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The Role of Traditional Food in Jamaican Immigrants’ Perceptions of Health and Well-Being

Audrey Janice Simpson

A thesis submitted to the faculty of Brigham Young University in partial fulfillment of the requirements for the degree of Master of Science

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ABSTRACT
The Role of Traditional Food in Jamaican Immigrants’
Perceptions of Health and Well-Being

Audrey Janice Simpson
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Master of Science

Introduction: Immigrants face many challenges when transitioning to life in a new country, and access to their traditional food can assist in facilitating a smoother transition. The purpose of this study was to explore the impact that access to traditional food has on the perception of health and wellbeing of Jamaican immigrants to the United States. Methods: Using a qualitative descriptive design, twenty Jamaicans (10 in New York; 10 in Utah) participated in semi-structured interviews, which were transcribed and analyzed. Results: Participants expressed a preference for traditional food. New York participants had greater access to Jamaican food and rated their health status more favorably than Utah participants. The change in diet and a decrease in activity after migration was identified as having a negative impact on health. Access to Jamaican food seems to affect well-being. Discussion: Healthcare providers should encourage a healthy traditional diet for better health outcomes among immigrants.

Keywords: Jamaicans, traditional diet, food, immigration, migrants, health perception, well-being
## TABLE OF CONTENTS

Abstract ..................................................................................................................................... ii

Table of Contents ...................................................................................................................... iii

List of Figures ............................................................................................................................. v

List of Tables ............................................................................................................................ vi

Introduction ............................................................................................................................. 1

Methods .................................................................................................................................. 2

Design ...................................................................................................................................... 2

Recruitment ............................................................................................................................. 2

Consent Procedure .................................................................................................................. 3

Procedures ............................................................................................................................... 3

Data Analysis ............................................................................................................................ 5

Results ..................................................................................................................................... 5

Sample Description .................................................................................................................. 5

Theme 1: Farm-to-Table .......................................................................................................... 6

Organic vs. Chemical Treatment ............................................................................................. 6

Taste of food in Jamaica vs. the U.S ....................................................................................... 7

Theme 2: Food Preparation and Eating Patterns ..................................................................... 10

Breakfast is generally a cooked meal ..................................................................................... 11

Soup on Saturday ..................................................................................................................... 12

Sunday dinner was a family meal .......................................................................................... 12
Theme 3: Access to Food

Access to food in Jamaica

Access to food in the U.S.

Access to Jamaican food in New York vs. Utah

Theme 4: Food Related Health Beliefs

Physical activity in Jamaica vs. the U.S.

Decrease in activity contributes to weight gain more than caloric intake

Eating late in the day increases weight gain

Immigration typically lead to weight gain

Theme 5: Perceptions of Health

Theme 6: Perceptions of Well-Being

Discussion

Perceived health

Limitations

Recommendations for Practice

Summary

References
LIST OF FIGURES

Figure 1 - Semi-Structured Interview Guide.........................................................34

Figure 2 - Demographic Questionnaire.................................................................37
LIST OF TABLES

Table 1 - Participant Demographics.................................................................40
Table 2 - Participant Perceived Health: Before and After Migration........................42
The Role of Traditional Food in Jamaican Immigrants’ Perceptions of Health and Well-Being

Introduction

Jamaicans are one of the largest Caribbean immigrant groups living in the United States (U.S.) with many of them living in “ethnic enclaves along the Eastern seaboard” (Oladele et al, 2017, p. 81). According to the U.S. Census Bureau (2017), approximately 1.1 million Jamaicans live in the U.S. Areas on the east coast have the most Jamaicans, such as New York, where more than 325,000 Jamaicans reside. Other areas, like the western U.S. have fewer Jamaicans, such as Utah, home to approximately 1,000 Jamaicans (U.S. Census Bureau, 2017). Regardless of where they live, they bring their cultural norms related to communication and food, which can influence their environment and how they assimilate to it.

Access to traditional Jamaican food is a challenge faced by Jamaican immigrants that can impact their health and well-being. If people only ate to satisfy nutritional needs, they could live on a bland diet consisting of the required nutrients, be satisfied, and maintain health. However, food can also impact people psychologically, including their well-being as they transition to life in a new place. Traditional dishes can create a feeling of well-being, satisfaction, and connection to their homeland (Lassetter, Callister & Miyamoto, 2012). The availability of familiar food can affect psychological and physical health.

Eating is much more than simply amassing nutrients. People crave specific foods that satisfy various needs and appetites. For example, many have stood in front of a refrigerator full of food and declared, “there is nothing to eat!” because what they are craving is unavailable. This scenario may be similar to what Jamaican immigrants experience as they roam grocery stores stocked with unfamiliar food.
Changes in readily available food might present challenges for Jamaican immigrants, particularly those not living in an ethnic enclave along the eastern seaboard. However, limited research discusses the impact of immigration and decreased availability of traditional food on the well-being of Jamaican immigrants in the U.S. Therefore, the purpose of this qualitative descriptive study is to explore how access to traditional food influences the perception of health and well-being of Jamaicans living in New York City, an established Jamaican enclave region of the U.S., and in Utah, an area without an established Jamaican enclave (U.S. Census Bureau, 2017).

Methods

Design

A qualitative descriptive design was used because little is known about how access to traditional Jamaican food impacts the health and well-being of Jamaican immigrants in the U.S. This study will explore these immigrants’ experience and provide a foundational understanding. The semi-structured interview guide is based on a thorough review of the literature on immigration and health. The questions were pilot tested with a Jamaican immigrant and revised as needed to ensure cultural accuracy.

Recruitment

Following institutional review board approval, recruitment was accomplished with a flier that included a brief description of the study and the researcher’s contact information. During recruitment phone calls, the researcher asked questions to determine the recruits’ eligibility to participate in the study. Broad inclusion criteria were used to gather a wide representation of the Jamaican immigrant population and provide a baseline understanding of their food and nutrition concerns as they relate to health and well-being. Inclusion criteria were: (1) born in Jamaica, (2)
lived in Jamaica until at least 18 years old, (3) self-identify as Jamaican, (4) live in the U.S. as the primary place of residence (5) lived in the U.S. consecutively for the past year, and (6) is 19 years of age or older. Recruits willing to participate and meeting these criteria were selected for the study. Additionally, snowball sampling was used by asking participants about Jamaican friends who might be interested. As much as possible, snowball sampling targeted individuals with viewpoints that differed from the emerging themes and categories.

Consent Procedure

Due to the potential concern over anonymity and immigration status, we did not require participants to sign a consent form. Instead, we asked them to read the consent form or have it read to them, answered their questions, and asked if they agreed to participate. The researcher reminded recruits of the purpose of the study and assured them that we were not interested in their immigration status and would not ask about it. Confidentiality was assured by explaining that digital audio-recordings, transcriptions, and scanned copies of the demographic questionnaire and 3-day dietary recall would be stored securely in a password protected online storage system.

Procedures

Interviews were audio-recorded and transcribed verbatim with any identifying information (e.g. names) redacted. Semi-structured interviews consisted of open-ended questions to explore participants’ thoughts, impressions, and experiences regarding their life in Jamaica and after moving to the U.S., their access to and consumption of traditional Jamaican foods, and their perceptions of their health and well-being (see semi-structured interview guide in Figure 1). Sample interview questions included: Please tell me about typical meals you eat throughout the day here in the U.S. What are the places you shop for food here? Are you able to purchase
traditional Jamaican foods at these shops? What percentage of your diet is comprised of Jamaican food? What effect do you think availability of traditional Jamaican food, or lack thereof, has on your health?

During the interview, follow-up questions were asked as needed. For example, when participants introduced new or contradictory ideas, we asked for clarification or more information.

Following the interview, participants completed a demographic questionnaire (Figure 2) and a written 3-day dietary recall form. In addition to basic demographics, the questionnaire asked participants to assess their health on a 5-point scale: before migration, soon after migration, and present health. The 3-day dietary recall invited participants to recall what they had eaten daily for the last three days. Participants who completed the interview, demographic questionnaire, and 3-day dietary recall were given $20 as compensation for their time.

Disconfirming data provided a thorough investigation of the range of Jamaican immigrants’ experiences and strengthened the results. Interviews continued until saturation was reached, which was identified when participants’ narratives ceased to produce new information in the major themes and categories and data became repetitive.

With their consent, two participants were contacted later for member-checking and asked if the results seemed accurate according to their experience.

Audio-recorded interviews were transcribed verbatim by the first author, who is a native of Jamaica, and a research assistant. All transcriptions were reviewed by the first author to ensure accuracy.
Data Analysis

Simultaneous data collection and analysis helped the researchers determine which evolving findings needed more in-depth exploration in the remaining interviews (Polit & Beck, 2010). Two researchers independently, and then together, analyzed the data by: (1) repeated listening to and reading of the interviews, (2) organizing data into categories, (3) coding by topics, (4) analytic coding to understand meaning, (5) coding for themes that will run throughout the data, and (6) member-checking to validate the findings. Researchers identified patterns and synthesized findings that yielded rich insights into participants’ experiences (Sandelowski, 2000).

Demographics were analyzed using simple descriptive statistics with univariate analysis. Three-day dietary recalls were compared to participants’ responses on the questionnaire and in their interviews.

Results

Sample Description

Twenty Jamaicans met the inclusion criteria and agreed to participate. Eighteen were from rural parishes in Jamaica; two were from Kingston, the capital city; and one was from Portmore, a suburb of Kingston. Currently, 10 live in Utah and 10 in New York. Participants had a variety of educational and socio-economic backgrounds (See Table 1 for details on participant demographics).

Six themes were identified from analysis of the interviews. They included (1) farm-to-table, (2) food preparation and eating patterns, (3) Access to food, (4) food-related health beliefs (5) perceptions of health, and (6) perceptions of well-being.
Theme 1: Farm-to-Table

Farm-to-table encapsulates the concept of movement of food from local production, such as an individual’s home garden or a local farm, to household tables. Participants repeatedly spoke of this farm-to-table concept when referring to how food was acquired in Jamaica or as they referred to the freshness of food in Jamaica and its health benefits as compared to the food they were eating in the U.S. This concept of farm-to-table was expressed in terms of how food was produced in Jamaica, organically, vs. how participants perceived the production of food in the U.S., mass-produced with chemical treatment. They also spoke of how differences in production affected the taste of food.

Organic vs. Chemical Treatment

All participants valued food that they perceived as fresh, organic, and/or natural. They perceived that the freshness and organic growth of food in Jamaica made it superior in quality and taste compared to food available in the U.S. Many participants expressed strong beliefs about the difference in the production of food in Jamaica vs. in the U.S. Participants perceived the food produced in Jamaica as more natural and, therefore, more “organic,” whereas the food produced in the U.S. was genetically modified or processed with chemicals. One participant explained:

You don't know the chemicals they spray. . . [on] food here [in the U.S.] . . . chemicals are all over [the food here]. Everything [is] organic from Jamaica. I think maybe if they use a little fertilizer [in Jamaica] it may be like 0.1 amount of fertilizer. . . everything there is 99.9 organic. (Participant 20418)

In addition to this, most participants believed that the type of fertilizer used was important to the quality of the food. Natural compost used in Jamaica was perceived as safe and
effective, but chemical fertilizers used in the U.S. were perceived as potentially harmful.

Referring to how his grandfather farmed in Jamaica using organic material as fertilizer, one participant stated, “[he] used all of the peelings [from fruits and vegetables they ate]: he put it around the roots of the yam or banana tree, it rotted and then it became fertilizer” (Participant 41190). This participant further expressed that the use of natural products as fertilizer added to the quality of the food as opposed to chemical fertilizers.

Another participant identified that chemicals used to prepare the land, for example weed killers, diminished the quality of the land. Regarding the care of their yard and garden, one participant in Utah explained that he “had a lawn service [that] spray[ed] the lawn and saturated the garden area with . . . weed killer so [after that] nothing but grass would grow there” (Participant 18048). Prior to this treatment on their yard, they had a backyard garden; however, after the weed control, they stopped planting a garden. He and his wife seemed to associate the use of chemicals as having a negative effect on the ground and by extension the food.

Some participants expressed similar concerns regarding treatment of livestock with chemicals to stimulate growth, which resulted in increased size of the meats in the U.S. compared to the size of meats in Jamaica. For example, they perceived that chicken legs were much larger in the U.S. compared to chicken legs in Jamaica. Overall, it seemed to be a common belief that the food participants ate in the U.S. was not “natural” but chemically or genetically modified.

_Taste of food in Jamaica vs. the U.S_

The use of natural fertilization methods, according to participants, also added to the unique taste and flavor of food in Jamaica, but food from the U.S. lacked this unique flavor. Referring to Jamaican food acquired in the U.S., one participant explained, “the [food here in
the] U.S.-- I wouldn't call it Jamaican food; it's so different. It's not... organic. It tastes so
different, so many chemicals. I think it's not good for us here. Back in [Jamaica] you get the real
deal. You don't get the real deal here” (Participant 20418).

Beyond the perceived impact of chemicals on the taste of food in the U.S., a great love
and desire for traditional Jamaican food resonated throughout the interviews. Participants
exhibited an almost patriotic passion as they spoke of the taste of Jamaican food. One participant
expressed it simply, “I really do love Jamaican food... It’s very tasty” (Participant 27429).

Participants explained that Jamaican food in Jamaica tasted better than Jamaican food in the U.S.

One participant stated:

*My favorite food, always and forever, will be Jamaican jerk chicken. And even though
it’s possible to cook it here, I don’t think it’s ever going to taste the same. My theory... has been that the chickens have been raised differently [so] the poultry is going to taste
different. The meats, the flesh, just taste different... [even if you use] the [same] spices or
seasoning.* (Participant 04151)

Similarly, another participant related that the climate, soil, and care of produce in Jamaica
possibly added to the food’s unique taste by saying:

*I think it’s the... climate. Even in Florida, if they grow ackee there... the ackee still
is not the same. I think it’s [the] soil, maybe temperature, the way people prepare their
ground, and grow their [produce]. [In Jamaica,] that’s their livelihood. I think they take
real good care of it. Maybe there’s some love in it. And so it is grown, I don’t know, a
special way to them... Maybe that’s why it has that taste.* (Participant 28067)

This participant perceived farming as more than just putting seeds in the ground or feeding
livestock. She saw a combination of care and natural elements that added to the quality of the
final product, which could not be replicated in chemically treated, genetically modified methods of mass production.

In addition to how food is grown, participants explained that the cooking expertise of the person preparing the food contributed to the taste. One participant stated that the closest they could get to the taste of “real” Jamaican food was to have it prepared by Jamaicans in the U.S. When gathering with his friends in Utah, one participant stated:

*If we want fried chicken, we prefer to buy the [raw] chicken and asked my cousin to fry it. It’s much better, more like home. So, we prefer that... we get it, we clean it, make sure it is properly seasoned and marinated. . . then just do it the traditional way—how we see our parents do it back home.* (Participant 25255)

This participant and his friends recognized that his cousin was highly skilled at replicating the authentic taste of Jamaican fried chicken, so they relied on her to cook when they craved the traditional taste.

In contrast, one participant noted that when someone who was not Jamaican prepared food, they were unable to capture the authentic taste. This participant related being disappointed when eating at a purported Jamaican food truck in Utah by saying, “*There was a food truck... it would go around to concerts around Salt Lake City... I think it was run by Polynesians... They said it’s Jamaican food. They had some Jamaican-ish flavors, but it never really tasted Jamaican*” (Participant 04151).

Similarly, two participants expressed a love for Kentucky Fried Chicken (KFC) but noted that the taste in the U.S. was different than what they enjoyed in Jamaica. One of them said, “*KFC in Jamaica is totally different from here. So when we go back, we buy it and we bring it*
back here. We do that on a regular basis” (Participant 25255). Likewise, another participant stated:

KFC in Jamaica is. . . the best! I don’t know if it’s the spices, if they boil it, or they bake it or whatever. . . . I don’t eat skin on chicken [but with] Jamaican KFC, I would eat the skin. I would chew the bone, and I will swallow the bone, because it is so delicious, especially their barbeque. Oh my gosh yes! I brought some of it back with me when I was away [in Jamaica] a few weeks ago, but sorry to say my brother ate all of it, and we slapped him when he told me. So, from now on, because I know it’s something I can take back here [to the U.S.], it will be one of my big things [to bring home] (Participant 28067).

Thus, even with a large and supposedly consistent brand like KFC, participants preferred the taste of the chicken as prepared in Jamaica compared to how it is prepared in the U.S. Their preference was sufficiently strong that some would bring back KFC to the U.S. when they visited Jamaica.

In summary, 80% (n = 16) of participants indicated that the taste of food in the U.S. was inferior to the taste of the food in Jamaica. In contrast, 10% (n = 2) of participants indicated that they found no difference in the taste of food in the two locations, and the remaining 10% did not express an opinion on taste differences between food in Jamaica and the U.S.

Theme 2: Food Preparation and Eating Patterns

Food preparation and eating patterns included the way food was prepared in Jamaica, breakfast generally being a cook meal, soup on Saturdays and Sunday dinner being a family meal.

The Jamaican way of food preparation
Jamaican children learn to cook by watching their parents or other family members cook and eventually helping. Food preparation was typically done without a written recipe and was learned from observation and practice. Most participants indicated that they started cooking in Jamaica from an early age. One participant stated, “I was in the kitchen from [when] I was 14 years old. So, as I grew older and when I was finished with high school, I had to do most of the cooking” (Participant 10061).

Food preparation in Jamaica was usually done by the mother, helpers (female domestic workers), or other female relatives in the household. However, one female participant, indicated that her husband did most of the cooking. She stated, “my husband was the cook in the family. . . he would come back home most of the time to make breakfast. . . [and] dinner. I cook[ed] sometimes if I knew he was not coming” (Participant 17020).

In general, meals in Jamaica involved considerable thought and planning because the meat had to be seasoned and marinated for hours or even days before it was cooked. The most important meal of the weak was Sunday dinner. It was well planned and meticulously prepared. According to one participant, “you would prep for Sunday dinner probably from like Wednesday or earlier. You would identify around that time [Wednesday] what you’re going to cook. . . it was a decent spread on Sunday” (Participant 26061). Regarding his mother’s preparation of Sunday dinner, one participant stated, “on Sunday, she’s the one that normally cooks. She prepares from Saturday her rice and peas. So, she usually [lets] the peas soak from Saturday night” (Participant 45556). Thus, who prepares the food, what was to be eaten, and how it was prepared on the various weekdays were integral to Jamaican meal planning.

**Breakfast is generally a cooked meal**
In the U.S. breakfast generally revolves around cereal, bagels, donuts, yogurt, or other pre-prepared meals, as indicated by this Utah participant, “for my breakfast, I like to eat oatmeal and I mix it with ripe banana” (Participant 28067). However, in Jamaica, breakfast generally consists of cooked food, such as eggs, frankfurters, liver, ackee and saltfish, mackerel, or other meats. As stated by this participant, “[in the] mornings we have either liver or kidney, boiled bananas, [boiled] dumplings or fried dumpling” (Participant 78134). Thus, a typical Jamaican breakfast is a home-cooked meal, consisting of meat, a starch, and vegetable.

**Soup on Saturday**

Participants described eating particular foods on certain days. For instance, soup or stew was typically eaten on Saturday. As explained by this participant, "Food was on a very rigid schedule. Saturday was beef stew and grotto bread or flatbread" (Participant 78134). When discussing the different meals that would be prepared for Sunday dinner, another participant stated, “It was never soup. That was for Saturday” (Participant 26061).

**Sunday dinner was a family meal**

In Jamaica, Sunday dinner was the largest meal of the week and was eaten together as a family with everyone gathered around the dinner table. The family may be scattered at meal-time on other days, but typically not on Sunday. Referring to Sunday dinner, this participant said, “On Sundays, we had to [sit together to eat]. [On other days] sit anywhere” (Participant 12138). Similarly, another participant commented, “I did like Sundays because on Sundays, we always sat together at the table” (Participant 11164).

In contrast, one participant indicated that on most days, not just Sundays, her family ate together:
As a family, we used to eat together. My mom died when I was seven, so I was raised by my father and grandmother. She insisted that we sit around the table and eat. We couldn't sit around outside. We had to sit around the table and eat. (Participant 10061)

Her family ate together at the table every day in contrast to the other participants’ families. This ritual of preparing a big meal on Sunday and eating together generally transferred with migration. One participant explained that he and his friends would get together to “go to a movie, sometimes we’ll just talk, or have dinner on Sundays” (Participant 45556). Another participant stated, “Sundays, that’s my favorite day. I love my fried chicken. So, I’ll have like fried chicken and I love curry, so, most times you stop by my house, I’m either doing fried chicken, curry goat, or I’m doing curry chicken” (41190).

**Theme 3: Access to Food**

We found that how participants accessed food varied by location. Sub-themes under access to food included access to food in Jamaica, access to food in the U.S and access to food in New York vs. Utah.

**Access to food in Jamaica**

Participants identified differences in how they accessed food in Jamaica compared to in the U.S. In Jamaica, participants would obtain food from backyard gardens, farms, grocery stores, and farmers markets, especially “ground food.” One participant explained ground food as “. . . yam, dasheen . . . sweet potato, Irish potato. . . those type of ground food that you grow from the ground” (Participant 28067).

Participants who had lived in rural parishes engaged in more farming activities than those from urban areas of Jamaica. Therefore, participants from rural areas tended to be more self-sufficient in proving their own food and sold surplus produce to markets. By comparison, urban...
dwellers relied more on stores and markets to obtain food. A participant, who lived in the capital city, Kingston, stated:

_They have a big market [in Kingston] where people come in from the country with their. . . produce. Not only ground [food do they] sell, but fruits and seasoning. You know, not just powder spice but naturally grown seasoning that we use. So, you just go to market maybe once a week._ (Participant 28067)

Typically, urban participants relied on farmers' markets as places where they could get fresh ground food and other types of produce. Regardless of whether they were urban or rural dwellers, most participants used commercial supermarkets to access other types of foods, such as flour, canned goods, rice, or other processed foods that they could not or did not want to obtain from the farmers’ market.

**Access to food in the U.S.**

In Jamaica, participants relied heavily on farmers’ markets to obtain food; however, after immigrating to the U.S., participants generally did the majority of their shopping at grocery stores. Nevertheless, some New York and Utah participants indicated that they had backyard gardens though on a smaller scale than their gardens in Jamaica. Those who did not garden explained they lacked either space or talent for gardening. One participant in New York stated, "No garden [no space]. [Even] if I had the space, I'm not the type. . . I'm not that talented" (Participant 25255). Thus, in Jamaica locally produced options were preferred, but that option was not as readily available after migration.

**Access to Jamaican food in New York vs. Utah**

Just as there was a contrast between how food was accessed in Jamaica compared to the U.S., there was also a contrast in access to Jamaican food in New York compared to Utah. As
stated earlier, New York has an established Jamaican enclave, so when New York participants were asked to rate their access to Jamaican food on a scale of 0% (no access) to 100% (full access), 9 out of the 10 participants stated it was over 90%. Just one New York participant stated that although she had access, she avoided Jamaican food, qualifying her comment with this statement:

*I really do love Jamaican food. It’s very good, it’s very tasty. But it will let you gain weight. I really don’t have that much control when I make Jamaican food, so I will eat too much. So, because of that, I won’t make it often. . . . Well as I say, I do have access, but I, I actually stay away from Jamaican food.* (Participant 27429)

Participants in New York were able to indicate numerous stores, supermarkets, and restaurants where they could get Jamaican food. Comments were similar among all ten New York participants. One New York participant stated, “*throw a stone in [any] direction, and you hit a store where you can pick up that [ground food]*” (Participant 78134). Another New York participant explained, “*Each of the supermarkets. . . have an aisle that’s only Jamaican products, so you can get just about any Jamaican food*” (Participant 17020).

Despite ready access to Jamaican foods, some New York participants perceived that the taste of some products was different. They explained that the taste was different because it was not actually from Jamaica but generally from some other region, for example, South America. One participant said: “*Well everything is here. But it's not from Jamaica. But it is here*” (Participant 20418). Another New York participant spoke of the taste of the food from the stores:

*When you go to the supermarket and you buy a piece of goat meat, and you compare it with the goat meat you get back home, it’s so different. The taste alone is so different.*
Don’t matter what you put on it, even if you use the seasoning from back home. It’s different. (Participant 41190)

Another participant indicated that the taste of U.S. brand foods differed significantly from their Jamaican counterpart: “The only thing I can’t get here [in New York] is (Vienna) sausage... the one here is made in the U.S. ... It just tastes different, but everything is here” (Participant 12138).

So, even with ready access in New York, most expressed that the food did not have the authentic Jamaican taste to which participants were accustomed. However, not all participants in New York agreed that the taste was different. One participant in New York stated, “I don’t find [any] difference [in taste]. If you know how to cook it, if you know what you’re doing, it’s going to taste the same way” (Participant 17020).

Although New York participants indicated they had easy access to most Jamaican products, some stated that they still had difficulty accessing fresh fruits, such as Otaheite apples and naseberry. Although they were able to find other fruits, such as mangoes, they indicated that they did not taste as good as the ones they had in Jamaica. This was expressed by one New York participant who stated:

The closest I ever see to the mango back home is the Haitian mango... That is the closest to what we call the East Indian [mango] back home. But that’s what I miss the most, the mangoes. If I have mangoes, you don’t have to give me nothing else.

(Participant 41190)

By comparison, participants in Utah faced difficulty accessing most Jamaican foods. One Utah participant, when asked to rate his access to Jamaican food, indicated he had 10% access. His response was typical among Utah participants.
Utah participants, unlike their New York counterparts, had very few places they could acquire Jamaican food. They identified some ethnic stores, generally Hispanic stores, which stocked a small variety of Jamaican products. Some participants indicated that those stores began carrying Jamaican products at their request after building relationships with store managers and asking them to stock particular products. This pattern of building relationships with store owners or sellers of specific foods seemed to have been learned in Jamaica. For example, this Utah participant explained how he got the best fish in Jamaica. He stated, "I have this one guy that comes every Saturday [to the community], and we called him Fishman. I don't remember his name but he would come in the lane and brought...fish for us" (Participant 45556). This relationship with the fisherman helped the participant acquire the fish he desired.

Similarly, building a relationship with Utah suppliers was very important in getting desired produce. For example, a Utah couple indicated that they would ask store managers about getting the bananas green before they were “fumigated with ethane” [a procedure, he explained, that is used to hasten ripening of the fruit] (Participant 93104). Another participant spoke about having a relative from Jamaica visit him in Utah, and his relative asked the store owner if they could stock some Jamaican goods, such as Jamaican crackers and other Jamaican products. Subsequently, the store began stocking Jamaican crackers and other products. As a result of this networking, their access to some Jamaican products improved slightly.

Other options in Utah for accessing Jamaican foods included shopping online, having friends in other states ship products to them, or asking friends or family to bring them Jamaican foods when they visited from Jamaica or the east coast. This Utah participant explained, “When I travel back east or know anybody that’s going back east or even back home to Jamaica, I always ask them to, you know, bring me some stuff” (Participant 10011).
It was also noted that Utah participants were willing to travel great distances if they knew they could get Jamaican food. A few participants explained that when they travelled, they would enquire about Jamaican food nearby and would drive long distances to get to a Jamaican restaurant. For instance, one participant said, “I used to travel a lot for work. I always. . . find [Jamaican food]. And if it’s as much as even two hours away, I’m making that drive to go get it” (Participant 10011).

All but one Utah participant expressed that access to traditional food was important to them. The participant to whom it was not important stated, “[It’s] . . . not really [important] to me because of where I live now. . . . So I try to make myself find things that are healthy to replace that [Jamaican food] because I don’t have access to it” (Participant 28067). Her statement indicates not so much a lack of desire for the food but a curtailing of her desire based on her access.

Curtailing desire based on access was common among Utah participants who expressed a sense of forlorn and “making the best of what is available,” as expressed by this participant:

I moved to the U.S. when I was 25 years old. And so, for the first 25 years of my life, I grew up eating a certain kind of food. So, naturally I would gravitate to that. At first, when I came here, I had a hard time adjusting my diet to what, whatever was available and I, I still do, you know. But I, over the years, I have gotten used to being able to satisfy or make do with what is available. (Participant 10011)

Adapting to available foods was also exemplified in the comment of another participant based on their location, such as:

We live in the mountains in Utah. We’re not close to places like New York that has a whole Jamaican community. There is a Jamaican presence here, but not so much that you
can get all the things that you’re accustomed to in Jamaica. So, I’ve learned to adapt to other foods here. (Participant 11164)

One poignant comment addressing the emotional impact of the inability to access traditional Jamaican food in Utah came from a male participant who said:

When I just came here, I [only] ate raisins for close to a month because that was the only thing I felt comfortable with...I just couldn’t adjust with the way the food was prepared. . . my friends would call me ‘raisins’ [because] all I would eat was raisins.

( Participant 19177)

Thus, Utah participants experienced more challenges in adapting their diet to their new environment as compared to New York participants. Utah participants implemented various strategies to adapt, sometimes going to extremes of eating a very restricted diet of the familiar.

**Theme 4: Food Related Health Beliefs**

Another theme found among participants were common beliefs related to their health and the effect of immigration on their health. Participants indicated a decline in physical activity after migration. Other common food related health beliefs among participants were that a decrease in exercise lead to weight gain more than calorie intake, eating late in the day increases weight gain, and immigration typically lead to weight gain.

**Physical activity in Jamaica vs. the U.S.**

The first common health belief was that Jamaicans preferred physical activity that was a part of life rather than a planned activity. As participants commented on life in Jamaica, most indicated living modest lifestyles, generally not having personal motor vehicles, and using manual modes of transportation, such as walking or cycling. One male participant shared, “my parents didn't have any vehicle. We occasionally rode donkey carts. We had to walk long
distances, so we got a lot of exercise, especially when I was working on the farm, so I got a lot of exercise” (Participant 93104). Likewise, another participant indicated that exercise was often a natural part of socialization in Jamaica by stating:

-In Jamaica . . . we are going to ride our bikes, we going to the river, we are going to walk down the road, [if] we’re going to link [visit] one of our friends. We are walking [in Jamaica, but] here we are mostly in our vehicles to and from. Here, people mostly drive or [use] some form of transportation. They are not like Jamaica, where we walk even though we have the transportation, we still walk. (Participant 25255)

Walking was preferred to driving as it enabled participants to spend more time with their friends during the walk and was not directly viewed as exercising but rather as socializing.

So, physical activity in Jamaica was incorporated into life, but after immigration to the U.S., participants indicated that they engaged in less naturally occurring physical activity. One participant explained that if exercise was a natural part of social interaction, it was easier to engage in as opposed to an isolated activity. He explained:

-To just get up and say I’m going to the gym to run. . . I’ll do it, but it’s hard. I guarantee, none of my [Jamaican] friends, they ain’t going to do that. If it isn’t football, they are not running. That’s the only way to get them [to exercise]. [Playing football] you’re running, but you’re not thinking about the running. [In Jamaica] 7 day a week we’re playing football morning, noon and in the evenings. . . so you burn a lot more calories.

(Participant 25255)

This participant explained when exercise was linked to social interactions, as it commonly is in Jamaica, it was easier to do. Participants explained that in the U.S. exercise had to be planned
into their schedule, and generally they did not have enough time for exercise. Thus, they perceived life in the U.S. as more sedentary.

**Decrease in activity contributes to weight gain more than caloric intake**

Participants also believed that the decrease in their physical activity greatly contributed to their weight gain. Participants felt that when they were in Jamaica, they would eat larger quantities of food and their weight would not increase because they were more active there. However, in the U.S., they would eat the same type of food in lesser quantities and experience increases in their weight. They attributed the weight gain to their busy schedule not allowing them time to exercise. One participant explained this by saying:

*I’m not moving around like I used to [in Jamaica]. Growing up, I ate all that food [but] I was very active... weight was not an issue... In Jamaica, we didn’t watch [portions]. We ate until our belly was full. And even when it was full, if it’s something we like, we continue to eat it and we kept the weight off! Because we were walking to where we were going [or] we were running around in the yard... [It’s] just different [here in New York] no matter what food you’re eating, you sit around and no exercise, no level of activity, then you’re going to [put on weight]. (Participant 27429)*

**Eating late in the day increases weight gain**

Another typical belief among participants was that eating late at night leads to weight gain. Participants indicated that in Jamaica dinner usually occurred between 3 p.m. and 7 p.m. But after immigration to the U.S., participants indicated eating later in the evening, which they perceived as having a negative effect on their health, especially their weight. A New York participant explained:
In Jamaica, people eat dinner from three o’clock. [In the U.S.] you come home from work like seven o’clock... and that’s when you’re going to cook. ... and then you eat, which is not good for you. ... You eat so late and then you go to bed. So that’s why I think... most people get fat here, [because of] the late eating. ... And people here eat a lot of fast food too because you come home so late and you don’t have time to cook.

(Participant 17020)

**Immigration typically lead to weight gain**

Participants felt that weight gain was an undesirable but somewhat expected result of immigration. This was a repeated thought among participants. One participant stated, “I never wanted to fall in that trap of migrating [and] being stereotyped as ‘you go foreign and you get fat!’” (Participant 78134). This idea appeared to be a general belief in Jamaica - that everyone who immigrates gains weight - as other participants made similar comments, such as, “It’s very weird to find somebody that move from Jamaica and come here that lose weight. Everyone gains weight” (Participant 25255) and “when I moved from Jamaica, I was eating three cooked meals a day... and I only weighed 95 pounds. And here [in the U.S.], I have to practically starve myself and I still gain weight” (Participant 44806). One Utah participant referred to the U.S. as “the land of plenty but also the land of too much,” referring to the calorie-dense add-ons to dishes, stating:

Even if you think something might be healthy, like a salad here, is just loaded up with cheese or loaded up with dressing. Even going out now, all these years later, I’ll ask for things deconstructed. So I might be craving a hamburger, which isn’t very often, but I’ll say, “Can I have it, but deconstructed everything?” I put everything together myself, because otherwise it’s just slathered in too much stuff. It’s like, the land of plenty but also
the land of too much. It's too much. But, in Jamaica... the portion sizes were normal and the food was, I guess, it felt light and healthy. Even... some... heavy dishes never felt heavy to me. But, here, a heavy dish is heavy. And you feel it just sitting in your gut.

(Participant 04151)

We found that 18 of the 20 participants indicated an increase in their weight after immigration. Two participants were the exception. They ascribed their weight loss to their increase in activity after immigration as opposed to what had been their sedentary lifestyle in Jamaica, one explained: “I've lost about 15 pounds since I've come here. [In Jamaica] I was... heavier... I used to have a desk job back home. Now I move around more, so that's the only thing I can think of [that has contributed to the weight loss]” (Participant 26320).

Theme 5: Perceptions of Health

Many participants associated eating food acquired in the U.S. with weight gain and a decrease in their health status. Generally, we found that participants defined health as having vital signs within the normal range, being free from disease, and being physically fit or, at least able to move and take care of themselves. As indicated by this participant, health is equivalent to “normal health values... everything is functioning within the range or close to normal, like all the vitamins and minerals in the body are within the right range. I could walk, I don’t have any diseases right now” (Participant 27429). Similarly, another participant defined it in terms of “no sickness” and normal vital signs. She stated, “My [blood] pressure is normal. My [blood] pressure, I don’t, really have no sickness right now besides my overweight. Everything else is normal. So, my health is pretty good” (Participant 41190).
Another participant defined health in terms of physical performance: “My idea of being healthy [is] someone who is physically fit” (Participant 78134). Another participant added a comment on the effect of food on health:

*I think the food have a lot to do with majority of people that are not healthy. . . . If you overeat and you get so obese, then you’re going to have heart problems. And all the complication that comes with that. So, I think food have a lot to do with your health.*  
(Participant 41190)

Although participants associated weight gain with a decline in health, two participants observed that being thin does not always correlate with being healthy. One stated:

*First of all, the perception that you have to be skinny [to be healthy is not always true] . . . There is some correlation between [being] skinny and being healthy, but it’s not the end all. . . . You get in trouble for thinking that [all] skinny persons [are] healthy. . . [even though] massive weight gain will never be healthy.*  
(Participant 26061)

Another participant explained, “you could be fat and you’re still healthy. A lot of fat people are still healthy” (Participant 17020).

Finally, when participants were asked to rate their perception of their health before migration, shortly after migration, and presently, six of the nine Utah participants reported a decline in their health while two reported no change, one reported improved health, and one participant did not answer that question. The inverse was noted among the New York participants with 7 of the 10 participants reporting no change in their perception of their health while 3 reported a decline (See Table 2).

**Theme 6: Perceptions of Well-Being**
Finally, participants’ expressed that feelings of well-being stemmed from interactions with family and friends, helping others, and engaging in hobbies and recreational activities. No participant specifically indicated that Jamaican food contributed to their feeling of well-being. However, throughout the interviews, as they spoke of Jamaican food, their facial expression and word choices permeated with feelings of great love and longing for authentic Jamaican food and a sense of comfort from it. When asked about the food he eats in the U.S., one Utah participant poignantly stated:

Sometimes, you’re hungry, but there’s nothing to eat you just have to find something simple, and just eat it. It’s pretty difficult and depressing at times when you think about it. Like... I want something to eat, I’m hungry. What am I going to eat? You’re scanning through your head, you can’t figure out what you’re going to eat... You might get something and say you like this, but [after] having it two or three times, you become clide [sick] of it. You’re like, nah. You get to hate this. You don’t want to eat it no more.

( Participant 25255)

It was obvious he felt a sense of loss at not being able to eat the food he craved. This sense of loss was expressed by other participants who stated, “we just feel more comfortable, happier eating [Jamaican food]... it just makes me feel good to be able to have some Jamaican food” (Participant 93104). Similarly, a few explained that they overindulged when they were around Jamaican food, as expressed in this comment “when we go home [to Jamaica], we just eat [as much as we can] even though it's just for that time” (Participant 20418). Another participant simply stated that the food “[has] a positive effect on me because that's what I grew up on, and I like it” (Participant 75100). Referring to Jamaican food, another participant simply explained, “it’s comforting” (Participant 26061).
Participants missed the food they had grown up eating, the foods they craved, the food they may never taste again. Additionally, all participants radiated an unspoken sense of joy and longing as they spoke of Jamaican food.

**Discussion**

The question our research sought to answer was how access to traditional food influences the health and well-being of Jamaican immigrants living in the U.S. Our research adds to the body of knowledge by documenting the importance to immigrants of having access to their traditional food and its effect on their perceptions of health and well-being. The majority of our participants in Utah, with limited access to Jamaican foods, reported a decline in their health after immigration, but the majority of their counterparts in New York, where there is ready access to Jamaican foods, reported no change in their health after immigration.

Other studies have been conducted on dietary changes and their effect on immigrant populations. Lassetter, Callister & Miyamoto (2012) researched this topic from the perspective of Native Hawaiian migrants to the U.S. mainland. They found that Native Hawaiians experienced a decrease in homesickness when they ate Hawaiian-style food, and exercise was more enjoyable when connected to cultural activities, such as canoeing and hula dancing. We found a similar longing for traditional food, especially among our Utah participants who had limited access to Jamaican food. We also found participants were willing to participate in exercise linked with social interaction, such as soccer and walking with friends as opposed to solitary exercise activities.

Another study conducted by Oladele et al., (2017) found an association between acculturation and dietary intake among Jamaican immigrants in the U.S. They found that the more acculturated the individual, the less traditional food was consumed. Although we did not
explore acculturation as a factor influencing the consumption of traditional Jamaican food, we found that most of our Jamaican participants, regardless of whether they lived in New York or Utah and regardless of their years in the U.S., preferred traditional Jamaican food to typical U.S. foods.

Likewise, Wang et al. (2016) conducted a systematic review focused on refugees who resettled in the U.S. They found that refugees tend to experience difficulties locating their traditional foods and were unfamiliar with accessible foods and their preparation. These refugees had difficulty finding stores with their traditional food and often missed their familiar fruits and vegetables.

**Perceived health**

Nearly half (n = 9) of our participants rated their current health lower than they rated their health pre-immigration, and nearly half (n = 9) perceived no change in their self-rated health pre- and post-immigration. Only one self-rated current health better than health pre-immigration. Although we did not compare immigrants with Jamaicans born in the U.S., Carlisle (2012) found that immigrants tend to have a more favorable view of their health when compared to their ethnic counterparts born in the U.S. The study found that immigrants tend to report fewer chronic health conditions than their counterparts from the same ethnic group, who were born in the U.S. (Carlisle, 2012). Caribbean immigrants were further distinguished from other immigrant groups as being less likely to report chronic respiratory and pain condition (Carlisle, 2012). Even though our sample was limited to Jamaican immigrants, we also found that they favorably rated their own health status, and few divulged chronic health conditions in their interviews.
Limitations

Limitations of our study included a small sample size and convenient sampling, which could have made our sample homogeneous. However, we diversified as much as possible by involving participants from a location with few Jamaican immigrants and a location with a well-established Jamaican enclave and utilized snowball sampling to seek participants of divergent perspectives and experiences, various ages, and sexes.

Another limitation of the study may have been that the first author had an insider’s perspective, which may have limited her ability to identify aspects that are unique to Jamaicans. Likewise, the other authors were not Jamaican and had limited understanding of cultural nuances related to traditional foods. Thus, we had an intercultural team with both emic and etic perspectives to provide a more holistic view.

Additionally, given that our study focused on immigrants and their relationship with food, it may have strengthened the study to weigh participants. Doing so would have enabled us to assess their BMI and explore how BMI might relate to patterns of eating traditional Jamaican foods vs. foods more commonly found in the U.S. However, we realized that being weighed can be intimidating and might damage the trust and openness of our participants, so we elected not to weigh our participants.

Recommendations for Practice

Based on our findings, we recommend that providers discuss healthy lifestyles with Jamaican immigrants, specifically access to Jamaican food and portion control. Providers should encourage and assist immigrants to locate healthy sources for accessing traditional food and/or encourage appropriate and healthy substitutes (Lasseter, 2011), such as the use of kale as a substitute for callaloo, a commonly eaten vegetable in Jamaica, or the use of green salads as an
occasional replacement for heavy starch dishes like rice and peas or potato salad. These are important strategies to improve diet and encourage healthy eating habits with this population. Inter-generational exchanges during the preparation of healthy traditional dishes should be encouraged to enhance well-being and build healthy habits. Families should be encouraged to maintain their cultural traditions of togetherness by making time to sit together as a family at mealtime as frequently as circumstances allow. Similarly, Utter et. al., (2018) found that the more meals families ate together was associated with an increase in the well-being of parents and the family.

Physical activity when incorporated with social interactions, for example a soccer league, are important means of engaging this population in physical activity. Isolated exercise activities, for example, a gym membership or participating in organized activities like a 5K run, could be less appealing to Jamaican immigrants. Exercise is viewed more favorably when it is paired with socialization. Therefore, encouraging Jamaican immigrants to get involved with group activities or team sports is likely to be a better motivator.

Well-being was maintained by our participants through a variety of ways. Relationships with family and friends were especially valued. Our participants appeared to be resilient and adapted well to their circumstances. Even though emphasis was placed on maintaining immediate family relationships, access to traditional Jamaican food appeared to provide a social lubricant for gatherings, which seemed to impact well-being and was a source of joy, comfort, and connection to their homeland. Additionally, because of the important role Jamaican food plays in most family gatherings, exploring healthy options for these gatherings can benefit the entire family. Thus, healthy eating patterns should be included when discussing health and well-being with Jamaican patients and families.
Summary

We conducted a qualitative descriptive study with twenty (20) Jamaican immigrants living in New York and Utah. We found that access to traditional Jamaican food was important to them. However, access varied based on location with those living in New York having greater access to traditional food than those living in Utah.

Our research suggests that access to traditional foods may help maintain Jamaican immigrants’ perceptions of health and well-being. We suggest that healthcare providers help immigrants adjust and thrive in their new home by exploring options for accessing their traditional foods and integrating them into health eating patterns.
References


Figure 1

Semi-Structured Interview Guide

1. In order to participate in this study informed consent is required. Did you read or have read to you the informed consent form to participate in this study?
   - Do you have any questions?
   - Do you consent to participate in this study?

2. Tell me about your hometown in Jamaica.
   - What is the best thing about it?
   - What kinds of activities or gatherings did you enjoy with your family or friends?
     - Did food play an important role in those gatherings?
   - What kinds of food did you eat on a typical day in Jamaica?
     - How did you get these foods? Did you grow any of these foods?
     - How and with whom did you prepare and eat food in Jamaica?

3. Research suggests that access to traditional foods from home can help people adjust to life in their new home. I recognize that some Jamaican foods are primarily accessible in Jamaica and difficult to get here. I’d like to discuss this with you. Is being able to get traditional Jamaican food here in the U.S. important to you?
   - If so, why
   - If not, why not?

4. Please tell me about typical meals you eat throughout the day here in the U.S.
   - If Jamaican foods are not mentioned, acknowledge that and then ask if there are special occasions that they eat Jamaican food.

5. What are the places you shop for food here in Utah or New York (depending on location)?
• Are you able to purchase traditional Jamaican foods at these shops?
• Are there other ways to get traditional food? For instance, your own garden or a community garden, or having food sent to you or brought back with you from Jamaica?

6. Are there any foods you crave?

7. What traditional foods do you wish you could find?
   • Have you found acceptable substitutes here for these Jamaican foods? In other words, foods that are similar but not the same?
   • Are there other barriers to accessing traditional Jamaican foods that we haven’t discussed? If so, what are they?

8. How do you prepare and eat food in Utah/NY?
   • With whom do you prepare and eat food?

9. Are there any foods you avoid?

10. Have you noticed any change in your weight since moving to the United States?
    • If so, in what direction and how much?
    • Does this change in weight concern you?
    • What do you attribute this weight change to?

11. How do you define health?
    • How would you describe your health?
    • What effect do you think availability of traditional Jamaican food, or lack thereof, has on your health?

12. Well-being is defined as what brings joy or gives meaning to your life. What brings your joy or gives meaning to your life?
• If Jamaican food or gatherings with Jamaicans including food are not mentioned by
  the participant, ask if they are able to get together with other Jamaicans. If so, ask
  about the food at these gatherings.

13. Is there anything else you’d like to share with me about your eating patterns and/or access to
  Jamaican foods here?
Figure 2

Demographic Questionnaire

Participant Code Number: ________

1) Sex:
   - Male
   - Female
   - Other

2) What year were you born? ______

3) What is your marital status?
   - Never married
   - Married
   - Living with partner
   - Separated or divorced
   - Widowed

4) What is your race or ethnicity? Check all that apply
   - African descent
   - Indian descent
   - Chinese descent
   - Caucasian descent
   - Hispanic descent
   - Other, please specify _________________

5) What is the highest education you have completed?
   - Some high school
   - Graduated from high school
6) Are you employed? Check all that apply.
   - Yes – full time
   - Yes – part time
   - Yes – more than one job
   - No

7) Annual household income (all earners in your home combined)
   - Less than $22,000
   - $22,001 – $49,999
   - Greater than $50,000
   - I’d rather not report this information.

8) Do you receive any of the following government assistance for food?
   - Women, Infants, and Children (WIC)
   - Food Stamps
   - Other, please specify ______________________
   - I do not receive government assistance for food.

9) Who lives with you in your home? Please do not include names, only relationships
   ________________________________
10) Rate your health now (Circle one).
   1-Bad 2-Poor 3-Fair 4-Good 5-Excellent

11) Rate your health soon after moving to the U.S. (Circle one).
   1-Bad 2-Poor 3-Fair 4-Good 5-Excellent

12) Rate your health shortly before moving to the U.S. (Circle one).
   1-Bad 2-Poor 3-Fair 4-Good 5-Excellent
Table 1

Participant Demographics

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<tr>
<td>Household income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 22,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22,001 - 49,999</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 50,000</td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withheld</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No response</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food stamps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No assistance</td>
<td>90%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No response</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lives alone</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse or children</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse and children</td>
<td>30%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended family</td>
<td>50%</td>
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</table>


Table 2

Participant Perceived Health: Before and After Migration

<table>
<thead>
<tr>
<th>Health Status</th>
<th>New York</th>
<th>Utah</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bad</td>
<td>Poor</td>
</tr>
<tr>
<td>Health before migration</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Health soon after migration</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Present health</td>
<td>70%</td>
<td>30%</td>
</tr>
</tbody>
</table>