I. Background

Procedure

The Haitian population living in Miami-Dade County, Florida has been scarcely studied from a health-related perspective.   After the occurrence of the devastating 2010 earthquake in Haiti, a needs assessment on health was necessary for Haitian families living on Miami-Dade County, Florida that could potentially be displaced as a consequence of the disaster, also to gain information about Haitian families residing here and those displaced by the earthquake

- The 2000 U.S. Census reported approximately 750,000 Haitians residing in this country and Florida accounts for more than one-third of the nation's total with 268,000 Haitians. In Miami, Florida Haitian is the second largest ethnic group. It is estimated that 96,000 Haitians reside in Miami-Dade County alone. (Hermantin, 2007)

- Although a large number of Haitians resides in South Florida, very little studies have been carried out to unveil the health status of the Haitian Diaspora in Miami-Dade County. (Hilaire, 2004)

This survey provides novel and insightful information about an area with unique racial, social characteristics which required a culturally competent approach. The majority of the interviewers who administered the survey were Haitian, with vast knowledge of the target community. Due to the diversity of the area, the interviews were conducted in English, Spanish, French or Creole based on participants' preferences. All surveys were completed by trained staff who conducted face to face interviews. The surveys were administered to the participants and the responses were recorded manually.

I would suggest a brief sentence mentioned "probability household-based" sample, if that is the case.

The Division of Research and Information/ Data Coordinating Center is committed to the unbiased generation and analysis of data. As well as the translation and dissemination of results in order to serve the needs of our community, the academic pursuits of FIU's Herbert Wertheim's College of Medicine faculty, and students. We trust this report provides valuable information.

Methodical and systematic data collection, data analysis, and timely data reporting are among the cornerstones for the Division of Research and Information/Data Coordinating Center.

I would suggest mentioning that most of the data on the tables are presented comparing Haitian vs. Non-Haitian households

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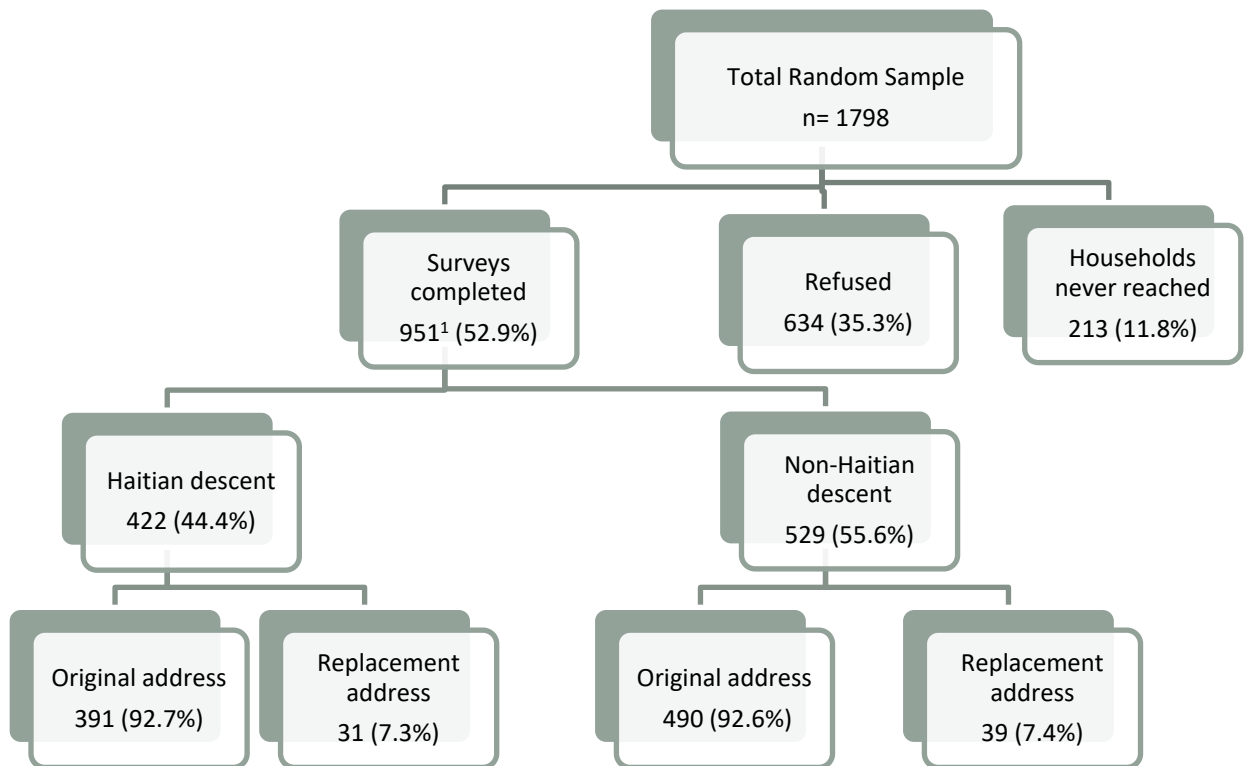[2] www.floridacharts.com

II. Methodology

The Little Haiti 2010 Earthquake Impact Assessment Survey consisted of 156 standardized questions in the general questionnaire, 22 additional questions for Haitian families and two supplemental assessments: questions for herbal medicine intake and Sections A and B of the CIDI-SF Mental Health Tool. The survey was developed with the aim of examining household and individual health/wellness indicators for families residing in an area with a large Haitian population. The compiled information will serve as a baseline for measuring the impact of further initiatives in this area.

In order to capture the majority of Haitian households, twenty U.S. census tracts were selected each with a Haitian population of 30% to 49%. Within these census tracts, 1798 households residing in single family homes and townhomes were randomly selected using random probability sampling (Figure 1). If a sampled household was vacant or no physical household existed, it was replaced with the neighboring household. Of the original sample, 951 (53%) households completed the survey, with just under half (44%) being of Haitian decent. One consenting adult, age 18 years or older, answered the questions on behalf of the entire household. The majority of households that did not complete the survey refused participation (75%) while the remaining were unreachable. Households were defined as unreachable after a minimum of 7 unsuccessful attempts were made to interview a household member, alternating the day of week and time of day for each attempt.

Fig. 1: Response Rate and Replacement Rate by Haitian Descent in the Study Area

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III. Results

A. Demographics

1. Race/Ethnicity
It was assumed the race/ethnicity of the entire household was the same as the person self-reporting. Households were defined as Haitian if the respondent indicated that he/she was "Haitian or of Haitian descent". The population of the study area was predominantly Haitian, with approximately twice as many Haitian households (44.4%) as non-Haitian Hispanic households (22.3%) and non-Haitian African American households (19.9%) (Table 1).

Table 1. Race/Ethnicity Characteristics in the Study Area

	Haitian N (%) N =420	Non-Haitian N (%) N =525	Total N (%) N = 945
Non-Hispanic White	0 (0)	73 (13.9)	73 (7.7)
African American	59 (14.0)	188 (35.8)	247 (26.1)
Hispanic	1 (0.2)	211 (40.2)	212 (22.4)
Others	360 (85.7)	53 (10.1)	414 (43.7)
Total	100	100	100

2. Language
It was assumed the primary language spoken in the household was the same as the respondent. English was the most commonly reported language spoken in the households (46.7%) followed by Creole (35.2%) and Spanish (16.2%). Three out of four Haitian households primarily spoke Creole (77.9%).

3. Educational Attainment
Educational attainment among the heads of the household was generally lower among the Haitian households (Table 2). One out of four heads of the household have not completed high school in the Haitian households; this was approximately two times that of non-Haitian households. In addition, 50% more heads of the households in non-Haitian households had more than a high school diploma compared to those in Haitian households.

Table 2. Level of Education of the Head of the Household in the Study Areas

	Haitian N (%) N = 404	Non-Haitian N (%) N = 518	Total N (%) N = 922
Less than High School	101 (25.0)	67 (12.9)	162 (18.2)
High School or Equivalent	129 (31.9)	133 (25.7)	262 (28.4)
Above High school	174 (43.1)	318 (61.4)	492 (53.4)
Total	100	100	100

4. Employment Status

One out of four heads of the Haitian households were unemployed; this was approximately 1.4 times that of non-Haitian households. Fewer heads of the household in Haitian households were employed full time or retired compared to non-Haitian households, while more were employed part time (Table 3).

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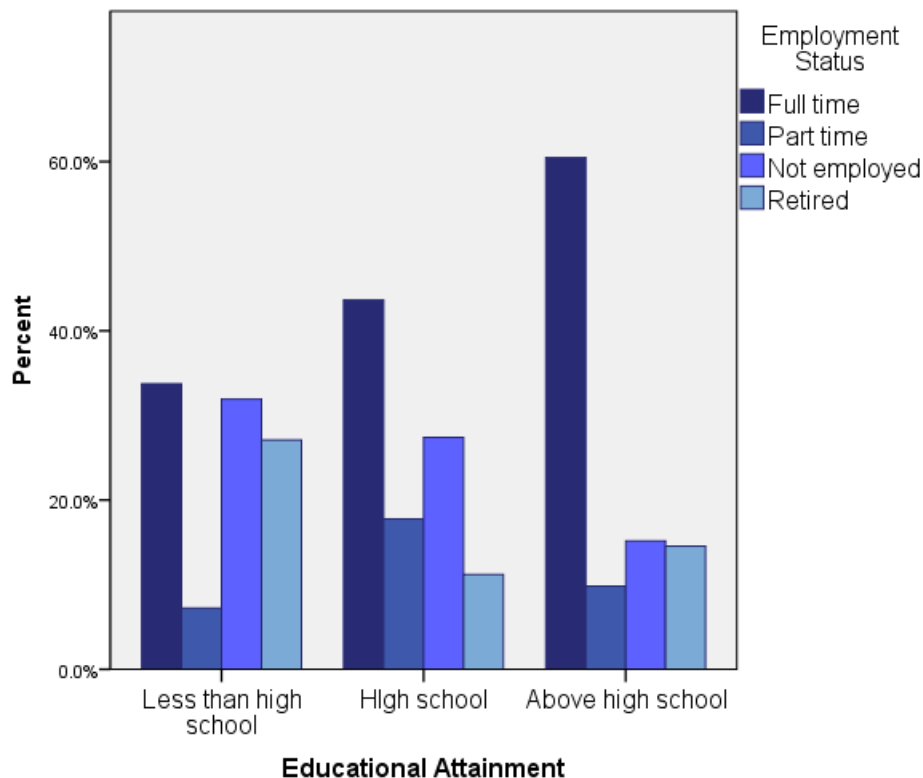
[2] www.floridacharts.com

Unemployment decreased with increasing educational attainment, while full time employment increased (Figure 2). Unemployment among heads of the household with more than a high school diploma was half that of those with less than a high school diploma (15.2% vs. 31.9%, respectively); while full time employment among those with more than a high school diploma was nearly twice that of those with less than a high school diploma (60.5% vs. 33.7%, respectively).

Table 3. Employment Status of the Head of the Household in the Study Areas

	Haitian N (%) N = 416	Non-Haitian N (%) N = 521	Total N (%) N = 937
Full Time	191 (45.9)	280 (53.7)	471 (50.3)
Part Time	257 (13.7)	51 (9.8)	108 (11.5)
Not Employed	107 (25.7)	98 (18.8)	205 (21.9)
Retired	61 (14.7)	92 (17.7)	153 (16.3)
Total	100	100	100

Figure 2. Head of the Household's Employment Status by Educational Attainment

5. Income

The distribution of self-reported household income showed the study area was poorer than the national average. Based on the most recently available Census data, 7.1%, and 10.0% of the households in the United States and Miami-Dade[1], respectively, have household incomes of $10,000 or less compared to 20.9% of the households in the study area (Figure 3). Poverty in this area was more apparent when income per capita was taken into consideration. More than half of the households had a per capita income of less than $10,000 per year, with 60% more Haitian

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households falling in this range than non-Haitian households (67.9% vs. 42.7%) (Figure 4). About 30% of all the households interviewed refused to report their household income.

"Percent" and "%" are repeated on the Y axis. I would not include decimals
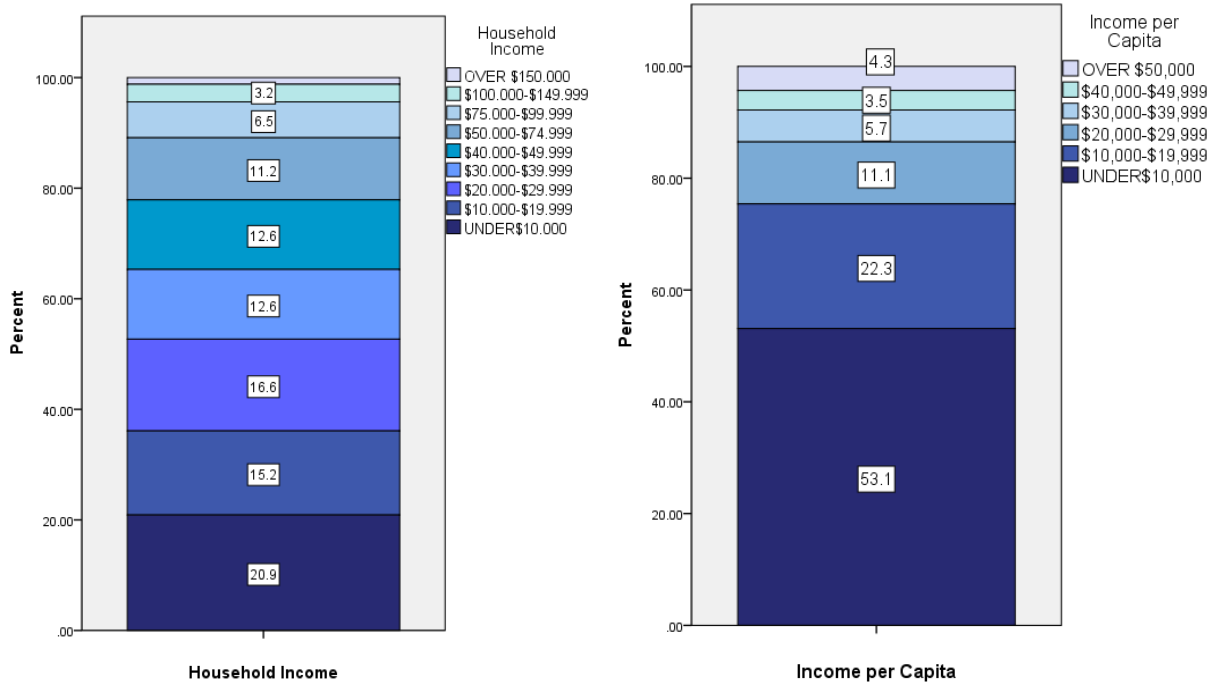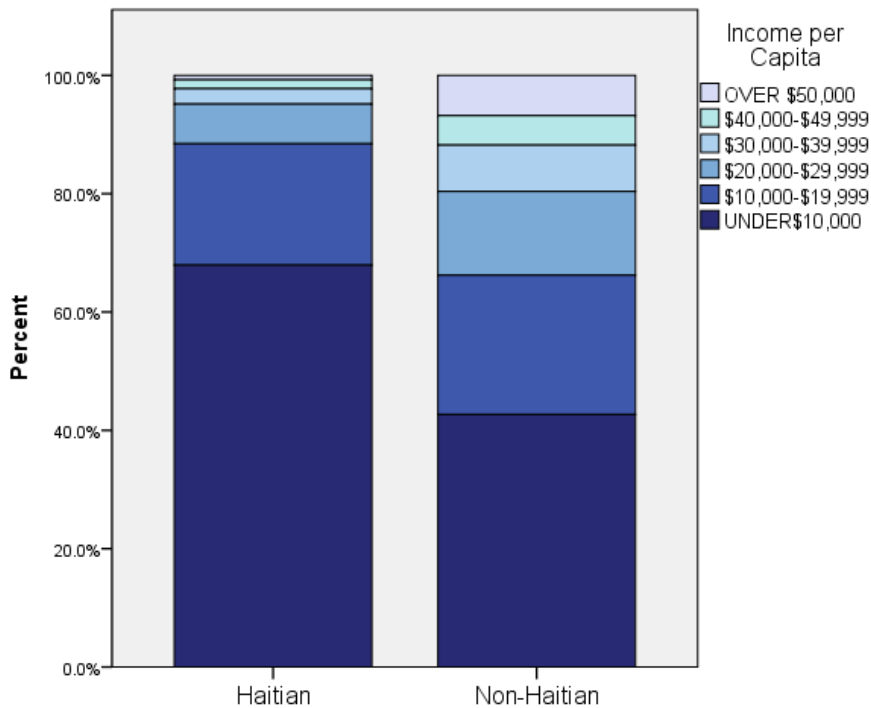**Fig. 3: Household Income versus Calculated Income per Capita in the Study Area**

Fig. 4: Calculated Income per Capita by Haitian Descent for the Interviewed Households

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B. Community Assets and Social Capital

1. Home Ownership
Three out of four households owned their homes; however the majority of these households have a home mortgage (83.0%) (Table 4). Nearly one out of five non-Haitian households had completely paid off their homes; this is approximately three times that of Haitian households. A larger proportion of Haitian households owned their homes with a mortgage and rented their homes compared to non-Haitian households.

Table 4. Home Ownership for Each Community in the Study Area

	Haitian N (%) N = 409	Non-Haitian N (%) N = 498	Total N (%) N = 907
Owned and completely paid for	27 (6.6)	88 (17.7)	115 (12.7)
Owned with a mortgage	264 (64.5)	296 (59.4)	560 (61.7)
Rented	112 (27.4)	110 (22.1)	222 (24.5)
Given in exchange for services	2 (0.5)	0 (0)	2 (0.2)
Other	4 (1.0)	4 (0.8)	8 (0.8)
Total	100	100	100

2. Financial Stability
One out of five households (22.2%) had at least one member who has had problems with a creditor. Compared to non-Haitian households, a higher proportion of Haitian households reported problems with creditors (24.0% vs. 20.6%), problems with taxes (10.9% vs. 7.2%), and problems with contracts/loans (3.2% vs. 2.4%).

3. Community Organizations and Participation
Three out of four households were unaware of the groups, organizations, or associations that functioned in their communities (77.9%); this was as high in Haitian families as non-Haitian families (76.6% vs. 79.0%, respectively). Among households that were aware of the presence of community organizations, the most commonly cited were parent/student/teacher associations (27.6%) and youth groups (27.3%). Haitian households consistently reported fewer community organizations than non-Haitian households.

Just as many households were unaware of the presence of community organizations were also unaware of the source of support for these organizations (78%). Among households that were aware, one out of three (35.2%) named the local government as the source of support for their community-based organizations.

Three out of four households reported they were involved in their community by way of voting in an election (73.7%) and making a monetary donation (71.5%); with 25% more Haitian households (80.6%) than non-Haitian households (64.2%) participating in the latter. Three out of ten households felt their community had low or very low spirit of participation (30.0%). Approximately 80% more non-Haitian households (10.9%) than Haitian households (6.1%) reported high or very

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high spirit of participation. Nearly nine out of ten households (85.8%) could not identify their local community leader.

4. Security
Nine out of ten households perceived their neighborhoods as peaceful (Table 5). Approximately 20% more Haitian households reported their neighborhood was conflictive compared to non-Haitian households.

Table 5. Self-Perception of the Neighborhood Security by Residents of Each Community in the Study Area

	Haitian N (%) N = 407	Non-Haitian N (%) N = 521	Total N (%) N = 928
Peaceful	354 (87.0)	464 (89.1)	818 (88.1)
Conflictive	53 (13.0)	57 (10.9)	110 (11.9)
Total	100	100	100

5. Environmental Conditions
Almost half of the households perceived the environmental conditions of their neighborhood as average (Table 6). More than three times as many households reported good/very good environmental conditions compared to poor/very poor conditions. Nearly one out of four households (23.4%) stated that the environmental conditions of their neighborhood have improved over the past three years; this is more than three times as many households that reported deteriorating conditions (7.0%).

Table 6. Self-Perception of the Neighborhood Environmental Conditions by Residents of Each Community in the Study Area

	Haitian N (%) N = 406	Non-Haitian N (%) N = 520	Total N (%) N = 926
Poor/Very poor	52 (12.8)	61 (11.7)	113 (12.2)
Average	198 (48.8)	238 (45.8)	436 (47.1)
Good/Very good	156 (38.4)	221 (42.5)	377 (40.7)
Total	100	100	100

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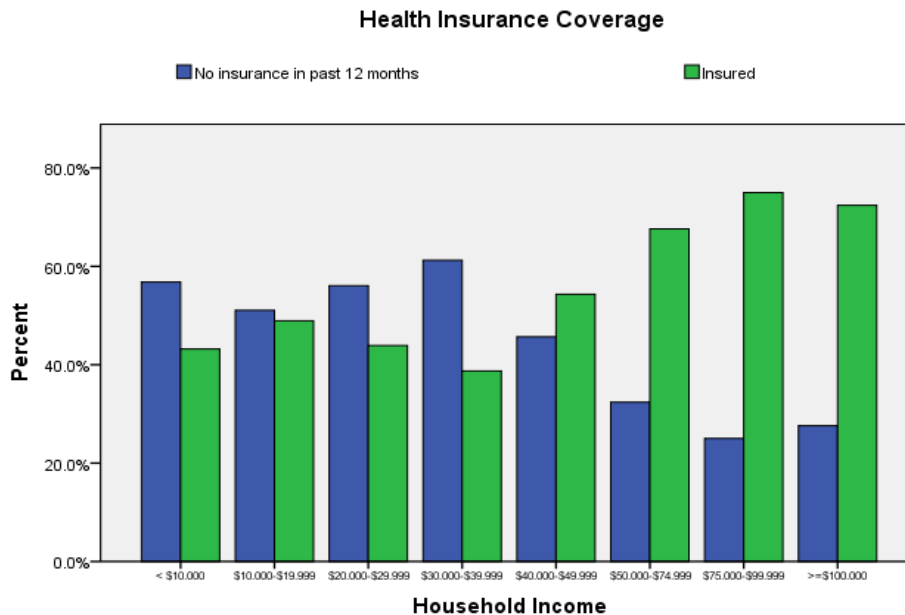## C. Health Access

1. Health Insurance Coverage
Half of the households had at least one member who was uninsured at some point during the twelve months prior to the survey (Table 7). For every two non-Haitian households with at least one uninsured member, there were approximately three Haitian households with at least one uninsured member.

Table 7. Anytime Without Health Insurance Coverage during the Past Twelve Months

	Haitian N (%) N = 391	Non-Haitian N (%) N = 512	Total N (%) N = 903
No Health Insurance	224 (57.3)	225 (43.9)	449 (49.7)
Health Insurance	167 (42.7)	287 (56.1)	454 (50.3)

As household income increased, the proportion of households reporting at least one member without health insurance in the prior twelve months decreased (Figure 5). Lack of health insurance among all members was highest for households with annual incomes under $40,000.

Fig. 5: Health Insurance Coverage by Household Income during the Last Twelve Months
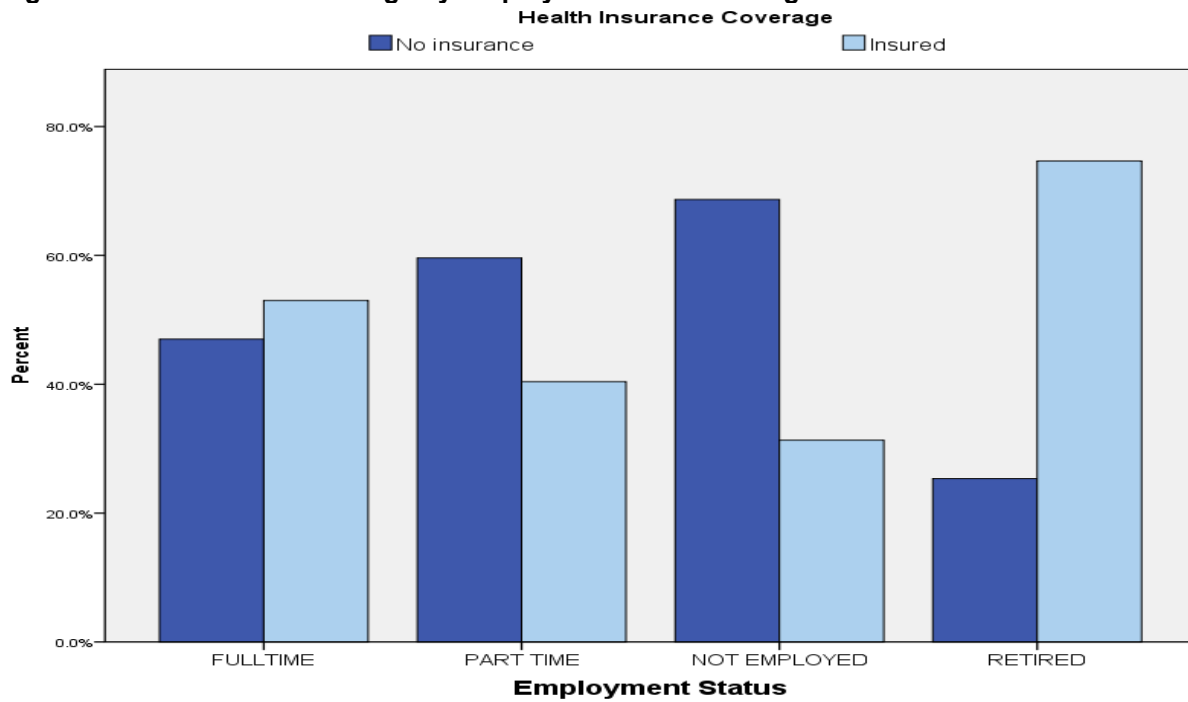

The highest proportion of households reporting at least one uninsured member in the twelve months prior to the survey was among those with unemployed (68.7%) and part-time employed (60.0%) heads of the household; which were approximately 40% and 20% higher, respectively,

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than that of households with full-time employed heads of the household (47.0%) (Figure 6). Respondents stated cost (52.2%) and unemployment (15.3%) as the main reasons for not having health insurance coverage.

Fig.6 Health Insurance Coverage by Employment Status during the Last Twelve Months

2. Sources of Health Insurance Coverage
Respondents reported the main sources of health insurance used by members of their household. Nearly one out of two households (44.5%) reported at least one member obtained health insurance through the head of the household's employer; while nearly one out of four reported Medicare (20.6%) or Medicaid (26.8%). At the time of the survey, one out of three households (36.5%) reported at least one member lacked health insurance. Insurance through the head of household's employer and Medicare was less common among members of Haitian households (41.9% and 18.2%, respectively) than non-Haitian households (46.8% and 22.3%, respectively), whereas the use of Medicaid was more prevalent (31.6% vs. 22.9%). Roughly, one out of two Haitian households (44.8%) reported at least one insured member at the time of the survey; this is approximately 50% greater than that of non-Haitian households (29.9%).

3. Regular Place of Care
Respondents reported the regular places of care used by members of their households. Three out of four households reported a doctor's office or private clinic as the regular place of care for at least one household member (Table 8). Other commonly reported places of care were community health centers (or other public clinics) and hospital emergency rooms. Approximately 40% more Haitian households than non-Haitian households reported the use of community health centers or other public clinics; whereas approximately 25% more non-Haitian households reported the use of emergency rooms.

Table 8. Reported Regular Place of Health Care[2]

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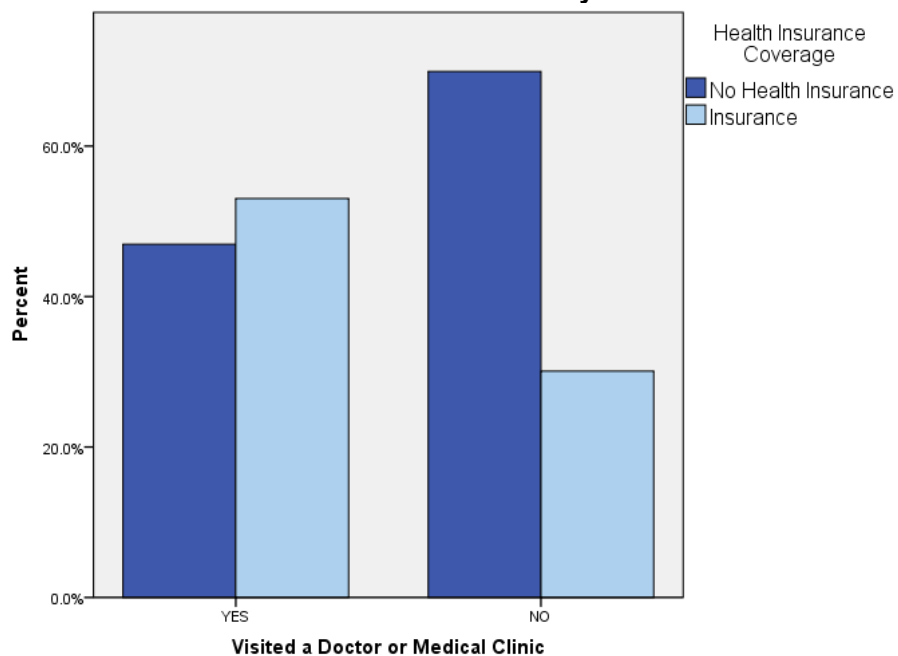
[2] www.floridacharts.com

	Haitian N (%)	Non-Haitian N (%)	Total N (%)
Doctor's office or private clinic	270 (71.2)	354 (77.0)	624 (74.4)
Community Health Center or other public clinic	100 (26.4)	85 (18.5)	185 (22.1)
Hospital outpatient department	20 (5.3)	18 (3.9)	38 (4.5)
Hospital emergency room	55 (14.5)	85 (18.5)	140 (16.7)
Some other places	6 (1.6)	12 (2.6)	18 (2.1)
No regular place of care	11 (2.9)	10 (2.2)	21 (2.5)

4. Regular Health Care Provider

Nine out of ten households reported they had a regular doctor or health care provider (89.1%) and that they visited a doctor during the twelve months prior to answering the survey (87.5%). Among the households that did not visit a doctor, seven out of ten (69.9%) had at least one uninsured member during the prior twelve months (Figure 7). This difference was even more striking among Haitian households; nine out of ten Haitian households that did not visit a doctor had at least one uninsured member (88.1%).

Fig. 7. Ability to Visit a Doctor or Medical Clinic by Health Insurance Coverage during the Past Twelve Months in the Study Area

5. Postponement of Care

Of the households who visited a doctor during the prior year, nearly one out of five had at least one member who postponed needed medical care (Table 9). The primary reason for postponement of care was cost (Table 10). Postponing care was less common among Haitian households than non-Haitian households; however a larger percentage of Haitian households reported cost as the reason for postponement of care.

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Table 9. Medical Problem Postponed

	Haitian N (%) 375	Non-Haitian N (%) N = 462	Total N (%) N = 837
Yes	54 (14.4)	80 (17.3)	134 (16.0)
No	321 (85.6)	382 (82.7)	703 (84.0)
Total	100	100	100

Table 10. Reason to Postpone Medical Problem

	Haitian N (%) N = 51	Non-Haitian N (%) N = 77	Total N (%) N = 128
Cost	31 (60.8)	40 (51.9)	71 (55.5)
Other reason	20 (39.2)	37 (48.1)	57 (44.5)
Total	100	100	100

6. Preventive Care Screenings

Three out of four households reported the completion of physical exams (77.1%) and blood pressure checks (78.2%) by at least one member within the year prior to the survey; and almost all reported the completion of cholesterol checks (95.6%) within the prior 5 years. Of the households with at least one female age 21-65 years, three out of four reported a Pap smear test within the prior two years (76.6%); this is approximately twelve times the households who have never had a Pap smear test (6.5%). Of the households with at least one female age 40 years or older, three out of four reported a mammogram within the prior two years (77.2%); this is approximately seven times the households who have never had a mammogram (11.7%). Of the households with at least one male age 40 years or older, only about half reported a prostate exam within the prior year (46.8%), and one out of three has never had a prostate exam (34.3%). Of the households with one member age 50 years or older, only one out of three (36.9%) reported a blood test stool within the prior year, and nearly half reported never having one (47.2%). Among the same group of households, half reported the completion of at least one previous sigmoidoscopy or colonoscopy (53.1%). Dental exams were reported by over half of all households during the prior year (57.6%).

Recall that a larger proportion of Haitian households than non-Haitian households reported at least one uninsured member within the twelve months prior to the survey (Table 7). Regardless of health insurance status, non-Haitian households had greater compliance with blood stool tests (40.7% vs. 32.5%), sigmoidoscopy or colonoscopy (60.3% vs. 45.8%), and dental exams (62.2% vs. 51.5%) than Haitian households (Figures 8 and 9). However among households in which all its members were insured over the prior twelve months, Haitian households had greater compliance with physical exams (88.5% vs. 82.0%), blood pressure checks (88.4% vs. 83.3%), Pap smear tests (85.4% vs. 79.9%), and mammograms (89.7% vs. 84.7%). Among both Haitian and non-Haitian households, compliance with preventive tests was greater among households in which all its members were insured during the twelve months prior to the survey compared to those with at least one uninsured member.

Fig. 8: Compliance with Preventive Tests by Haitian Descent

Figure 9: Compliance with Preventive Tests by Haitian Descent and Health Insurance Coverage

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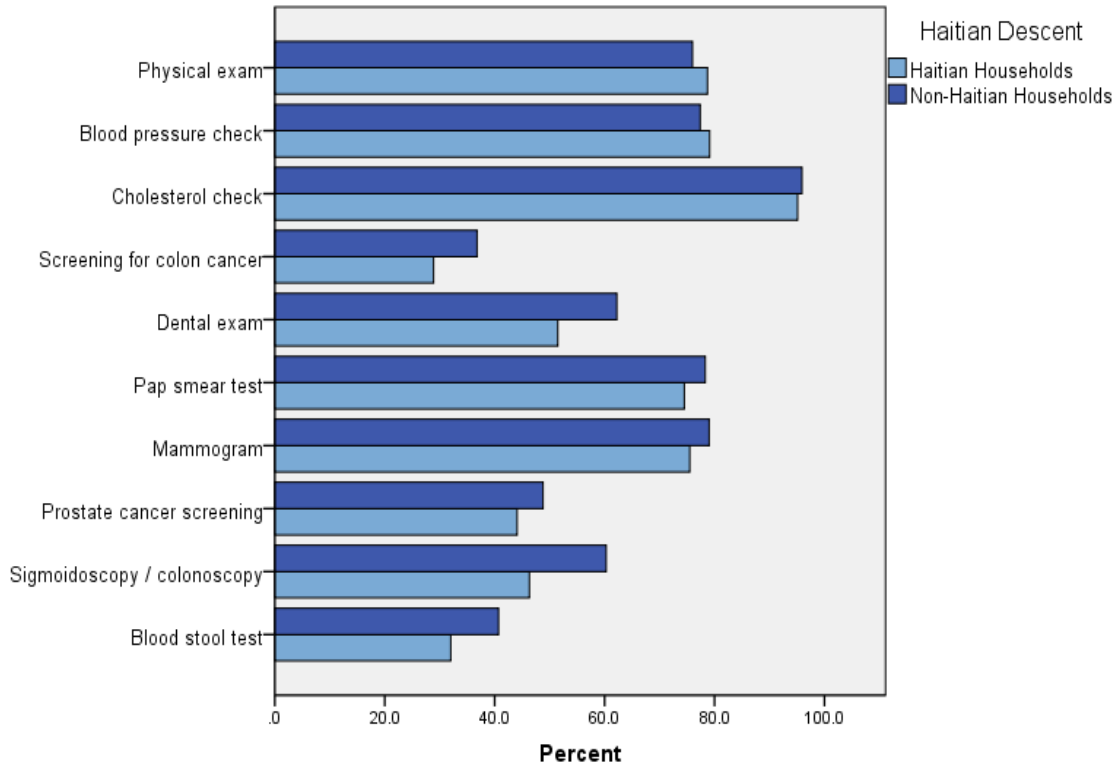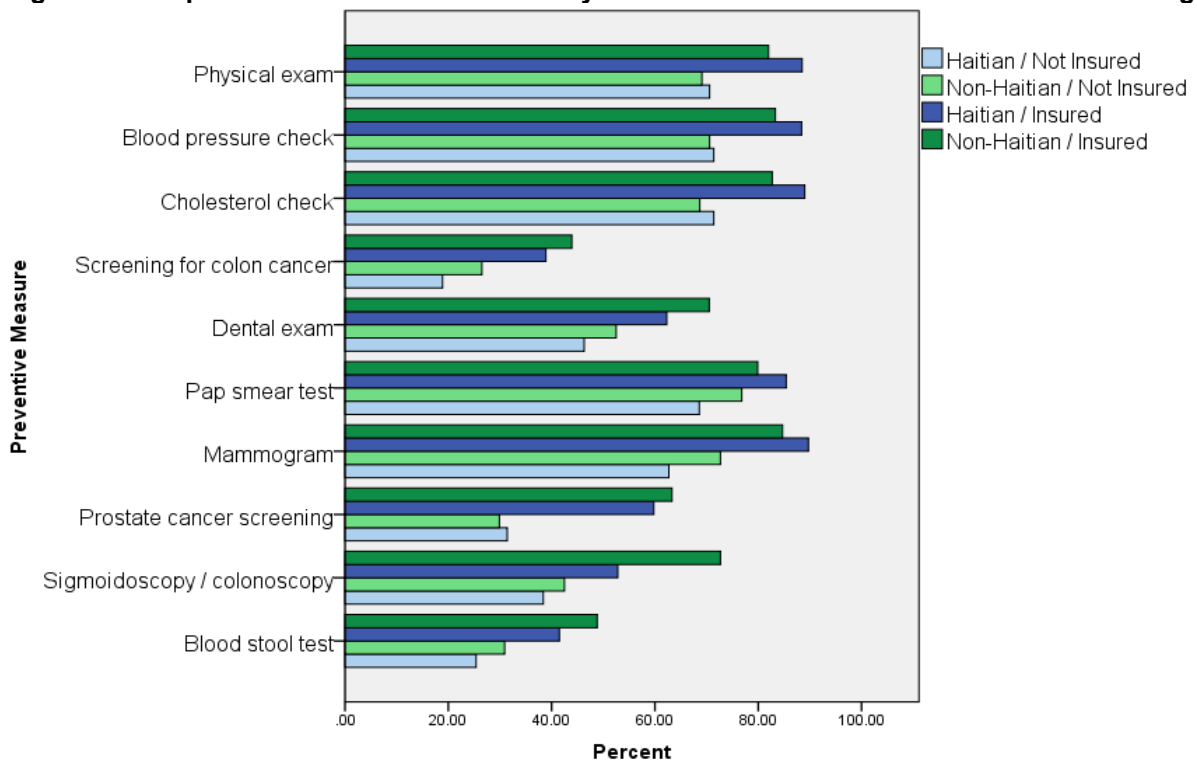
[2] www.floridacharts.com

D. Health Behavior and Lifestyle

1. Cigarette Smoking
In one out of four households, at least one member had smoked a whole cigarette at least once (27.2%). Among households with at least one ever-smoker, two out of five reported that the smoker was younger than 17 years old when he/she smoked for the first time (41.2%). Experimentation with smoking occurred at older ages (17 years or older) for Haitian households compared to non-Haitian households (63.4% vs. 56.0%, respectively).

One out of five non-Haitian households had at least one member who currently smoked cigarettes; this was five times that of Haitian households (Table 11). Three out of ten current smokers smoked two to five cigarettes per day (30.6%); and two out of ten smoked more than twenty cigarettes per day (21.6%).

Table 11. Current Cigarette Smoking by Haitian Descent

	Haitian N (%) N = 421	Non-Haitian N (%) N = 518	Total N (%) N =939
Yes	20 (4.8)	103 (19.9)	123 (13.1)
No	401 (95.2)	415 (80.1)	816 (86.9)
Total	100	100	100

2. Alcohol Consumption
Half of the households reported that its members had never had a drink of alcohol (48.2%). In nearly one out of five households (17.1%), a member had their first drink of alcohol when he/she was 16 years old or younger. Among the households in which a member had tried alcohol, 4% reported that at least one member drank alcohol every day in the 30 days prior to the survey (Table 12). Twice as many non-Haitian households as Haitian households reported daily alcohol consumption within the prior 30 days.

Table 12. Percentage of households in which at least one member drank every day during the 30 days previous to answering the survey.

	Haitian N (%) N = 412	Non-Haitian N (%) N = 517	Total N (%) N = 929
All 30 days	3 (2.3)	16 (4.6)	19 (4.0)

3. Nutrition and Diet
Nearly one out of ten households reported drinking soda every day and not consuming fruit or green salad within the seven days prior to the survey (Table 13). Daily consumption of soda was twice as high in non-Haitian households than Haitian households.

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Table 13. Fruit, Salad and Soda Consumption by Haitian Descent

	Haitian N (%)	Non-Haitian N (%)	Total N (%)
	N = 417	N = 524	N =941
Fruit consumption in the past 7 days			
Did not eat fruit	47 (11.3)	37 (7.1)	84 (8.9)
Ate fruits less than once a day	196 (47.0)	191 (36.5)	387 (41.1)
Ate fruits at least once a day	174 (41.7)	296 (56.5)	470 (49.9)
Total	100	100	100
Salad consumption in the past 7 days			
Did not eat salad	46 (11.0)	64 (12.2)	110 (11.7)
Ate salad less than once a day	233 (55.7)	224 (42.7)	457 (48.5)
Ate salad at least once a day	139 (33.3)	237 (45.1)	376 (39.9)
Total	100	100	100
Soda consumption in the past 7 days			
Did not drink soda	251 (60.0)	282 (53.7)	533 (56.5)
Drank soda less than once a day	130 (31.1)	155 (29.5)	285 (30.2)
Drank soda at least once a day	37 (8.9)	88 (16.8)	125 (13.3)
Total	100	100	100

4. Physical Activity

Half of the households reported engaging in 20 minutes of physical activity at least three times a week; approximately 20% more non-Haitian households than Haitian households reported this level of activity (Table 14). Nearly one in three households did not engage in weekly physical activity.

able 14. Physical Activity for at Least 20 Minutes per Day in the Study Area

	Haitian N (%)	Non-Haitian N (%)	Total N (%)
	N = 417	N = 524	N = 941
Less than once a week	138 (33.1)	148 (28.2)	286 (30.4)
1 to 2 times a week	79 (18.9)	78 (14.8)	157 (16.7)
3 times a week or more	200 (48.0)	298 (56.9)	498 (52.9)
Total	100	100	100

5. Alternative Medicine

One out of five households reported the use of herbal vitamins or nutrients (19.8%), and half as many reported using chiropractors (8.2%) as a form of alternative medicine.
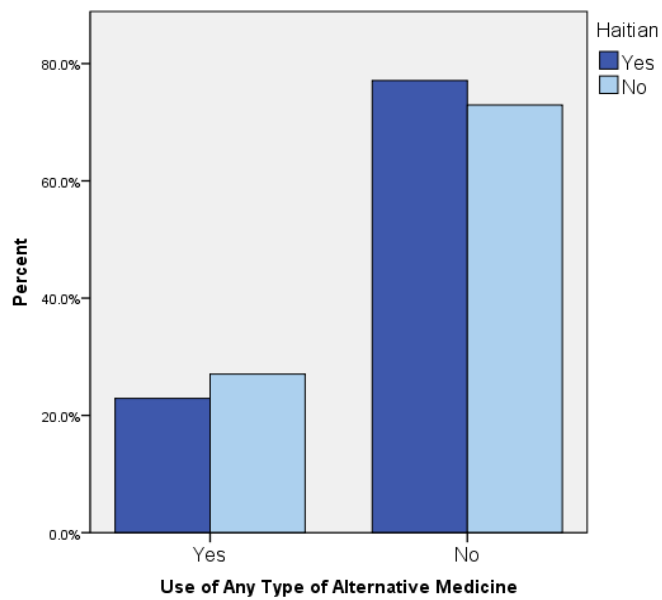
Only 2.6% and 1.6% reported using acupuncture and traditional healing, respectively, as alternative medicine; with use being lower among Haitian households (1.4% and 1.2%, respectively) than among non-Haitian households (3.6% and 1.9%). The primary reasons for using alternative medicine were because it worked and made them feel good (62.8%), to avoid the use of prescription medicines (19.3%), it was preferred to other traditional approaches (19.0%), it was favored due to religious or cultural beliefs (14.2%), and because it was a cheaper way of getting care (12.4%). Haitian households reported using alternative medicine

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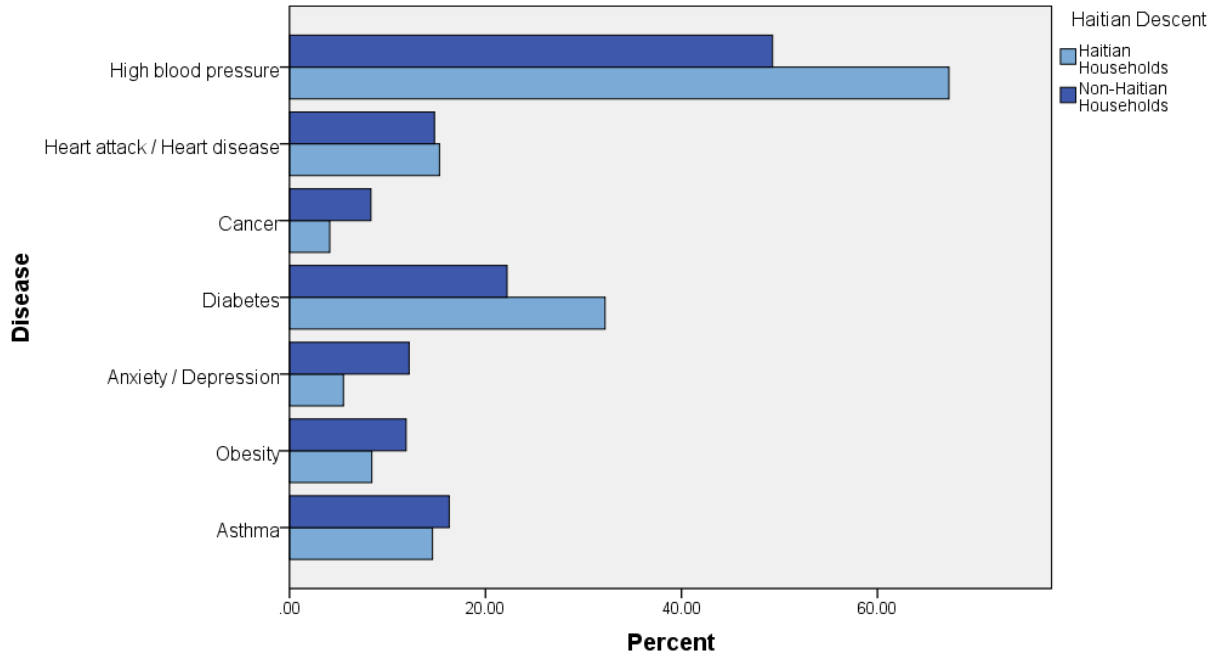
[2] www.floridacharts.com

for religious or cultural beliefs nearly three times as much as non-Haitian households (22.3 % vs. 8.7%).

Fig. 9: Use of Alternative Medicine by Haitian Descent

E. Health Outcomes

1. Prevalence of Chronic Diseases
Hypertension was the most common chronic condition reported among the households; three out of five (57.3%) had at least one member who was diagnosed with high blood pressure within the five years prior to the survey (Figure 10). Hypertension and diabetes were more prevalent among Haitian households, while cancer, anxiety/depression, obesity, and asthma were more prevalent among non-Haitian households.

Fig. 10: Prevalence of Chronic Health Conditions during the Past Five Years by Haitian Descent

2. Satisfaction with Life
One out of ten respondents reported that they never or rarely receive the social or emotional support that they need (9.5%). Just as many respondents reported that they were dissatisfied or very dissatisfied with their lives (Table 15), with 50% more Haitian households than non-Haitian households reporting dissatisfaction.

Table 15. Self-Reported Satisfaction with Life by Haitian Descent

	Haitian N (%) N = 417	Non-Haitian N (%) N = 519	Total N (%) N = 936
Very dissatisfied	12 (2.9)	13 (2.5)	25 (2.7)
Dissatisfied	40(9.6)	30 (5.8)	70 (7.5)
Satisfied	288 (69.1)	323 (62.2)	611 (65.3)
Very satisfied	77 (18.5)	153 (29.5)	230 (24.6)

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[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.

[2] www.floridacharts.com
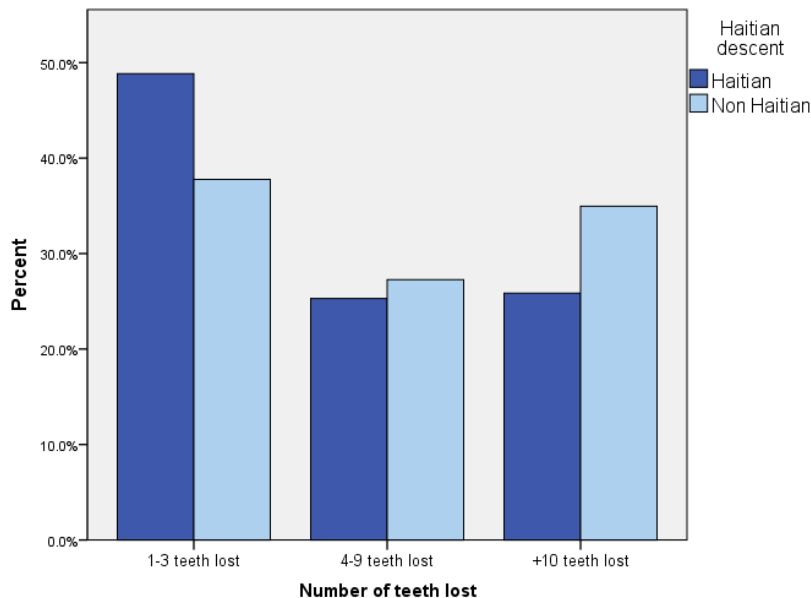
3. Loss of Permanent Teeth

Three out of ten households reported that at least one member had lost at least one permanent tooth due to decay or gum disease (29.6%). Approximately 60% more Haitian households (37.3%) reported tooth loss than non-Haitian households (23.5%). Fifty-two households had at least one member that lost all of his/her teeth due to decay or gum disease; this represented 18.8% of households that reported tooth loss and 5.5% of all households.

Respondents provided individual-level data for all households members that lost teeth due to decay or gum disease. At least half of all individuals that lost teeth have lost four or more teeth (median=4.0, IQR=14.0), and lost their first tooth at age 58 years or younger (median=58, IQR=18). Fifty-five people have lost all their teeth; this represented 17.1% of individuals with tooth loss and 1.7% of all individuals in the sampled households.

Although tooth loss was more common among Haitian households, members of non-Haitian households (median=5.0, IQR=18.0) tended to lose more teeth than those of Haitian households (median=4.0, IQR=8.0). Among individuals that had lost teeth, nearly one out of two of Haitian descent had lost 1 to 3 permanent teeth due to decay or gum disease (48.9%); this was approximately 30% higher than that of non-Haitian individuals (37.8%) (Figure 11). However, 35% more non-Haitian individuals than Haitian individuals lost more than 10 permanent teeth (35.0% vs 25.9%, respectively). In addition, non-Haitian households reported tooth loss at a younger age (median=57, IQR=18) compared to Haitian households (median=59 years, IQR=19).

Out of those individuals who have lost teeth, 50% more females than males have lost 10 or more teeth (58.9% vs. 41.1%, respectively).

Fig. 11: Distribution for the Number of Permanent Teeth Lost by Haitian Descent

F. Maternal and Child Health

[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.

[2] www.floridacharts.com

The maternal and child population for the study area comprised 39.8% of all individuals residing in the households interviewed. This population is comparable to that of the State of Florida (36.0%)[1], and Miami-Dade County in 2011 (38.6%)[1]. Nearly one in five women in the study are of reproductive age, and one in five children are 14 years old or younger (Table 16). Haitian households reported a maternal and child population that was 18% larger than that of non-Haitian households (43.0% vs. 36.4%).

Table 16. Maternal and Child Population by Haitian descent in the Study Area

	Haitian N (%) N = 1683	Non-Haitian N (%) N = 1607	Total N (%) N = 3290
Infants <1	(1.0)	(0.7)	(0.9)
Children 1-4	(4.8)	(3.8)	(4.3)
Children 5-9	(6.7)	(5.2)	(5.9)
Children 10-14	(8.1)	(6.3)	(7.2)
Women 15-44	(22.4)	(20.4)	(21.4)
Others	(57.0)	(63.5)	(60.1)
Total	100	100	100

Twenty-three women in the study area gave birth during the year prior to the survey. Half of the women did not plan their pregnancy (50.0%); and of these women, nearly one in two (45.5%) were not using any method of contraception.

Almost all women who gave birth during the year prior to the survey went to their first prenatal care visit during their first trimester (95.7%), and reported initiating prenatal care as early as they wanted (91.3%). For three out of four women, Medicaid was the main source of payment for prenatal care (76.2%).

The median weight of babies born in the study area within the year prior to the survey was 3,628 grams (IQR=29). Only one case of very low birth weight (<1500 grams) and three cases of high birth weight (>4000 grams)[2] were reported. Two babies were born preterm (before 37 complete weeks) and one baby was born post term (beyond 42 complete weeks).

Nineteen (82.6%) of the women who delivered in the year prior to answering the survey breastfed their babies.

Twenty-one (91.3%) of the babies who were born in the year prior to answering the survey had a well-baby checkup.

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[2] www.floridacharts.com

G. Supplement for Haitian Households
Of the 945 sampled households, 421 (44.4%) identified as Haitian or from Haitian descent.

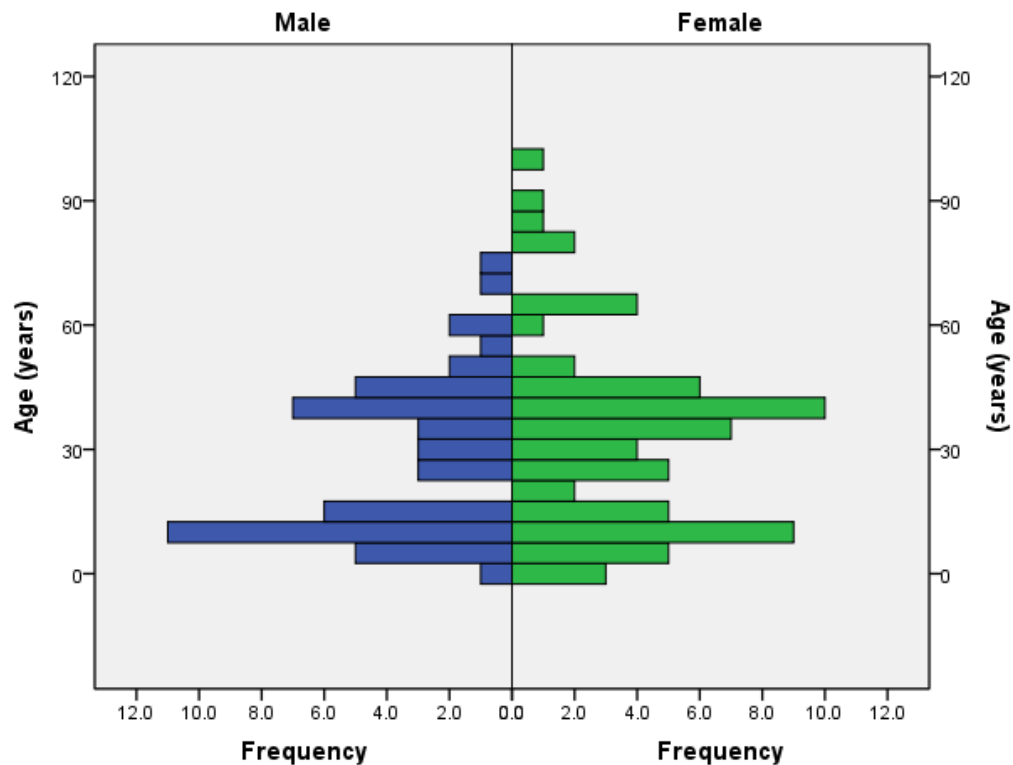### 1. Relationship to Victims/Survivors
Thirty-one Haitian households (7.4%) reported that at least one member was in Haiti at the time of the earthquake. The majority of these households had a member in Port-au-Prince at the time of the earthquake (65.4%); while 11.5% were within 20 km of Port-au-Prince and 23.1% were more than 100 km away from the capital. In addition, four out of five Haitian households (84.6%) reported having friends or family members living in Haiti at the time of the earthquake.

Two out of three (62.1%) Haitian households that reported having a member in Haiti at the time of the earthquake identified themselves as victims/survivors of the catastrophe.

2. Displaced Families
Of the 351 Haitian households that reported having friends or family living in Haiti at the time of the earthquake, 14.4% received these friends or family in their home after the natural disaster. A total of 119 displaced Haitians were hosted by these families. On average, each household hosted 2.6 (St. dev = 2.53) displaced Haitians. The median age of the displaced individuals was 30 years (IQR=32 years), with a female to male ratio of 1.33 (Fig. 13).

Fig. 13: Age and Gender Distribution of Displaced Haitians Hosted by Families Interviewed After the Earthquake

3. Impact of the Earthquake on Host and Displaced Families
A larger proportion of displaced households reported a detrimental impact of the earthquake in their ability to maintain livelihood than host households (Fig. 14). Nearly three in five displaced
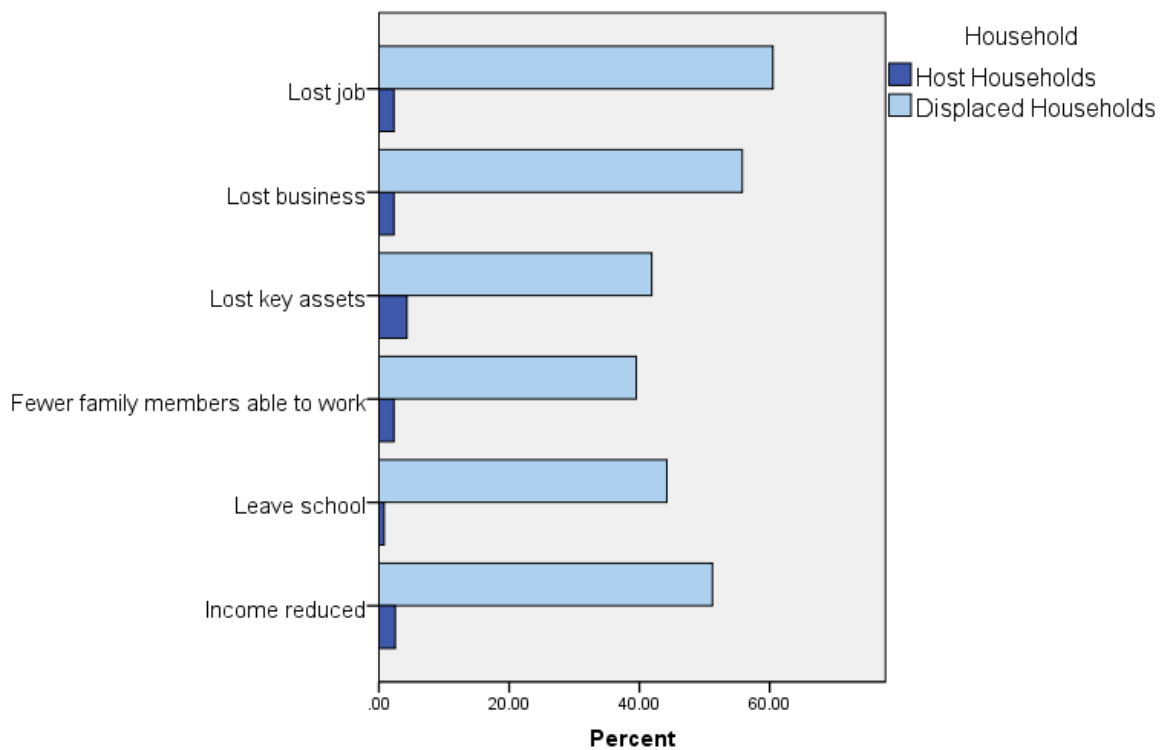
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[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.

[2] www.floridacharts.com

households reported that the earthquake impacted their family's livelihood by way of loss of employment (60.5%) and businesses (55.8%).

In comparison to household needs before the earthquake, one out of ten Haitian households reported an increased need for food (10.8%), household items (10.1%), electricity (9.0%), and water (10.3%). A larger proportion of households that received displaced individuals reported an increased need for these items. Three out of four of these households reported an increased need for food (79.0%), household items (75.0%), and water (75.0%); and one out of three reported an increased need for electricity (66.7%).

Fig. 14: Impact of the Earthquake on the Household's Ability to Maintain Livelihood by Type of Household
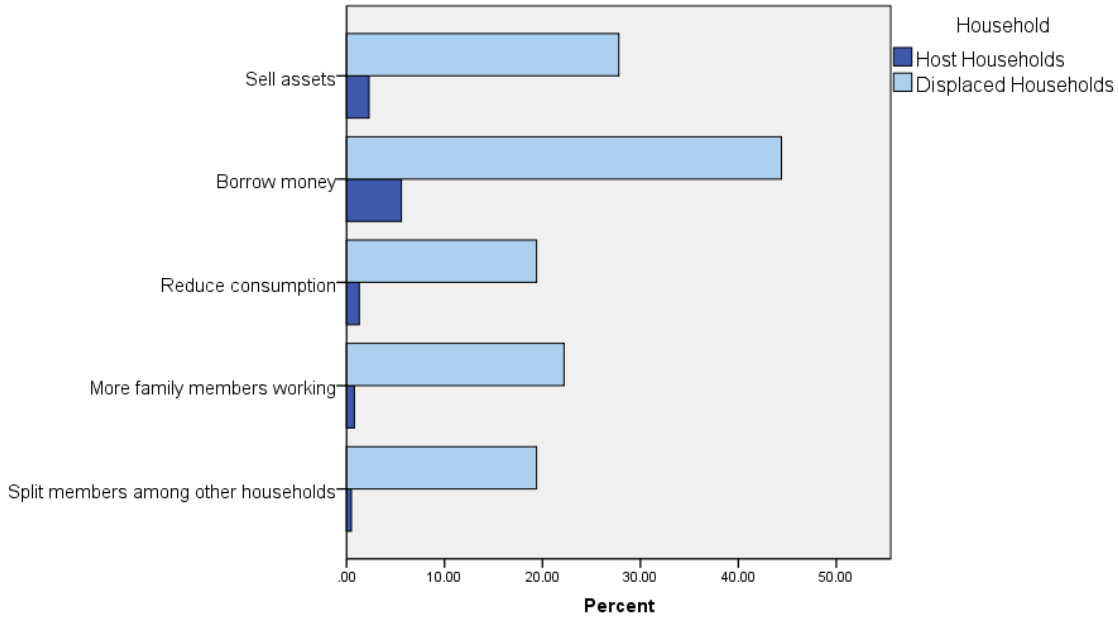

4. Coping Strategies
The most common strategies used to cope with the impact of the earthquake were to borrow money and sell assets (Fig. 15). Close to 6% of Haitian households had to borrow money and 2.3% had to sell assets. These coping strategies were more prevalent among displaced households; two out of five borrowed money (44.4%) and one out of four sold assets (27.8%).

Fig. 15: Strategies Used to Cope With the Impact of the Earthquake by Type of Household

5. Sources of Assistance
Fewer than 2% of Haitian households and 10% of households who have received displaced friends or family members reported receiving assistance from any source. The most commonly reported source of assistance among host households were free/reduced-price school breakfast or lunch (9.1%), church (6.8%), and help from relatives or friends (4.7%).

6. Children Well-Being
One out of two Haitian households (53.0%) had at least one child 18 years old or younger. Only one of these households reported a child with disruptive behavior in school, two households reported a child with a learning disability, and one reported a child with autism. Twenty households received a displaced child following the earthquake; none of these children had reported problems or difficulties.

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[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.
[2] www.floridacharts.com

H. Mental Health

The survey participants who identified themselves as Haitians completed three validated instruments to evaluate the potential psychological impact of the earthquake on individuals of Haitian descent that live in northeast Miami-Dade. The mental health tools selected were: Beck Anxiety Inventory (BAI), Center for Epidemiologic Studies Depression Scale (CES-D) and Post-traumatic Stress Disorder Checklist-Civilian version (PCL-C). Self-report scales should not be used to make formal diagnoses. The Cronbach's alpha score was calculated as a measure of internal consistency of these measures in the Haitian population.

A categorical indicator of earthquake impact was created; A household was considered to have been directly impacted by the disaster if the respondent reported having family or friends living in Haiti at the time of the 2010 earthquake and received them in their homes following the earthquake. A household was considered to have been indirectly impacted if the respondent reported having family or friends living in Haiti at the time of the earthquake, but did not receive them in their homes. If the respondent reported that he/she had no family member or friend living in Haiti at the time of the earthquake, the household was considered to have not been impacted by the disaster.

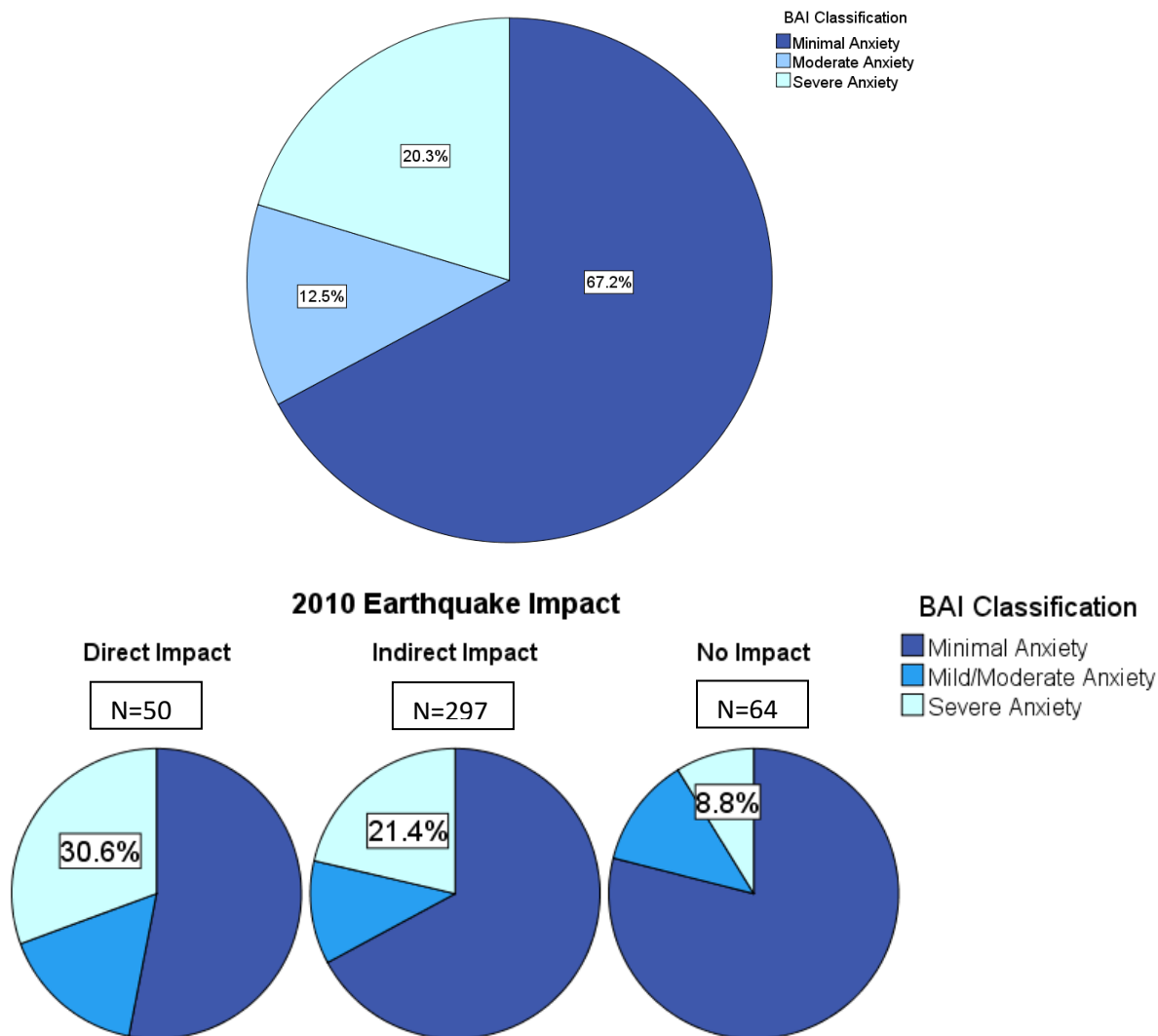### 1. Beck Anxiety Inventory (BAI) (BAI; Beck and Steer, 1993)

The BAI is a 21-item self-reported questionnaire. The participants rated the severity of common symptoms of anxiety during the past month using a 4-point Likert scale ranging from 0 (not at all) to 3 (severely). The scores ranged from 0 to 63. The recommended clinical classifications of the scores are: 0-7, minimal anxiety; 8-15, mild anxiety; 16-26, moderate anxiety; and 26-63, severe anxiety (Cronbach's α = 0.996).

One out of five Haitian households reflected scores of severe anxiety (Figure 16). The prevalence of severe anxiety increased with increasing impact from the earthquake. Three out of ten Haitian households who were directly impacted were categorized with severe anxiety. Approximately 50% greater than Haitian households indirectly impacted, and more than triple those not impacted by the earthquake.

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[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.

[2] www.floridacharts.com

Fig. 16 Self-Report Symptoms of Anxiety in Participants Haitian Households (N=408)

BAI Classification
- Minimal Anxiety
- Moderate Anxiety
- Severe Anxiety

20.3%
12.5%
67.2%

2010 Earthquake Impact

Direct Impact	Indirect Impact	No Impact
N=50	N=297	N=64

30.6%
21.4%
8.8%

BAI Classification
- Minimal Anxiety
- Mild/Moderate Anxiety
- Severe Anxiety

Prevalence of severe anxiety was greatest among individuals who were female, separated, divorced or widowed, and retired. Also, among females with less than a high school diploma and who reported good household health (Table 17).

[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.
[2] www.floridacharts.com

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Table 17. Characteristics of the Haitian Sample by BAI Classification[a]

Characteristic	Minimal Anxiety N=274	Mild/Moderate Anxiety N=51	Severe Anxiety N=83	p value
Age (Median, IQR)[b]	47.0 (31.0)	51.0 (26.0)	50.0 (21.0)	
Gender				
Male	120 (73.2)	21 (12.8)	23 (14.0)	0.032
Female	154 (63.1)	30 (12.3)	60 (24.2)	
Marital Status				
Married or Living with Someone	153 (67.7)	25 (11.1)	48 (21.2)	0.692
Single	70 (68.0)	16 (15.5)	17 (16.5)	
Separated/Divorced/Widowed	49 (64.5)	10 (13.2)	17 (22.4)	
Educational Attainment				
Less than High School	64 (64.6)	14 (14.1)	21 (21.2)	0.470
High School or Equivalent	81 (65.3)	19 (15.3)	24 (19.4)	
Above High school	121(71.6)	15 (8.9)	33 (19.5)	
Employment				
Full time	145 (77.5)	17 (9.1)	25 (13.4)	0.002
Part time	33 (60.0)	11(20.0)	11 (20.0)	
Not Employed	58 (57.4)	14 (13.9)	29 (28.7)	
Retired	33 (55.0)	9 (15.0)	18 (30.0)	
Self-Reported Household Health				
Poor / Fair	69 (69.7)	12 (12.1)	18 (18.2)	0.260
Good	128 (61.8)	31 (15.0)	48 (23.2)	
Very Good / Excellent	71 (74.0)	8 (8.3)	17 (17.7)	

Abbreviations: BAI, Beck Anxiety Inventory, IQR: Interquartile Range

[a]: Data are given as percentages of each BAI classification unless otherwise indicated

[b]: Data are given as summary statistics of each BAI classification unless otherwise indicated

2. Center for Epidemiologic Studies Depression Scale (CES-D) (CES-D Radioff,L.S., 1997)
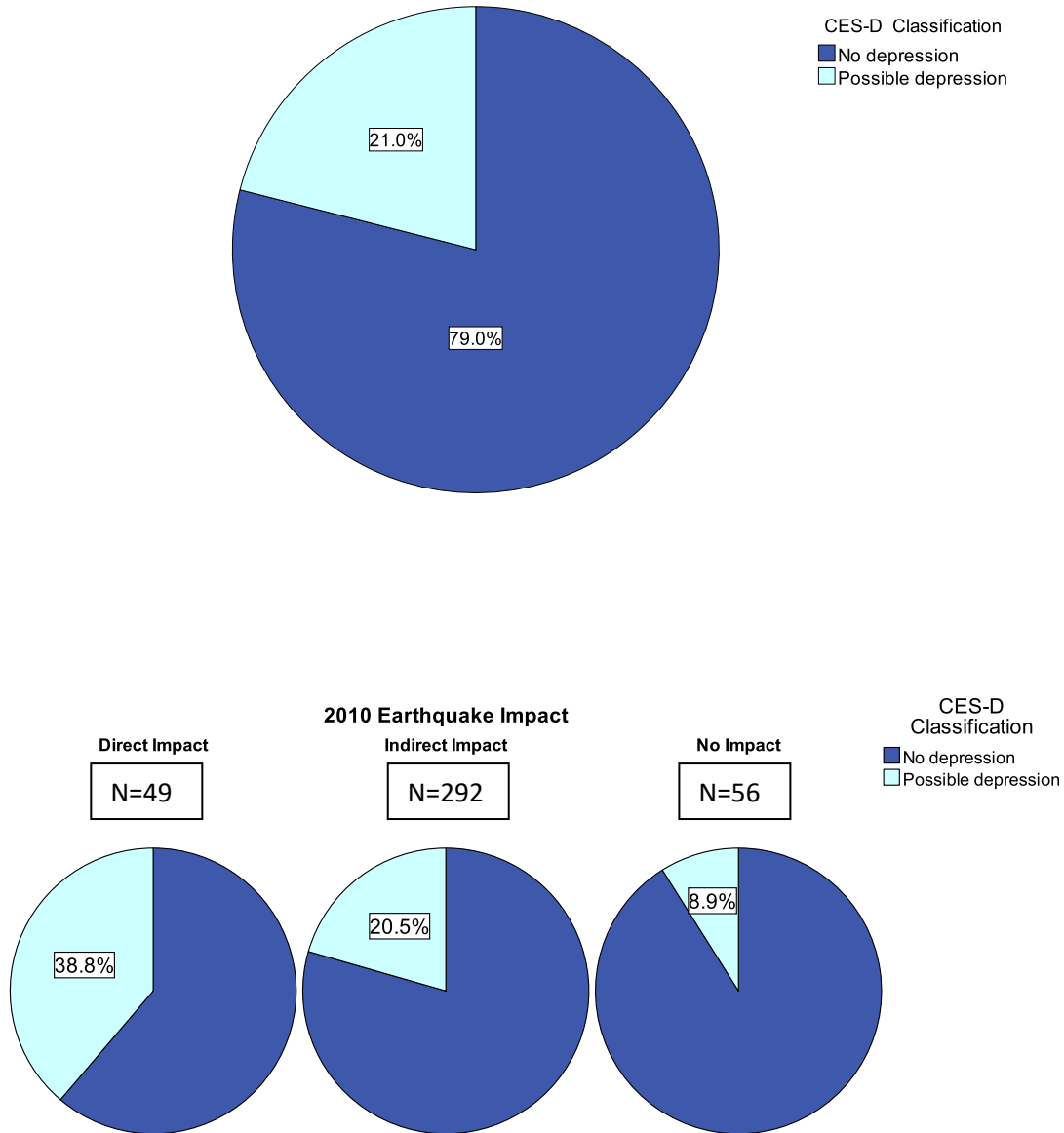
The CES-D is a 20-item self-reported scale. The participants rated the severity of depressive symptomatology during the last week using a 4-point Likert scale ranging from 0 (rarely or none) to 3 (most or all of the time). The total scores ranged from 0 to 60. The CES-D provides a cutoff score of 16 or greater that aids in the classification of a person at risk for depression (Cronbach's α = 0.873).

One out of five Haitian households reflected scores of possible depression (Figure 17). As with anxiety, the proportion of households at risk for depression increased with increasing impact from the earthquake. Nearly two out of five Haitian households who were directly impacted were classified as at risk for depression; this is almost double of those indirectly impacted, and more than four times that of those not impacted by the earthquake.

[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.

[2] www.floridacharts.com

Fig. 17 Self-Report Symptoms of Depression in Participants Haitian Households (N=404)

CES-D Classification
- ■ No depression
- ☐ Possible depression

21.0%

79.0%

2010 Earthquake Impact

CES-D Classification
- ■ No depression
- ☐ Possible depression

Direct Impact	Indirect Impact	No Impact
N=49	N=292	N=56

38.8%

20.5%

8.9%

Prevalence of depression was greatest among individuals who were female, separated, divorced or widowed, and unemployed; and among those with less than a high school diploma and reported poor/fair household health (Table 18).

[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.
[2] www.floridacharts.com

Table 18. Characteristics of the Haitian Sample by CES-D Classification[a]

Characteristic	CES-D Classification		p-value
	No Depression (<16) N=319	Depression (≥16) N=85	
Age (Median, IQR)[b]	48.0 (32.0)	50.0 (20.0)	
Gender			
Male	142 (87.7)	20 (12.3)	< 0.000
Female	177 (73.1)	65 (26.9)	
Marital Status			
Married or Living with Someone	177 (79.0)	47 (21.0)	0.089
Single	86 (84.3)	16 (15.7)	
Separated/Divorced/Widowed	53 (70.7)	22 (29.3)	
Educational Attainment			
Less than High School	75 (77.3)	22 (22.7)	0.837
High School or Equivalent	98 (79.7)	25 (20.3)	
Above High School	135 (80.4)	33 (19.6)	
Employment			
Full time	156 (83.9)	30 (16.1)	0.018
Part time	42 (77.8)	12 (22.2)	
Not Employed	68 (68.0)	32 (32.0)	
Retired	48 (81.4)	11 (18.6)	
Self-Reported Household Health			
Poor / Fair	75 (75.8)	24 (24.2)	0.401
Good	158 (77.8)	45 (22.2)	
Very Good / Excellent	80 (83.3)	16 (16.7)	

Abbreviations: CES-D, Center for Epidemiologic Studies Depression Scale, IQR: Interquartile Range
[a]: Data are given as percentages of each BAI classification unless otherwise indicated
[b]: Data are given as summary statistics of each BAI classification unless otherwise indicated

[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.
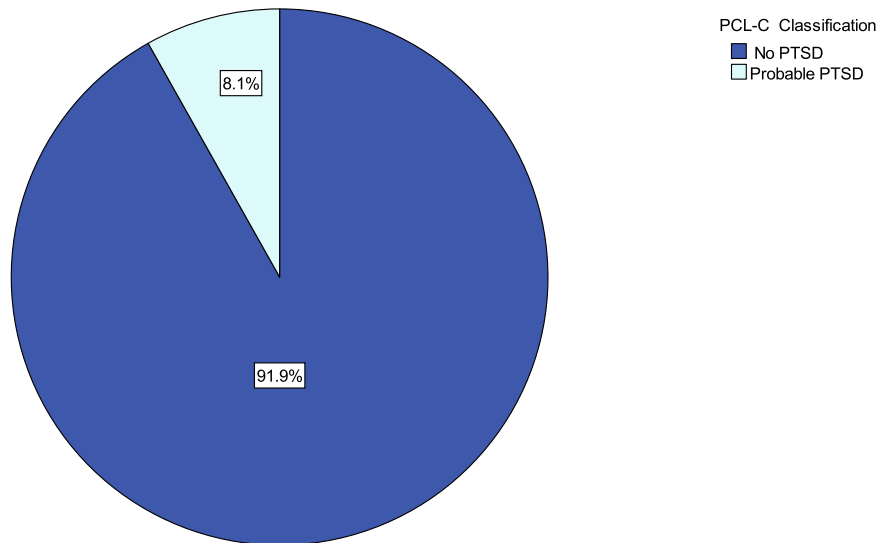[2] www.floridacharts.com

3. Post-traumatic Stress Disorder Checklist-Civilian version (PCL-C) (PCL-C, Wealhers et. al., 1993)

The PCL-C is a 17-item self-reported scale of symptoms of Post-traumatic Stress Disorder (PTSD). The participants rated symptoms in relation to "stressful experience" during the past month using a 5-point Likert scale ranging from 1 (Not at all) to 5 (Extremely). The total scores ranged from 1 to 85. The PCL-C provides a cutoff score of 50 or greater that aid to define probably PTSD (Cronbach's α =0.992).
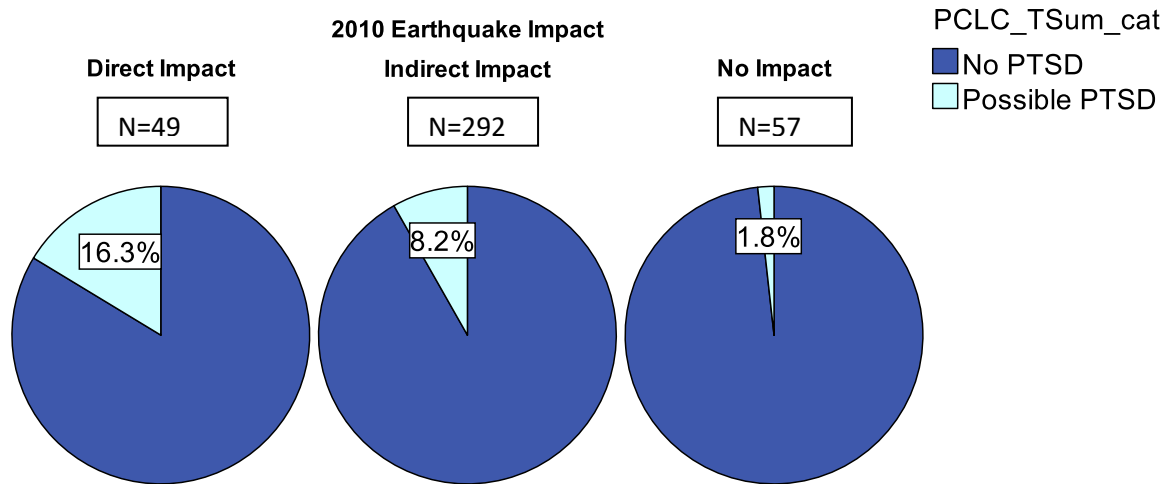
Eight percent of Haitian households reflected scores of probable PTSD. The prevalence of probable PTSD increased with increasing impact from the earthquake. Sixteen percent of Haitian households who were directly impacted were classified with probable PTSD; this is double (8.2%) those indirectly impacted, and nine times (1.8%) Haitian households not impacted by the earthquake.

Fig. 18 Self-Report Symptoms of PTSD in relation to "stressful experience" in Participants Haitian Households (N= 405)

PCL-C Classification
- No PTSD
- Probable PTSD

8.1%

91.9%

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[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.

[2] www.floridacharts.com

2010 Earthquake Impact

Direct Impact	Indirect Impact	No Impact
N=49	N=292	N=57

PCLC_TSum_cat
- No PTSD
- Possible PTSD

16.3%

8.2%

1.8%

Prevalence of PTSD was greatest among individuals who were female, separated, divorced or widowed, and unemployed. As well as, those with a high school diploma or equivalent and reported good household health (Table 19).

[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.

[2] www.floridacharts.com

Table 19. Characteristics of the Haitian Sample by PCL-C Classification[a]

	PCL-C Classification		
Characteristic	No PTSD N= 372	Probable PTSD N= 33	p-value
Age (Median, IQR)[b]	46.0 (32.0)	50.0 (21.0)	
Gender			
Male	157 (95.1)	7 (4.3)	0.019
Female	215 (89.2)	26 (10.8)	
Marital Status			
Married or Living with Someone	209 (93.3)	15 (6.7)	0.177
Single	95 (93.1)	7 (6.9)	
Separated/Divorced/Widowed	66 (86.8)	10 (13.2)	
Educational Attainment			
Less than High School	91 (94.8)	5 (5.2)	0.181
High School or Equivalent	110 (88.7)	14 (11.3)	
Above High School	158 (93.5)	11 (6.5)	
Employment			
Full time	177 (95.2)	9 (4.8)	0.027
Part time	51 (92.7)	4 (7.3)	
Not Employed	84 (84.8)	15 (15.2)	
Retired	55 (91.7)	5 (8.3)	
Self-Reported Household Health			
Poor / Fair	92 (92.9)	7 (7.1)	0.740
Good	185 (90.7)	19 (9.3)	
Very Good / Excellent	89 (92.7)	7 (7.3)	

Abbreviations: PCL-C, Post-traumatic Stress Disorder Checklist-Civilian version, IQR: Interquartile Range
[a]: Data are given as percentages of each PCL-C classification unless otherwise indicated
[b]: Data are given as summary statistics of each PCL-C classification unless otherwise indicated

[1]Out of the 951 completed surveys, 3 could not be used for analysis purposes due to incompleteness of responses in 2 cases and no signature in the informed consent in the third one.
[2] www.floridacharts.com