

Haitian Culture and Health Screening Considerations

December 12, 2024

Minnesota Center of Excellence in Newcomer Health



Acknowledgment

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Today's Speakers



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Learning Objectives

- Describe the history of migration of Haitians to the United States, and current drivers of migration
- Discuss potential health issues and disparities of Haitians residing in the U.S.
- List three required or recommended components of medical screening/care for Haitian new arrivals
- Describe two health care access problems faced by Haitians in the United States
- Identify at least three cultural considerations when providing care for Haitians in the United States



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Agenda

- Dr. Christina Pardo: Structural Competency for Haitian Identified Patients
- Dr. Jean Kesnold Mesidor: Case Presentation #1
- Dominique Guillaume, MSN: Case Presentation #2
- Dr. Janine Young: Key Takeaways & Screening guidelines
- Panel: Moderated by Dr. Janine Young



Content Acknowledgment



This presentation was modified from the below curriculum. You can read more about this curriculum and initiative by scanning this QR code or going to the website:

[An Introduction to Structural Competency for Haitian-Identified Patients: History, Culture, and Access to Care](https://www.mededportal.org/doi/10.15766/mep_2374-8265.11207) (https://www.mededportal.org/doi/10.15766/mep_2374-8265.11207)




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An Introduction to Structural Competency for Haitian-Identified Patients: History, Culture, and Access to Care

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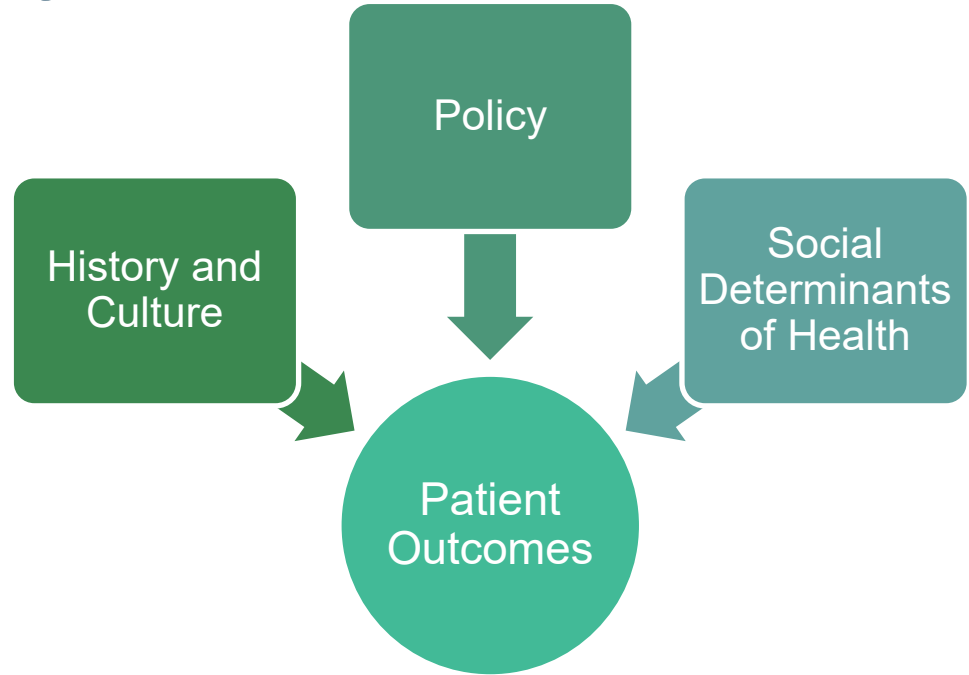
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Structural Competency

Goal of Structural Competency:

- Change the paradigm from a strictly biomedical model of care
- Social Determinants of Health
- Dispel myths that propagate stigma and bias towards the Haitian community



Disclaimers

- Haitian Identity
 - Not monolithic – diverse in race, ethnicity and socioeconomic status
 - History and culture weaves through the diverse background of its people and diaspora no matter the socioeconomic status
- This presentation provides a snapshot of Haitian/Haitian-American health in order to facilitate discussion. It should not be viewed as reflecting the health needs of all Haitian identified individuals.



Haiti



[Image by Rei-artur pt en Rei-artur blog](#)

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- Island nation in the Caribbean occupying the western third of the island of Hispaniola
- Population ([WHO, 2023](#)): 11,637,398

Haitian History, Culture, Traditions, and Impact on Health



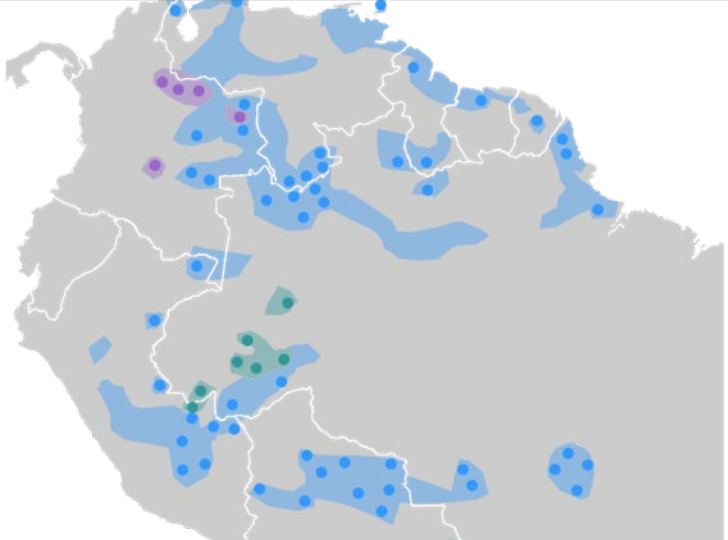
Haiti has a unique history that has shaped its society, families, individuals and view of the world

[Image by Rémi Kaup](#)
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Land Acknowledgement

- Arawak/Taino Indians were the original inhabitants of the island of Hispaniola
- The name ‘Ayiti’ was given by the Arawak/Taino Indians, which means ‘**Land of Mountains**’



Haiti Mountains Image: [Image by Radix99](#), made available under public Domain

Map Image: [Image by Davius](#), made available under public domain

Land Acknowledgement

Adade Williams P, Sikutshwa L, Shackleton S. Acknowledging Indigenous and Local Knowledge to Facilitate Collaboration in Landscape Approaches—Lessons from a Systematic Review. *Land*. 2020; 9(9):331. <https://doi.org/10.3390/land9090331>



Haitian History



Columbus 'Discovery'

On route to a shorter distance to the East Indies, the Santa Maria wrecks off North coast near Cap Haïtien.

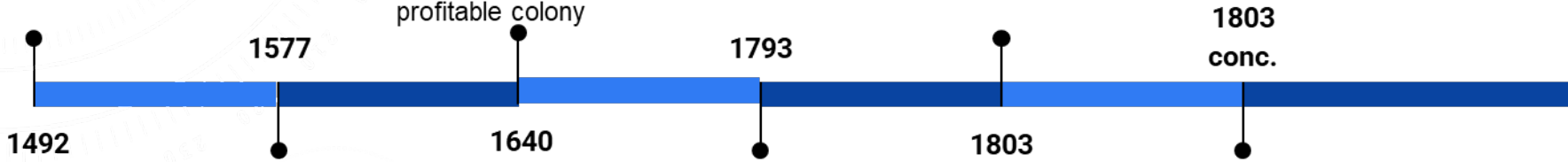


France sends Governor to claim island

Spain cedes $\frac{1}{3}$ of the island to France

'Pearl of the Antilles'- most profitable colony

Napoléon Bonaparte sends troops to reclaim Haiti and fails



Spain imports slaves from West Africa

Maafa; African Holocaust

Haitian Revolution

Toussaint L'Ouverture, former slave, leads slave revolt against France.

Louisiana Purchase Treaty



Haitian History: Post Independence



Haiti forced to pay reparations to France

These payments crippled the Haitian economy which drastically affected future development.

Modern equivalence is \$21 billion

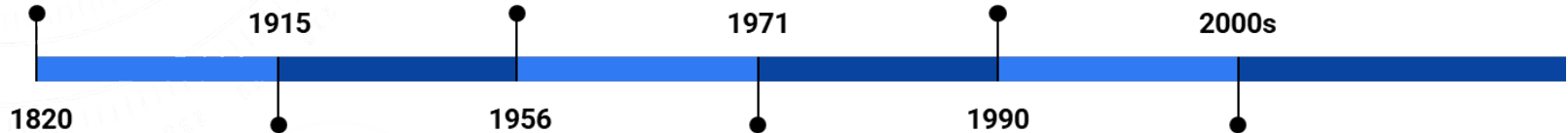
“Papa Doc”, Francois Duvalier takes power

François Duvalier takes power by military coup. He is elected in 1957 and declares himself president for life.

Jean-Bertrand Aristide elected president. 1990)

Jean-Bertrand Aristide, a former priest, becomes Haiti's first democratically elected president.

Coup d'etat was led against him in 1991



United States invades Haiti to restore order

Duvalier dies, succeeded by son Jean-Claude “Baby Doc”

Jean-Claude Duvalier declares himself president for life but flees Haiti in 1986 following a rebellion.

Post- Aristide

Thousands of Haitians flee country from violence to U.S. by boat.

Political instability- U.N. peacekeeping forces to intervene.

[Image by MichelleWalz \(Michelle Walz Eriksson\)](#)

Information from Kreyolicious. 2017.

[Haiti History 101: The Definitive Guide to Haitian History \(https://books.google.com/books/about/Haiti_History_101.html?hl=&id=YeX_swEACAAJ\).](https://books.google.com/books/about/Haiti_History_101.html?hl=&id=YeX_swEACAAJ)

“You can’t tell the story of the U.S. without telling the story of Haiti”

- The Haitian revolution is the reason that France agreed to the Louisiana purchase which doubled the size of the United States at the time
- Toussaint L'Ouverture is often referred to as the 'Father of freedom'
- Haitians volunteered in the United States Revolutionary war
- W.E.B. Dubois is the son of Haitian Immigrant
- The city of Chicago was founded by a Haitian Immigrant



[Haitian Times: Haitians that Contributed to American History](#)
[Washington Post: Heres Who and What America Wouldn't Have Had Without Haitians](#)
Toussaint L'Ouverture, Image taken by Christina Pardo, MD, MPH,
in the Hall of Founding Fathers at the Museum of African American History
American Revolution Statue, Image taken by Christina Pardo, MD, MPH
Louisiana Purchase Map, [Image by William Morris](#)

Haitian Culture

- Haitian culture is a blend of Taino, African and European traditions
- **Language:** Haitian Creole, French
- **Religion:** 80% Catholic, 15% Protestant
 - Voudou: Mixture of traditional religion with Catholicism (60 million followers)

Haitian Cuisine

Taino: Grilled corn cob, barbacoa (barbecue), calabaches (west indian pumpkin), yuka, cassava

African: Rice, okra, ackee, taro, diverse spices, pigeon peas

French: Bread, cheese, dessert



[Image by Léa-Kim Châteauneuf - Griot haïtien](#)

Most popular: Fried plantains with fried Pork (griot) largely based on starch staples such as rice (rice with kidney beans, Black rice: djon-djon), corn, millet, yams, cornmeal porridge and beans

U.S.-Haiti Relations

Determinants of Health: Policy & Immigration



Image taken by Christina Pardo MD, MPH, at the Embassy of Haiti



U.S.-Haiti Relations

U.S. and Haiti have had relations since its independence in 1804:

- U.S. have had political and financial impact on Haiti's development
- U.S. private sector has had an increasing role with many U.S. based companies manufacturing clothing in Haiti
- The apparel sector accounts for 90% of Haiti's exports

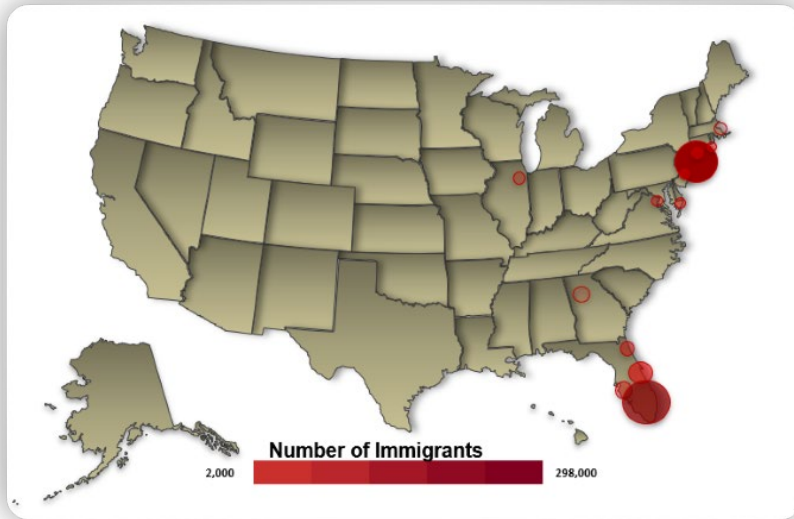
“Foreign Aid”

- **U.S. President's Emergency Plan for AIDS Relief (PEPFAR)**
- Largest commitment by any nation to address a single disease in history
- 90 billion in funding and supports 14.6 million people globally with lifesaving antiretroviral
- United States Agency for International Development (USAID)
- U.S. funding from both the government and private flow through the NGO's which weakens the government
- 'Food aid'- benefits American farmers through subsidies, has had negative impact on Haitian farmers



Image taken by Christina Pardo in Haiti

Haitian Migration to the U.S.



- U.S. is home to the largest Haitian migrant population
- According to 2010 U.S. Census, Haitians are the second highest reported among foreign born blacks
- Diaspora: 1.2 million who were either born in Haiti or reported Haitian ancestry
- Remittances: 4.5 billion in 2022, 2% of the country's GDP

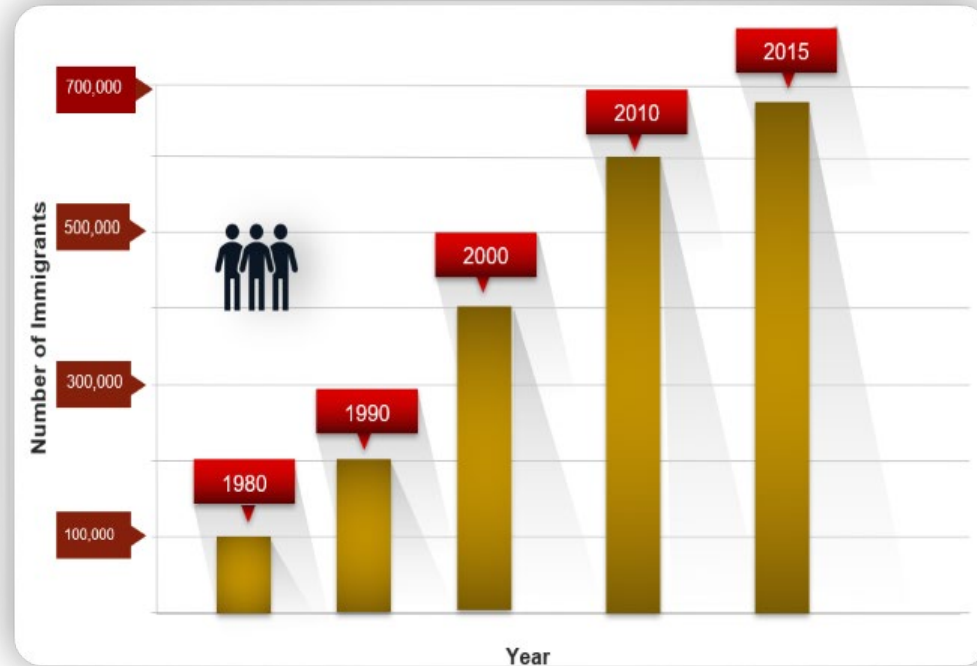
[Map created by Nicholas Brutus](#)

Data accessed from U.S. Census Bureau 2010 and 2015 American Community Surveys (ACS), and 1980, 1990, and 2000 Decennial Census.

Haitian Migration to the U.S.

MASS WAVES OF IMMIGRATION

- **1950s-60s: Dictatorship of 'Papa Doc' Duvalier.**
 - High socioeconomic status and professionals, brain drain
- **70s-80s: 'Baby Doc' dictatorship, political instability**
 - Increase in middle class
- **1990s: Political instability, poverty**
 - Increase in lower socioeconomic status, illegal immigration
- **2010 & beyond**
 - The 2010 earthquake and other natural disasters drove further migration. Political instability and violence



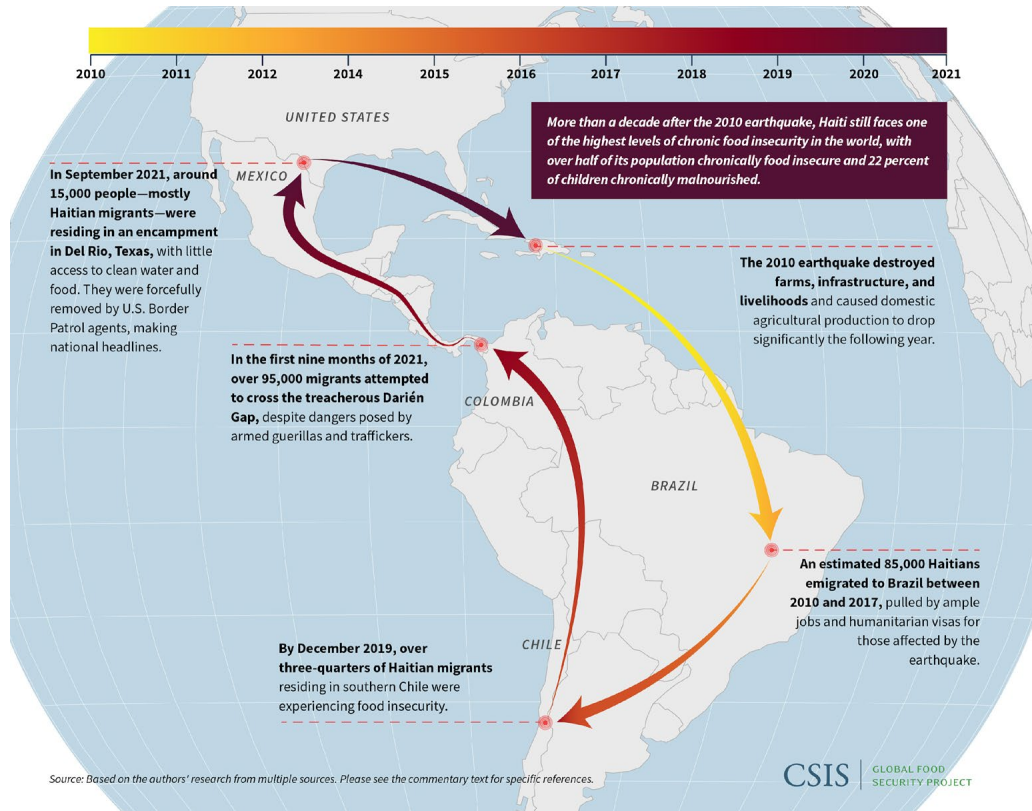
Graph created by Nicholas Brutus

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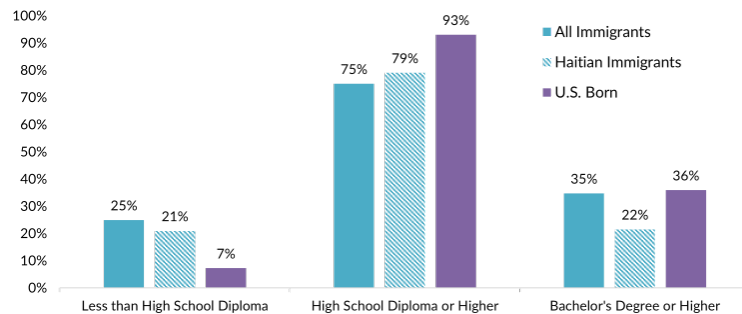
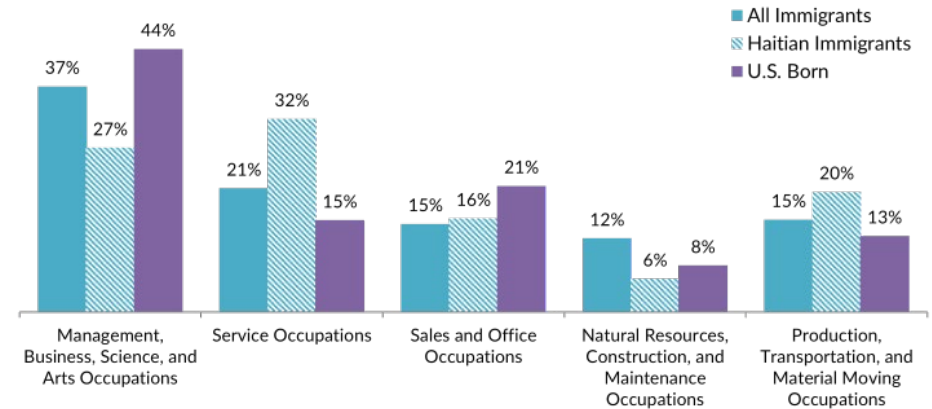
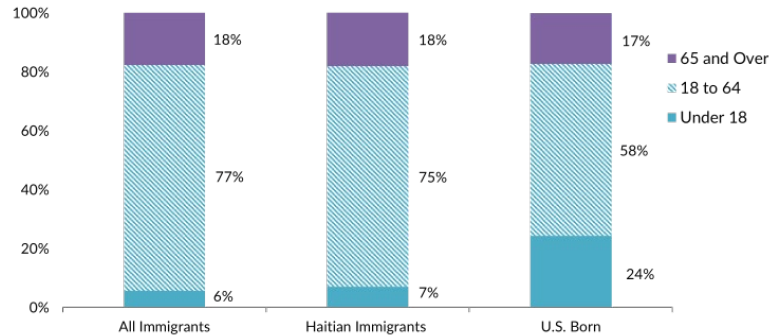
Migration Patterns of Haitians

- Haitians at the U.S.-Mexico border: 53,900 in 2022 and 76,100 in FY 2023
- Haitians were the top nationality for migrants crossing the dangerous Darien Gap between Colombia and Panama



Age, Education and Employment

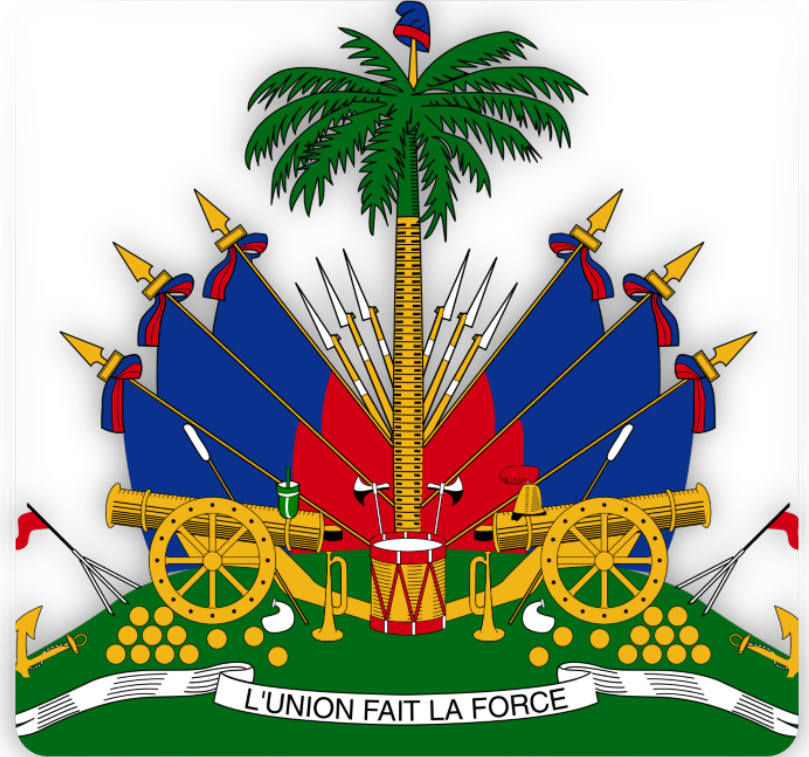
- Haitians have similar in age to the overall foreign-born population and older than the U.S. born
- Haitians 25 years and older tend to have lower educational attainment
- Haitians are more likely than all immigrants to work in service occupations



[Migration Policy Institute: Haitian Immigrants in the United States \(www.migrationpolicy.org/article/haitian-immigrants-united-states\)](https://www.migrationpolicy.org/article/haitian-immigrants-united-states)

Health Status of Haitians

- Haitian Concept of Health
- Health in Haiti
- Impact of Earthquake
- Health in the U.S.



[Image by Lokal_Profil and Myriam Thyges](#)

Health in Haiti



Image taken by Christina Pardo MD, MPH, in Haiti

- Haiti is the most impoverished nation in the Western Hemisphere, with 68.5% living below the poverty line
 - [PAHO Haiti Country Profile \(https://hia.paho.org/en/country-profiles/haiti\)](https://hia.paho.org/en/country-profiles/haiti)
- 47% of Haitian people lack access to basic health services
 - [Lancet: Haiti's Forgotten Emergency \(https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)61259-3/fulltext\)](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61259-3/fulltext)
- Poverty, social determinants of health and structural inequity contribute to poor health outcomes
- Health system is fractured and has financial, human resource and material challenges
- Haiti has much of the worse health outcomes in Western Hemisphere:
 - Malnutrition
 - Maternal Mortality
 - Infant mortality
 - Life expectancy (188th in the world): 65.6(total), 67.21(female), 62.77(male)
 - [World Factbook, Life Expectancy at Birth \(https://www.cia.gov/the-world-factbook/field/life-expectancy-at-birth/country-comparison/\)](https://www.cia.gov/the-world-factbook/field/life-expectancy-at-birth/country-comparison/)
- 75% of health care is provided by NGOs
 - Haiti has highest per-capita rate of NGOs
 - [United States Institute of Peace: Haiti: A Republic of NGOs? \(https://www.usip.org/sites/default/files/PB%2023%20Haiti%20a%20Republic%20of%20NGOs.pdf\)](https://www.usip.org/sites/default/files/PB%2023%20Haiti%20a%20Republic%20of%20NGOs.pdf)

2010 Earthquake

- Most powerful earthquake to hit the country in 200 years
- 30 out of the 49 health facilities in the area were damaged or destroyed
- More than 220,000 loss their lives
- Cholera epidemic Outbreak in October 2010 killing more than 9000
- In Haiti, the prevalence of PTSD (24.6%) and MDD (28.3%) were high among survivors
- The impact of the earthquake also affected the Diaspora
 - In Miami, 19% of those surveyed had PTSD, 36% for Anxiety, 45% for depression.



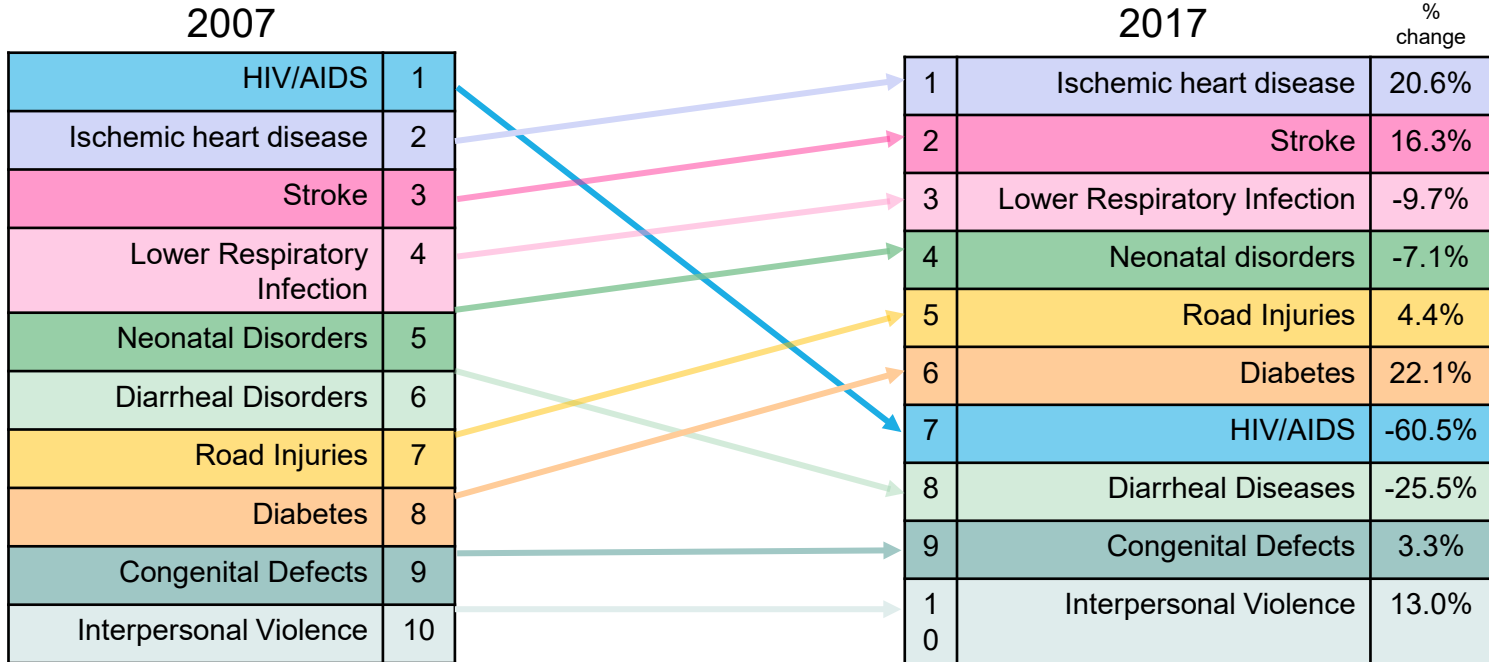
[Image by Logan Abassi / UNDP Global United Nations Development Programme Medical Disaster response: A critical analysis of the 2010 Haiti earthquake \(https://pmc.ncbi.nlm.nih.gov/articles/PMC9665839/\)](https://pmc.ncbi.nlm.nih.gov/articles/PMC9665839/)
[Psychopathology in the aftermath of the Haiti earthquake: a population-based study of posttraumatic stress disorder and major depression \(https://pubmed.ncbi.nlm.nih.gov/23124841/\)](https://pubmed.ncbi.nlm.nih.gov/23124841/)
[Mental health impact of the 2010 Haiti earthquake on the Miami Haitian population: A random-sample survey \(https://pubmed.ncbi.nlm.nih.gov/26753105/\)](https://pubmed.ncbi.nlm.nih.gov/26753105/)



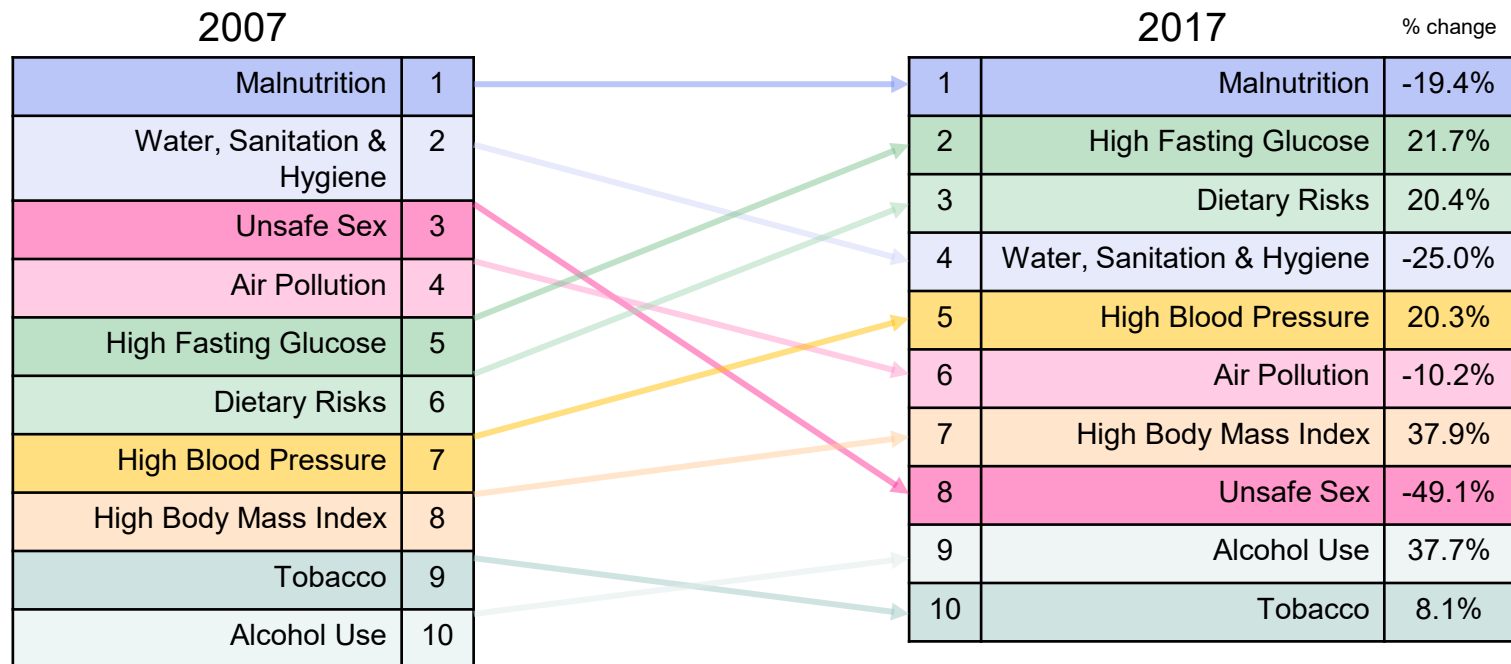
Infectious Diseases

- Vaccine-preventable diseases remain prevalent because of inadequate coverage
- Major infectious diseases:
 - HIV/AIDS
 - TB
 - Cholera
 - Food or waterborne diseases: bacterial and protozoal diarrhea, hepatitis A and B, and typhoid fever
 - Vector borne diseases: dengue fever and malaria
 - Water contact disease: leptospirosis

Causes of Mortality in Haiti

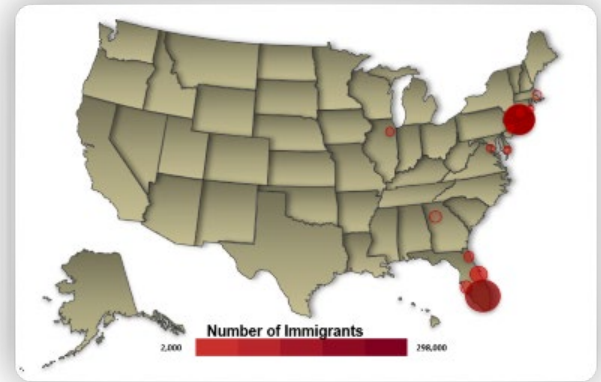


Risk factors that drive most death and disability



Haitian Health Status in the U.S.

- Poor health outcomes disproportionately affect communities of color
- Health Disparities are **preventable** differences in health outcomes between populations
- Racism, structural inequity and the social determinants of health contribute to racial/ethnic disparities in health outcomes
- Situation further complicated for recent immigrants
 - Lower socioeconomic status
 - Have additional barriers as a result of foreign born and immigrant status



[Map created by Nicholas Brutus](#)

Data accessed from U.S. Census Bureau 2010 and 2015 American Community Surveys (ACS), and 1980, 1990, and 2000 Decennial Census.

Haitian Health Status in the U.S.

- In the U.S., Haitian and Haitian Americans are often demographically grouped with African American/Black ethnicities for epidemiological research purposes
- Additional demographic grouping under foreign-born, immigrant or Afro-Caribbean
- Haitians, as a group are poorly sampled by large surveys because of relatively small numbers and concentration in a few metropolitan areas
- Much of the research focus are on illnesses that have been prevalent in Haiti:
 - HIV
 - Cervical cancer
 - TB
 - Impact of earthquake

Williams DR, Jackson JS. Race/ethnicity and the 2000 census: recommendations for African American and other Black populations in the United States. *Am J Public Health*. 2000;90(11):1728–1730.<https://doi.org/10.2105/AJPH.90.11.1728>

Green EH, Freund KM, Posner MA, David MM. Pap smear rates among Haitian immigrant women in eastern Massachusetts. *Public Health Rep*. 2005;120(2):133–139.<https://doi.org/10.1177/003335490512000206>

Saint-Jean G, Metsch L, Gomez-Marín O, et al. Use of HIV primary care by HIV-positive Haitian immigrants in Miami, Florida. *AIDS Care*. 2011;23(4):486–493.<https://doi.org/10.1080/09540121.2010.516339>

Weitzman A, Behrman JA. Disaster, disruption to family life, and intimate partner violence: the case of the 2010 earthquake in Haiti. *Sociol Sci*. 2016;3:167–189.<https://doi.org/10.15195/v3.a9>



HIV/AIDS

- Stigma: In 1983, the Center for Disease Control(CDC) unscientifically grouped Haitians with ‘homosexuals, hemophiliacs, and hypodermic-needle users to create the infamous “4H” risk group
- U.S. immigrants of Caribbean origin are overrepresented in HIV/AIDS prevalence statistics
 - Haitians, compared to African Americans were more likely to be hospitalized for HIV related complications and were likely to delay seeking care
- Heterosexual contact is the most prevalent mode of transmission
- Contributing factors:
 - Risk at country of origin
 - Social circumstances in the U.S.
 - Gender inequities
 - Additional risk: limited health care access, social isolation and stigma

Preventative Care

Study on the utilization of preventative care by Haitian immigrants in Miami, Florida found:

- HTN and DM were among most prevalent health conditions
- 33% of participants failed to have an annual physical
- 10% failed to receive care for serious health conditions

Factors associated with service utilization:

- Insurance coverage
- Established care
- Educational attainment
- Household income
- Citizenship status
- Duration of residency

Citizenship status was the strongest independent predictor of services utilization



Maternal and Reproductive Health Considerations

- Haiti has the highest maternal mortality rate in the Western Hemisphere at 350.4 deaths per 100,000 live births
- Contributors: Poor infrastructure and access to health care services, and underlying medical causes
- Leading causes: hypertension/eclampsia, postpartum hemorrhage and indirect causes such as malaria, HIV/AIDS and cardiac disease
- Evidence of disparities in maternal health outcomes in the United States, including in Severe Maternal Morbidity, preterm birth and preeclampsia
- Gender-based violence has increased with increased gang violence and unsafe migratory patterns. Social stigma and socio-economic hardship impacts reporting of assault and seeking medical care

Health in the Americas, PAHO: Haiti Country Profile (<https://hia.paho.org/en/countries-22/haiti-country-profile>)

Every Mother Counts | Haiti: A deeper Dive, Impacts on Maternal Health in Haiti (<https://everymothercounts.org/grants/haiti-a-deeper-dive/>)

The "three delays" as a framework for examining maternal mortality in Haiti (<https://www.sciencedirect.com/science/article/abs/pii/S0277953697100181?via%3Dihub>)

Maternal Hypertension as a Risk Factor for Low Birth Weight Infants: Comparison of Haitian and African-American Women (<https://link.springer.com/article/10.1007/s10995-005-0026-2>)

Social and Clinical Risk Assessment Among Pregnant Haitian Women in South Florida (<https://www.sciencedirect.com/science/article/abs/pii/S152695230900230X>)

New York City Department of Health and Maternal Hygiene: Severe Maternal Morbidity Report (<https://www.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf>)

Promoting Shared Decision Making About Birth After Cesarean in Haitian Women (<https://pmc.ncbi.nlm.nih.gov/articles/PMC9584100/>)

Intimate partner violence and posttraumatic stress disorder among adolescents and young adults in Haiti (<https://www.sciencedirect.com/science/article/pii/S016517812400266X>)



Pediatric Considerations

- Leading cause of mortality in children under five years in Haiti is lower respiratory infections
- Children are at risk for severe acute malnutrition, infectious diseases, chronic conditions and mental health considerations
- Education and learning interrupted by conflict or migration: developmental assessments should be considered
 - Neurodevelopmental conditions like Autism Spectrum Disorder, Attention-deficit/hyperactivity disorder (ADHD), and developmental delays can often go undiagnosed

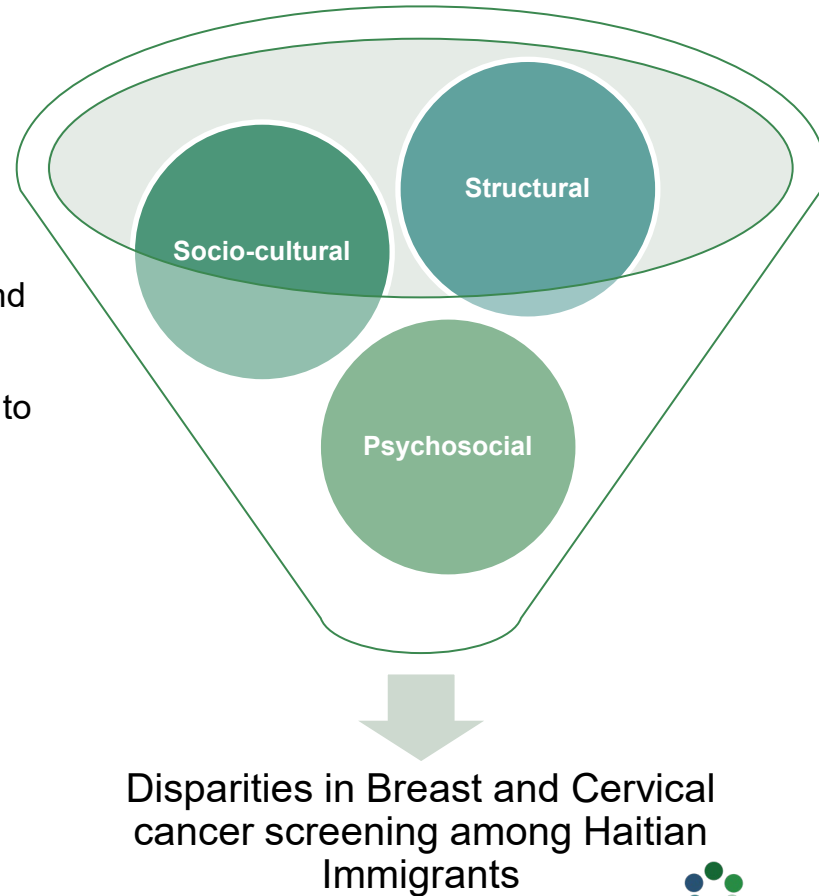


Cervical Cancer

- Cervical cancer is the 4th most common cancer in women worldwide
- In the U.S., cervical cancer rates have declined, but 'African American' women have higher mortality rates
- Haitian women experience an increased risk of developing and dying from Cervical cancer compared to U.S. born Black women
- Compared to U.S. born blacks, Haitian women are less likely to receive Cervical cancer screening

Barriers to screening among Haitian Immigrants:

- Structural: factors that limit a women's ability to seek out screening
 - Lack of insurance
 - Language
 - Financial
- Psychosocial: fear and modesty associated with the physical aspects of obtaining a pap test as well as with knowing a cancer diagnosis
- Sociocultural: beliefs that define illnesses as symptomatic



Mental Health & Trauma

- Mental health services in Haiti are almost non-existent
- Factors contributing to low utilization of mental/behavioral health services:
 - Family beliefs and traditions
 - Stigma and fear of judgment
 - Spiritual and religious beliefs
 - Magical beliefs
 - Health insurance coverage
 - Language barriers

Mental Health & Trauma

- Studies have found Haitians experience high prevalence of anxiety (20%), severe depression (32%), post-traumatic stress disorder symptoms (28%), and other mental health problems
- Historical trauma's, natural disasters and insecurity are precipitating factors

Trauma in Haiti (and during migration)	Trauma in the U.S.
<ul style="list-style-type: none">• Political turmoil• Object poverty• Community violence• Domestic & Gender based violence• Child abuse and maltreatment• Natural disasters	<ul style="list-style-type: none">• Immigration status• Racism and discrimination• Assimilation• Burden of caring for family back home, while grappling with major financial hurdles in the U.S.• Challenges with the law

Concept of Health

The traditional concept of health is based on the balance and equilibrium of many factors:

- Familial relationships: being in harmony with friends and relatives
- Spiritual well-being: Prayer, good rapport with spiritual world
- Illness is often believed to be a result of wrongdoing
- If a person looks well, they may be considered healthy
- Many Haitians believe that God is the ultimate decider of health, illness, life and death.
 - May be manifested as 'passivity' concerning health decisions
 - "Aprè Bondye se Dokte"- "After God is Doctor": an additional contributing factor towards perceived passivity is the general high regard for physicians and their recommendations



Clinical Correlation

A 43-year-old woman presents for follow up visit. Two years ago, she had a high-grade abnormal pap test. She did not present for colposcopy as scheduled. When asked why she has not followed up, she states “I believe in God, I do not need the test”

- As her clinician, how would you interact with this patient?
- What methodologies can you use?

Haitian Communication

- Greet everyone present when entering a room
 - May have expectation for health care professional to greet (“Mr.”, “Mrs.”, “Ms.”, or “Dr.”)
- Like health care professionals to engage in social conversation in addition to health topic
 - Viewed as warm and caring
- Health care professionals who are highly task-oriented or time-focused
 - Viewed as inconsiderate or rude
- Some Haitians may appear quiet, apprehensive or reserved
 - May keep comfortable distance and/or minimal eye contact (prolonged eye contact is considered rude)
 - Very expressive, may use hand gestures while talking
- Often use vague terms to describe illness instead of symptoms.
 - Nodding is not always a sign of understanding
- There is a general mistrust of interpreters and they may request family members
- Some uneducated Haitians do not generally show their lack of knowledge to non-Haitians.
 - Direct questions about if they can read/write may be embarrassing and may result in the patient being reluctant to ask for assistance
- Late arrival may not be seen as disrespectful

Cultural Considerations

- When patients believe that they have been cursed, clinicians should focus on the patients' strengths as an antidote to the power of the curse.
- For patients who do not believe they have been cursed, and educational approach is recommended.
- Clinicians must ask patients and, when feasible, their families about their perception of the cause of the illness.
- Making relatives better support sources by educating them.

(Desrosiers & Fleurose, 2002)

Cultural Considerations

- Attention should be given to a patient's and community's spiritual understanding of the illness
- “Haitian patients may expect a concrete plan of action at the end of any encounter.”
 - Neutrality and lack of feedback may be seen as a waste of their time



Suggestions/Interventions

- Identify cross-cultural barriers and idioms of distress
- Trauma informed care
- Spirituality and health
- Health care beliefs
- Psychosocial stress: grief, acculturation, financial difficulties, no health insurance coverage, immigration process
- Strengths: Spirituality, family-oriented
- Standing in the hallway instead of sitting in the exam room:
 - Communicate who you are, how the appointment will go, offer to answer questions
 - Reassure that the doctor will be in as soon as able
- The provider's ability to explain the cause of symptoms/complaints may determine whether the patient will return for follow up visits

Building trust

- The patient's health care beliefs may influence adherence to treatment
 - Foster supportive and trusting relationships
 - Encourage open communication
 - Understand the cause of illness from a patient's cultural point of view
 - Encourage patient to discuss their view of the illness with religious/spiritual leader

Remember: As past behavior is a good predictor of future behavior, the patient's early health care experiences is a good predictor of how they navigate the health care system



Case Presentations

- Discuss the health problems of the patient
- Explain risk factors contributing to the health problem
- Identify any problems with access to health care
- Discuss different ways to improve the health care the patient is receiving

Robert's Story

- Robert is a 55-year-old cis-male born in Haiti. He moved to the United States as a temporary resident following the devastating earthquake in 2010. Robert was stuck under the rubbles for a day until he was finally rescued.
- Since leaving his home he has had difficulty adjusting and navigating his new life in New York and has become depressed. Robert's family, some of whom are in the United States, try to be supportive but are not always able to understand his mood and actions.
- Robert suffers from uncontrolled diabetes (A1C at 11%) and hypertension. His medical conditions have worsened and progressed to diabetic neuropathy and Congestive Heart Failure. Robert has been especially having difficulty with his diabetes medication and has frequent hypoglycemic events.
- When you ask Robert about his difficulty controlling his medical illnesses, he confides that he feels a sense of shame being in New York. He also reports worsening backache which is affecting his mobility. When asked about the experience in Haiti related to earthquake, Robert simply responds "that is just a part of life in Haiti"



Let us Reflect

- Biopsychosocial spiritual model



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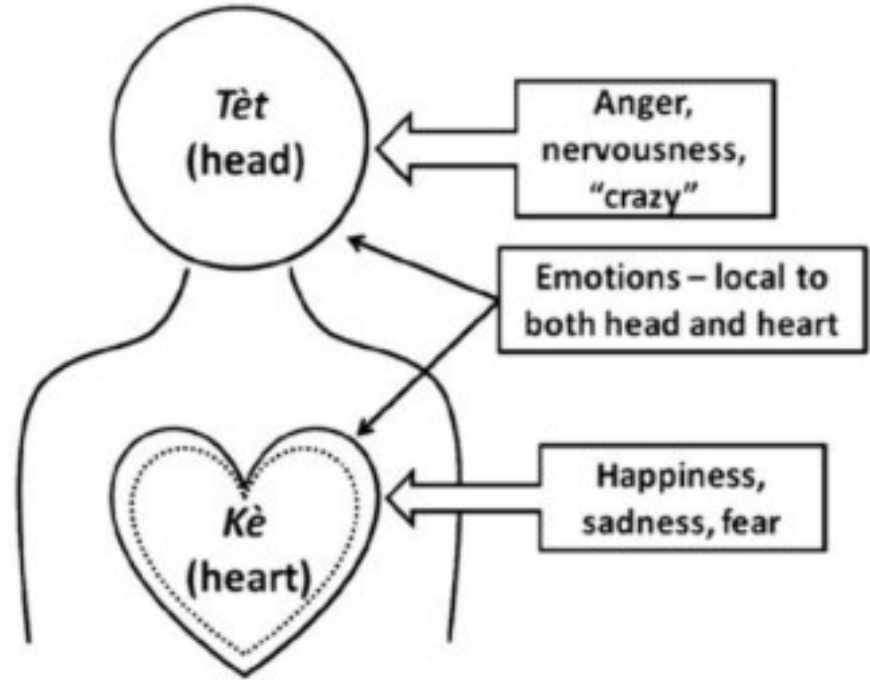
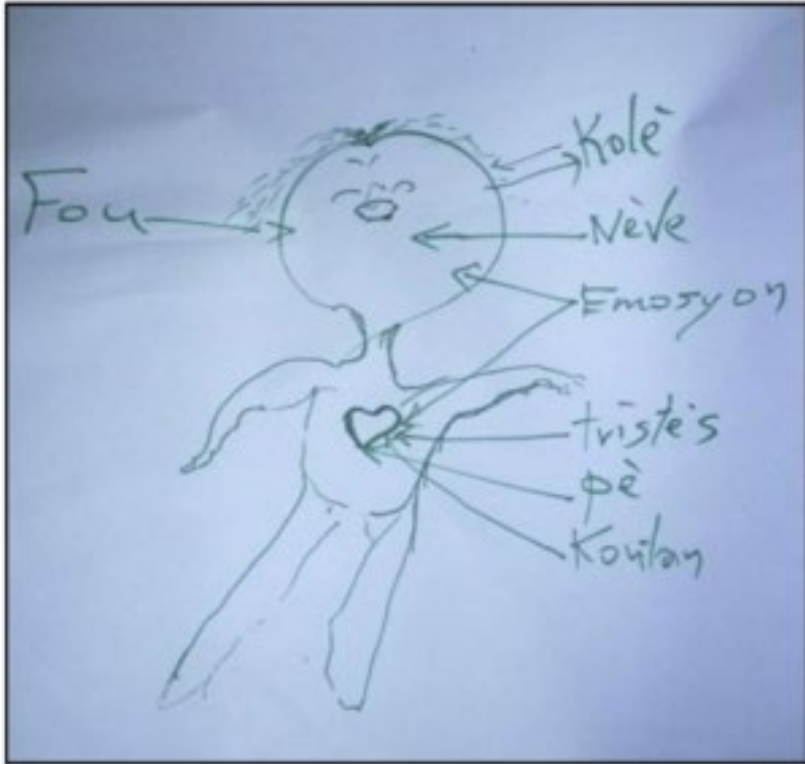


Migration Experiences and Psychiatric Disorders Framework

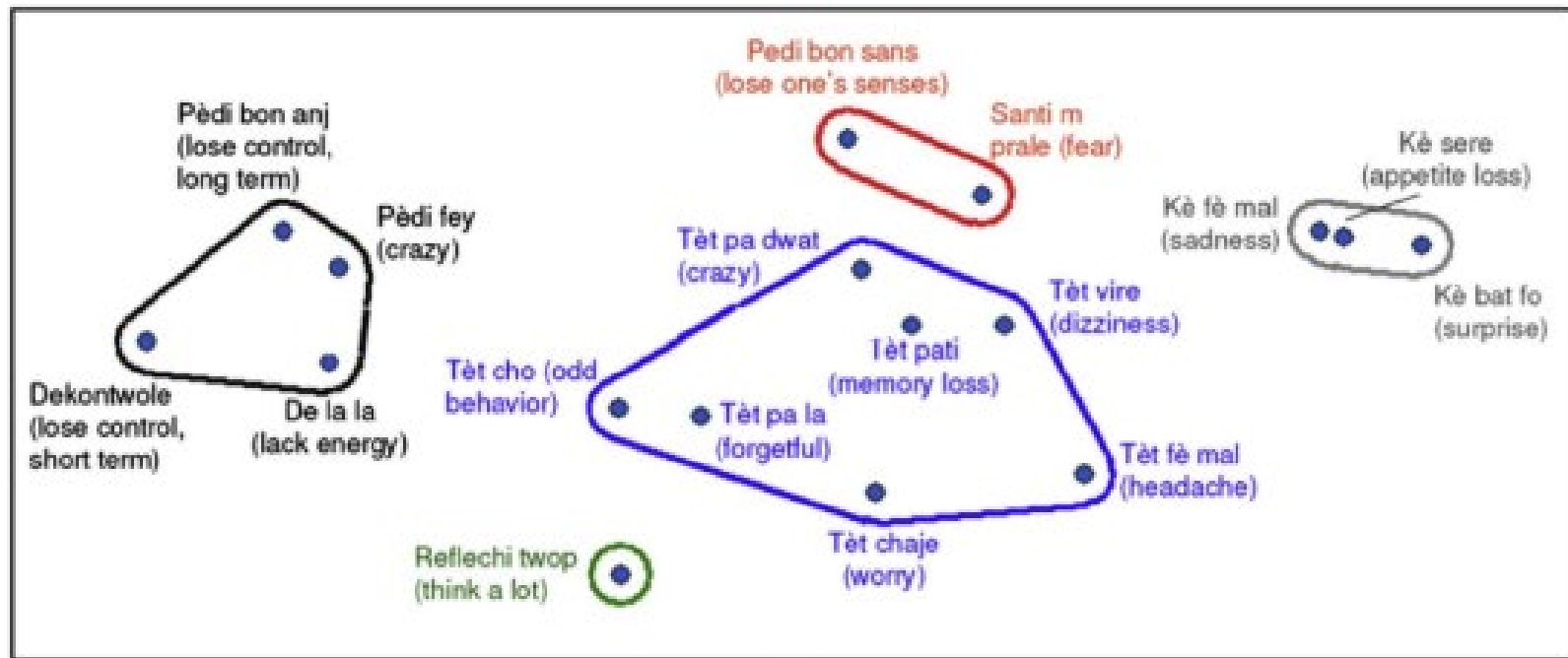


Figure 1. Migration Experiences and Psychiatric Disorders Framework. (Cénat et al., 2020)

The Mind and Body Connection



Head/Body Connection



Idioms of Distress: Cultural Explanation

- DSM-5 malady moun: “humanly caused illness,” “sent sickness” is a cultural explanation in Haitian communities for diverse medical psychiatric disorders
- “Tout maladie pa malady dokte” not all illnesses are for doctors (Douyon, 2010)
- Illness syndromes include seziman (seized-upness), move san (bad blood), and pedisyon (arrested pregnancy) (Pierre et al., 2010)

Haitians and Depression

- Depression is not considered a mental illness, but rather a state of general debilitation
- Use the term discouragement for depression as a mood disorder
- Two common theories about the etiology of depression
 - Outcome of a Voodoo curse
 - Consequence of worry, obsessive preoccupation with life's problems, and a "shock" or trauma

Spirituality

- Haitians are very spiritual
- They may report having a “revelation” as their dream, which may communicate the part of their experience with their symptoms or concerns



Cultural and Clinical Considerations for Mental Health

- Behavioral Health providers must be skilled at “selling” therapy
- Actively educate patients about the process of therapy and its potential benefits
- Explain therapy as a benefit of the American health care system
- Compare the role of therapy to that of the extended family in Haiti
- Haitians are more likely to be receptive to medications rather than management of the illness

Kleinman's Explanatory Model

- What do you call your problem? What name do you give it?
- What do you think has caused it?
- Why did it start when it did?
- What does your sickness do to your body? How does it work inside you?
- How severe is it? Will it get better soon or take longer?
- What do you fear the most about your sickness?
- What are the chief problems your sickness has caused for you (personally, family, work, etc.)?
- What kind of treatment do you think you should receive? What are the most important results you hope to receive from treatment?



Celeste's Story

Celeste is a 34-year-old female from L'Artibonite, Haiti who presents to a community health center in South Florida with complaints of unintentional weight loss, severe fatigue, and difficulty concentrating. She recently arrived to South Florida 6-months prior.

Celeste: Social and Migration Background

- She comes from a rural agricultural background.
- Due to lack of opportunities, she immigrated to Chile under a visa program.
- Engaged in transactional sex.
- In 2022, she decided to migrate to the U.S. and embarked on the journey through South and Central America.
- She arrived to South Florida after spending several months at the U.S.-Mexico Border.

Celeste: Health History

- She never had a PCP while in Haiti.
- She tested for HIV in 2021 while in Chile, results were negative. She has not seen a health care provider since that time.
- She uses traditional medicine for health maintenance.

Celeste decides to go for free health screening services offered at the local community center in Little Haiti, Miami.

- Her HIV test is positive

HIV Risk in Haiti and along Migration Route

Background HIV Prevalence

- Haiti has the highest HIV burden in the Caribbean
- Prevalence rate has remained relatively stable at 2.0%

Current Humanitarian Crisis

- Disruption of state institutions
- Limited access to HIV testing and ARVs

Increased HIV Risks and Adverse Outcomes

- Increase risk of HIV, STIs, unintentional pregnancies
- Mother-to-child transmission
- Unprecedented surge in GBV in Haiti and along migration path
- Increased transactional sex

HIV Risk among Haitians in the U.S.

- HIV rates among Haitian immigrants and migrants closely mirrors what is seen in Haiti (2.2%).
- Among Caribbean-born Black immigrants, Haitians had the highest HIV prevalence.
- Haitians more likely to have delayed HIV diagnosis compared to other Black immigrant groups and African-Americans.
 - 40-59 years old
 - Higher socioeconomic status
 - Gendered disease burden
- '4H' Stigma.
 - Triple minority status
 - Lower levels of acculturation
 - Amplified health privacy

Celeste's Risk Factors

- Risk factors contributing to Celeste's health outcomes
 - Economic vulnerability.
 - Transactional sex in Chile.
 - Increased risks of GBV at various time-points.
 - Fear of judgement, stigma, legal repercussions → delayed health care engagement.

"...not everyone can withstand hunger. You and your employees [referring to the interviewer] you have never spent one day hungry ! There are people who don't have the capacity to support hunger. The men on the other hand, if he does not find food he can beat the woman because he must find food...but he does not leave any money! This is how I am a 'fanm potomitan' in a household?!"

– 33-year-old woman from Fort Liberte

Gender-Based Violence

- Unprecedented surge in GBV against women in Haiti.
 - 1 in 3 women reporting forced or pressured sex.
- 63% of women and young girls across Port-au-Prince forced to relocate due to violence.
 - Surge in gang violence has reached other departments.
- Push factor for migration to the U.S.
- GBV throughout the migration journey.
 - Tool of oppression.
 - Increased risk of assault for financially vulnerable women.
 - 54% of women crossing Darién Gap feel at risk.

“They [gang members] do not use condoms...especially with the insecurity, when you are kidnapped, he touches you he does everything...and multiple men will rape you [participant pauses reflectively]. This is why so many young girls are pregnant...things are so complicated [in Haiti].”

– 28-year-old woman from Artibonite

Care Considerations

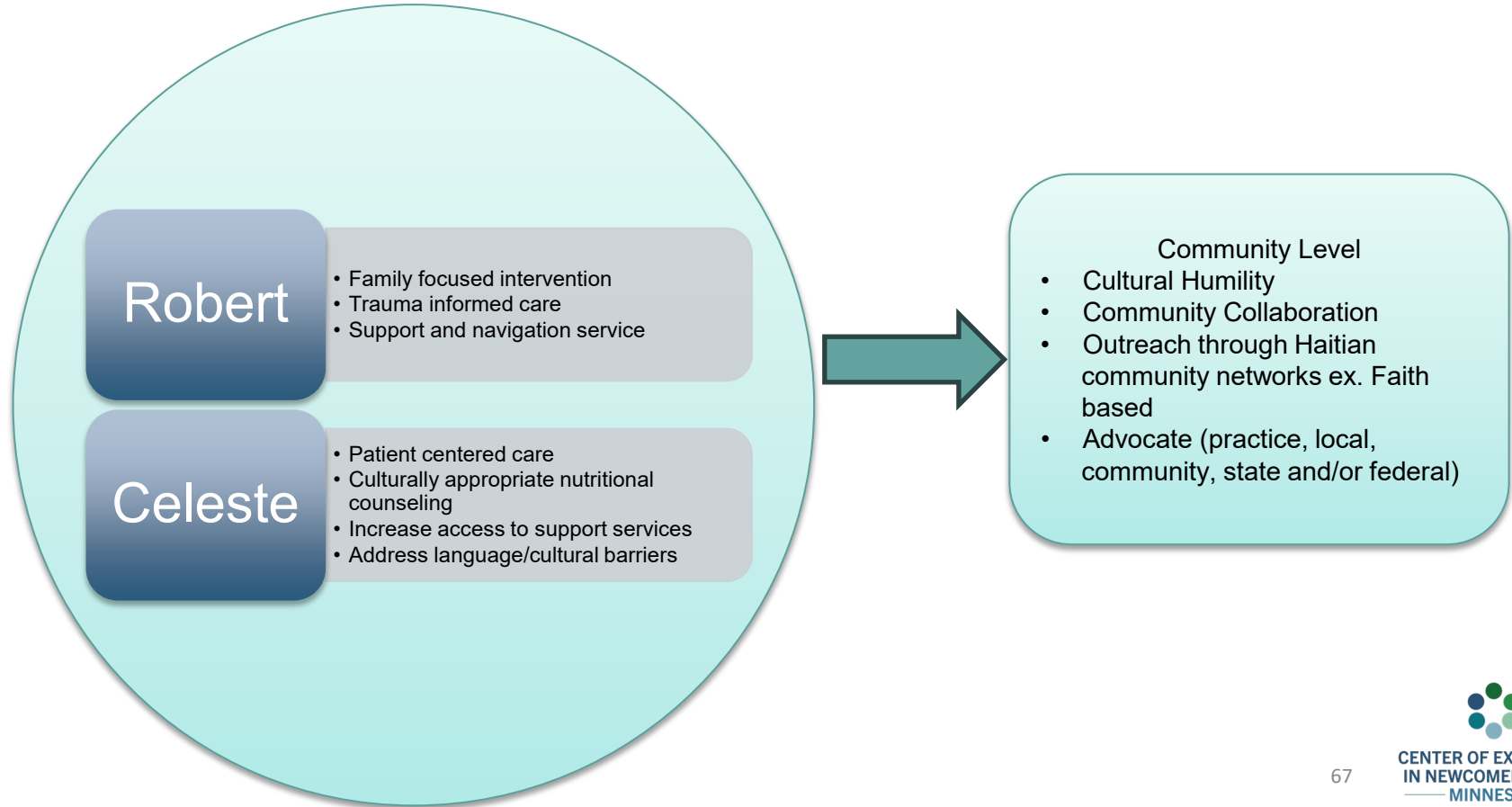
- Stigma and Mistrust
 - High HIV-related stigma in the Haitian community
 - This extends to health care providers and clinic staff
- Social support
 - Strong social networks
 - Collectivist society
- Traditional Health Practices and Beliefs
 - Traditional medicine- preventative
 - Western medicine- acute/curative
 - Believing that HIV can be sent *'Yo voye yon mort SIDA'*

Care Considerations

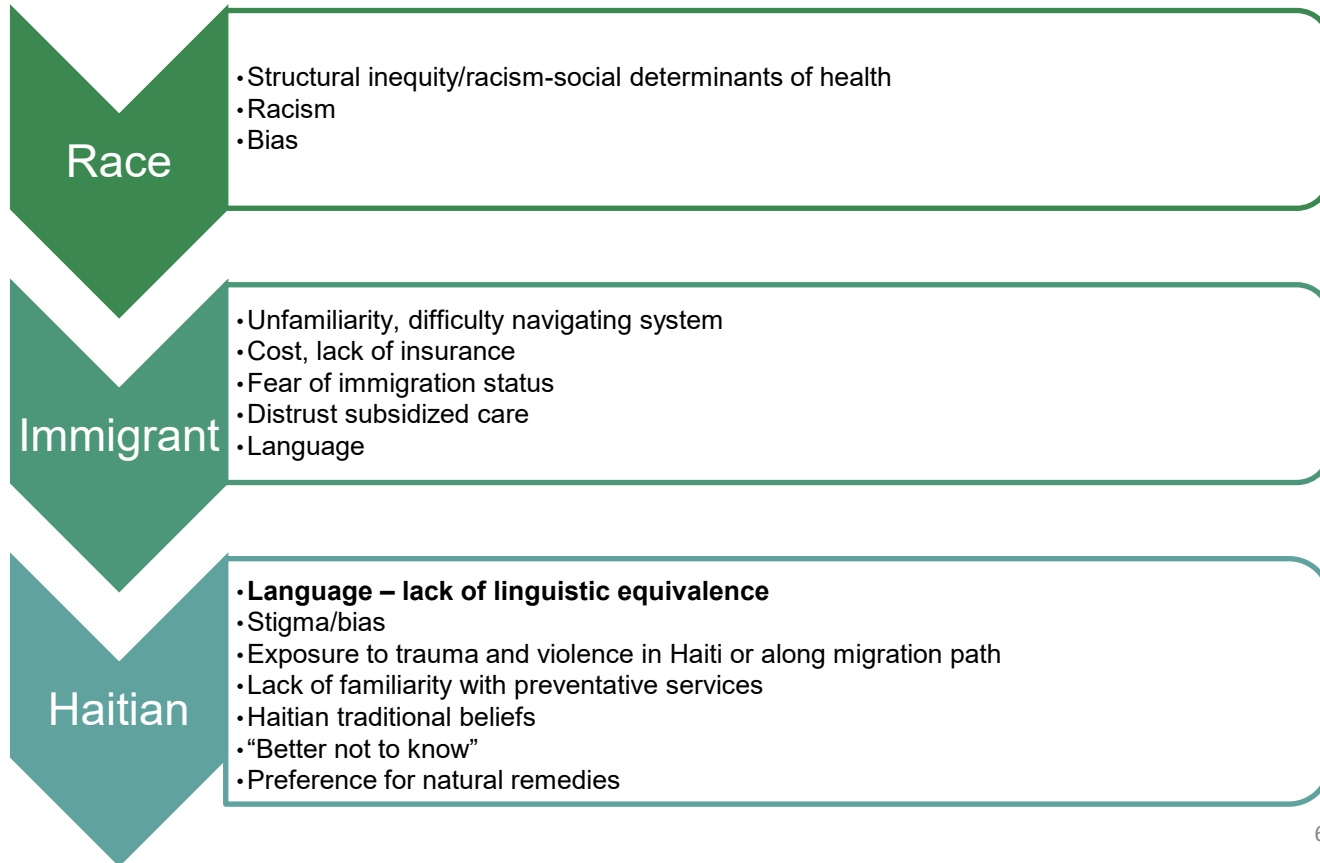
- Tailored community-based interventions
 - Group settings to discuss health topics
 - HIV v. non-HIV specific
- Building trust
 - Language-specific health information and services with an emphasis on Haitian Creole!
- Prevention Strategies
- Culturally-relevant
- Case Management
 - Linkage to resources



Delivering Quality Care to Haitian Communities



Levels of Barrier to Care



Take Home Points

- The Haitian community is diverse with a rich history and culture that informs view of the world and themselves
- Stigma plays a role in bias/discrimination
- Haitian health disparities exist even within Black racial disparities
- LANGUAGE, LANGUAGE, LANGUAGE
- Haitian community is resilient, but have been subject to multiple types of trauma that may impact their health and ability to manage health conditions
- Just say: **“Sak Passe” “What’s up”**



CareRef



careref



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Tools



CareRef

<https://careref.web.health.state.mn.us>

CareRef: Home

CareRef is a tool that guides clinicians through conducting a routine post-arrival medical screening of a newly arrived refugee to the U.S. The output of this ...

Refugee Patient Information

Contact us at careref@state.mn.us or 651-201-5414 if you have ...

Customized Clinical ...

Address immediate health concerns/priority needs and ...

[CareRef \(https://careref.web.health.state.mn.us\)](https://careref.web.health.state.mn.us)



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CareRef Clinical Assessment for Refugees

Introduction & Background

CareRef is a tool that guides clinicians through conducting a routine post-arrival medical screening of a newly arrived refugee to the U.S. The output of this tool is based on the current CDC Domestic Refugee Screening Guidance. CareRef recommends screening tests and other preventive care based on the demographic and geographic factors that contribute to risk. The data used to create this tool are specific to refugee populations coming to the U.S. If the tool is used for other populations, the clinician should be aware that the guidance may not accurately reflect the needs of non-refugee populations.

Please consult the [CDC Domestic Refugee Screening Guidance documents \(opens new tab\)](#) for further detailed guidance and information.

Some states have additional state-specific screening recommendations for newly arrived refugees. If you do not know your state's refugee screening guidance, please contact the [Refugee Health Coordinator \(opens new tab\)](#) in your state.

 [Subscribe \(opens new tab\)](#) to receive CareRef and screening guidance updates.

[Supplemental Clinical Guidance and Resources \(opens new tab\)](#) for Clinicians and Public Health professionals working with Ukrainians

[Supplemental Clinical Guidance and Resources \(opens new tab\)](#) for Clinicians and Public Health professionals working with Afghan Evacuees

[Start CareRef Tool](#)

VaxRef Immunization Record Translator

Refugee Patient Information

For the most accurate screening recommendations, please enter information from the refugee's overseas medical exam in section 2. If you do not have a copy of the pre-departure medical screening, please contact the [Refugee Health Coordinator in your state \(opens new tab\)](#).

* indicates a required field

1. Demographics

Select the state where the refugee patient resides *

Select the refugee's departure or host country *

Select the refugee's country of birth *

Enter the refugee's date of birth *

Select the refugee's sex at birth *

Male Female

Do you have the records from the refugee's pre-departure medical exam? *

Yes No

Customized Clinical Recommendations

Based on the following information about the refugee, the following guidelines are outlined below. The refugee is a 4 year old male who was born in HAITI and departed out of CHILE.

Please inquire about additional travel history, and [check for travel-associated diseases and health alerts \(opens new tab\)](#).

*Recommended lab tests are denoted by checked boxes

Refugee Patient Information

Print

General Laboratory Testing

- Perform [complete blood count \(opens new tab\)](#) with differential and platelets.
- Congenital and iodine-deficient hypothyroidism should be considered in all infants and children <6 years of age. Thyroid-stimulating hormone (TSH) and free T4 should be used when screening for thyroid disease.
- Clinicians can consider screening for hemoglobinopathies in individuals from [high prevalence areas \(opens new tab\)](#) . Screening should include hemoglobin electrophoresis, particularly in individuals with anemia, red blood cell abnormalities, and/or morbidity suggestive of disease.
 - If eosinophil count >450 and the patient has already completed appropriate presumptive treatment or screening for parasitic infections, repeat CBC with differential in 3-6 months.



Newcomer Evidence-Based Laboratory Screening

- Cbc/diff (all)
- Hemoglobin electrophoresis
- TSH (<6 years)—Newborn screen (<=12 mo)
- Lead (0-16 years old, pregnant or breast feeding)
- IGRA (all)
- Hep B s Ab (all)
- HIV (all)
- Syphilis EIA (all)
- Hep C s Ab (all)
- Strongyloides IgG (all, unless no risk of direct skin exposure to soil)
- GC/Chlam (all ~13 years and over, younger if concerns for sexual assault/abuse)
- Stool ova and parasites (all, 12-24 hours apart x 2-3) **OR** Presumptive albendazole x 1 if no contraindications and cost is subsidized (e.g., 340b drug pricing, donated medications)
- Giardia stool antigen (~≤5 years)



References

Allen, D. R. Mars, L. Tom, G. Apollon, D. Hilaire, G. Iralien, L. B. Cloutier, M. M. Sheets, R. Zamor, Health beliefs, attitudes and service utilization among Haitians. *J. Health Care Poor Underserved*. **24**, 106–119 (2013). (Slide 24, 27-29)

Bailey, N. Krieger, M. Agénor, J. Graves, N. Linos, M. T. Bassett, Structural racism and health inequities in the USA: evidence and interventions. *Lancet*. **389**, 1453–1463 (2017). (Slide 24,30-34)

Desfrosiers, A et al. Treating Haitian Patients: Key Cultural Aspects. *American Journal of Psychotherapy*, 2002, 56, 508-21

Gany, A. P. Herrera, M. Avallone, J. Changrani, Attitudes, knowledge, and health-seeking behaviors of five immigrant minority communities in the prevention and screening of cancer: a focus group approach. *Ethn. Health*. **11**, 19–39 (2006). (Slide 32)

Green, K. M. Freund, M. A. Posner, M. M. David, Pap smear rates among Haitian immigrant women in eastern Massachusetts. *Public Health Rep*. **120**, 133–139 (2005). E. (Slide 35-36)

Kobetz, J. Menard, B. Barton, L. Pierre, J. Diem, P. D. Auguste, Patnè en Aksyon: addressing cancer disparities in Little Haiti through research and social action. *Am. J. Public Health*. **99**, 1163–1165 (2009). (Slide 34)

Mandelblatt et al. Breast and Cervix Cancer Screening among multiethnic women. *Preventive Medicine*, 1999, Apr 28(4): 418-25 (Slide 35-36)

Menard, E. Kobetz, J. C. Maldonado, B. Barton, J. Blanco, J. Diem, Barriers to cervical cancer screening among Haitian immigrant women in Little Haiti, Miami. *J. Cancer Educ*. **25**, 602–608 (2010). (Slide 35-36)

Nicolas, G., Jean-Jacques, R., & Wheatley, A. (2012). Mental health counseling in Haiti: historical overview, current status, and plans for the future. *Journal of Black Psychology*, **38**(4), 509-519. (Slides 37-38)

Additional Resources

- **[MN COE Haitian Clinical Guidance](http://www.health.state.mn.us/communities/rih/coe/clinical/haitian.html)**
www.health.state.mn.us/communities/rih/coe/clinical/haitian.html
 - Summary of context, pathways, eligibility and benefits, clinical guidance and a repository of links
- **[ECHO Colorado Newcomer Health](https://sites.google.com/view/newcomer-health/home)** (<https://sites.google.com/view/newcomer-health/home>)
 - Haitian Health Considerations Presentation by Dr. Jean Mesidor
- **[CareRef](https://careref.web.health.state.mn.us/)** (<https://careref.web.health.state.mn.us/>)
 - CareRef is a tool that guides clinicians through conducting a routine post-arrival medical screening of a newly arrived refugee to the U.S. Output is based on the current CDC Domestic Refugee Screening Guidance. CareRef recommends screening tests and other preventive care based on the demographic and geographic factors that contribute to risk.
- This presentation was modified from the below curriculum. Read more about this curriculum and initiative:
[An Introduction to Structural Competency for Haitian-Identified Patients: History, Culture, and Access to Care](https://www.mededportal.org/doi/10.15766/mep_2374-8265.11207) (https://www.mededportal.org/doi/10.15766/mep_2374-8265.11207)

Thank you!

Questions?



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for training announcements and other guidance and resources.
- Upcoming webinars at
[Trainings: Minnesota Center of Excellence in Newcomer Health](http://www.health.state.mn.us/communities/rih/coe/webinars.html)
(www.health.state.mn.us/communities/rih/coe/webinars.html)
 - Save the date for Part 2 in January
Haitian Newcomers: Considerations for Perinatal and Reproductive Health
Tuesday, Jan. 21, 2025
1 – 2:30 p.m. ET | 12 – 1:30 p.m. CT | 11 a.m. – 12:30 p.m. MT | 10 – 11:30 a.m. PT

Thank You!

Please remember to complete your evaluation

