

# MEMORANDUM

TO: Westchester Department of Health & Title I Steering Committee  
FROM: David Abramson and Lauren Jewell, Columbia CHAIN Project  
RE: Haitian respondents in Tri-County CHAIN cohort  
DATE: August 10, 2004

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We have reviewed the data from the Tri-County CHAIN cohort of 398 individuals recruited in 2001-2002 in order to provide some basic information on the Haitian respondents in the cohort, as requested by the Title I Steering Committee. Because there are so few Haitian respondents – only 15 of 398 – it is generally not useful to look at proportional comparisons. Still, as will be evident in the highlights noted below, there are a number of characteristics which distinguish the Haitian respondents from the other respondents in the cohort.

## **Sociodemographic characteristics**

- 15 Haitians were interviewed at baseline in 2001-2002, and 9 were available for follow-up in 2003. Of the 15, 8 are women and 7 are men. Most live in Spring Valley, and only one Haitian respondent lives outside of Rockland county.
- Almost all of the Haitian respondents came to the US as adults, and have been living here for an average of 16 years (ranging from 5-29 years).
- Virtually all the respondents (14/15) have been or are currently married, and virtually all (14/15) have children. 3 were living with a spouse at baseline, 3 not living with spouse, 1 widowed, 2 divorced, and 5 were separated. Among those with children, 10 have children under 18 years old living with them in the household. These numbers are vastly different than the overall cohort, of whom 55% were ever married and 35% have minor children living with them.
- Most of the Haitians are stably housed, with 12/15 in rental units, 1/15 owning an apartment, and 2/15 doubled up. Few live alone. 12/15 live with others, compared to 3/15 who live alone.
- There is a high degree of employment among the Haitian respondents. 10/15 (66%) were employed at baseline, compared to an overall employment rate of 27% among the rest of the cohort. 4 of the

Haitian respondents were employed full-time, 2 were employed part-time, and 4 reported irregular employment. 9/15 reported education at least at a high school level (4/15 reported HS diploma, 1/15 reported technical school after HS, and 4/15 reported some college or greater).

- Most of the Haitian respondents (12/15) received their primary HIV medical care at Rockland Department of Health, although 2 receive care at Westchester-based medical agencies and 1 receives care from a private medical provider. 10/15 of the Haitian respondents are covered by ADAP, 3/15 are covered by Medicaid, and 2/15 have private insurance.
- 4/15 (27%) of the Haitian respondents did not know their t-cell counts, compared with 11% of the rest of the cohort. Only 1/15 (7%) of the Haitian respondents reported a t-cell count below 200, compared to 21% of the rest of the cohort.

### **Risk, Stigma, Social Networks, and Needs**

- All of the Haitian respondents consider themselves heterosexual, and none report any homosexual behavior. 2/15 do report having had sexual partners who were IDUs, and 1/15 reports ever having exchanged money or drugs for sex. 6/15 report 3-5 lifetime sexual partners, and only 4/15 report having had greater than 11 lifetime sexual partners.
- The Haitian respondents report very little drug, alcohol, or tobacco use. Only 1/15 reported serious drug use, only 3 are current smokers and 9 never smoked.
- The Haitian respondents report very small social networks. 12/13 reported having 2 or fewer close friends. Most of the Haitian respondents have not disclosed their HIV status to friends or family – 12/15 (80%) said they avoided telling others outside their family of their HIV status, compared to 34% of the rest of the cohort.
- The stigma associated with HIV in this population is also apparent in the comments that many respondents made. These comments mainly centered around privacy and the desire for others not to know their status. One respondent stated that, "Due to privacy she does not really want to go anywhere in the neighborhood where people are likely to see her in the clinic and know its for HIV positive clients." This sentiment is echoed by another respondent who expresses worry

about waiting in the clinic. The respondent "does not appreciate the fact that there are people from his country who go there just to see who is sick or infected, so waiting time is precious." Another respondent mentioned difficulty finding a doctor because the respondent wanted to find "a provider where I don't know any of the other patients." Several other respondents expressed a general discomfort with others being "in their business." One respondent made a particularly striking comment about when he was tested for HIV. One reason he offered for why he was tested was "because they said it was a Haitian disease."

- 6 out of 13 respondents who identified their biggest social problem mentioned lack of money as their biggest problem. 4 mentioned housing as their largest problem. Only 2 respondents stated that they had no social problems. One stated a need for legal services. The financial problems suffered by this population may be due, for some, to a lack of citizenship or a green card, which may mean a lack of certain benefits. This population, compared to the rest of the cohort, is more likely to report a need for assistance in housing, financial, employment, homecare, clothing, and childcare. This population is less likely to report a need for assistance in transportation or emotional services (no respondent stated a need in this area).