

Bridging: Linking Sub-Saharan Africans to Comprehensive Care

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OBJECTIVE: The Bridging Program was a one-year pilot program in the Boston metropolitan area to outreach to the sub-Saharan immigrant community. The goals of the program were to: 1) **Identify** and **Engage** leaders of sub-Saharan African communities within Massachusetts by sharing information on HIV/AIDS health and support services that are available and critical for referring their populations into care. 2) **Assess** the needs of the local Sub Saharan African community in order to develop community-specific and culturally relevant projects aimed at raising awareness on HIV/AIDS/Hepatitis B prevention, transmission, treatment, and support. 3) **Educate** Sub Saharan Africans who reside in Massachusetts on HIV/AIDS/Hepatitis, and services that are available for those infected and affected by these illnesses. 4) **Refer** Sub Saharan African community members for HIV and Hepatitis B testing and counseling, and if necessary refer to comprehensive quality care services.

METHODS: Innovative outreach strategies utilized to gain access to the Sub-Saharan African immigrant communities included collaborations with first contact organizations such as the Red Cross, Immigrant Centers, community cultural organizations, and African festivals. Outreach to African faith based communities was accomplished by engaging faith based leaders and providing general health education imbedded with HIV and Hepatitis B education at larger African faith based events . These outreach activities would often lead to larger and more formal educational presentations in the community, as well as referrals to community health centers and infectious disease clinics.

RESULTS: In order to gain access to the often hidden sub-Saharan community, a multi-pronged approach to outreach was initiated; contacts were made with 85 community organizations in the Boston and Worcester areas including refugee and immigrant centers, faith based organizations, cultural centers, and sub Saharan proprietors, and media venues, 20 area community health centers, and 5 academic medical centers, 210 individual contacts via health fairs and African festivals, and 500 individuals attended formal and informal discussions, group presentations and community events. Outreach meetings included education on HIV and Hepatitis B, local community resources, referral to local HIV and Hepatitis B testing sites, and referral for medical care.

CONCLUSIONS: The Bridging program addressed obstacles to care for the sub-Saharan community. After identifying financial, physical, and cultural barriers to care a comprehensive care program was developed that includes three major programs; Bridging to Care, Community Gateway, and Pastoral Care Outreach. A health care provider advisory board is being formed including physicians, nurses, nurse practitioners, social workers, and case managers. Sibusiso will utilize expertise from this board to develop strategies to provide culturally appropriate access to HIV and Hepatitis B testing and care.

