

# Perceptions of Access to U.S. Health Care of Haitian Immigrants in South Florida

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Ellen R. Ryan, PhD, MSW  
Wesley E. Hawkins, PhD, MSW  
Marilyn Parker, RN, PhD, FAAN  
Michele J. Hawkins, PhD, MSW

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## Abstract

*Faculty from the Florida Atlantic University School of Social Work and the School of Nursing conducted focus groups to identify perceptions of access to U.S. health care by Haitian immigrants attending school-based wellness centers in Palm Beach County, Florida. Several major themes emerged from these focus groups. First, there is a lack of health services available to Haitian immigrants because of not being able to afford health insurance and because of fear of deportation if health benefits are sought. Second, in terms of how they receive health information, participants reported radio as the major medium. Third, when asked how they would disseminate health information to the Haitian population, participants suggested radio, TV, adult programs, churches, and health fairs in churches and other locations. Finally, participants demonstrated themselves to be knowledgeable and expressed positive health beliefs and values such as prevention, education, positive personal health practices, and heart health.*

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“People, not just Haitians, not just immigrants are not cared for. Lack of insurance is the problem. There was a Haitian man who was very ill. He went to the hospital and was given two Tylenol. The doctor said he was very sick and that he could go to Haiti for care. The church got the money together to pay his way back. He was admitted to the hospital there and had surgery. But he died in a week.”

## Comments on health care for Haitian immigrants in South Florida, U.S.

### Immigrants and Health Care

Lack of access to health care for immigrants in general is well documented in the literature. Lack of health insurance has been identified as one of the significant barriers (Berk, Albers, & Schur, 1996; Crump, Gaston, & Ferguson, 1999; Schipp, 2001). In a study of health seeking behaviors among Haitian families for their school aged children, Schanz, Charron and Folden (2003) found that half of the parents interviewed did not have health insurance for their children, a number considerably higher than that reported for Hispanic children and non-Hispanic Black children. Patients also cite language and communication difficulties with medical personnel as a deterrent to seeking health care (Brice, 2000; Juarbe, 1995; Phillips, Mayer & Aday, 2000). For Creole-speaking Haitian immigrants, the problem is compounded by the shortage of Creole-speaking interpreters in health care facilities (Holcombe et al., 1996). In addition to those factors, impersonal care and long waiting periods in clinic settings intimidate and frustrate immigrants attempting to secure medical treatment (Flores, Abreu, Olivar & Kaster, 1998; Martin, 1995). This sense of frustration is compounded by a difference in worldview on the part

of Haitian immigrants trying to understand the mainstream medical model health care system at odds with their own values and customs. (Holcombe et al., 1996). Perhaps the most formidable, yet elusive obstacle to measure is the immigrant’s fear of foiling the goal of citizenship and/or risking deportation through indiscreet use of health care services (Berk, Schur, Chavez & Frankel, 2000; Miller, 2000). With 80% of diseases preventable through education and early detection, such barriers to health care present a serious threat to the health and well-being of the immigrant individual and family (O’Mally, 1999).

### The Haitian Immigration Experience in Context

The National Association of Social Workers defines a culturally competent practitioner as one who seeks to understand clients and client groups on a variety of social dimensions including their historical experiences, socioeconomic background, individual and group oppression, and world view (NASW Standards for Cultural Competence in Social Work, 2001). Understanding the background and experience of the Haitian immigrant is vital in developing effective programs that will address their needs.

Haitian immigrants to the U.S. are fleeing from a land torn by political strife, economic hardship and formidable blocks to any meaningful quality of life. The poorest country in the western hemisphere, Haiti is also the hungriest. According to a report from the Food and Agricultural Organization of the United Nations (2000), 62% of the Haitian population is malnourished, lacking 460 calories or 24% of their minimum daily requirement. Not surprisingly, Haiti also holds first place for the highest infant mortality rate in the western hemisphere (Haiti: Demographic

Indicators, 2001). Life expectancy at birth is a mere 51 years (Haiti: Demographic Indicators, 2001). Lack of access to health care is at least partly responsible. Forty percent of the people living there, mainly in rural settings, have no access to basic health services (Haiti: Demographic Indicators, 2001). Of the one-third of all Haitian residents who do live within reach of medical services, all but the very rich may find the health care environment deplorable (Paris, 2000).

Thwarting of satisfaction of such basic needs as food and health care has a long history entwined with the country's political instability. Although Haiti is the world's oldest black republic, established in 1804, it was not until 1990 that a democratic process elected the first president (Pamphile, 2001). In the nearly 200-year interim, a series of political coups and provisional governments have placed repressive regimes, bent on maintaining their own class interest in charge of the country. Such infamous dictatorships as the: Duvalier family that spanned three decades from 1957 until 1986 exemplify rule by terror (Pamphile, 2003). When Aristides was overthrown by a military coup in 1991, a wave of Haitian immigrants seeking asylum arrived in the U.S. (Pamphile, 2003). Although Aristides was eventually reinstated as president and elected again in 2000, human rights violations continued in Haiti to an alarming extent.

Although Haitian citizens value education, such long-term political and economic turmoil precludes a strong national education system. In fact, Haiti has the lowest enrollment rates and the lowest level of literacy in the Western Hemisphere with a 50 percent rate of illiteracy (Emergency Economic Recovery Program, 1995). With a weak educational system in place, poor health education for the public is inevitable. Haiti's extremely high rate and prevalence of HIV infection, the best known but not exclusive preventable health challenge, has spurred international interest and funding for health education campaigns in Haiti (San Martin, 2003). This latter fact, the epidemic proportions of HIV infection in Haiti, has made the immigrant vulnerable to attack by the prejudiced and fearful in their new land. (Sabatier, 1988; Santana & Dancy, 2000).

In sum, Haitian immigrants have withstood great physical, emotional and social stress prior to immigrating. Upon their arrival, they face even more challenges as persons of color, who speak a foreign language, carry cultural beliefs and practices alternative to mainstream North America and, finally, find themselves stigmatized as AIDS carriers (Pamphile, 2001; Sabatier, 1988).

### **Purpose of the Study**

The purpose of the study was to identify barriers to health care utilization among Haitian immigrants living in Delray Beach, Florida. The city of Delray Beach, with a population in 2000 estimated at 60,000 (U.S. Bureau of the Census, 2001) is located 50 miles north of Miami on Florida's east coast. The city is distinguished as one of the largest population centers for Haitian immigrants in the nation (Charles, 2001). Although the 2000 census found 6300 Haitians living in Delray Beach (U.S. Bureau of the Census, 2001), those working closely with the community acknowledge a hidden population that went unaccounted for due to fear of deportation or lack of understanding about the census itself (Charles, 2001). Hence, it is estimated that approximately 12,000 Haitians, about 20% of the city's population are residents of Delray Beach. As discussed in the introduction, many immigrants arrive in a state of forced medical neglect, made worse by years of less than optimal nutrition and lack of education around illness prevention. The potential for serious health problems and need for good primary health care is great. Yet, health care and human service workers, experienced in working with the Haitian population, voice concern about a critical lack of health care services for their clients. Furthermore, where services do exist for legal immigrants and children, they are underutilized by those who qualify to use them. Given these high levels of immigration of Haitian individuals and families to South Florida, and the corresponding lack of services for successful transition of immigration, this research was conducted to gain useful insights and information from Haitian immigrants regarding their attitudes toward and use of U.S. health care services. Knowledge gained would provide information in planning educational approaches to the Haitian community concerning services already available plus guidance on ways to improve access to health care for Haitian immigrants in the future.

The research questions were: (1) Are Haitian immigrants aware of available health services? If so, how do they get their information? (2) Why do some immigrants use these services while others do not? (3) How might the utilization of the health care services be improved? What are the best avenues of providing information to encourage health care utilization?

The primary objective was identification of themes related to perceptions of health care utilization of Haitian immigrants. Identification of themes related to health care utilization would provide better information in which to improve access to health care for Haitian immigrants in the future in South Florida.

## Methods

### *Research Design*

To answer the research questions, focus groups were determined to be the most appropriate method for the research. Focus groups were used for several reasons. First, very little has been studied regarding health care utilization of Haitian immigrants. Since little is known, the researchers determined that rather than limiting the scope of the research with quantitative questions determined by researchers, the researchers would let the respondents determine the scope of the responses. Second, this population communicates more through auditory information sources than through the written. In fact many of these residents cannot read English or Creole. For these reasons, it was determined that focus groups might lend more information than written surveys.

This pilot study used the inquiry method (Parker, Barry & King, 2003) to identify perceptions of health care access for Haitian immigrants in South Florida. The inquiry group method is grounded in the values of community nursing and social work: respect and caring. The value of respect is lived out as the facilitator listens to and honors each person's view and by commitment to a reflective, thoughtful inquiry process. The value of caring fosters humility and commitment to a reflective, thoughtful inquiry process. The value of caring fosters humility and understanding that the facilitator brings knowledge of nursing and social work but not the expert knowledge of the co-participants' caring practices and health needs. Additionally, the value of caring provides the grounding to understand each co-participant as living as best he/she is able in the moment. The facilitator is present to experience, see, hear, and learn. He/she is not present to control and manipulate objects. Information is given to aid the process, however. Through these cooperative and somewhat non-traditional approaches the facilitator does not look for problems or solutions that fit similar settings but for insights to inform this and other situations.

### *Sampling Design and Procedures*

The inquiry groups were a convenience sample consisting of Haitian immigrants.

Each of the groups began with introductions and explanations as to the purpose of the groups. Protecting the confidentiality of focus group members was paramount. The subjects were invited to participate using an approved Human Subjects consent format with assurances that no specific names would be used in any of the findings. Finally, focus groups were conducted by doctoral and master's level social work and nursing professionals. The facilitator and recorder was Creole speaking.

Four groups were formed with 6-8 persons with a Creole speaking group leader and recorder. Focus groups were conducted with guided open-ended general question format to identify the themes that developed from the discussion format. Written questions were used to guide each of the focus groups, notes were taken and reflective summaries were compiled. The process is experienced as a spiral since the knowledge gained was used to produce new responses and more complex reflection and dialogue. The facilitator and recorder documented impressions and dialogue.

The following questions were used to guide the focus group discussion and provide the foundation for the study.

- What health services are available to you?
- Where would you go for information about health care?
- How would you get information on health care to Haitian population?
- What concerns you most about your health?
- What health beliefs or values are most important to you?

## Results

### *Description of Research Participants*

A total of 49 participants were recruited and agreed to participate. Of those, 29 were male and 20 were female. All had been born in Haiti and had immigrated to the U.S. within the last five years. All were Creole speaking with limited or no English language skills. The subjects were Haitian immigrants attending English as a Second Language (ESL) at a school in South Florida. The median educational level of this group was 8<sup>th</sup> grade with three participants with post secondary education. Participants were not asked about legal status.

### *Lack of Information or Knowledge Regarding Available Health Services*

The first major theme that emerged was that participants indicated lack of knowledge of any health services for which they would be eligible. Their belief in this dearth of services related to their inability to pay. They thought that since they did not have insurance there was no available service. Therefore, they thought they needed money to go to the doctor. This information was important, since these respondents were attending ESL classes on the campus where a free wellness clinic is present.

### *Sense of Fatalism and Attitude of Self Reliance*

Related to believing that they did not have available health services due to lack of insurance or inability to pay, they expressed both a sense of fatalism regarding this situation and an attitude of self reliance-that they will "make do." The participants would say that they would wait to see if

their ailments would get worse before seeking help. They also stated that they would just have to live with what “life gives them”.

#### *Source of Health Information*

When asked where they would go to find out about health care, they all said they listen to the Haitian radio station. To the more general inquiry concerning how they would go about getting information to the Haitian population, they added to the medium of radio the mediums of church, health fairs, adult education classes, and TV.

#### *Health Concerns and Fear of Deportation*

The question, “what concerns you most about your health?” brought responses having to do with the choices they must make in order to protect their eligibility for citizenship. Although some respondents may be residing in the U.S. without legal permission, others indicate their vulnerable status as a guest with a temporary work permit or as a spouse of a legal resident. In either case, they related their reluctance to seek health services for fear of jeopardizing their opportunities to remain in this country. Even when U.S. born children eligible for Medicaid are involved, parents prefer to see a Haitian doctor who will not report them and, in addition, speaks their language and understands their concerns. This concern was stated many times throughout the focus groups.

#### *Health Issues*

Finally, responses to the question, “what health concerns/issues are most important to you?” respondents demonstrated high levels of knowledge and interest concerning their health. Responses included the following: Education and prevention is most important. They also expressed the motivation to practice good hygiene (healthful eating, sleeping, clean dress, cleanliness). Some included the importance of keeping the heart healthy.

#### *Summary of Themes*

In summary, several major themes were identified from focus group participants of Haitian immigrants. The first theme was the lack of health services available to Haitian immigrants because they cannot afford health insurance and they are afraid they will be deported if they try to seek health benefits. Next, in terms of how they receive health information, participants reported radio was the major medium. For the next theme, when asked how they would disseminate health information to the Haitian population, participants suggested radio, TV, adult program, churches, and health fairs in churches and other locations. Finally, participants exhibited knowledgeable and positive health beliefs and values as prevention, education, positive personal health

practices, everything was important, and keeping the heart healthy were noted.

When asked where they would go to find out about health care, they conclusively chose their Haitian radio station. To the more general inquiry concerning how they would go about getting information to the Haitian population, they added to the medium of radio the mediums of church, health fairs, adult education classes, and TV.

The question, “what concerns you most about your health?” brought responses having to do with the choices they must make in order to protect their eligibility for citizenship. Although some respondents may be residing in the US without legal permission, others indicate their vulnerable status as a guest with a temporary work permit or as a spouse of a legal resident. In either case, they related their reluctance to seek health services for fear of jeopardizing their opportunities to remain in the U.S. Even when U.S. born children eligible for Medicaid are involved, parents prefer to see a Haitian doctor who will not report them and, in addition, speaks their language and understands their concerns.

Finally, responses to the question, “what health beliefs and values are most important to you?” respondents demonstrated high levels of knowledge and interest concerning their health

#### **Discussion**

The primary result of this study showed that Haitian immigrants had an overriding fear of deportation. Since this study did not ask about legal status, it is not known how many were undocumented with legitimate fears. However, the experience of the researchers of this study has found that even when the immigrants reside legally in the U.S., they still fear deportation. Daily reports of Haitians being sent back to their war torn and desperate country reinforce this perception. As long as these experiences and reports persist, this fear will continue. The question for the U.S. is do we give health care to all that need the services or do we wait until the patient is so ill that costs are much higher. Prevention does save money in the extended picture.

Secondly, this group does not know about available services for which they are eligible. This information gap could be dealt with through an improved communication source. Since most of these participants use Haitian radio as an information source, this avenue should be utilized more in sending health messages of all kinds. The finding of this study indicated that this group believed in prevention as a means of improving health therefore, prevention messages might be well received. Using this mechanism could also improve their fatalist view of health problems.

In conclusion, this population will continue to stream into our country legally or illegally considering the dire circumstances from which they are fleeing in Haiti. Health practitioners in South Florida will continue to be faced with the many problems presented by this new immigrant population. More research is needed to learn how we can meet the health needs of this population.

### Limitations of this Study

The primary limitation of this study was the small sample size with only Haitian immigrants. Since this was a qualitative study the findings are limited to this small group. Future research should expand the research to participants within the general population of Haitian immigrants.

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**Ellen R. Ryan** is BSW Program Coordinator, School of Social Work, Florida Atlantic University, Boca Raton, FL ([eryan@fau.edu](mailto:eryan@fau.edu)). **Wesley E. Hawkins** is Professor, School of Social Work, Florida Atlantic University, Boca Raton, FL ([whawkins@fau.edu](mailto:whawkins@fau.edu)). **Marilyn Parker** is Professor and Director, Center for Innovation in School & Community Well Being, Florida Atlantic University, College of Nursing, Boca Raton, FL ([mparker@fau.edu](mailto:mparker@fau.edu)). **Michele J. Hawkins** is Professor and Director, School of Social Work, Florida Atlantic University, Boca Raton, FL ([mhawkins@fau.edu](mailto:mhawkins@fau.edu)). The authors gratefully acknowledge major funding for this project from the Florida Office of Refugee Services, the Lawton and Rhea Chiles Center, the Quantum Foundation, and the Area Health Education Centers of South Florida. This paper was submitted to the *FPHR* on December 2, 2003, reviewed and revised, and accepted for publication on March 16, 2004. Copyright ©2004 by the *Florida Public Health Review*.