

Health Status of Haitian-Americans

I. Introduction

Individuals of Haitian descent in the United States face economic, linguistic, and cultural barriers to integration into American society that affect their health care access, health care utilization, and health outcomes. For demographic recording purposes, Haitian-Americans are frequently categorized as African-American, which hides the cultural, behavioral, and environmental diversity between populations of African descent including diet, religion, migration experiences, education, language, and health beliefs and practices². A review of available literature on Haitian-American health will be discussed to better understand what is known about the health status of Haitian-Americans, their experienced barriers to care, and possible policy interventions to address the needs of this population.

II. Background & Research Findings

Migration

2000 U.S. census data show that Haitians are the second largest Black immigrant population in the United States, with roughly half a million people¹ with concentrations in Miami, New York, and Chicago⁶.

Demographic Characteristics

The Haitian ethnic enclave of Little Haiti, Florida is the “largest black ghetto” in the United States⁶. For many Haitians, it is their primary place of residence before moving to more economically prosperous communities⁶. In a 2005 cross-sectional study of the use of preventive care by Haitian immigrants in Miami, Florida, participants lived in the Little Haiti ethnic enclave and were primarily recent immigrants who were not yet culturally or

economically assimilated³. The participant demographic can be summarized as follows:

- 52% younger than 35 years of age
- 28% annual income of <\$10,000
- 4% annual income of >\$40,000
- 78% had not completed high school
- 11% completed college
- 96% foreign-born
- 45% naturalized citizens
- 70% lived in U.S. ≤ 11 years
- 52% insured

Health Profile of Haitian Americans

The preventative care study showed that approximately 37% of Haitian immigrants in the study population did not have annual physicals; those with under 18 years of age most likely to have had one, those who spoke English poorly less likely to have had one, and 10% failing to receive care for their chronic health conditions over the past year³. Self-identified health issues included joint problems, vision problems, hypertension, arthritis, and diabetes³. Saint-Jean and Crandall suggest that the types of health conditions facing this population and the low frequency of primary care utilization amongst adults may be explained by challenges to adapting to a healthy lifestyle in U.S. and navigating the health care system.

Access to Health Care

Language Barriers

French is the national language of Haiti, yet Haitian Creole, a pidgin dialect that is not traditionally written, is the primary language learned in the home and of everyday communication. In 1980, a standard orthography was established, but has not yet encouraged use of Haitian Creole in formal education in Haiti, thus the language is the sole language of the least educated. Rural illiteracy in Haiti is close to 90% and 92% of the nation's

inhabitants live in rural areas. Many Haitians that have migrated to the United States to flee sociopolitical and economic instability are likely to face serious language barriers compounded by low educational status⁶. The immigrants' unfamiliarity with medical terminology and lack of directly translatable words poses an added challenge.

Provider-Patient Challenges: Health Beliefs

Below are a few traditional health beliefs that can pose challenges to Haitian-Americans seeking care, having interactive and informative provider-patient interactions, and receiving proper treatment for their conditions.

- Many Haitians expect health care providers to have a wealth of medical knowledge, so providers that ask many questions are perceived to be lacking sufficient knowledge to help them⁶.
- Low adherence to treatment regimes amongst Haitian-Americans is frequent due to prematurely perceived recovery or the perception of a lack of immediacy in their health condition⁶.
- Haitian families tend to be matrifocal, so mothers are important decision makers who can either encourage or discourage compliance⁶.
- In culturally traditional Haitians, there is a hesitancy to discuss personal and private issues, issues of sexual health being an example^{5,6}.
- It is a commonly held health belief in Haitians that illness is due to an imbalance with nature and can be caused, for example, by cold winds or natural impurities in the air, food, or water⁶.
- Use of home remedies such as applications of oils and consumption of herbal teas are widely used as a first treatment for most ailments and are believed to hold curative properties⁶.

Provider-Patient Challenges: Mistrust

The Haitian immigrant population was disproportionately affected by the Immigration

Act of 1990 under which there was mandated HIV testing of Haitian asylum seekers who were fleeing political unrest after a 1991 coup d'état in Haiti⁸. Individuals with plausible claims for political asylum were ineligible for entry into the United States if they were HIV positive and could not be returned to their country for political reasons. Those individuals were held indefinitely in HIV positive detention camps^{6,8,9}. In January of 1993, 217 Haitians were held in Guantanamo Bay Detention Center because of their HIV positive status⁸. The medical discourse associating Haitians with the virus, significantly stigmatized the Haitians population at a time of great fear surrounding the origins of the disease⁹. Amongst Haitian immigrants the HIV epidemic was seen as a U.S. Government effort to "Infect and Kill Us" and justify deportation⁶. The extent of this distrust in current medical care is not known.

III. Policy Implications and Recommendations

The health experience of Haitian immigrant populations may not fully be captured in research or epidemiological data. It is therefore important to have community centered healthcare policies and interventions that are culturally sensitive and adaptable to the needs and concerns of underserved immigrant populations around the nation. Immigrant ethnic enclaves have high concentrations of culturally traditional individuals. Health care resources in those areas that can be accessed by the populations without linguistic and economic barriers could greatly improve the health of the population and facilitate cultural assimilation. For example, a 1999 cross-sectional study looking at intergenerational concepts of adolescent sexuality, a community-based reproductive health care approach was suggested using community members and Haitian Creole language radio to communicate health information to the community⁵. Since Haitian culture places a high value on education, indirect sexual health education in

schools was considered acceptable for school age children and the private and personal matter of sexual health had a forum to encourage healthy behaviors. Using information about the population, such as high adult enrollment in English language learning programs and high prenatal clinic attendance can be used to reach the population where they are using public resources to disseminate health knowledge, familiarize the community with the U.S. health care system, and establish links of trust.

IV. Links to Other Resources of Interest

[Haitian-American Public Health Initiatives](#)
[The National Haitian American Health Alliance](#)
[Haitian Health Institutes](#)

V. Sources

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