

Obstacles and Lessons Learned during the Study

Within the limitations of the study, its timeframe represents a major problem. To contextualize the study with real-life information from my participants has required a deep understanding of the reality, not a quick read. Regarding this fact, the author of the article "African American Life in Societal Context: Crisis and Hope" asserts the following:

It is imperative that additional, more sensitive empirical studies of African American families be undertaken. Further, these studies need to employ alternative theoretical, methodological, and ideological approach that will help clarify the socioecological context within which African American families' functions and illustrates how these families responds to such constraints. (Allen 591)

I recognize that more studies must be carried out with a broader scope to understand the risks and protective factors of the Haitian community and its use of chemical substances plus HIV infection risks. At the same time, helpful information from other investigators, as in the article entitled “Behavioral Risks for HIV Infection Among Quebec Residents of Haitian Origin ” have added value to my own research. The authors of this piece argue the following:

Because factors that influence behavioral risk factors for HIV transmission are strongly tied to culture, it is important to understand risk and protective behaviors in Haiti and among other Haitian migrants. The findings of a national study conducted in Haiti showed that condom use continues to be rare; only 11% of women and 23% of men who were aware of the risk of HIV/AIDS indicated that they used a condom at their last sexual intercourse. (Adrien et al. 898)

Other time constraints apply. Due to the COVID-19 pandemic, I had to postpone or cancel many interviews, and I had to use Zoom for most of them that were conducted. While I consider myself lucky to have interviewed key personalities and observed community support service organizations, I had limited time with my participants, so my questioning was brief. Different causes could have been at work; the briefness could have been due to the lack of trust that exists between Haitians and/or because of the undocumented status of certain participants. The economic aspect has also influenced some of my participants who expected payment even though I had clarified that their participation was voluntary. Authors of *Fieldworking*, Sunstein and Chiseri-Strater, highlight, “As we collect data about people, we must continually look over what we’ve gathered in terms of ourselves, our informants, and the information’s meaning against the larger backdrop of our research” (265). I agree with this statement, and I was also able to use available resources to obtain crucial data that will greatly aid my own research.

Evaluation and Qualitative Inquiry

My study links to community health support primarily through drug, alcohol, and STI prevention in the Boston Haitian community. Qualitative inquiry has been my primary research method. Haitian culture, my own included, is rich and valuable, and I hope to partner with my Bostonian brothers and sisters by developing contextualized and sustainable programs and community-owned projects to further enrich and sustain the Haitian community. My project's plan through Foundation Macaya is to deliver workable strategies by using a mixed method of data collection (See Appendix). Since quantitative data alone does not require that we understand and work with our resourceful stakeholders and other partners, the qualitative inquiry approach is more appropriate as we work together to create positive change for the community. We will use both AI and AR at various stages of the project because these will allow us to evaluate the challenges as well as to develop strategies necessary to achieve our goals and objectives.

Foundation Macaya will continuously use AR to ensure quality improvement, participants' engagement, and satisfaction of services. In *Strategic Fund Development*, Joyaux speaks of engaged communities that are genuinely committed to their organization. He said that as a community moves forward, participants need to continue in their "commitment to the process," to "ongoing conversation," and to managing the change process through "participatory decision-making" (50). Considering my role as a change catalyst, I will make sure that the Foundation Macaya team uses their collective abilities and talents to maximize the solutions for social change we all seek. Because qualitative inquiry serves to develop, evaluate, and improve programs and projects, we will use it constantly to further analyze and measure our process.

Similarly, using objective qualitative inquiry can help us assess if its process and outcomes meet stakeholders' goals. Although the Foundation Macaya plans to hire an external

evaluator (TRX Development) to provide support with data analysis, our team will collect and record first-hand information about our process and any challenges it meets. By doing so, we can better access community engagement throughout as well as report often to our stakeholders.

Because I believe that qualitative inquiry is essential for all community developers as they plan their projects, I will also publish the findings of Foundation Macaya in distinguished magazines and scholarly journals to contribute to the education of future generations about the importance of qualitative inquiry in sustainable development. Indeed, qualitative program evaluation is action-oriented, so by using ICD values such as copowerment and participatory action, we work together toward sustainable social change.

Applications of Qualitative Inquiry in my Professional Life

Quantitative and qualitative methods complement each other's scientific explorations. As a community developer, I will focus on qualitative inquiry because it provides specific factual details for development solutions. It also requires working hand in hand with others and learning people's different cultures. Indeed, a focus on all forms of scientific studies on peoples and cultures makes up our ethnographic studies. Although culture has been variously defined, it essentially refers to the beliefs, values, and attitudes that structure the behavior patterns of a specific group of people (Merriam & Tisdell 27). My role in the community will be to address the needs and locate the resources to solve the problems. I will work together with the local association leaders to identify problems and propose participatory development strategies. With this clear vision of a place and a people, I hope to encourage and support projects that feature contextualization, collaboration, and copowerment. These methods can bring progress to the community and help stakeholders see their goals materialize. For example, Carline Desire, one

my participants, has mentioned her research in the association Women Haitian Association of Boston, AFAB she is currently leading. She emphasizes the following:

In collaboration with CCHERS (Center for Community Health Education Research and Services) and some other agencies, AFAB has collaborated with multiple research initiatives with the aim to identify the concerns of the Haitian women victims of domestic violence and the link to sexual transmissible diseases at the grassroots level. (Carline Desire)

I will join AFAB in the effort to conduct more research that addresses the different needs of our community.

Cultivating sound qualitative research has helped me establish the meaning behind development work. Foundation Macaya will serve as a bridge to encourage more community-based action research among partners to collaborate and submit proposals using detailed information for positive, sustainable change.

Conclusion

In my fieldwork, I have acquired knowledge and recognized values through my observations and interviews with different personalities in the community. These experiences have positively influenced my life as a community developer and have helped me identify and deminish implicit bias that usually guides all of us in some ways. Regarding observation, Merriam & Tisdell emphasize that “the question is not whether the process of observing affects what is observed but how the researcher can identify those effects and account for them in interpreting the data” (127). I agree with this statement, and I also believe that all change-makers should use qualitative inquiry as a significant guide to any community project as I have done with Foundation Macaya in the Boston Haitian community to raise awareness of drug and

alcohol abuse and STIs. I have also trained Haitian faith leaders to lead the community in this education/awareness because their doing so may significantly improve the social and behavioral health outcomes for Boston Haitians. We will encourage all partners to use AR because it helps us all to make a positive difference as community developers not only in Boston's Haitian community, but also in any other country, city, or needy community. Working together is an essential act for community developers as they seek to find positive, sustainable solutions to community problems.

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ESSAY III: INTERNATIONAL COMMUNITY DEVELOPMENT (ICD) VALUES

Introduction

All societies hope to thrive and offer children a better life full of opportunity and joy. Sadly, this is not the case for many of the world's impoverished countries. Yet, this dream is possible when development agents collaborate with and gain the trust in a given community. The International Community Development (ICD) program addresses this situation and emphasizes the importance of partnership, collective action, and developing cross-cultural competence to achieve sustainable development activities. It is true that when all participants have the necessary awareness and skills, they can unify the community to achieve its goals. David Bornstein in the book *Social Entrepreneurship: What Everyone Needs to Know* affirms that we might define a good citizen as one who take an active and intentional role in shaping a good society, both at an individual and communal level (46). This essay will demonstrate ways in which the ICD program's values such as personal transformation, social justice, copowerment, and philosophy of service have enhanced my own capability as a community developer. These values have shaped me to positively influence stakeholders and individuals on the local and global stage. As I work to help transform different communities, I will proudly carry the ICD values with me wherever I go by showing genuine enthusiasm and mutual regard to all participants.

Personal Transformation

From an early age, I have focused my work on supporting the most vulnerable individuals. I joined a social movement to clean public areas in my Haitian hometown through a youth association called Youths Association of Anse a Pitres (AJPA). My adult experiences working with multiple non-governmental organizations in developing countries have encouraged me to focus on partnering with the community to improve life for those around me. Also,

coming from a country with limited resources has compelled me to raise my voice for change. Natural disasters, political instability, and migration have increased Haiti's economic problems, and I want to help both my compatriots there and people in other communities in any way I can. In fact, I actively joined the medical response team as a volunteer to help after the mega-earthquake that destroyed a large part of Haiti in 2010.

A few months later, I accepted a position with the Batey Relief Alliance (BRA) to support displaced women through an empowerment program in my hometown; from there, I began my humanitarian career. In the article titled “Suffering, Surviving, Succeeding: Understanding and Working with Haitian Women,” Pierre and Elisme state that Haitians struggle everywhere due to societal inequities and obstacles that inhibit proper social functioning. It is not surprising to note that the women who are victims of domestic abuse are also affected by high unemployment (10). Reading this article filled in some gaps in my learning. Undoubtedly, my knowledge has expanded through academic and professional training, but I always felt I was missing something of the “larger picture.” I found that supporting women victims of sexual violence and human trafficking on the Haitian-Dominican border brought me renewed energy and reinforced my vocation to help those most in need.

My work with communities continued when I accepted another position with Zanmi Lasante, a sister organization of Partners in Health (PIH). Walton et al. in the abstract “Lessons from Rural Haiti,” state that the support and care services staff there led a strong community program by doing aggressive HIV prevention in the clinic; they worked in connection with faith leaders, (churches, Vodou priests) schools, and the villages (147). Because I did not fully understand my role as a change-maker inside the community during my work with this program, I realized the need to seek further knowledge to make my input more relevant and tangible.

When I moved to the US back in 2016, I decided to continue in the human services field. After analyzing a vulnerable Haitian area in Boston, I saw that my community was underserved for education and prevention services. From there, I knew I wanted to develop concrete strategies that include cultural particularities to efficiently bring awareness of drugs, alcohol, and STIs/HIV. Despite my experiences, I needed to improve my skills to offer concrete and long-lasting services. Luckily, the ICD program has offered me the tools I need to focus on the human-centered approach to help me succeed, especially as I seek to implement a workable, effective development program through Foundation Macaya.

These tools are essential because to be effective, I must use collaboration, copowerment, and cultural knowledge. In the article “Treating Haitian patients: Key cultural aspects,” the authors emphasize that Vodou Loas (those accepted as Haitians gods) are seen as responsible for many aspects of health, especially mental health. US Haitians who are suffering from a major illness may choose to travel to Haiti as part of their treatment to make restitutions to the Loas by organizing ceremonies to honor them. Sometimes the ceremonies may involve animal sacrifices (Derosiers and St-Fleurose 510). I am sure that certain providers have underestimated the interrelationship between the health of their Haitian clients and their faith because of this specific barrier.

Fortunately, my previous experience as a direct provider has allowed me to establish detailed individual treatment plans, considering these cultural particularities. At the same time, I know that the Christian faith is also important to Haitians. As Rey and Stepick express in the book *Crossing the Water and Keeping the Faith*, prayer, as much as social and political engagement, has secured Notre Dame’s place as the poto mitan (center post) of Little Haiti, and the church’s institutional momentum is very strong, especially those changes made by Pastor

Darbouze during his tenure (51). Haitian faith leaders usually develop good relationships with the community they serve. I have witnessed the foundation of schools and clinics, such as the Zanmi Lasante Clinic in Haiti, founded by Priest Lafontant and Paul Farmer, considered global health and social justice icons.

My personal transformation through ICD and through my development experiences in Haiti and in the US has enhanced my development skills and inspired my work ahead. I am confident all my constituents, including the stakeholders and beneficiaries, will envision this joint mission through effective collaboration to transform individuals and our community suffering from drugs, delinquency, and misery.

Social Justice

The systematic violence that poor individuals suffer can cause profound damage to their lives from an early age. Being familiar with this potential harm has encouraged me to work toward creating individual rights through long-lasting social change. Toward that end, I have joined a medical mission to provide free care in a remote community, largely inaccessible for most in Haiti. However, my personal goal of being a catalyst for social justice and bringing about positive change will take decades to accomplish. To exemplify this point, Moe-Lobeda in the book *Resisting Structural Evil: Love as an Ecological-Economic Vocation* asserts that “social justice means reordering society and changing institutions, systems, and patterns of behavior which deny people their basic humans rights and which thereby destabilize society” (180). Those needing social justice are the most vulnerable regardless of the social causes. Haitians face daily blows from the environment, political instability, and domestic violence. As a change-maker, I will fight for health equity as a crucial element of social justice. One of my informants, spoke to this health, and racial discrimination concern:

Haitian historically has been victims of stigma and discrimination related to race, HIV origin and many others matters. We are heroic people; we are symbols of freedom globally. We should work together to regain our dignity as a nation. While I recognize Vodou as the soul of our independence, I disagree when some people refer to Vodou as evil. Haitians leaders should allow Vodou priests to learn from scientific trained Doctors to make referral, promote healthy living for individuals. (Louis)

I agree with his opinion. Indeed, I am aware that some Western countries' social injustice and political interference may disturb developing countries and cause trauma that lasts multiple generations. Faith institutions are considered a place of refuge for many Haitian compatriots searching for peace for their souls. Many spend most of their time praying and preaching the gospel waiting for Jesus to return and bring them to heaven for eternal life. While waiting for God to cover their basic needs, they suffer from poverty but also consume substances to cope with the stress. Christians can teach social justice as concern for the common good and for the well-being of economically poor people (Moe-Lobeda 180). However, this concept is sometimes misunderstood and controversial in the practice of faith. Social justice should be equal for all, no matter one's religious beliefs. Because many Haitians Christians followers have a low level of education, they sometimes interpret the gospel as meaning that God will provide everything necessary even without working, social justice included. They hope to achieve everything in the new life they wish to obtain in heaven with Jesus.

Many US Black churches have appropriately evolved in viewing drug addicts and people living with HIV as redeemable human beings. They have rights, too, however complicated their situations are. In the article "Engaging the Power of Prayer," Harris claims that since so many Blacks have felt the impact of drug use, and numerous churches already had ministries to address

drugs and alcoholism, addressing HIV in relation to drug use was not as much a problem as was addressing it in relation to homosexuality or even sexuality (89). Bringing it all together has its pluses. Each human being should be guided by this form of justice each time we interact with our communities in difficulty. Consequently, Foundation Macaya will engage faith based teams and community leaders so that all work together to better understand cultural viewpoints about sexual identity, HIV, drug and alcohol abuse, and more so that they can bring positive change to those in need (See Appendix). The psalmist David encourages us: "They that sow in tears shall reap in joy" (Psalm 126:5). Giving glory to God, let us all know that day of joy that God offers us.

Through Foundation Macaya, we will implement a coalition to promote the integrity of the Haitian community. We will dedicate ourselves to building a social movement of justice, equity, and participation from the beginning. Therefore, the vision of creating a change through activities focused on awareness and prevention capable of incorporating drug users, LGBTQI+, and people living with HIV will come true.

Copowerment

Copowerment's fundamental goal is to develop a collaboration of partners to achieve mutual benefits for both users and providers. Among its fundamental pillars are trust, collaboration, and innovation.

First, to achieve copowerment, all participating communities, stakeholders, and service providers must establish trust while staying engaged in their projects. In the book, *The Art of Leading Collectively: Co-Creating a Sustainable, Socially Just Future*, author Kuenkel explains that "trust-based co-creation strategy is humanity, mindfulness of difference and dynamics, a balance between task and human encounter, and empathy for the story that exists behind each

person” (166). Change-makers should be trustworthy, in part because this trust may lead others to invest in the project. Copowerment can strengthen projects because it requires trust, humility, and encouragement. Foundation Macaya will work with all participants to ensure that all share confidence and mutual understanding.

Secondly, because current collaboration with the Haitian community is virtually nonexistent, we will use Foundation Macaya to strengthen the interconnections among all partners. Regarding the need to change, Raphael Renald, my fieldwork mentor, physician, and Haitian religious leader affirms the following:

The lack of trust between partners reduces our strengths when we submit a proposal to the US government or donors. We are far behind our Latinos folks. They shared resources with each other, including grants related to the same scope of services.

(Raphael Renald)

I share his view and have been fortunate to experience multiple such interactions that have clarified other, similar social situations. If project partners lack trust, they cannot easily work together to address common situations to improve migrants’ lives.

Finally, Foundation Macaya will use copowerment to create confidence among stakeholders. We will be there to help people as they voice their concerns and hopes. At the same time, we believe that well-founded partnerships can transform the lives of these individuals and millions of other marginalized citizens. The organization is well positioned to deliver equitable services. Regarding interventions that aim to bring equitable health services, the article entitled “Addressing Cancer Disparities through Community Engagement: Improving Breast Health among Haitian Women” expresses the following:

Interventions aimed to reduce health disparities in Haitian immigrant communities must

include an examination of the intersection of culture, literacy, language proficiency, preferred learning modalities, and the sociopolitical context of immigrant status.

Intervention design must be guided by the context of community members' lived realities, which is best understood by soliciting community advice to guide health promotion efforts. (Meade et al. 717)

In all I consider my familiarity with different challenges that my community has faced as relevant. Through my early history of volunteering to help the vulnerable, I have learned firsthand the value of awareness of specific problems and education to help resolve the problems. Consequently, community health education and promotion are pivotal interests of the foundation. We will continuously work to educate stakeholders to deliver practical change. Because of my "inside" knowledge, Foundation Macaya seeks continuous education and training for all constituents (employees, volunteers, interns) so that we identify changes and try to satisfy individual needs of the beneficiaries.

Philosophy of Services and Future Vocation

Humankind has trouble understanding this complicated, confusing world of differences. Together, we can transform this complex planet into a more connected and just place if we appreciate and contextualize cultural details. In his book *Let Your Life Speak*, Palmer also speaks about transformation as a lifelong sense of hope, a feeling for community, a passion for social change (20). Similarly, Foundation Macaya will offer training to faith leaders to address existing social problems and challenges. I support the idea that the authors of *Mission, Inc.* advise, "We are not in business to be in business. We are in business only because of our mission" (Lynch and Walls 27). The foundation will offer full support to the community, and it

is our passion to bring together collaborative leaders with the aim to help the community flourish.

Confident Haitian leaders offer meaningful support for healing souls of their followers. Still, others think that the Vodou priest provides a more comprehensive service. Vornax and Nicolas acknowledge in the article “Haitian Vodou as a Health Care System: Between Magic, Religion, and Medicine” that the Vodou therapist is seen as specialized in religion and ritual whose purpose is at once to provide care, to treat, and to prevent harm. So, the priest’s knowledge of illness contains a strongly religious dimension in explaining illness (49). I fully agree with this author because certain traditional practitioners offer to give all people, even Christians, their first diagnosis. This practice might work more effectively if they receive more training and collaborate with the doctors and family nurses to refer their clients to medical doctors when necessary. Having this kind of medical access could benefit all. Foundation Macaya will serve as a bridge between the Haitian community, clinics, and providers to remove this harmful gap.

As I mentioned earlier, I am familiar with poverty and was exposed to it first-hand during my childhood. I want to contribute to breaking the cycle. Too many children are dying because they cannot access clean water and food. The epidemic of HIV and drug overdose worldwide makes the matter worse. In the book *Everyday Justice*, the writer clarifies that when basic needs are not met in families, children and adolescents are often exposed to alcohol and drugs. They can become delinquent and quit school at an early age. They lack health services and face inequity in general. They are the ones crying for justice (Clawson 171). My personal experiences prove that these determinants are directly related to poverty in the community. It happens when a government does not allocate enough funding to promote alcohol and drug

prevention and educational programs to teach awareness of these problems. Instead, they spend money to offer security to their citizens against crime that surfaces after substance abuse.

Investing resources to strengthen individuals proactively helps to transform a community.

Conclusion

Implementing robust partnership strategies has dramatically transformed how service providers interact with users. Despite the progress, much more remains to be accomplished. More change-makers with the essential cultural competence to collaborate with the community are needed. We should stop seeing poor communities as a place of entire problems (Myers 248). My learning and work in the ICD program have opened my eyes to better understand how development agents should work to offer their services to the most vulnerable. Foundation Macaya and its team will be the direct beneficiaries of ICD's skills and values.

Humanitarian aid has provided some resources to developing countries, but these countries still suffer from social injustice. Structural and social injustice must stop, and to make that happen, all participants involved must work together to identify the problems and create working solutions to them. Creating viable programs with priorities to provide equity, increase participation, and protect rights can transform lives and avoid creating more socioeconomic dependency. In short, the knowledge I have acquired from the ICD program is essential: it arms me with the necessary skills and experience to provide assistance during periods of crisis and to work hand in hand with local leaders and beneficiaries as we seek lasting solutions to their community's problems.

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APPENDIX: PROJECT PROPOSAL

Introduction

The opioids epidemic is among the principal causes of death in Massachusetts. A study by Boston Medical Center (BMC) has shown that the minority groups (black in particular) are among the most affected by death caused by substance overdose in the past year. Beyond their typical structural social and economic injustice, minorities have faced the COVID-19 pandemic, an experience that has made their living condition more complex. Black Indigenous and People of Color (BIPOC) have also been among the most affected by the use of substances throughout American history, partly because of the discriminatory judicial policies that have often targeted Black youths dealing with addiction. Also, the lack of engagement and collaboration among the Haitian community-based organizations, including the faith-based associations, has made this situation worse. Specifically, it negatively affects the different environmental, behavioral crises, and on-going suffering Haitians migrants and their relatives have faced in the past three decades.

Given this reality, my project's goal is to effectively strengthen a sustainable response to the substance misuse and HIV (Immuno-Deficiency Virus) crises at the grassroots level. To do so, this project will serve as a framework to promote awareness, collaboration, and education – all of which will require involvement of the faith-leaders, community advocates, young adults, and people in recovery to promote a safer and healthier community. My fieldwork supports this collaborative effort among faith organizations and community-based organizations to assure that the project helps positively impact and sustain the community for generations to come.

Therefore, as a symbol of hope, our project has a specific vision, goal, and process. This project proposal will address the cultural and health contexts of HIV and SUD problems in the Boston Haitian community, problems similar to those in other U.S. black communities. To

explore sustainable solutions to these problems, it will explain the necessity of collaborating with African Christian churches, historically important as “life shapers” among African American communities, and other (CBOs) community groups to implement the project. It will specifically explain the project, Foundation Macaya, its experiences so far, and its vision and goals in the next several years. It briefly introduces the program directors, leaders, and donors. This proposal details the project goals and implementation, and it stresses that the project will offer designated education regarding HIV and SUD awareness, prevention and education, plus information on violence prevention, and harm reduction. This specified education will target, among other organizations, at least twenty-four Haitian religious congregations in the greater Boston area. Additionally, it will present relevant data collection and analysis plus performance measurement and possible ways for improving the process and project.

The Context

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institute on Drug Abuse, addiction is a chronic, treatable illness. Opioid addiction, which generally corresponds with moderate to severe forms of OUD (Opioid Use Disorder), often requires continuing care for effective treatment rather than an episodic, acute-care treatment approach. This treatment process, however, is difficult for Haitians immigrants who have encountered trauma and ongoing crises and who often have no health insurance or are undocumented. These and other challenges have decreased their ability to live a strong bio-psychosocially healthy life. In the article *Imagine all the People*, data have revealed that the unemployment rate among Haitian born immigrants in Boston is estimated at 8%, compared to a 7% unemployment rate for all foreign-born and a figure of 8% for the native-born (Lima et al. 2009). Despite their ability to work hard to sustain themselves, most of them remain

jobless, live with housing insecurity, lack adequate health insurance coverage, face poor mental health services access, and often have food insecurity. All these preconditions increase their risks of STI and misuse of alcohol, tobacco, marijuana, crack cocaine, and/or opioids to cope with their traumatic daily lives. To better address these issues, state and local governments must allocate resources to grassroots organizations with tailored program to teach awareness, prevention, plus peer-to-peer activities focused on people's particular spiritual beliefs, ethnic values, rituals, culture, and their multidimensional needs.

It will also be essential to gain the attention of the faith-based and religious community and creating intensive joint outreach programs among multiples public, privates and non-profit organizations could be effective and valuable to reduce the risks. World Vison, in the journal *Channel of Hope* argues that faith leaders are uniquely placed to protect the rights and meet the needs of the most vulnerable in their communities. They have profoundly deep, trusted relationships and links with their communities and often dictate which behaviors are prescribed or prohibited (2). This fact relates to African American Churches, preachers, and congregations that have been important shapers of African American spiritual, cultural, social, economic, educational, and political life in the U.S. from the time of slavery to the present. Most Haitians also have some types of beliefs related to Vodou (100% historic related beliefs) or Christianity; hence, involving faith leaders in this program is essential.

My fieldwork for this project has supported the need to involve the faith community in any sustainable solutions. For instance, I have learned that to reduce the morbidity and mortality caused by HIV/AIDS and the use of substances such as alcohol and drugs in a chosen minority group, it is necessary to collaborate with and raise awareness among leaders, starting with faith-based community groups. Since the degree of substance use vulnerability of the Boston

immigrants is elevated, it's necessary to deliver services speedily. This speed involves willingness of faith-based people to cooperate, and encouraging this willingness requires specific communication about the need. For instance, during my interview with Pastor Joel Piton, he stated the following:

Mr. Alexandre, currently we do not talk about drug use or STI (Sexual Transmissible Infections) in the church; however, I am open do so. I will bring the idea to our church committee; I am confident they will agree to learn how they can support the community. Our children are the most affected; we must act now. (Joel Piton)

Additionally, I have collected proving data in my fieldwork site at HAPHI (Haitian American Public Health Initiative), and in my interview with IFSI, another grassroots organization led by Dr. Gerald Gabeau, each of which has helped me identify the need to implement community support services including a strong network of partners among existing leaders to help minimize any risk of missing needed information. To do so, educational programs that consider cultural particularities in a mother language (Haitian Creole, in this case) is imperative. It will also be necessary to target schools, community centers, clubs, black youths' associations, and more to support this deserving community (Josenerline, interviewee).

The current lack of support services has considerably affected people who abuse substances. For instance, I interviewed Reginald Jozef, an alcohol addict, and he volunteered the following:

I feel like my situation is getting worse these days, since no one care for me now. As a sexual offender, I am unable to work. The only thing I do is find out where my peers are located and go to drink tafia (alcohol in Haitian Creole) with them every day. I can't pay rent, support my kids, or even buy clothes; I feel like I am a died person alive. (Reginald Jozef)

Jozef is not alone. In fact, T-black, a Vodou priest has even pointed out that the lack of education about certain topics make Haitian people more vulnerable to drugs and sexual infections. He believes that some, however, ignore their Vodou cultural values. He professes that he is open to joining any educational groups dealing with SUD/STI to share his knowledge and learn from others.

Additionally, because there's a lack of synergy between the stakeholders in the Haitian community, I have learned through my fieldwork that it is vital to implement a task force committee formed by CBOs and faith organizations offering support services in Boston's HIV and SUD (Substances Used Disorders) fields. The coalition committee leaders will coordinate with the community's primary care clinics, hospitals, and rehabilitation centers to establish plans for HIV/SUD prevention including harm reduction. This comprehensive care model will impact the short, medium, and long-term common vision and well-being of our compatriots. For instance, Metayer et al. in the article "Overcoming Historical and Institutional Distrust: Key Elements in Developing and Sustaining the Community Mobilization Against HIV in the Boston Haitian Community" argues the following:

Coalitions are believed to have greater effectiveness as they increase the time spent working toward common goals. The working group played an important role in reinforcing commitment to the work and increase trust in the possibly collective endeavors in this community. The relationship building that occurred during time spent on a common agenda decreased turf fights, and improved communication and a sense of group effectiveness. (S1 49)

Indeed, it is essential to create a CBO (Community-Based Organization) and faith-based networks to work together to identify the urgent Haitian community needs of housing, jobs,

shelter, food, clothes, and career support that will eliminate barriers and increase self-advocacy for drug addicts and at-risks folks.

History and Evidence-based Addiction Services in the Black Religious Community.

The African American community has been placed under a systemic oppression throughout history. Indeed, after the end of the slavery, freedom rarely happened, and as decades have gone by, the oppressor has also severely punished our community through exposure to illegal and even legal substances. Everything indicates that the different leaders of the community did not understand until very late the levels at which addiction affects Black families. In the 1960s, the civil rights movement leaders essentially focused on claiming the rights of African Americans, and they organized themselves from religious congregations due to the close connections, values, and belief in the words of God. To illustrate this fact, Kortzen addresses the spiritual aspect of development, saying that “questions relating to the use of power, values, love, brotherhood, peace, and the ability of people to live in harmony with one another are fundamental to religion and to the role of church in society” (1990, 168), (Myers 157).

Indeed, faith-based leaders, government, and policymakers have tended to ignore drug, tobacco, and alcohol use and limit their objectives to healing the soul or the body in an isolated way that didn't address the problem. While many social workers, physicians, and community organizers realistically understood the threat of addiction in the 1970s, national African Americans religious and political leadership did not sound any significant alarm about the perils of African American addiction to crack cocaine. Foundation Macaya, fully understanding the Haitian culture and values, instead offers an ambitious community centered approach to address substance abuse among this vulnerable population.

This vulnerability is widespread. In fact, according to a report on opium addiction in Chicago from 1928 to 1934, African Americans represented only 6.9 percent of the US population, but it made up 17.3 percent of the addict population (James 27). To be sure, the lack of holistic community-oriented approach had failed to offer necessary support to substances abusers. However, the author of *Doin' Drugs*, states that “the African American church, the first fellowship organization to help African Americans deal with the oppression of slavery and racism in society ... have also been a significant force in the movement of the African American toward freedom of mind, body, and spirit” (James 51). While we recognize some progress has been made overall, this is a complex ongoing situation because many topics related to human behavior like sexual orientation and/or sexual misconduct as well as chemical misuse are still considered as unclean or taboos to discuss in the Haitians faith-based congregations.

A typical example to illustrate this concept comes from the Haitian community where the certain faith leaders often reject badly behaved members among their followers as if the word of God forbids them to preach the good news to everyone. The individual care approach taking into consideration the context is fundamental to achieve the expected targets. The emergence of a program positioned towards the most vulnerable in society should be part of the goal of every change-maker. For instance, in 1989, in San Francisco, *Glide Memorial United Methodist Church* implemented the 11 Steps Programs for drugs users, and its many social aspects deal with racial, cultural, and class particularities and awareness as well as housing, jobs, and other basic needs. This program was somewhat different from the Twelve Steps Program for AA (Alcoholics Anonymous). It was also a big achievement for the African American community to send a clear message not only to the majority group but also to all individual and family victims of the drug epidemic.

Another important event took place in the Black community in Seattle, Washington, through the *CORP* Program in the at the Mount Zion Baptist church, which used the program to deal with the problem of crack cocaine. Its Integrative Conference was titled *Confronting Addiction in the African American Family and Community: Working for Hope, Healing, and Recovery*.

An increased use of alcohol, illicit opioid use, and prescription opioids constitutes a public health crisis in the U.S. and particularly in the State of Massachusetts. In 2020, there were 1,937 opioid-related overdose deaths where a toxicology screen was also available. Among these deaths, fentanyl was present in 92%, heroin in 14%, cocaine in 46%, benzodiazepines in 31%, prescription opioids and amphetamines in 16% and 9%, respectively (Massachusetts Department of Public Health 2020). When someone is affected by any infectious or non-communicable health related issues, the family and the public health authorities work closely to overcome these challenges. Those strategies should be fruitful for people who use substances as well as in recovery for substance abuse. Currently, youths living in the marginalized community are significantly affected. To emphasize, Malow states that, indirectly, Haitian American youths are also at risk of becoming infected with HIV or other STIs because immigration stressors and marginalization can result in their social instability and because they may lack parental guidance and supervision. Among the risks factors, domestic violence and family alcoholism are factors that increase the probability that youth will engage in risky behaviors (Page & Marcelin. 2003). Consequently, to raise the awareness among leaders, parents, youths, and caregivers through tailored community outreach, training is necessary. Moreover, staff, educators, and community health workers should work together to better understand the basic approach. People with mental health problems (PTSD, depression, anxiety) are also among the most at-risk populations to

abuse substances. Studies show that youths start to use some substances in middle school, or when they have someone in the family who actively uses any street or illegal substances. These effects can become more complicated. For instance, Hingson et al. in their research study find that “alcohol and drug use may reduce the likelihood that adolescents will use condoms. The array of educational, counseling, and legal approaches to reduce adolescent alcohol and drug consumption may thus have a particularly important influence on HIV transmission” (Hingson et al. 298). Aware of this complex situation, I have created Foundation Macaya to help serve and heal those who deal with HIV or drug abuse, their families, and their communities.

Foundation Macaya’s Mission and Vision

Based in Massachusetts, Foundation Macaya is a multilingual, multicultural health promotion not-for-profit 501(c) (3) serving the minorities groups including Black African Americans. It does not discriminate against race, skin color, economics, origin, sexual orientation, gender, languages, or level of education. Our mission is to promote holistic support and serve as a bridge between the healthcare systems (insurance agencies, hospitals, and community Health centers) and the minority community.

Foundation Macaya also believes the mission of the church must move beyond healing in the spiritual aspect to focus as well on the physical and behavioral aspects of its membership and general society. Therefore, regardless the life condition of those in need, it encourages churches, governments, or community organizations to work together to help address life problems for their communities to increase life expectancy and dignity for all.

Toward that end, the Foundation will work hard to educate all on the risks of using any legal or illegal substances. The agency will specifically train staff to approach those at risk in their respective environments to assess the problem and address sustainable solutions which

include cultural knowledge. For instance, Derosiers in the article, “Treating Haitian Patients: Key Cultural Aspects,” asserts that “Haitian views and concepts of the world are unique. Non-Haitian clinicians need to be knowledgeable of the culture in order to provide competent care” (508). Thus, knowing that Haitians believe in Vodou can be a starting point toward understanding their specific life and decisions, even those related to healthcare because they often combine religious and healing, and because therapy is not always widely available, affordable, or valued for them. The Foundation Macaya team has the necessary strategies to effectively and efficiently instrument a cross-cultural approach to achieve the required goals for under-served communities.

Foundation Macaya’s vision for the future is to promote healthy living and to revitalize cultural identities for immigrants and low-income families. We believe immigrants should be able to speak for themselves by creating vital relationships with their providers to regain their healthy living, one that considers their cultural values.

Agency Donor (SAMHSA).

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the champion in working to reduce substance abuse and to prevent HIV infection. It periodically operates a Navigator Program for Racial/Ethnic Minorities statewide to provide services to those at highest risk for HIV and substance abuse with both alcohol and drugs. This program uses its navigation approach that includes peer prevention, Community Health Workers (CHW), and Peer Prevention Navigators (PPN) to expedite services for vulnerable populations. It aims to provide training and education activities that inform about the most-at-risk of substance abuse as well as prevention and education on HIV/AIDS, and it provides needed connections to service delivery for folks living with HIV. Multiple community-based organizations in Massachusetts annually benefit from that opportunity.

Foundation Macaya's Experience and Key Staff

The organization has actively participated in different community activities such as meetings, screenings, and others related to health promotion. In the past few months, a member of the leadership team created a focus group with Catholics, a Seventh-day Adventist Church, and Baptist Church leaders to raise awareness against COVID-19, violence against children, the elderly, and women, as well as about HIV and drug abuse. Foundation Macaya will serve as a bridge between clients and health suppliers and between the different leaders of the Haitian community. This bridge will help stem the problems related to beliefs, myths, languages barriers and taboos that are common in Haitian culture. Lapomarel, the author of *Unilingual English Speaking Therapist Working with Limited English Speaking (LEP) Haitian Clients in Substance Abuse and Mental Health Treatment* has argued that the language barrier is a negative fact for many Haitian immigrants in the United States and that it significantly affects healthcare services as well as the delivery of substance abuse and mental health services. Therefore, a provider with mother language ability is highly recommended to assure long-term trauma-informed care for clients engaged in the services.

Foundation Macaya positions itself against any form of discrimination based on religious beliefs, origin, socioeconomic status, or sexual orientation, etc. Immigrants from any marginalized categories who are victims of systematic violence related to race and gender orientation face significant risks. In fact, while the LGBTQ + (Lesbians, Gays, Bisexual, Trans, and Queer) community is rejected on almost every level, our mission is to raise awareness and educate people about such personal life situations. Foundation Macaya will offer training to faith leaders and those in other areas who wish to promote the well-being and dignity of any of God's people.

Project Key Staff Demonstrated Experiences

- **Widner Alexandre, CEO, President, and Executive Director** of Foundation Macaya. He is a student in the MA-ICD Program at Northwest University. Widner Alexandre graduated from the Latin-American School of Medicine, Cuba, and he has worked with multiple international organizations in Haiti and the Dominican Republic. Among them are BRA (Batey Relief Alliance), Zanmi Lasante / Partners in Health (PIH) as Manager of the HIV Program, and Women's Empowerment Nutrition. He has an Addiction Counselor Certificate, and since March 2020, he has worked as Senior Program Manager for Casa Esperanza Inc. in Boston, MA, an outpatient clinic that serves people living with HIV, homelessness, and mental health and substance use disorders.
- **Dr. Perla Poche Mercedes, Director of Planning and Strategic Development.** Perla Poche, MD, graduated from the Central University of the East (UCE) in the Dominican Republic. She has been very eager to offer support to Boston's marginalized community. She has a Certificate in Substance Use and Addiction, and for the past two years, she has worked as a Health and Nutrition Services Manager for Boston ABCD.
- **Dr. Raphael Renald, Consultant,** has served as Project Manager for HAPHI for over 25 years. As a faith and medical background leader in the Haitian community, Dr. Raphael has been working hard to support the community's neediest Haitians compatriots. In fact, as a public domestic servant, he has offered his time and knowledge as a volunteer to back Foundation Macaya's success and philosophy. The leadership Team appreciates his support and looks forward to welcoming him on board to support our Mission.

Proposed Implementation Approach

Implementation of Key Activities

- i. The Foundation will offer essential five-week training sessions to Haitian faith leaders among the pre-selected churches, all located in the greater Boston. The topics will focus on education regarding HIV and SUD (substance use disorder) awareness and prevention.
- ii. It will also include education on violence prevention and harm reduction, and it will end with an African American film, No Trauma No Drama, centered on the impact of drug violence, trauma, and poverty in the community.

Proposed Goals and Objectives

The goals and objectives of the project are planned as follows:

Goals I: Raise Awareness of Faith Leaders about the Impact of Substance Abuse, STI-HIV, and Violence Prevention in the Community.

Objectives:

- i) Offer a 5-session training program and 1 film, No Trauma, No Drama, that focuses on SUD, HIV, and violence prevention. Offer this film to faith leaders in preselected churches using a hybrid in-person and virtual technological methods.
- ii) Evaluate the participants' understanding about these selected problems through observation including a preprogram survey and two post-program surveys approximately 3 and 6 months after the program's completion.
- iii) Share training materials such as slides and flyers in Haitian Creole to participants with the aim that they will share them with others in their community.
- iv) Award a certificate of participation and \$100 gift cards to each participant if they complete the whole training.

Goals II: Build a Program Working Group (PWG) in the Haitian Community that Integrates at Least 20 Community-Based Organizations in the First Year.

Objectives:

- i) Identify and register 30 Haitians CBOs working in the Health and Human services available in the City of Boston.
- ii) Schedule monthly meeting to evaluate obstacles, identify success, and discuss strategies to maximize the impact of the coalition in the community.
- iii) Reach at least six Haitian CBOs to sign a Mutual of Understanding (MOU) with Foundation Macaya with the aim of establishing ongoing, strong partnerships.

Goals III- Record HIV and SUD Prevention Materials Distributed in Haitian Creole, and Record Linkages to Available Resources in the Community Per Year.

Objectives:

- i) Distribute at least 50, 000 masculine and feminine condoms and lubricants.
- ii) Offer at least 50, 000 other materials such as flyers in Haitian Creole, Frisbees, facemasks, lipsticks, small calendars, bags, T-shirts, hats, etc.
- iii) Join at least 20 Haitian events (health, culture, economic) per year.
- iv) Provide at least 50 tables offering preventive resources in schools, churches, community centers, and libraries per year.
- v) Join the Haitian National Heritage Month (May) and other community events to share program goals, recognize obstacles, and see accomplishments.
- vi) Organize at least one hybrid (virtual, in-person) community health prevention meeting annually.
- vii) Link most-at-risk people to available resources in the community.

Goals IV- Educate and Create Outreach through Social Media (Facebook, Instagram, Tic-toc).

- i) Realize at least 30 social media live events during the project's life cycle.
- ii) Attract at least 5,000 social media followers in the first year.
- iii) Create at least four monthly content focused posts about HIV and SUD awareness and prevention.

The leadership team will assess leaders' interest in the training to make necessary changes in the upcoming sessions. We will keep our vision clear as an organization and will adapt to lessons we will learn as we move forward. Joyaux states in *Strategic Fund Development* that when a shared vision has been developed, it is critical that all components of the organization be aligned to achieve the goals and objectives laid out in the plan (90). I agree with that statement, and effective, detailed communication will remain a priority for all employees, partners, and leaders of the organization. In fact, throughout the sessions, participants can raise their voices regarding the racial and health inequity they have faced. In doing so, they may also demonstrate to others that because of the inequity, they are disproportionately affected by any mayor health related crisis.

Collaboration: Partnership with Existing Community-based Organizations.

Our goal is to create a network and seek a Mutual of Understanding (MOU) agreement with others Community-Based Organizations (CBO) with similar objectives so that we establish alliances to offer projects with common goals. Additionally, we will also seek partnership with existing organizations such as IFSI (Immigrant Family Services Institute), HAPHI (Haitian American Public Health Initiative), AFAB-KFANM (The Association of Haitian Women in Boston), Catholic Charities, the City of Boston, Boston public schools, Boston Public Libraries (Mattapan, Dorchester branch), hospitals, universities, and community health centers to expand

our life cycle. Similarly, Kuenkel Petra, in *The Art of Leading Collectively* asserts, “collaborative efforts are more robust in such a web of relationship when diverse actors come together around a common cause. Networks, whether they are place based or virtual, draw together individuals with a passion for change through a compelling purpose” (227). This is a fact.

Because the agency plans to offer training to faith leaders in the community, it will include cultural particularities, values, and dogmas to be comprehensive and acceptable. We plan to train twenty-four churches, and specifically, two leaders from each one. Among the pre-selected are Evangelical Mount Olives Baptist Church, Tabernacle Baptist Congregation, First Haitian Baptist Church of Boston, Philadelphia Haitian Baptist Church, Eglise de Dieu de la Pantecote, and L’Eglise Haitienne du Bon Berger, among others. The objective of the organization is to raise the awareness among the faith leaders so they can share their knowledge with everyone in their congregations.

Infrastructure and Development.

Haitians living in the greater Boston area face two main issues that reduce mental and behavioral health care utilization: first, cultural factors make it difficult for many to take initial steps toward getting care or remaining in care. Second, there are few community-based organizations providing services to the minority with culturally and linguistically competent care, ones that reduce barriers Haitians face. Foundation Macaya will play a pivotal role to increase such care. Interestingly, David Bornstein the author of *Social Entrepreneurship--What Everyone Needs to Know* claims that “democracy flourishes when large number of citizens acquire the capacity to shape civic life” (41). That’s our goal. To help our target group become able and strong in shaping civic life, we believe that as we work together towards this goal,

Foundation Macaya can help support mental and behavioral health services so that they are accessible for everyone.

Data Collection and Measure of Performance

Data Collection, Management, and Analysis

Foundation Macaya will hire TRX Development as an external evaluator; it is a firm specialized in offering Health Project Monitoring and Evaluation services. Once monthly, Foundation Macaya's project implementation team will meet with the evaluator to analyze the data. In addition, TRX Development will review our quarterly, semi-annual, and annual reports to ensure that the information we collect is analyzed, processed, and compliant with the donor's expectations. The agency leadership team will collect and share the data if necessary, excluding all participants' personal information. Then, participants will complete a three and six-month follow-up survey, and the leadership team will analyze data to better facilitate our approach for future activities. We will collect all Data using Microsoft Office and will save it in a shared Dropbox account. The leadership team will be responsible for tracking measurable objectives. Then TRX Development evaluators will analyze it and provide necessary feedback before reporting to SAMSHA, the Boston Public Health Commission and BSAS (Bureau of Substance Abuse Services). Foundation Macaya will recruit interns and volunteers to support the project's implementation.

Performance Assessment

All data will be gathered via direct services, interviews, focus groups or observation, and documentation to assess the main project goals. Moreover, the leadership team and TRX Development agents will carefully evaluate the effects of the intervention and key outcome goals. The agency will promptly analyze project context and cultural/linguistic factors associated

with the outcomes. Furthermore, we will consider and evaluate individual factors related to about all our demographic data to the leadership team on a quarterly, semi-annual, and annual basis.

All cumulative data will be evaluated and studied re their impact for further quality improvement purposes. As a result, Foundation Macaya could realize rapid changes using this strategic plan. If so, and when the program is sustainable, these findings could allow us to seek essential funding to offer clients additional services such as case management as well as referrals re clients' needs such as supported employment, supportive housing, migration food assistance, and clothing.

Results, including race, ethnicity, sexual orientation, and gender identity. In fact, our follow-up surveys will also allow us to determine the durability of the effects among beneficiaries, especially among faith leaders.

Quality Improvement Procedure

All participant faith leaders and our beneficiaries, including CBO partners, will be able to offer direct feedback to Foundation Macaya. The external evaluator reserves the right to measure and offer feedback.

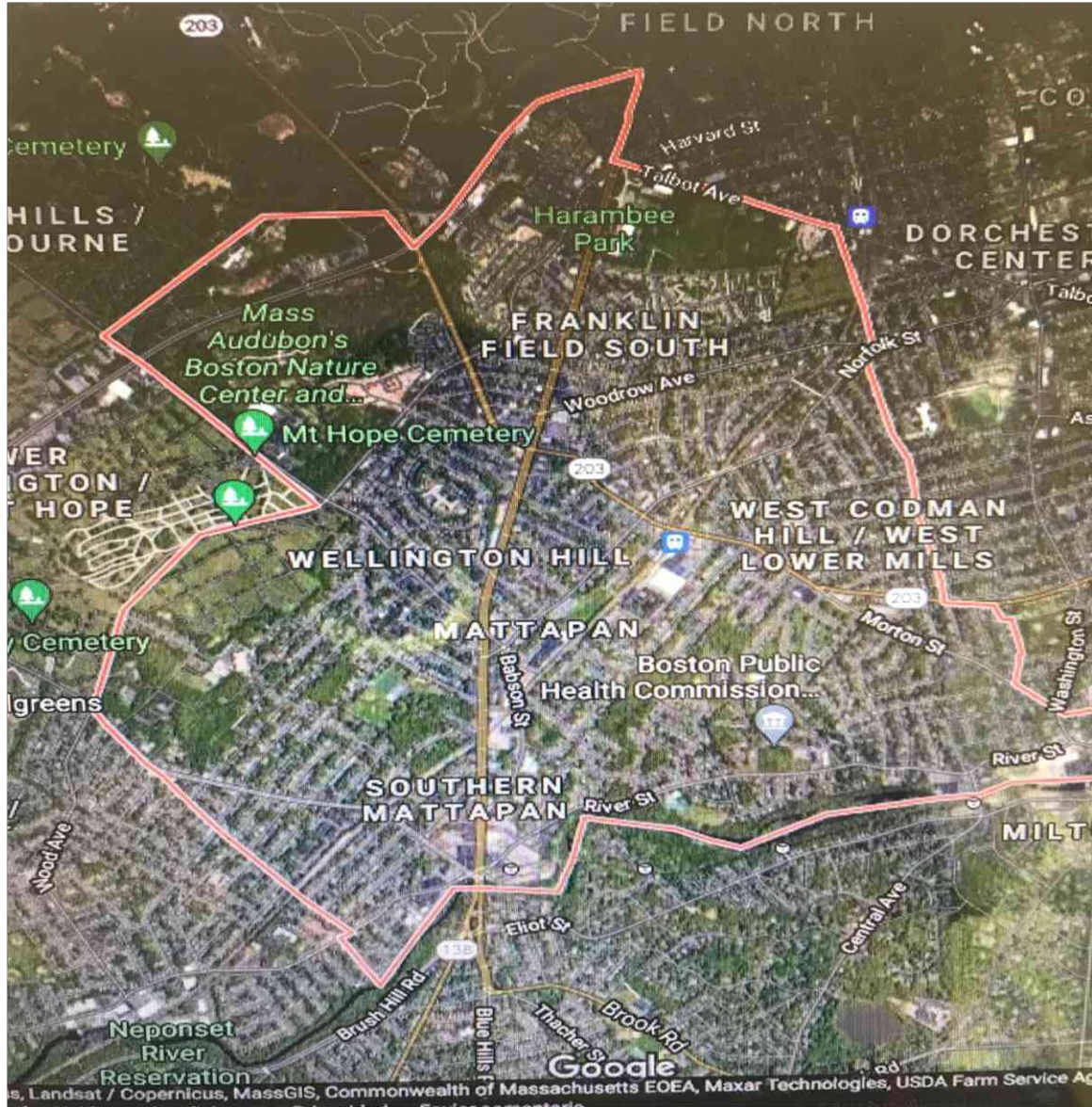
Conclusion

The minority groups are systematically underserved due to factors such as languages and cultural barriers. Foundation Macaya has a high level of cross-cultural competence to address our beneficiaries' needs, and it aims to serve minorities well so that they enjoy fuller and healthier lives. In fact, it will train and engage faith leaders (Vodou priests and pastors alike) to address their followers about the issues of substance misuse and STIs (Sexual Transmissible Infections), especially HIV. As a starting point, these leaders' support is essential as Foundation Macaya seeks to back the prosperity of our community. If all goes as planned, the people will learn to live healthy lives while also staying involved in their churches or other faith communities.

Foundation Macaya intends that creating a partnership with faith leaders, other community-based organizations, and any interested governmental groups will make our project both effective and sustainable among minority communities for generations to come

Appendix A: Area of Localization

The marked site indicates the project's general location. This area has dense, underserved minority communities whose citizens primarily live below state and federal poverty levels.



Appendix B: Proposed Project Timeline and Workplan

MILESTONES	STAFF, TEAM	ACTIVITIES	TIMEFRAME
Phase 1: <i>a. Evaluate available resources and needs of the community</i>	Leadership Team/Consultant	<ul style="list-style-type: none"> - Hold first workgroup meeting with community organizations serving the Haitian community. - Analyze methods of collecting data. 	Begin 10/1/2022
	Consultant	<ul style="list-style-type: none"> - Review the document and offer feedback. 	Begin October 15, 2022
b. Elaborate faith leader training curriculum	Leadership Team/Consultant	<ul style="list-style-type: none"> - Elaborate the training curriculum in both Haitian Creole and English. 	Begin November 1, 2023
	Consultant	<ul style="list-style-type: none"> - Review the curriculum and offer objective feedback. 	Begin November 15, 2022
c. Build capacity and mobilize stakeholders	Leadership Team/Consultant	Determine roles and responsibilities for work group member and assign tasks/roles.	Begin December 1, 2022
	Leadership team/TRX Development.	<ul style="list-style-type: none"> - Review rates and summarize data and draft findings. - Submit the first quarterly report. 	Begin December 15, 2022
Phase 2: <i>Implementation of different Goals/ Objectives of the Project.</i>	Foundation Macaya staff/consultant	<ul style="list-style-type: none"> -Implement faith leaders training -Join community meetings, health fairs, etc. -Distribute prevention materials in the community. - Implement outreach and social network strategies. -Establish local performance evaluation. -Create monthly meetings of PWG. -Sign MOUs among multiple CBOs. -Maintain quality improvement activity. 	Begin January 1, 2023
	Foundation Macaya Staff Consultant/TRX Development	<ul style="list-style-type: none"> -Review goals and objectives achievements. -Address challenges and lessons learned. 	End August 31, 2023
Phase 3: <i>Data Management and Program Evaluation</i>	Foundation Macaya Manager/TRX Development	<ul style="list-style-type: none"> Outcome evaluation Process Evaluation Write and submit quarterly and final report. 	Begin September 1, 2022
	Foundation Macaya leadership team/Consultant	Collect and prepare final report	Begin September 15, 2023. End September 30, 2023.

Appendix C- Training Plan

Session 1: Training: SUD/HIV historical Context

The first session of the training will focus on the context and history of substance and drug use in the community. Each session will take place weekly for at least 2 hours, and Foundation Macaya will provide printed training material for participants. The day and time will be selected based on participants' convenience. Training will be via hybrid in-person and virtual methods. Foundation Macaya will present a curriculum fully adapted to the cultural context of the Haitian community as well as to relevant faith organizations. Before starting the training, each participant will be invited to fill out pre and post-test forms (Appendix D) which will identify each participant's ongoing cultural self-awareness development, an overview of culture, cultural self-awareness and cultural self-reflection, and a further understanding of Christian cultural links to SUD.

The advantage of this plan is that it allows Foundation Macaya to adjust the presentations relative to the different taboos and principles that exist in the religious area. In addition, each participant can share their opinions in a confidential and respectful environment.

Session 2: Violence awareness related to SUD as it affects children, youths, women, and senior citizens in the Haitian community.

Session 3: Training: Substance use and harm reduction strategies.

Session 4: Determining ways in which to choose individuals in need of support.

Session 5: Projection of the film, No Trauma, No Drama.

Appendix D: Training Pre-test and Post-test Quiz

- 1- What do the acronyms HIV/AIDS stand for? Do you know of any ways these are transmitted?
- 2- In your knowledge, what are the most acute needs of the Haitian migrants living in Boston? How can these needs be addressed?
- 3- Mention at least two legal and illegal substances or drugs that you know about.
- 4- What do you understand about violence and harm reduction, both in general and as related to alcohol and drug misuse?
- 5- In your knowledge, is there a particular category of person more vulnerable to abuse drugs? Which one?
- 6- What can be done to prevent drug related violence in the minority community?
- 7- Do you believe that faith-based institutions should allow a well-known drug abuser or dealer to join their worship anytime? Why or why not?
- 8- Have you ever referred someone to community resources for clothes, jobs, cash benefits, health insurance, migration, or health-related services? How often and where?
- 9- Do you know any HIV/drugs community support services in the Haitian community?
- 10- Are you aware if your faith-organization is willing to establish a partnership with a community-based organization serving the homeless, people at risk of infection to HIV, people at risk of violence, people with mental health or drug problems? If yes, explain?

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