A Health Needs Assessment of the Underserved Cabo Verdean Community in Rhode Island

By

Molly Siegel

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Date_____

Dr. Bart Laws, Advisor

Date_____

Dr. Carla Moreira, Reader

Date_____

Elizabeth Tobin-Tyler, JD, MS
Interim Director, Master of Public Health Program

Approved by the Graduate Council

Date_____

Thomas A. Lewis, Dean of the Graduate School

Preface and Acknowledgements

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Abstract of A Health Needs Assessment of the Underserved Cabo Verdean Community in Rhode Island, by Molly Siegel, MPH, Brown University, May 2025.

Background & Aims: Cabo Verde is an island nation located off of the northwest coast of Africa. More than 500,000 people of Cabo Verdean descent live in the United States due to the Immigration and Nationality Act of 1965, which abolished immigration quotas and allowed for increased immigration to the United States, with 20,000 of them living in Rhode Island. Based on poorer health outcomes for similar immigrant communities living in Rhode Island, researchers sought to understand the current health needs of the Cabo Verdean community in Rhode Island, the majority of which is located in Pawtucket and Central Falls. The aim of this research was to conduct a health needs assessment that gathers information surrounding population demographics, general health and access, social factors, discrimination, chronic illness, and infectious disease of this community of interest.

Methods: This research takes a mixed methods approach of a quantitative survey and qualitative key informant interviews. The survey was administered from 6/1/22 to 8/31/23 using previously validated questions and was offered in English or Cabo Verdean Creole, depending on the participant's preference. Participants were recruited through the Cabo Verdean community center and at specific events tailored to Cabo Verdeans. Data analysis was performed to collect descriptive statistics.

Results: Quantitative results of this study compare the key findings from the administered survey to adjusted findings from the 2023 National Health Interview Survey (NHIS) when possible with complete descriptive statistics available in the appendix. Key findings from key informant interviews highlight that the main barriers to healthcare for Cabo Verdeans in Rhode Island are language barriers, challenges with access & communication, and low insurance quality.

Informants also highlight the role that Brown University can play to promote Cabo Verdean health.

Conclusions: This health needs assessment of the Cabo Verdean community in Rhode Island sought to understand the barriers to healthcare and to gain insight into what key informants view as barriers in addition to the role Brown University should play in supporting this community. The results aim to reveal areas of highest need.

Literature Review:

Cabo Verde, commonly known in English as Cape Verde, is an island nation located off of the northwest coast of Africa (the current government prefers the country be referred to as Cabo Verde). The archipelago is composed of 10 islands with a combined land area slightly larger than Rhode Island.[1] The current population of Cabo Verde is 525,000, with Portuguese and Cabo Verdean Creole the predominant languages.[2] During the 20th century, severe drought and deforestation prompted heavy emigration, today resulting in more people of Cabo Verdean heritage living outside of the nation than in it.[3] More than 500,000 people of Cabo Verdean descent live in the United States due to the Immigration and Nationality Act of 1965, which abolished immigration quotas and allowed for increased immigration to the United States, with 20,000 of them living in Rhode Island.[4]

In Cabo Verde, the average life expectancy has increased from 56 years in 1975 to 64 years in 2019, likely due to the expansion of hospital capacity and widespread entitlement to health services at a low-cost, though the exact cause is unclear.[5] The health landscape in Cabo Verde has shifted from predominantly mortality from infectious diseases to noncommunicable diseases.

In 2009, the leading causes of death included neonatal disorders and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), but these have been overtaken by diabetes and cirrhosis.[6] About 40% of the country gets their healthcare through employers, with the rest getting a basic preventative care package through the government.[7] With this being said, there is limited information on general Cabo Verdean health, especially in the context of the large flow of immigration between Cabo Verde and the United States.

Although there has been little research specifically on the Cabo Verdean immigrant community in the U.S., what we know about some other immigrant communities suggests some likely issues that should be elucidated for this specific population, in order to develop more targeted and effective interventions.[8] For example, community-based research done with the Haitian community in Miami, referred to as Little Haiti, found issues involving distrust of researchers, cultural norms and expectations around health, and a low level of health literacy.[9] A needs assessment of HIV services for immigrant populations in the NYC area found issues surrounding cultural norms and awareness related to the stigma of being tested and treated for HIV/AIDS.[10] This research calls for increased connection to resources through relationship building and program development.

Among African immigrant populations, a repeated issue is a lack of cultural relevance and understanding from healthcare providers.[11] This demonstrates a need for increased investment in research and more creation of resources that specifically target the culturally relevant aspects of the African immigrant experience. Some particular areas of concerns that have been raised in African immigrant communities are limited access to mental health screening and services[12], a

lack of familiarity with medical terminology[13], and increased intimate partner violence for women.[14]

The bulk of the recent literature that exists on Cabo Verdean health in the United States comes from Rhode Island, showing that Cabo Verdeans failed to access COVID-19 testing services due to medical mistrust, immigration enforcement fears, and language barriers.[15] Furthermore, research showed that Cabo Verdeans in Rhode Island reported concerns about the speed of vaccine development and general composition of vaccine ingredients.[16]

Literature has stressed that providers show little to no contextual understanding of this population in the United States, with very few providers being able to pinpoint where Cabo Verde is located.[17]

The COVID-19 pandemic has demonstrated that Cabo Verdeans have specific health needs that are not being met due to language barriers, mistrust in the healthcare system, and other unknown factors that need further exploration.[18] Additionally, there is a long history of gentrification of Fox Point by Brown University, the area that Cabo Verdeans initially inhabited.[19] One of the reasons we are interested in this research is because discussions with Cabo Verdean community leaders have revealed that there is a history of Brown University's expansion into the area resulting in displacement of many Cabo Verdeans from Fox Point.

Considering the significance of this research, the goal is to deepen knowledge of the health needs of the Cabo Verdean community in Rhode Island to improve the health of the community and

provide more targeted interventions. It is important that Brown University consider its role in the displacement of the Cabo Verdean people from Fox Point due to the gentrification caused by the university as well as the large Cabo Verdean workforce employed by Brown. It is the hope of these researchers that these findings can be used to advocate for funding for the establishment of a Cabo Verdean research program at Brown University.

This research thereby seeks to answer the following question: What are the specific health needs of the adult Cabo Verdean community in Rhode Island as of June 2023? The health needs assessment we have designed asks questions about the following in a 100 question survey: Infectious disease, health care access, general health, social determinants of health, chronic health, discrimination, and Cabo Verdean experiences. The population targeted in this study will be those who are 18 years of age or older, identify as Cabo Verdean, and have lived in Rhode Island for at least one year.

Methodological Approach:

I will use a mixed method approach to effectively conduct an exploratory needs assessment of the Cabo Verdean community in Rhode Island. This includes key informant interviews and a structured interview of Cabo Verdean immigrants administered in person.

Quantitative: I administered the structured survey from 6/1/22 to 8/31/23. The survey contains a total of 100 questions, with skip logic such that not every question is asked of every respondent. I designed this survey using questions from surveys from the following organizations, all of which have been previously validated: BRFSS, U.S. Census, Medicare Current Beneficiary Survey, and USDA Household Food Security Survey. Domains included demographics,

infectious disease history such as vaccination and contraction of disease, noncommunicable disease history, food insecurity, health care utilization, discrimination and social determinants of health. The survey instrument was originally created in English, incorporating many standard questions. It was then translated into Cabo Verdean Creole, and administered in participants' preferred language.

I recruited participants largely through collaboration with the Cabo Verdean American Community Development Center (CACD). This is a hub for many Cabo Verdeans living in Rhode Island. Participants were recruited from a monthly brunch at CACD, at a nearby church that is predominantly attended by Cabo Verdeans, at the Cabo Verdean Independence Festival, and other community events such as athletic events that are tailored to the Cabo Verdean community. Research staff set up at these events to explain the study and survey for interested participants. A $30 incentive was provided via Visa gift card to individuals who participate in the study. Funding was provided by the Emerging Infectious Disease Scholars fund through the Brown University Global Health Initiative.

Participants fit the following inclusion criteria: 18 years of age or older, self-identify as Cabo Verdean, have lived in Rhode Island for at least one year, and speak Creole or English at a high enough level to answer the survey questions. Participants were excluded if they are younger than 18 years old, do not reside in Rhode Island, or could not speak English or Creole. Participants signed informed consent documents after the study expectations were described. There was an opportunity for participants to ask questions about the study and they were informed that they could stop or refuse to answer any question at any time.

The survey was programmed into Qualtrics, HIPAA-compliant software commonly used by researchers at Brown University. Qualtrics stores data centrally, allowing researchers to use

different devices while ensuring data security. The informed consent document was stored on a separate Qualtrics project to ensure that survey responses could not be linked to a specific participant. These consent documents will be destroyed three years after the conclusion of the needs assessment. Identifiable information was not recorded on the Qualtrics. This survey was designed to take 45 minutes, and was conducted in-person in a private location chosen by the participant. There was no audio or video recording of the interview. Data was securely imported into Stata16 for analysis.

The analysis of this survey will focus on using quantitative analyses to understand the health of the Cabo Verdean community. Statistical analyses will be conducted on a laptop that is property of Brown University, with the Stata16 software also distributed by Brown. First, the survey responses will be grouped by overarching topics (e.g., infectious diseases history, noncommunicable disease history) so that descriptive statistics can be generated. Next, based on consensus from the P.I.s of this study, regression models will be built to test different interactions among health variables hypothesized to have an association for Cabo Verdean individuals. We will then compare the results to standardized population norms using the National Health Interview Survey.

Data was collected from June 2022 to August 2023. The study was approved by the Brown University Institutional Review Board.

Qualitative: To inform question selection and have research that reflects the wants and needs of the Cabo Verdean community in Rhode Island, key informant informal interviews were conducted. 7 interviews were conducted with various community leaders, physicians, and researchers that have worked with or are a part of the Cabo Verdean community in Rhode Island or in Cabo Verde itself. Key informants shared both what they felt were the most pressing health

issues facing the Cabo Verdean community as well as what role Brown University as an institution can play in improving the health of the Cabo Verdean community in Rhode Island. The interviews were guided by the following two questions: (1) What do you see as the largest barrier to improving Cabo Verdean health in Rhode Island and (2) What role do you believe Brown University should play in improving the health of the Cabo Verdean community in Rhode Island? Common themes will be identified and inform analysis and discussion of quantitative data.

Results:

The quantitative results of this study compare the key findings from the administered survey to adjusted findings from the 2023 National Health Interview Survey (NHIS) when possible. Key findings are highlighted in the narrative below. See appendix for complete descriptive statistics.

Demographics: Most participants chose to complete the survey in English (75.76%) compared to Creole (24.24%), with no participants choosing to complete the survey in Portuguese. The sample had a mean age of 52.23 years, with participants predominantly identifying as women (78.27%), Black/African American (96.48%), heterosexual (95.24%), and married (52.02%). The sample predominantly reported being born outside of the U.S., with most of these participants reporting Cabo Verde as their birthplace (87.69%). 95.32% of participants speak another language at home with 56.53% speaking Creole at home. The other two main languages spoken at home by participants are Portuguese and Spanish, though at a much lower frequency than Creole speaking was reported.

General Health and Access: 65.30% of participants said their health is good, very good, or excellent and 34.70% said their health is fair or poor. The likelihood of a participant reporting their health as poor was directly correlated with increasing age being reported. An average of 6 days per month that physical health was not good. An average of 4.34 days per month that mental health was not good. 89.96% of participants had some kind of health care coverage compared to 93.1% of NHIS population, excluding anyone over the age of 65 given their assumed Medicare coverage. 60.55% receive insurance through an employer or self-employment compared to 83.1% of the NHIS population under 65 and 43.37% of the NHIS population 65 and over. 63.07% go to the doctor's office for health-related concerns and 33.92% use a clinic or emergency room. For 17.79% of participants there was a time in the past 12 months when they needed to see a doctor but could not because of cost compared to 6.59% of the NHIS population. Once again, these results exclude the population over 65 years of age given their Medicare eligibility.

Social Factors: 19.32% of participants are worried or concerned that in the next two months they may not have stable housing. 27.38% of participants have one or more of the following problems with their home: bug infestation, mold, lead paint or pipes, inadequate heat, not working smoke detectors, or water leaks. 31.45% of participants felt that at some point in the past 12 months, the food they bought didn't last and they didn't have money to get more compared to 11.74% of the NHIS population. For 23.11% of participants, in the past 12 months a lack of reliable transportation kept them from medical appointments, meetings, work or from getting things needed for daily living compared to 6.88% of the NHIS population. There were no notable findings when these factors were compared in the context of age, gender, and place of birth.

Discrimination: In the context of discrimination, 33.6% said they have received poorer service than other people at restaurants or stores and 34.48% said people act as if they think they are not smart. 76.5% of participants said that they think the main reason for these experiences is race.

Chronic Illness: For chronic disease needs, a moderate number of participants reported diagnoses of asthma (10.61%), arthritis (32.39%), and cancer (15.63%) compared to the NHIS population at 14.76%, 26.23%, and 12.76%, respectively. The prevalence of these diseases increases with age across all populations.

Infectious Disease: Most participants reported never being tested for hepatitis A (41.83%), hepatitis B (32.50%), hepatitis C (39.52%), HPV (79.14%), or general STDs (53.47%), with a high proportion of participants also unsure if they had been tested for these infections. 30.19% had not been tested for TB and 38.59% had not been tested for HIV. Many participants had not received the shingles-zoster vaccine (43.56%), though this vaccine is only suggested for adults over the age of 50 or adults 19 years and older with weakened immune systems. Most strengths in this area were focused on COVID-19, as most participants reported ever being tested for COVID-19 (95.46%), and most had received at least one COVID-19 vaccine (85.23%).

Four qualitative key informant interviews were conducted for analysis of dominant themes. The two themes of interest that emerged were (1) the barriers to healthcare for the Cabo Verdean community in Rhode Island and (2) the role that Brown University can play in improving the health of the Cabo Verdean community in Rhode Island.

The first interview was with Dr. Vanessa Britto who is the associate vice president for Campus Life and executive director of Student Health and Wellness at Brown University. She identifies as Cabo Verdean and is very involved in the Rhode Island community. Dr. Britto has also been essential in supporting this research. She highlighted the main barriers to healthcare as challenges with communication in the community, emphasizing the need for clear communication in regards to public health outreach, preparation for medical visits in terms of being able to ask specific questions, and support during healthcare interactions. Dr. Britto specifies that the language barriers and cultural misunderstandings pose significant challenges. For example, Dr. Britto explains that the misconceptions that Cabo Verdeans may speak Portuguese or Spanish creates a barrier between the patient and healthcare provider. This lack of knowledge and cultural understanding from the provider may create tension or fear for the patients, reducing the likelihood that they will have a positive healthcare experience and return for further visits. The second theme highlighted was the role that Brown University should play in increasing support for the Cabo Verdean community. Dr. Britto highlighted that while some Cabo Verdean staff members express satisfaction with their jobs at Brown, there's a recognition that the university could do more to acknowledge and integrate Cabo Verdean history and culture into its curriculum and campus life.

The second interview was with Kyana Martins, BS. Ms. Martins is a clinical research assistant in the Pediatric Hematology/Oncology Department at Hasbro Children’s Hospital. She has been extensively involved in the development of this research and identifies as Cabo Verdean. Ms. Martins identified a range of barriers to healthcare for the Cabo Verdean community in Rhode

Island including the lack of proper translation services, the quality of insurance, and the complexities of racial and ethnic classification for Cabo Verdeans. Ms. Martins specifies that many Cabo Verdeans have lower quality health insurance due to their income or type of job: “Healthcare is tied into so many other things like income and quality of services with a certain insurance. If you're in a job that doesn't have good insurance, then you're not going to get as high quality of care, which is just access.” Ms. Martins highlights that “the issues with the census run deep”, explaining that Cabo Verdeans are commonly grouped in with African Americans on the census, despite having their own individual identities and specific set of challenges. She also discussed the change in the dynamics of Cabo Verdean community dynamics over time: she mentions that in the past, there were frequent community gatherings, but these have become less common. Reasons cited include financial constraints and a trend towards more individualized activities. In regards to areas for improvement for Brown University, Ms. Martins suggested that Brown could contribute more to research and data collection specific to Cabo Verdean health, which is currently lacking.

The third interview was with Allessandra Soares who is the Executive Director of the Capeverdean American Community Development (CACD) as well as the Manager of Community-Engaged Learning at the Sweater Center for Public Service at Brown University. Ms. Soares identified language barriers, the lack of Cabo Verdean medical professionals, and many medical professionals’ misconception that the Cabo Verdean community is “hard to reach” as the main barriers to healthcare for the Cabo Verdean community in Rhode Island. While there are clear barriers such as language for some Cabo Verdean patients, this misconception can be harmful given decreased support provided. Ms. Soares gave extensive insight on what Brown

University should do to support the Cabo Verdean community such as offering educational opportunities or training programs for communities of color, implementing incentives for community members to access education at Brown, and increasing the university's public-facing presence in Cabo Verdean community organizations. She highlights that this research is the first step of many that can be done to ensure specific initiatives that provide education directly to the community.

The final interview was with Paulo Borges, a professor and graduate of the University of Cabo Verde who has been essential in the development of this research. He offers a unique perspective as a key informant living and teaching in Cabo Verde. Professor Borges highlighted that a significant barrier to healthcare for the Cabo Verdean community is the cultural perception that seeking medical help or taking medicine is often seen as a sign of weakness. He highlights that financial constraints are a major barrier to accessing healthcare, both in Cabo Verde and in the United States. Professor Borges provides insight into how many of those who immigrate to the United States may struggle to secure jobs that provide good healthcare coverage. In the context of Brown, Professor Borges explains how the university has made the surrounding area more expensive and suggests that Brown University should invest heavily in education for the Cabo Verdean community, emphasizing the need for free programs.

Discussion:

Overall, the quantitative findings for this study showcased infectious diseases and social factors as an area of need for Cabo Verdean participants, with more strengths reported within areas of discrimination and chronic disease. Future intervention work in Rhode Island (and those areas

similar in population characteristics) for Cabo Verdean populations should focus on improving these identified needs, while incorporating key areas of strength.

The general health and access of the surveyed community was a strength considering that there is only a roughly 3% gap between the health coverage in the Cabo Verdean community sampled compared to the NHIS population. However, a key area to focus on in health access revealed in the survey was the barrier that cost poses to the Cabo Verdean community compared to the NHIS population. This is in line with the barriers that several key informants mentioned, as cost does indeed pose a barrier to accessing healthcare.

Many of the social factors surveyed demonstrated areas for improvement, with barriers to food access and transportation rising as the largest areas of concern. Compared to the NHIS population, there was roughly a 20% larger burden of the cost of food experienced in the Cabo Verdean community. An important element in food accessibility for this community is not just cost, but also the presence of culturally relevant foods in the accessible grocery stores. Furthermore, roughly 16% more of Cabo Verdeans struggle with reliable transportation compared to the NHIS population, which directly connects to healthcare access as well as many other essential elements of daily life.

Chronic illness experienced in the Cabo Verdean community was roughly on par with the NHIS population, however the treatment of chronic illness is directly related to healthcare access, food access, and reliable transportation. While this area is not one of direct concern based on these

findings, continuing to increase primary care infrastructure is a positive way to decrease chronic illness in the community.

An area for potential future interventions is infectious disease. As the results indicate, there is a lack of testing or knowledge around testing for several infectious diseases such as hepatitis, HPV, and general STDs. There was also a stigma around discussing infectious diseases, specifically STDs and HIV. There was strong COVID-19 knowledge and vaccination rates, demonstrating that there is potential for a successful health literacy campaign and intervention in this community with the proper resources and implementation.

The key informant interviews, while small in number, highlight many of the same themes that are in line with the quantitative findings. The most consistently mentioned barrier to healthcare access for the Cabo Verdean community in Rhode Island is the language barrier. The lack of proper translation services and the ensuing challenges that come along with that are a major area for improvement. In the same vein, the lack of cultural competency and representation were cited as barriers that reflect the lack of Cabo Verdean healthcare workers and support for this community. Additionally, the Cabo Verdean category not being offered nationally on the census is one way that this lack of representation and identification of specific needs may continue to contribute to poorer health outcomes for this community. Finally, the cultural opposition to the utilization of healthcare services must be considered when designing interventions to address these issues.

Another barrier that was highlighted in key informant interviews was the cost of healthcare services. This is also reflected clearly in the quantitative survey results that reveal the burden of the cost of food and transportation in terms of social determinants. While the burden of cost in the American healthcare system is not unique to the Cabo Verdean community in Rhode Island, interventions may seek to target the specific areas that cause the greatest burden, such as infectious disease, based on the survey results.

A final take away from the key informant interviews is the role that Brown University should be playing to help support the Cabo Verdean community given their role as a large employer in the community and the history of gentrification of Fox Point. The key informants highlighted that there is space for Brown University to provide reparations to the Cabo Verdean community through free or reduced-cost programming such as education. Another key element of the support Brown University can provide as an educational institution is incorporating the history of the Cabo Verdean community into the curriculum and culture of the school. These suggestions are low-cost and high-reward in order to support this community while emphasizing the important role that the Cabo Verdean community has played in Brown's history.

Limitations:

This study has clear limitations that future research may be able to address. Demographically, the majority of participants (72.27%) identified as women and most participants chose to complete the survey in English (75.76%). It is also critical to note that while 87.69% of participants reported Cabo Verde as their birth place, there are ten islands that comprise the country. Each island has nuanced differences that are not able to be fully represented in this research.

Additionally, the surveys were administered in a religious space (a church basement) which may have impacted how participants answered some of the more sensitive questions regarding sexuality or sexual activity, for example. While the key informant interviews sought to provide more insight and elaboration, the small number of interviews may contribute to a limited perspective. A final limitation is that the survey was quantitative, which presented challenges when participants wanted to elaborate on their experiences.

Future Directions:

Future work will focus primarily on increasing the sample size to ensure validity of the data in order to create research-based interventions for Cabo Verdeans living in Rhode Island. This will be done by continuing ongoing work with community partners in Rhode Island to ensure that outreach and recruitment efforts reflect the diverse nature of the Cabo Verdean population in Rhode Island. While the general study methodology will remain the same, specific questions will be tailored to reflect cultural competence and to target questions on weakest areas identified in this study. Beyond continuing this work, researchers will work closely with faculty at the University of Cabo Verde to lay the groundwork for conducting similar research there in order to understand the differences in healthcare for Cabo Verdeans in the United States and Cabo Verdeans living in-country. This research will be used to create a primer for healthcare workers in Rhode Island on Cabo Verdean health and to encourage Brown University to dedicate resources to Cabo Verdean health.

Conclusion:

This health needs assessment of the Cabo Verdean community in Rhode Island sought to understand the barriers to healthcare and to gain insight into what key informants view as barriers in addition to the role Brown University should play in supporting this community. The results of the quantitative survey reveal that infectious disease and barriers to transportation and the cost of food were the areas of highest need. The results of the survey were compared to NHIS data when possible in order to contextualize the burden of disease. Key informant interviews revealed that the language barrier and lack of cultural competence may prevent high quality for the Cabo Verdean community in Rhode Island. They also suggest that Brown University provide more opportunities for education for their Cabo Verdean employees and community members as well as integrating education of the history of the Cabo Verdean community in Rhode Island into the curriculum.

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References

1. Encyclopædia Britannica, inc. (n.d.). History of cabo verde. Encyclopædia Britannica. Retrieved March 5, 2023, from https://www.britannica.com/topic/history-of-Cabo-Verde

2. Ibid.

3. Fox Point Cape Verdean Community historical marker. Historical Marker. (2023, February 8). Retrieved March 5, 2023, from https://www.hmdb.org/m.asp?m=75995

4. Delgado, A. P., Tolentino, A. C., & Ferrinho, P. (2017). The evolution of the medical workforce in Cape Verde since independence in 1975. Human Resources for Health, 15(1). https://doi.org/10.1186/s12960-017-0180-9

5. Ibid.

6. Ibid.

7. Villela, W. V., Lima, R. W., & Brito, C. F. (2018). The National Reproductive Health Programme in Cape Verde: scope, limits and challenges. O Programa Nacional de Saúde Reprodutiva de Cabo Verde: alcances, limites e desafios. Ciencia & saude coletiva, 23(11), 3631–3636. https://doi.org/10.1590/1413-812320182311.32852016

8. Crevecoeur, T. (2021). Developing Culturally Specific, Patient-Centered Maternity Care Models for High-Risk Immigrant Populations: Recommendations from a Study of the Haitian Population at Boston Medical Center (Order No. 28498998). . (2535770800).

9. Kobetz E;Menard J;Diem J;Barton B;Blanco J;Pierre L;Auguste PD;Etienne M;Brewster C; (2009). Community-based participatory research in little Haiti: Challenges and lessons learned. Progress in community health partnerships : research, education, and action. https://pubmed.ncbi.nlm.nih.gov/20208260/

10. Shedlin, M. G., & Shulman, L. (2004). Qualitative needs assessment of HIV services among Dominican, Mexican and Central American immigrant populations living in the New York City area. AIDS Care, 16(4), 434–445. https://doi.org/10.1080/09540120410001683376

11. Majee, W., Dinbabo, M., Ile, I., & Belebema, M. (2019). African immigrant and refugee families perceptions on informational support and health status: A comparison of African immigrants living in South Africa and the United States. AFRICAN HUMAN MOBILITY REVIEW, 5(3). https://doi.org/10.14426/ahmr.v5i3.888

12. Venters, H., Adekugbe, O., Massaquoi, J., Nadeau, C., Saul, J., & Gany, F. (2010, June 13). Mental health concerns among African immigrants - journal of immigrant and minority health. SpringerLink. https://link.springer.com/article/10.1007/s10903-010-9357-1

13. Adu-Boahene, A. B., Laws, M. B., & Dapaah-Afriyie, K. (2017). Health-Needs Assessment for West African Immigrants in Greater Providence, RI. Rhode Island Medical Journal.

14. Akinsulure-Smith, A. M., Chu, T., Keatley, E., & Rasmussen, A. (2013). Intimate partner violence among West African immigrants. Journal of Aggression, Maltreatment & Trauma, 22(2), 109–126. https://doi.org/10.1080/10926771.2013.719592

15. R.J. HEIM, N. B. C. 10 N. E. W. S. (2020, May 14). Cape Verdean population hard to reach for covid-19 testing. WJAR. Retrieved March 5, 2023, from https://turnto10.com/news/local/cape-verdean-population-hard-to-reach-for-covid-19-testing

16. Ibid.

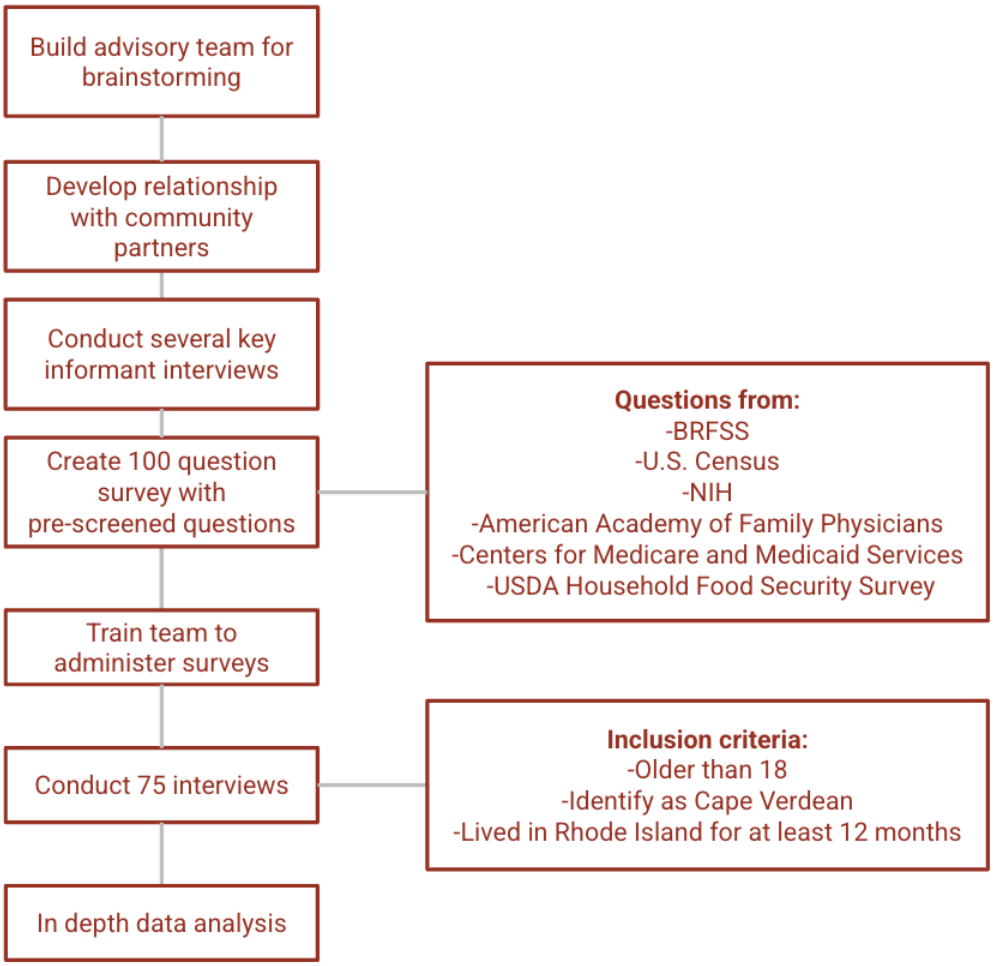
17. World Health Organization. (n.d.). Cabo Verde shows us the health care progress we want to see across Africa. World Health Organization. Retrieved March 5, 2023, from https://www.afro.who.int/news/cabo-verde-shows-us-health-care-progress-we-want-see-across-africa

18. R.J. HEIM, N. B. C. 10 N. E. W. S. (2020, May 14). Cape Verdean population hard to reach for covid-19 testing. WJAR. Retrieved March 5, 2023, from https://turnto10.com/news/local/cape-verdean-population-hard-to-reach-for-covid-19-testing

19. Fox Point Cape Verdean Community historical marker. Historical Marker. (2023, February 8). Retrieved March 5, 2023, from https://www.hmdb.org/m.asp?m=75995

Figures

Figure 1: Flowchart of Methodological Approach



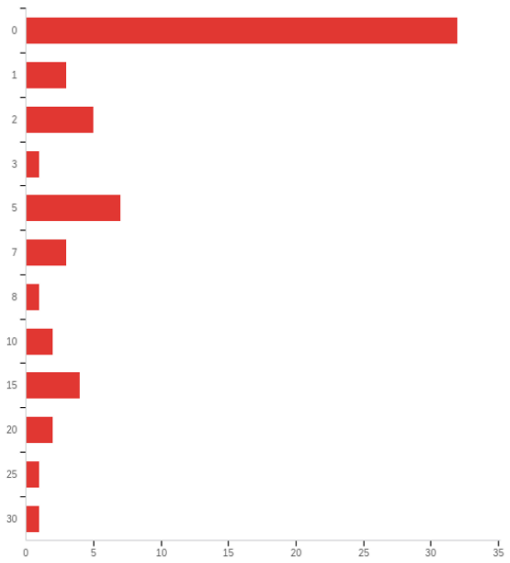
Appendix

Community Member Survey

Q1 - Would you say in general that your health is...

#	Answer	%	Count
1	Excellent	11.94%	8
2	Very Good	29.85%	20
3	Good	38.81%	26
4	Fair	17.91%	12
5	Poor	1.49%	1
6	Not Sure/Don't Know	0.00%	0
7	Decline to Answer	0.00%	0
	Total	100%	67

Q2 - Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?



Q3 - Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

#	Answer	%	Count
0	0	59.68%	37
1	1	1.61%	1
2	2	8.06%	5
3	3	3.23%	2
5	5	9.68%	6
6	6	1.61%	1
7	7	1.61%	1
8	8	1.61%	1
10	10	3.23%	2
15	15	3.23%	2
20	20	1.61%	1
22	22	1.61%	1
30	30	3.23%	2
	Total	100%	62

Q4 - Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

#	Answer	%	Count
1	Yes	92.42%	61
2	No	7.58%	5
3	Not Sure/Don't Know	0.00%	0

4	Decline to Answer	0.00%	0
	Total	100%	66

Q5 - What is the primary source of your health care coverage? Is it...

#	Answer	%	Count
1	Insurance through a current or former employer or union	46.97%	31
2	Insurance purchased directly from an insurance company	7.58%	5
3	Medicare, for people 65 or older, or people with certain disabilities	9.09%	6
4	Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	25.76%	17
5	TRICARE or other military health care	0.00%	0
6	VA (enrolled for VA health care)	0.00%	0
7	Indian Health Service	0.00%	0
8	Other, Please Specify: _____	6.06%	4
9	Not Sure/Don’t Know	3.03%	2
10	Decline to Answer	1.52%	1
	Total	100%	66

Q6 - Is there a place that you usually go to when you are sick or need advice about your health?

#	Answer	%	Count
1	Yes	86.36%	57
2	No	12.12%	8
3	Not Sure/Don’t Know	1.52%	1
4	Decline to Answer	0.00%	0
	Total	100%	66

Q7 - What kind of place do you go most often?

#	Answer	%	Count
1	A Clinic	25.76%	17
2	Doctor’s Office	63.64%	42
3	Emergency Room	4.55%	3
4	Other, Please Specify: _____	6.06%	4
5	Not Sure/Don’t Know	0.00%	0
6	Decline to Answer	0.00%	0
	Total	100%	66

Other: Yoga, Urgent Care, Health Center, N/A

Q8 - How do you typically first get connected with personal doctors or health care providers? (select all that apply)

#	Answer	%	Count
1	Family	44.74%	34
2	Friends	19.74%	15
3	Work	6.58%	5
4	Social Media (Twitter, Facebook, Instagram, etc.)	0.00%	0

5	Website, Please Specify: _____	9.21%	7
6	Other, Please Specify: _____	13.16%	10
7	Not Sure/Don't Know	6.58%	5
8	Decline to Answer	0.00%	0
	Total	100%	76

Website: Facebook, UnitedHealth, Lifespan Website, Local Senior Center

Other: Government, Primary Referral, School Resources, Community Connection, Self Outreach

Q9 - Do you have one person you think of as your personal doctor or health care provider?

#	Answer	%	Count
1	Yes, Only One	66.15%	43
2	More Than One	26.15%	17
3	No	7.69%	5
4	Not Sure/Don't Know	0.00%	0
5	Decline to Answer	0.00%	0
	Total	100%	65

Q10 - How often were you treated with respect by your doctors or health care providers? Would you say...

#	Answer	%	Count
1	Never	1.54%	1
2	Rarely	4.62%	3
3	Sometimes	4.62%	3
4	Often	13.85%	9
5	Always	75.38%	49

6	Not Sure/Don’t Know	0.00%	0
7	Decline to Answer	0.00%	0
	Total	100%	65

Q11 - How often did your doctors or health care providers tell or give you information about your health and health care that was easy to understand? Would you say...

#	Answer	%	Count
1	Never	1.54%	1
2	Rarely	3.08%	2
3	Sometimes	7.69%	5
4	Often	18.46%	12
5	Always	69.23%	45
6	Not Sure/Don’t Know	0.00%	0
7	Decline to Answer	0.00%	0
	Total	100%	65

Q12 - Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

#	Answer	%	Count
1	Yes	23.08%	15
2	No	75.38%	49
3	Not Sure/Don’t Know	1.54%	1
4	Decline to Answer	0.00%	0
	Total	100%	65

Q13 - About how long has it been since you last visited a doctor for a routine checkup?

#	Answer	%	Count
1	Within the past year (any time less than 12 months ago)	87.88%	58
2	Within the past 2 years (1 year but less than 2 years ago)	9.09%	6
3	Within the past 5 years (2 years but less than 5 years ago)	3.03%	2
4	5 or more years ago	0.00%	0
5	Not Sure/Don’t Know	0.00%	0
6	Decline to Answer	0.00%	0
	Total	100%	66

Q14 - Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?

#	Answer	%	Count
1	Yes	13.64%	9
2	No	83.33%	55
3	Not Sure/Don’t Know	3.03%	2
4	Decline to Answer	0.00%	0
	Total	100%	66

Q15 - Think about the place you live. Do you have problems with any of the following? (select all that apply)

#	Answer	%	Count
1	Bug Infestation	2.86%	2
2	Mold	5.71%	4
3	Lead Paint or Pipes	2.86%	2
4	Inadequate Heat	1.43%	1
5	Oven or Stove Not Working	0.00%	0

6	No or Not Working Smoke Detectors	2.86%	2
7	Water Leaks	2.86%	2
8	None of the Above	78.57%	55
9	Not Sure/Don’t Know	2.86%	2
10	Decline to Answer	0.00%	0
	Total	100%	70

Q17 - Within the past 12 months, the food you bought just didn’t last and you didn't have money to get more? Was this...

#	Answer	%	Count
1	Often True	1.59%	1
2	Sometimes True	23.81%	15
3	Never True	68.25%	43
4	Not Sure/Don’t Know	3.17%	2
5	Decline to Answer	3.17%	2
	Total	100%	63

Q22 - Within the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

#	Answer	%	Count
1	Yes	21.21%	14
2	No	77.27%	51
3	Not Sure/Don’t Know	0.00%	0
4	Decline to Answer	1.52%	1

	Total	100%	66

Q23 - Within the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?

#	Answer	%	Count
1	Yes	9.52%	6
2	No	87.30%	55
3	Already Shut Off	1.59%	1
4	Not Sure/Don’t Know	1.59%	1
5	Decline to Answer	0.00%	0
	Total	100%	63

Q24 - How often does this describe you? I don’t have enough money to pay my bills...

#	Answer	%	Count
1	Never	39.68%	25
2	Rarely	25.40%	16
3	Sometimes	20.63%	13
4	Often	4.76%	3
5	Always	4.76%	3
6	Not Sure/Don’t Know	1.59%	1
7	Decline to Answer	3.17%	2
	Total	100%	63

Q25 - That you had a heart attack (also called a myocardial infarction)?

#	Answer	%	Count
1	Yes	1.49%	1
2	No	97.01%	65

3	Not Sure/Don’t Know	1.49%	1
4	Decline to Answer	0.00%	0
	Total	100%	67

Q26 - That you had angina or coronary heart disease?

#	Answer	%	Count
1	Yes	4.55%	3
2	No	92.42%	61
3	Not Sure/Don’t Know	3.03%	2
4	Decline to Answer	0.00%	0
	Total	100%	66

Q27 - That you had a stroke?

#	Answer	%	Count
1	Yes	3.03%	2
2	No	96.97%	64
3	Not Sure/Don’t Know	0.00%	0
4	Decline to Answer	0.00%	0
	Total	100%	66

Q28 - That you had asthma?

#	Answer	%	Count
1	Yes	10.61%	7
2	No	89.39%	59

3	Not Sure/Don’t Know	0.00%	0
4	Decline to Answer	0.00%	0
	Total	100%	66

Q29 - That you had cancer?

#	Answer	%	Count
1	Yes, Please Specify: _____	18.75%	12
2	No	79.69%	51
3	Not Sure/Don’t Know	1.56%	1
4	Decline to Answer	0.00%	0
	Total	100%	64

Specific Cancers: Breast Cancer (7), Cervical Cancer, Hodgkin’s Lymphoma

Q30 - That you had chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

#	Answer	%	Count
1	Yes	4.55%	3
2	No	95.45%	63
3	Not Sure/Don’t Know	0.00%	0
4	Decline to Answer	0.00%	0
	Total	100%	66

Q31 - That you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

#	Answer	%	Count
1	Yes	27.27%	18

2	No	72.73%	48
3	Not Sure/Don’t Know	0.00%	0
4	Decline to Answer	0.00%	0
	Total	100%	66

Q32 - That you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

#	Answer	%	Count
1	Yes	9.09%	6
2	No	89.39%	59
3	Not Sure/Don’t Know	0.00%	0
4	Decline to Answer	1.52%	1
	Total	100%	66

Q33 - That you had diabetes?

#	Answer	%	Count
1	Yes	9.09%	6
2	No	87.88%	58
3	Not Sure/Don’t Know	3.03%	2
4	Decline to Answer	0.00%	0
	Total	100%	66

Q34 - During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

#	Answer	%	Count

1	Yes	77.27%	51
2	No	21.21%	14
3	Not Sure/Don’t Know	1.52%	1
4	Decline to Answer	0.00%	0
	Total	100%	66

Q35 - Have you received a tetanus shot in the past 10 years?

#	Answer	%	Count
1	Yes	69.70%	46
2	No	18.18%	12
3	Not Sure/Don’t Know	12.12%	8
4	Decline to Answer	0.00%	0
	Total	100%	66

Q36 - Have you received a flu shot in the past 12 months?

#	Answer	%	Count
1	Yes	66.67%	44
2	No	33.33%	22
3	Not Sure/Don’t Know	0.00%	0
4	Decline to Answer	0.00%	0
	Total	100%	66

Q37 - Have you ever had the shingles or zoster vaccine?

#	Answer	%	Count
1	Yes	19.70%	13
2	No	62.12%	41
3	Not Sure/Don’t Know	18.18%	12

4	Decline to Answer	0.00%	0
	Total	100%	66

Q38 - Have you ever been tested for COVID-19 (Coronavirus Disease 2019)?

#	Answer	%	Count
1	Yes	90.91%	60
2	No	9.09%	6
3	Not Sure/Don’t Know	0.00%	0
4	Decline to Answer	0.00%	0
	Total	100%	66

Q39 - Have you ever had a COVID-19 vaccine?

#	Answer	%	Count
1	Yes	95.45%	63
2	No	4.55%	3
3	Not Sure/Don’t Know	0.00%	0
4	Decline to Answer	0.00%	0
	Total	100%	66

Q40 - Which brand of COVID-19 vaccine did you receive? (select all the apply)

#	Answer	%	Count
1	Pfizer-Biontech	39.71%	27
2	Moderna	50.00%	34
3	Johnson and Johnson (Janssen)	7.35%	5

4	Other, Please Specify: _____	0.00%	0
5	Not Sure/Don’t Know	2.94%	2
6	Decline to Answer	0.00%	0
	Total	100%	68

Q41 - Have you ever been tested for TB (Tuberculosis)? (can be the skin test or blood test)

#	Answer	%	Count
1	Yes	58.46%	38
2	No	35.38%	23
3	Not Sure/Don't Know	6.15%	4
4	Decline to Answer	0.00%	0
	Total	100%	65

Q42 - Have you ever been tested for Hepatitis A?

#	Answer	%	Count
1	Yes	27.69%	18
2	No	46.15%	30
3	Not Sure/Don't Know	26.15%	17
4	Decline to Answer	0.00%	0
	Total	100%	65

Q44 - Have you ever been tested for Hepatitis B?

#	Answer	%	Count
1	Yes	30.77%	20

2	No	40.00%	26
3	Not Sure/Don't Know	29.23%	19
4	Decline to Answer	0.00%	0
	Total	100%	65

Q45 - Have you ever had a Hepatitis B vaccine?

#	Answer	%	Count
1	Yes	36.92%	24
2	No	30.77%	20
3	Not Sure/Don't Know	32.31%	21
4	Decline to Answer	0.00%	0
	Total	100%	65

Q46 - Have you ever been tested for Hepatitis C?

#	Answer	%	Count
1	Yes	24.62%	16
2	No	41.54%	27
3	Not Sure/Don't Know	33.85%	22
4	Decline to Answer	0.00%	0
	Total	100%	65

Q47 - Have you ever had an HPV (Human Papillomavirus) vaccine?

#	Answer	%	Count
1	Yes	12.31%	8
2	No	70.77%	46
3	Not Sure/Don’t Know	15.38%	10
4	Decline to Answer	1.54%	1

	Total	100%	65

Q48 - Have you ever been tested for HIV (Human Immunodeficiency Virus)?

#	Answer	%	Count
1	Yes	53.97%	34
2	No	39.68%	25
3	Not Sure/Don’t Know	6.35%	4
4	Decline to Answer	0.00%	0
	Total	100%	63

Q49 - Have you ever been tested for STDs (sexually transmitted diseases), other than HIV?

#	Answer	%	Count
1	Yes	47.62%	30
2	No	44.44%	28
3	Not Sure/Don’t Know	7.94%	5
4	Decline to Answer	0.00%	0
	Total	100%	63

Q50 - What is your age?

Q51 - What sex were you assigned at birth (on your original birth certificate)?

#	Answer	%	Count
1	Female	81.54%	53
9	Intersex	0.00%	0
10	Male	18.46%	12
11	Not Sure/Don’t Know	0.00%	0
12	Decline to Answer	0.00%	0
	Total	100%	65

Q52 - How do you identify yourself?

#	Answer	%	Count
1	Fluid/Genderfluid	0.00%	0
11	Gender Non-Conforming/Genderqueer	0.00%	0
12	Man	18.46%	12
13	Non-Binary	0.00%	0
14	Transgender Man/Trans Man	0.00%	0
15	Transgender Woman/Trans Woman	0.00%	0
16	Woman	81.54%	53
17	Not Listed, Please Specify: _____	0.00%	0
18	Not Sure/Don’t Know	0.00%	0
19	Decline to Answer	0.00%	0
	Total	100%	65

Q53 - What is your sexual orientation?

#	Answer	%	Count
1	Asexual	6.35%	4
2	Bisexual	0.00%	0
10	Gay	0.00%	0
11	Heterosexual	90.48%	57
12	Lesbian	1.59%	1
13	Pansexual	0.00%	0
14	Not Listed, Please Specify: _____	0.00%	0
15	Not Sure/Don’t Know	0.00%	0
16	Decline to Answer	1.59%	1
	Total	100%	63

Q54 - Do you consider yourself Hispanic, Latina/e/o, Latinx?

#	Answer	%	Count
1	Yes	0.00%	0
2	No	96.88%	62
3	Not Sure/Don't Know	3.13%	2
4	Decline to Answer	0.00%	0
	Total	100%	64

Q55 - What is your race/descent? (select all that apply)

#	Answer	%	Count
1	American Indian/Native American or Alaskan Native	0.00%	0
15	Asian	0.00%	0
16	Black, African American or of African Descent	76.06%	54
17	Central American/South American	0.00%	0
18	Caribbean	0.00%	0
19	Middle Eastern/North African	0.00%	0
20	Pacific Islander	0.00%	0
21	Native Hawaiian	0.00%	0
22	South Asian (Indian Subcontinent)	0.00%	0
23	White or of European Descent	4.23%	3
24	Another Race, Please Specify: _____	16.90%	12
25	Not Sure/Don't Know	0.00%	0
26	Decline to Answer	2.82%	2
	Total	100%	71

Another Race: Cape Verdean

Q56 - Are you...

#	Answer	%	Count
1	Married	41.54%	27
9	Divorced	18.46%	12
10	Widowed	7.69%	5
11	Separated	3.08%	2
12	Never Married	26.15%	17
13	A Member of an Unmarried Couple	1.54%	1
14	Not Sure/Don’t Know	0.00%	0
15	Decline to Answer	1.54%	1
	Total	100%	65

Q57 - What is the highest degree or level of school you completed?

#	Answer	%	Count
1	Never attended school or only attended kindergarten	3.08%	2
12	Grades 1 through 8 (Elementary)	10.77%	7
13	Grades 9 through 11 (Some high school)	9.23%	6
14	Grade 12 or GED (High school graduate)	27.69%	18
15	College 1 year to 3 years (Some college or technical school)	10.77%	7
16	College 4 years or more (College graduate)	21.54%	14
17	Master’s Degree (MA, MS, MEng, MEd, MSW, MBA, etc.)	12.31%	8
18	Professional Degree (MD, DDS, DO, LLB, JD, etc.)	1.54%	1
19	Doctorate Degree (PhD, EdD, etc.)	1.54%	1
20	Not Sure/Don’t Know	0.00%	0
21	Decline to Answer	1.54%	1
	Total	100%	65

Q58 - Do you own or rent your home?

#	Answer	%	Count
1	Own	46.15%	30
6	Rent	41.54%	27
7	Other Arrangement	10.77%	7
8	Not Sure/Don’t Know	1.54%	1
9	Decline to Answer	0.00%	0
	Total	100%	65

Q59 - In your residence, who do you live with? (select all that apply)

#	Answer	%	Count
1	Live Alone	14.94%	13
2	Partner	32.18%	28
11	Offspring	35.63%	31
12	Siblings	1.15%	1
13	Parents	8.05%	7
14	Grandparents	0.00%	0
15	Friends	2.30%	2
16	Other, Please Specify: _____	5.75%	5
17	Not Sure/Don’t Know	0.00%	0
18	Decline to Answer	0.00%	0
	Total	100%	87

Other: Senior Home, Extended Family Members

Q60 - What is the ZIP Code where you currently live?

What is the ZIP Code where you currently live?

02803
02904

02860
02860
02860
34744
02916
02169
02035
02865
02904
06357
02915
02903
02906
02911
02906
02860
02863
02864
02911
02863
02860
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02905
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02861
02860
02914
02838
02860
02914
02860
02860
02863
02904
02860
02920
02861
02911
02905
02909

02861
02863
02863

Q61 - Are you currently...

#	Answer	%	Count
1	Employed for Wages Self-Employed	55.38%	36
17	Self-Employed	9.23%	6
18	Out of work for 1 year or more	4.62%	3
23	Out of work for less than 1 year	1.54%	1
24	A Homemaker	0.00%	0
25	A Student	7.69%	5
28	Retired	18.46%	12
29	Unable to Work	3.08%	2
30	Not Sure/Don’t Know	0.00%	0
31	Decline to Answer	0.00%	0
	Total	100%	65

Q62 - Is your annual household from all sources...

#	Answer	%	Count
1	Less Than $10,000	6.25%	4
4	Between $10,001 and $15,000	10.94%	7
5	Between $15,001 and $20,000	4.69%	3
6	Between $20,001 and $25,000	3.13%	2
13	Between $25,001 and $35,000	7.81%	5
14	Between $35,001 and $50,000	17.19%	11
15	Between $50,001 and $75,000	18.75%	12

16	$75,001 or More	18.75%	12
17	Not Sure/Don’t Know	9.38%	6
18	Decline to Answer	3.13%	2
	Total	100%	64

Q63 - You are treated with less courtesy or respect than other people.

#	Answer	%	Count
1	Almost everyday	6.25%	4
7	At least once a week	7.81%	5
8	A few times a month	10.94%	7
9	A few times a year	32.81%	21
10	Less than once a year	4.69%	3
11	Never	37.50%	24
	Total	100%	64

Q64 - You receive poorer service than other people at restaurants or stores.

#	Answer	%	Count
1	Almost everyday	1.56%	1
7	At least once a week	1.56%	1
8	A few times a month	9.38%	6
9	A few times a year	26.56%	17
10	Less than once a year	15.63%	10
11	Never	45.31%	29
	Total	100%	64

Q65 - People act as if they think you are not smart.

#	Answer	%	Count

1	Almost everyday	0.00%	0
7	At least once a week	4.84%	3
8	A few times a month	14.52%	9
9	A few times a year	22.58%	14
10	Less than once a year	14.52%	9
11	Never	43.55%	27
	Total	100%	62

Q66 - People act as if they are afraid of you.

#	Answer	%	Count
1	Almost everyday	0.00%	0
7	At least once a week	0.00%	0
8	A few times a month	3.23%	2
9	A few times a year	11.29%	7
10	Less than once a year	9.68%	6
11	Never	75.81%	47
	Total	100%	62

Q67 - You are threatened or harassed.

#	Answer	%	Count
1	Almost everyday	0.00%	0
7	At least once a week	0.00%	0
8	A few times a month	4.69%	3
9	A few times a year	10.94%	7
10	Less than once a year	14.06%	9
11	Never	70.31%	45
	Total	100%	64

Q68 - What do you think is the main reason for these experiences? (Asked only of those answering "A few times a year" or more frequently to at least one question, and only mark more than one answer if volunteered)

#	Answer	%	Count
1	Your Ancestry or National Origins	12.12%	8
11	Your Gender	9.09%	6
12	Your Race	53.03%	35
13	Your Age	9.09%	6
14	Your Religion	0.00%	0
15	Your Height	0.00%	0
16	Your Weight	4.55%	3
17	Some Other Aspect of Your Physical Appearance	7.58%	5
18	Your Sexual Orientation	0.00%	0
19	Your Education or Income Level	4.55%	3
	Total	100%	66

Q69 - Where were you born? (country/state)

#	Answer	%	Count
1	In the U.S., Please Specify State: _____	24.62%	16
2	Outside of the U.S., Please Specify Country: _____	75.38%	49
	Total	100%	65

State: Rhode Island, Massachusetts, Illinois, Connecticut

Country: Cape Verde, Portugal, Netherlands, Mozambique, Senegal, Angola

Q70 - When did you come to live in the United States?

When did you come to live in the United States?

1994
94
1989
1995
2001
7 months
1986
1996
2019
2019
1987
2017
1998
1994
1978
50 years ago (2023)
1970
1998
1983
2020
2004
1988
1940
1998
2020
2006
January 9, 1988
1988

1986
1987
1980
2003
1991
2012
2008
1998
2018
2001
2002
1988
1994
2000
2011
2016
2009
2001

Q71 - What is the primary reason you came to live in the United States? (only asked if they answered that they were born outside of the U.S.) (select all the apply)

#	Answer	%	Count
1	Political Reasons, Please Specify: _____	4.08%	2
9	Economic Reasons, Please Specify: _____	26.53%	13
10	Religious Reasons, Please Specify: _____	0.00%	0
11	Personal Reasons, Please Specify: _____	61.22%	30

12	Medical Reasons, Please Specify: _____	6.12%	3
13	Other Reasons, Please Specify: _____	0.00%	0
14	Not Sure/Don't Know	2.04%	1
15	Decline to Answer	0.00%	0
	Total	100%	49

Political Reasons: Education
Economic Reasons: Work, Business, Opportunities
Personal Reasons: Family, Education
Medical Reasons: Sickness, Family Sickness

Q72 - How often do you travel back home to your home country?

#	Answer	%	Count
1	Never	14.58%	7
4	Rarely	16.67%	8
5	Sometimes	33.33%	16
6	Often	35.42%	17
7	Not Sure/Don't Know	0.00%	0
8	Decline to Answer	0.00%	0
	Total	100%	48

Q73 - When was the last time you traveled back home to your home country?

When was the last time you traveled back home to your home country?
2021
Never
2018
Never

2022
February 2023
June '23
2023
2019
2022
2022
2017
1998
2023
2005
14 years ago
2023
2019
2019
7 months ago
2 years ago 2021
4 years ago
2022
April 2023
2019
1 year ago
Febrary 2023
2020
2000
November, 2021
8/22
2022

Three years
1997
July 2022
2021
2019
2018
2012
2012
2013
2 weeks ago (2022)
2019
2021
2021
March 2022

Q74 - Do you plan to travel back to your home country during the next 12 months?

#	Answer	%	Count
1	Yes	68.75%	33
4	No	25.00%	12
5	Not Sure/Don’t Know	6.25%	3
6	Decline to Answer	0.00%	0
	Total	100%	48

Q75 - What do you think are some of the main differences in health care here in the U.S. compared to your home country?

What do you think are some of the main differences in health care here in the U.S. compared to your home country?
Great

Treatment
Money
Cost; accessibility
We very lucky to have health insurance here
services, hospitals and health care professionals
It's cheaper, everyone gets healthcare, no copay (in the netherlands)
more health benefits in the US
"there is none over there", there is almost nothing; she used to go to the doctor every three months in Cape Verde; here is way better because over there there is nothing
More access to health care services in the US
Here is better than cape verde, could be good docs in cape verde, but equipment is lacking. Test takes lots of time in cape verde.
here it is much better; back home they have good doctors but they don't have the technology that they need; they need some more machines in order to do mammograms and stuff like that; just need better technology in the hospital; different when you go on vacation; hard to know how thigns are now
free in portugal but certain specific needs you do have to pay more (still cheaper than US)
No differences
accessibility to healthcare here is better; basically no options in her home island (only urgent care type of thing); have to be evacuated if there is an emergency; not really even about money but more about accessibility; main reason for not living there; preventative care is like not a thing
none (never sought medical care when she was in CV)
more advanced here, medications and machine are needed in cape verde, more hospitals, more hospital staff
healthcare here is excellent; doctors back home didn't really understand her health problems and don't have the resources to fix things
CV: no running healthcare system/
no comparison - so much better here in the US "God comes to sleep in the US"
a lot of medications here but not in C.V
portugal, healthcare is easy, not as many insurance companies. Not as complicated, its more simple in portugal
More resources in the U.S. but if you're sick and you don't have insurance, you can't access these resources compared to Cabo Verde

very different; much better here in the US; because cape Verde is a poor country and they have all they have
Poor healthcare in Cape Verde, she is afriad because of the sickness, and if afraid to bring her kids there. her daughter went with her in april, and she is still sick. She says a lot of cape verdeans are scared to go back primarily becasue of poor healthcare there
much better in the U.S/ no equipment in CV
100% better in the US; different in every way; better surgery here; get sent in on time
In the US, healthcare is better in every way compared to Cabo Verde
equipment in U.S. & good doctors in the U.S.
Healthcare is very advanced in the US compared to Cape Verde. The technology is much more advanced and the doctors are more qualified in the US
The healthcare here in the US is better
-in Cape Verde, not enough equipment to treat people, low supply of medications at the pharmacy, need to transfer to another island for resources
Poverty
US is best since we are not denied any Heath care evn if we are undocumented. The Health care in Cabo Verde is still poor. We do not have hospitals in all the islands. evacution of patients are very difficult.
More expensive here, insurance is so difficult to use here
caring that they have for patients here; amount of compassion; reliability; never felt any kind of discrimination in the US and felt like there was much respect; have medical care everywhere you go and the capability to have medical care wherever you go
In the US people are treated with more respect, frustrated how people are treated back in Cape Verde. Not enough resources and the pay for healthcare workers all lead to lack of respect. Hospitals have long wait times and are forced to private clinics.
Goes from 0 to 100% in the United States
Much better here
Cabo Verde: pPoor service, not enough providers lack of medication
it is much better here
not a lot of doctors in CV, bad technology; healthcare here is much better
Doctors are trained better here, customer service is better, more resources/equipment here. Here more discrimination because of skin color/race, more classism in Cabo Verde
here is the best; healthcare in CV is not good; big problem

here it is the best; really bad on Brava; don't have things like blood transfusion; transportation is a boat which makes things really slow; told a story about how a boy died bc things were too slowt
Better in Cabo Verde in terms of service. Here health insurance makes it hard to go because you're not sure if you're covered (not true in Cabo Verde)
lack of technology is the major factor
US Healthcare is better in general, Cape Verde doesn't give too much attention, only one clinic to serve the entire area, hard to get appointment.

Q76 - What do you think are some of the main differences in food here in the U.S. compared to your home country? (i.e., food options, restaurants, grocery stores)

What do you think are some of the main differences in food here in the U.S. compared to your home country? (i.e., food options, restaurants, grocery stores)
Healthier
Better taste
Taste, quality
Food in the us is healthy
We dont use pesticides in Cape Verde. People have their farms
more diverse, healthier, less chemicals, fresher (in the netherlands)
more food security in the US
fish is so much better in Cape Verde; the food over there is the traditional of chalchupa and cous cous; she doesn't like the food as much here but there are many more options but also it takes better here
Eats all varieties here but mostly the same in both counties (except for fast food)
food over there is better because it is much more fresh !
Portugal food more tasty,
different food options
a lot more home grown things in Cape Verde but things are not quite as accessible and it is expensive for people who live there because they import a lot of stuff; depends on getting rain
better food in CV

Over there they eat fresh food.
eat more fresh food in cape verde; fish every day and lots of fruit and veggies
Food is healthier in CV/ more variety here
adapts everywhere, eats everything; it is different but you can buy everything here that you would have in Cape Verde
Like cape verdean food from the island more, but likes the restaurant here
food quality in portugal is much better, and more diversity, and more healthy
food is organic in Cabo Verde
there is only one way to do food in cape Verde because they grow it there; likes the food here too though
Lots of cape verde, eats organic in cape verde
many more options in the U.S
you can find everything that you need or want in the US
grocery stores in the US have more options and there are foods from different cultures in the US
organic food & fish markets in CV that they don't have here (U.S)
food is fresher and organic in Cape Verde. Cape Verdean's don't eat left over food in Cape Verde. Food is more healthy in general in Cape Verde than in the US, because they don't freeze the foods.
Food is healthier in Senegal, because all of it is organic
In CV, can’t find food you’re looking for
Organic food is abundant in cv
Healthier food in Cabo Verde since we cultivate our own.
More affordable over there, More expensive here
food is organic in CV (grows in your backyard) and is healthier and tastes different
Not everyone gets enough food back in Cape Verde. Variety is great but not everyone can afford everything. Food is more expensive relative to income.
Use health food in the United States and like sgoing to Indian and Asian markets
Eat more fresh and natural versus here things are processed
Cabo Verde has healthier food, but there are more options in U.S.
more variety and options here

if you have money you can go out to eat but otherwise you are eating at home
Too much processed food in Cabo Verde (not as natural and organic as before), more options here
food is good in CV
have all the options here; things are more natural and organic in CV
Healthier in Cabo Verde (and cleaner), more options here (but not all healthy)
pretty similar options; food is easily accessible; "as long as you have money you can eat pretty healthy in both places"
Education level is very different, didn't know what her health conditions were, services are much better in the United States.

Q77 - What do you miss most about your home country?

What do you miss most about your home country?
Beach
People
Beaches
People that look like me
Family time
non Stress life, the people, the beaches, the sun. The routine
my family
social/communal aspects
her people her friends and the rest of the family is there
Everything
She misses a lot of things, and she is able to do everything by herself there, here she cannot. Weather is good there too.
everything!
Home, kids, family
I don't miss anything. My family now lives in Portugal
less stress than the US

The weather, the beach.
traditions, Carnival and New Years and other holidays and celebrations like that
People
some friends
everyone's very close
the connection with people, here you are always running no time to say hi to friend or go to cafe
better weather, feel more relaxed, not a lot of stress
it's the country where she's born' doesn't have a ton of family there
when she was a kid to play outside without worry of violence, and knowing her neightbors well
grandmother and friends
the temperature; the tradition and the culture
my friends, my family, my house
Food, people, the sun
Daily life, weather, food, less stress, days feel longer, the sun shines year round, so you're able to go to the beach more often, and the people. Life in Cape Verde is generally better for me than in the US
the food
-friendliness, knowing different families, own house
Family and stress free life
Weather
Without a car here it is so difficult, lots easier to get around at home,
the culture; lived close by and know and help each other; don't see it as much in the United States; everyone is all part of one big family; misses family and childhood
Climate, friends and community. Peace and freedom as well.
Mom and brother
Environment, friends
Family, food, quiet
the people
family, friends

Beaches
the family (mom and dad are there)
her church
Food, people, karate
the food! Fresh fruits and veggies; family as well
Family in Cape Verde

Q78 - What do you miss the least about your home country?

What do you miss the least about your home country?
Safety
N/A
Crime; infrastructure
Politics
people do their thing at their own paste
some americanized food is better
politics
many of her family is there
Politics
bad hospitals
Any mean people
Nothing
accessibility to healthcare
water was bad
Work
the weather
hard to find a job, life conditions are harder compared to US
still strugglin to adjust with the american mentality

I don't miss the lack of job opportunity
the people treat women differently there
unsanitary water
traditional roles
not having access to different things of daily living
the health system, no commitment to these services
nothing
littered sidewalks
-house and family
nothing
Pay is higher here than at home
nothing because she left when she was 5 to go to Portugal
Schools and healthcare. Lack of opportunities for kids and adults back in Cape Verde.
Nothing
Crime, not safe
Health care; unsafe
very poor island; the culture of how she was raised
hospitals, transportation (very bad system)
People's attitude
weather
nothing comes to mind
unsafe, less job opportunities, classism
nothing
Economy, healthcare, and the justice system for the poor.

Q79 - Do you intend to remain in the United States?

#	Answer	%	Count
1	Yes	77.78%	49
5	No	12.70%	8
6	Not Sure/Don’t Know	9.52%	6
7	Decline to Answer	0.00%	0
	Total	100%	63

Q80 - Where was your biological mother born? (country/state)

Where was your biological mother born? (country/state)
RI
Rhode Island
Brava, Cabo Verde
Cape Verde
Cabo verde
Cape verde
Rhode island
Cape Verde
Fogo/Cape Verde
Brava, Cape Verde
Cabo verde
Michigan
Sao Vincente
Cape Verde, Santo Antao
Sao Nicolau (CV)
Cape Verde
Cape Verde
Cape Verde
CV

cape verde
Cape Verde
Cape Verde
Cape Verde
Lisboa, Portugal
Cape Verde
CV
Sao Vincente, Cape Verde
Cape Verde
CV
Cape Verde
Cape Verde
sao vincente, cape verde
Sao Nicolau, Cabo Verde
Cape Verde
Praia, Cape Verde
Cape Verde
Cape Verde
Sao Nicolau, Cabo Verde
Cape Verde
Cape Verde, Sao Vincente
Senegal, Africa
Sao Nicolau, Cape Verde
Santiago, Cape Verde
Dakar, Senegal
Cape Verde
CV
Cape Verde

Cabo Verde
Cape Verde
Cape Verde
Cape Verde
Cape Verde
Cape Verde
Cabo Verde
Cape Verde
Cape Verde
Cabo Verde
Cape Verde
Angola
Cabo Verde
Cape Verde
Cape Verde
Cape Verde
Cape Verde

Q81 - Where was your biological father born? (country/state)

Where was your biological father born? (country/state)
RI
Rhode Island
Brava, Cabo Verde
Cape Verde
Cabo verde
Cape verde
Rhode island
Cape Verde

Fogo/Cape Verde
Brava, Cape Verde
Cabo verse
Norwich, CT
Memphis, TN
Cape Verde, Sao Nicolau
Sao Nicolau (CV)
Cape Verde
Cape Verde
Cape Verde
CV
cape verde
New Jersey
Cape Verde
Portugal
Lisboa, Portugal
Cape Verde
CV
Sao Vincente, Cape Verde
Cape Verde
CV
Cape Verde
Cape Verde
sao vincente, cape verde
Sao Nicolau, Cabo Verde
Cape Verde
Praia, Cape Verde
Cape Verde

Sao Nicolau, Cabo Verde
Cape Verde
Cape Verde, Brava
Cape Verde, Africa
Sao Nicolau, Cape Verde
Santiago, Cape Verde
Sao Nicolau, Cape Verde
Cape Verde
Cv
Cape Verde
Cabo Verde
Cape Verde
Cape Verde
Cape Verde
Cape Verde
Cape Verde
Cabo Verde
Cape Verde
Cape Verde
Cabo Verde
Cape Verde
Cape Verde
Cape Verde
Cape Verde
Cape Verde
Cape Verde

Q82 - Where were your biological maternal grandparents born? (country/countries/state/states)

Where were your biological maternal grandparents born? (country/countries/state/states)

Italy
Rhode Island
Brava, Cabo Verde
C V
Cabo verde
Cape verde
Cape Verde
Fogo/Cape Verde
Brava, Cape Verde
Cabo verse
Michigan
Sao Vincente Cape Verde
Santo Antao, Cape Verde
Sao Nicolau (CV)
Cape Verde
Cape Verde
Cape Verde
CV/spaniard
Cape Verde
Cape Verde
Portugal/Cape Verde
I don't remember
Cape Verde
CV
Cape Verde
CV

Cape Verde
CV
sao vincente, cape verde
Sao Nicolau, Cabo Verde
Cape Verde
Cape Verde
Cape Verde
Sao Nicolau, Cabo Verde
Cape Verde
Cape Verde
Cape Verde
Sao Nicolau, Cape Verde
Santiago, Cape Verde
Santiago, Cape Verde
Cape Verde
CV
Cape Verde
Cabo Verde
Cape Verde for both
Cape Verde
Cape Verde
Cape Verde
Cape Verde
Cabo Verde
Cape Verde
Cape Verde
Cabo Verde
Cape Verde

Cape Verde
Cabo Verde
Cape Verde
Cape Verde
Cape Verde
Cape Verde

Q83 - Where were your biological paternal grandparents born? (country/countries/state/states)

Where were your biological paternal grandparents born? (country/countries/state/states)
Cape Verde
Cape Verde Island
Brava, Cabo Verde
CV
Cabo verde
Cape verde
Cabo verde
Cape Verde
Cape Verde
Brava, Cape Verde
Cabo verde
Massachusetts
Sao Vincente Cape Verde
Sao Nicolau, Cape Verde
Sao Nicolau (CV)
Cape Verde
Cape Verde
Cape Verde

Cape Verde
Cape Verde
Portugal
I don't remember
Cape Verde
CV
Cape Verde
CV
Portugal
CV
sao vincente, cape verde
Sao Nicolau, Cabo Verde
Cape Verde
Cape Verde
Cape Verde
Sao Nicolau, Cabo Verde
Cape Verde
Cape Verde
Cape Verde
Sao Nicolau, Cape Verde
Fogo, Cape Verde
Sao Nicolau, Cape Verde
Cape Verde
CV
Cape Verde
Cabo Verde
Cape Verde for both
Cape Verde

Cape Verde
Cape Verde
Cape Verde
Cabo Verde
Cape Verde
Cape Verde
Cabo Verde
Cape Verde
Cape Verde
Cabo Verde
Cape Verde
Cape Verde
Cape Verde
Cape Verde

Q84 - Do you speak a language other than English at home?

#	Answer	%	Count
1	Yes	90.63%	58
4	Decline to Answer	0.00%	0
5	No	9.38%	6
6	Not Sure/Don’t Know	0.00%	0
	Total	100%	64

Q85 - What language do you speak at home? (select all that apply)

#	Answer	%	Count
1	Spanish	9.68%	9
7	Portuguese	25.81%	24

8	Creole	55.91%	52
9	Other, Please Specify: _____	8.60%	8
10	Not Sure/Don't Know	0.00%	0
11	Decline to Answer	0.00%	0
	Total	100%	93

Other: English, Dutch, French

Q86 - Finally, please describe your experiences with being Cape Verdean in the United States. This can be with the Cape Verdean community, language, employment, schooling, health care, food, and really anything you think is important to discuss. This can be good experiences and/or bad experiences:

Finally, please describe your experiences with being Cape Verdean in the United States. This can be with the Cape Verdean community, language, employment, schooling, health care, food, and really anything you think is important to discuss. This can be good experiences and/or bad experiences:
Strong Community but face some challenges with poor medical treatment
Their is barries
My experiences as Cape Verdean are good
Foods
Good
Good experiences
Good
I love being cape veran and see my sled as an ambassador of our culture
I love being around my people. They're great for the most part. Are you finished setting things could be better but that's with everyone
More people are starting to know who we are and accepting our culture

There is not enough education about Cape Verdean heritage in the US. A lot of us US born Cape Verdeans loose touch with our roots because of this. More CV community centers are needed in order to help our community thrive. Especially when it comes to mental health and mental health awareness. We do not talk about mental health in the household so it is very important to break the stigma and offer resources to our community.
There are no great experiences as the community does not have any support services
I love my community. The support, care and especially food is exciting and oh the music. We support one another. I wish there were more celebrations to share our culture.
Its a blessing. I get to educate people everyday about my culture. Offcourse when i got to the United States it was not easy in High School to adapt to a new culture that was so different than mines.
CV NHA TOP ALWAYS AND FOREVER!!! I'm extremely proud of my heritage and having gone to college and grad school out of state, I take pride in representing my culture. The good and the bad. To me it's important to know where I come from and take what I can from stories my parents and grandparents share.
A mix of acceptance and discrimination. Depends on who I am around
i love it
33 nices and nephew and 44 great grandchildren; because they have a huge family they. have to take one with one generation and one with the other generation; all very nice
Good strong community here, well received by america
its good, and she speaks her creole
Being Cape Verdean is a unique experience. We don't easily fit into any racial category. To be "white" is to be 100% from European descent. The Black community is not totally accepting of us as many Cape Verdeans are mixed race. Therefore, we are left to look to our own for support and community.
happy to be in the United States, if she did it again she would do the same thing but misses everything about Cape Vertde like her friends and coworkers; easy life because when you work you have everything; good opportunity to be here with kids but quality of life in Cape Verde is much better
Much more friendly here, CV community not the nicest
I like living in the U.S
kids in Cape Verde were used fot testing of TB vax so people here still come up as positive on the test and then have to take a course of meds; parents have a lot of income and medical issues and things are very hard for them because coming to the US and working minimum wage jobs is hard because it makes it really hard to retire; younger gen tends to be doing better but the older generation is struggling a lot more; the generatinal connection is rly important6
At first it was difficult because of the language barriers but now everything it easier

all good ecxpeirneces because her family was here
her husband died and that has really changed things; feels afraid of yonger Cape Verdean grouips because they are forming gang like things and she feels like she isn't respected
Great experience here butthe community needs to grow and be more supportive of each other
good experiences in the US because I have been treated everywhere equally
Feels good, does not fear anything
all the traditions he has is portuguese, so now he is adjusting with cape verdean experiences
I prefer to live in Cabo Verde because everything is easier. I have more resources here, but I'm having problems getting insurance here.
experience has been good here; has everything she needs here
when you come here first, the first problem is language. She was saying it is hard tofind a job, especially when your visa expires. She wanted to help her parents back home, and also had to leave her son in Cape verde before finding stable empoymebnt
Loves the food and music
been good to be Cape Verdean here because of the community
Learning English was so-so. Finding employment, healthcare, accessing food has all been good.
In touch with her culture through language, food, and musci to pass down cultural roots to her grandchildren/children so they stay intouch with their identity.
has anxiety, autism, and IBS but feels like she has access to good healthcare; has access to therapy but doesn't have a Cape Verdean mental health provider which she doesn't like
No translation for creole language, Not a lot of cape verdean representation in hospitals (ex doctos/nurses) they always think we are portugese only and when we say we speak cape verdean creole they mistake it for Haitian creole.
good experiences: living in a country where you have the freedom to accomplish anything you want in life. you have the opportunity to be educated or go to work, whichever you choose. its a country of freedom, whereas in Cape Verde you don't have that opportunity.
My experiences as a Cape Verdean in the US have all been good
I have a good relationship to the Cape Verdean community, since both of my parents are Cape Verdean. The Cape Verdean community in Providence is more than in other cities and states (aside from Massachusetts), so I am very thankful to live here. Although I understand the language (creole), I do not speak it fluently and therefore, don't feel as connected to the CV community as if I did speak the language. I don't think being Cape Verdean has ever affected my employment opportunities, schooling, health care or access to food, although I recognize this may not be the case if I lived in a different states within the United States
good experiences with CV community, english was tough in the beginning but not anymore

Coming here made my financial goals become a reality
Had a really terrible experience at Miriam with COVID with discrimination with people questioning why she had to use the ambulance (assumed that she didn't have insurance); she is a nurse and felt like people have not given her the respect that she deserves in the medical setting; happened in January
It has been great. I havent had any issues. I had most problem in european countries concerning racism than US.
Live in Lincoln comes here in church, comes here because they speak Creole, in English class to make things easier
big community here but there is not the same gathering nature of everyone together and supporting each other; used to share meals and bring each other food and meals
Feels at home in the community, especially the church and the people who share the culture.
Working for so many years in CV but have to start from scratch here
Leave Cape Verde bc it easier to be in the us with more choices and you get to work with what you have in Cape Verde. So many options here. Better life here to be able to choose to do whatever you want. Can’t get jobs easily in the us (American Dream)
Community: strong community, feel welcomed. Employment: language and accent (discrimination and rudeness because of it as well as because of color). School: more activities in school for Cabo Verdean kids, need translators in school events as well
The Cape Verdean people are friendly and likes the community; can express your feelings in Creole
really likes being in the United States; even if you don't speak English there are people that can translate things for you; American are very friendly and welcoming but when you first get here it is very sad because people treat you badly and don't understand you
community: not too involved, lack of trust, too individualistic. General lack of respect here, people are very materialistic. Was able to get schooling and a good job; couldn't do that in Cabo Verde
American education is really important
nothing of note
Like the Cabo Verdean community (feel welcome); because of skin color, she feels discriminated against and school is really expensive.
very strong community; easy to find information being part of the church is good because there are many events; very tight knit community
Cape Verdean still lack some resouces, opportunities, especially for Immigrants and people whose English is not their first language. The Cape Verdean community was supportive of immigrants and in general a very tightly knit community.

The experience in the United States is good in general. The healthcare access for a lot of Cape Verdeans could be better, which can include education and resources. In particular, agism and access to education was a problem, especially after starting to work. Support from the Cape Verdean community was strong and made a lot of things easier.
When you go to the doctor there need to be more options for Cape Verdeans such as more translators. There should be more community between those who are Cape Verdean and those who are not.

Q87 - "We have reached the end of the Cape Verde and Brown Health Initiative survey. Thank you for taking the time to answer these questions, and your insight will be key in understanding and improving health for Cape Verdeans in Rhode Island and beyond. Is there anything that I did not ask about that you wish I had, or anything else you would like to tell me?"

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No
I love being Cape Verdean
No
No
No
No
n/a
it would interesting to know about mental health among Cape Verdeans
no
she is happy bc she loves her family and loves the place where she is now and loves to see the whole family together
n/a
any cape verdean should go straight to the doctor when they are sick, and not to wait
Thank you for looking at our community as a unique population rather than a subset of the Portuguese, Latino, or Black communities

nope
Share resources and information that would help people who do not have insurance/health care when they select no.
ask about family history of things; immediate family has a lot more issues in terms of health; both parents have had multiple types of cancer, BP, heart issues, diabetes; very common in the community overall. does make a difference how family health is ; lots of cape verrdeans don't do cape verdeans don't do the basic screenings because they are "scared", people don't reallly go to the hospital unless you are about to die in Cape Verde so then when they come here they have that seame mentality and they won't go take advantage of preventative care until something goes wrong
Transport for old people to take to doctor here in the US.
feels like things are changing so she's afraid for her grandkids and their safety because of COVID and stuff like that
n/a
n/a
great idea, keep doing. it. Dont have that much free time, people are all together. Survey helps a lot, people dont have time ti know. Especially women doint know because they are very budy.
nope
healthcare from government for her, finding providers who take government insurance is veyr hard, and when they do take it they have no appts. Her daughter who went to princeton princeton did not take her coverage, and her moms govenrment insurance tiehr
n/a
breast cancer survivor; asked what we are doing with the data
I think most things are better in the United States than in Cabo Verde
n/a
feels like there is a strong community who has been a big part of her social life; proud to be Cape Verdean
Cape Verdean's come to this country and have a lot of opportunities and sometimes choose the wrong way. they lead themselves into bad situations when they have other options. They should make better decisions. They should also stop some of the Cape Verdean ways, like partying and drinking behind when they come to the US and adapt and respect American rules, which I've seen a lot of times that they don't.
No
No

When she went to CV, the number #1 cause of death is stomach cancer due to a stomach infection or alcoholism; bacterial infection called H Pilori; wants people to understand how to get better care in RI for specialized; not everyone can afford the ability to do an endoscopy; doesn't have to lead to cancer - it can be treated; carries over to Rhode Island because people have come from CV to here; need to increase knowledge on that existence; cousin died in America after complaining for 5 years about this stomach problem; very persistent problem ;;;; wants to create a brochure for Cape Verdeans from right off the plane so that they can create the support right from the beginning; info on vaccines, mammographies, etc. (working w Dr. Fine); essentially create a pamphlet on things to give them a basis
NO
NOPE
Cape Verdean community is scared of the language barrier but it is still an issue even though there are not translators because people do not want to go to a health facility; mostly older people are afraid of the diagnoses and not being able to understand what is happening in their health
None
Health is the best here and has no comparison to Cape Verde
No but appreciates that we are doing this in Cape Verde
no
She has a fear of getting a heart surgery she needs because she cannot afford it
a lot of people don't go to hospital because of fear here in RI and CV; Cape Verdean people are very proud and usually don't want to admit that they are not feeling well; lack of vision and dental care
nothing to mention
no
none
None.
Transportation is something that is very much a barrier and sometimes they don't know about their health options especially when considering older people and how heavy it is to carry food.