

**HEALTH CARE NEEDS AND ISSUES IN LITTLE HAITI:
A Community Voices Project Report**



**Miami, Florida
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Prepared in Partnership with the
Little Haiti Community Collaborative

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I. EXECUTIVE SUMMARY

In 2002, Sant La and its partner organizations within the Little Haiti community were awarded a Capacity Building grant by *Community Voices Miami*, in conjunction with The United Way of Miami-Dade, to promote access to health care in Little Haiti. This group of Community Based Organizations (CBOs) became known as the Little Haiti Community Collaborative.

The Little Haiti Community Collaborative identified four main goals to be accomplished through the Community Voices project. These objectives included: increased engagement of community stakeholders in formulating health care recommendations to providers; on-going advocacy for the availability of culturally competent staff in the clinics serving the Little Haiti community; on-going policy advocacy to support the establishment of a full-service health clinic within the targeted community; improved and sustainable collaboration, planning, and coordination among the neighborhood-based organizations advocating for improved access to health related service delivery.

In the course of this project, the Little Haiti Community Collaborative accomplished all of the proposed goals and objectives. The Collaborative carried out an assessment of health related needs and resources for the Little Haiti community. This assessment was conducted through the use of surveys, focus groups, as well as the creation of asset maps, designed in conjunction with the Florida Department of Children and Families, identifying health related resources within Little Haiti.

The information collected through the assessment phase of the project was then utilized to implement the remainder of the project's objectives. An information and outreach campaign was conducted by members of the Collaborative on Haitian radio and television to increase access to services by informing residents about health related issues and opportunities. The Collaborative utilized on-going advocacy efforts including letter-writing campaigns to elected officials, appearances before health policy-making bodies, as well as the grassroots engagement of neighborhood residents to advocate for the health needs of their community. The Collaborative also played a critical leadership role in sustaining the interest and the momentum for a community-wide effort to bring a full-service primary care health center to Little Haiti.

One of the most valuable outcomes of this effort was the sum total of lessons learned throughout this process of sustained coalition-building among the partner organizations. In effect, this project has created a blue-print for collaboration among Haitian CBOs.

The Collaborative's work is on-going as the group forges ahead with plans to expand its outreach effort, to persevere in its advocacy for a full-service clinic to serve the Little Haiti community and to continue to build consensus and collaboration among neighborhood-based organizations.

II. BACKGROUND ON COMMUNITY VOICES

The *Community Voices* project, funded by the W. K. Kellogg Foundation since 1998, has supported a number of promising collaborative models for improving access to health care in thirteen communities across the country. Sites were chosen throughout the United States in order to facilitate sustainable projects successful in meeting the needs of those underserved by the health care system. The selected sites serve some of the most difficult-to-reach populations, including those living in rural and urban areas, immigrants, Native Americans, and the homeless. It is important to recognize that the underserved most often include the working poor, individuals who receive public assistance and those who lack any or adequate health insurance. In effect, the ‘underserved’ are those who do not have access to appropriate, affordable and timely healthcare.

Miami-Dade County was one of the original thirteen sites selected by the Kellogg Foundation to participate in *Community Voices: Healthcare for the Underserved*. This project was intended to strengthen the country’s health care safety net, and to give a voice to the underserved in local and national dialogues around issues of health care.

One of the Community Voices Miami’s objectives was to identify local variables affecting health and health care in the eighteen neighborhoods designated as Miami-Dade County’s ‘underserved’ areas. The United Way of Miami-Dade partnered with Community Voices Miami to facilitate a series of dialogues, surveys and interviews with key informants within the community.

In April 2000, one of these community dialogues was conducted at the Notre Dame D’Haiti Catholic Church in Little Haiti. Seventy people participated in this discussion around issues of health care access. Over seventy percent of the participants said that they had no health insurance, which is particularly severe compared to the national average of seventeen percent. Sixty percent of those who joined the dialogue said that there was at least one time in the past year in which they needed to see a doctor but did not. The most common reason for not getting health care when needed was “no insurance.” Over seventy-five percent of the participants claimed this as a top reason, followed closely by the “high costs” of medical visits and care. Little Haiti was the one site which claimed these two issues as the main contributors to lack of access to care—particularly lack of insurance as the main cause. In addition, County research has demonstrated that low birth weight occurred in twelve percent of births to residents of Little Haiti, and eleven percent of births occurred to teen mothers (women under eighteen years of age)—which is close to three times the average for the County, and the third highest among the eighteen sites analyzed.

The *Community Dialogues about Health and Health Care* led Community Voices Miami and The United Way of Miami-Dade County to initiate the Community Capacity Building Grants, in which \$500,000 was awarded to neighborhood organizations, intended to strengthen community coalitions and their work in health care, particularly in underserved neighborhoods. An additional grant of \$200,000 was awarded to provide technical assistance to the grantees.

Little Haiti was identified as a neighborhood targeted for participation in the Community Capacity Building Grants. Sant La, the Haitian Neighborhood Center, and its partner organizations applied for and received one of these grants. The other organizations which were selected for funding in 2002 included the Center for Family and Child Enrichment in Carol City; Wynwood Economic Development Corporation in Wynwood; North Beach Residents Association in North Beach; West Perrine Community Development/CFC2000 in West Perrine; and Families R Us Care Center Partners in West Dade.

III. THE LITTLE HAITI COMMUNITY

There is a long history of Haitian immigration to the United States, but this migration became more formalized during the 1950's and early 1960's as the Haitian educational and economic elite was exiled by the Duvalier regime. After the initial wave of highly skilled workers and professionals, the second wave of migration, which began in the 1970's, was comprised of the middle and lower-middle class, who mainly settled in the northeastern United States. As the socioeconomic conditions continued to deteriorate in Haiti, the 1980's gave rise to a mass exodus consisting mainly of poor peasants, rural and urban dwellers who became known as "Haitian Boat People."

Once inhabited mostly by middle-class whites, the City of Miami became the highest point of concentration for Haitian refugees in South Florida throughout the 1970's and the 1980's. By the late 1970's, there was a solid presence of Haitians in the Edison/Little River area. Because massive groups of Haitian refugees settled throughout this enclave, the neighborhood was christened "Little Haiti." Geographically, this neighborhood is considered to stretch from 54th Street in the south, to the northern city line, or 86th Street. The east-west border is comprised of the FEC railroad tracks to Interstate 95 on the western side¹.

Little Haiti has a viable business district along Northeast 2nd Avenue, and in a relatively short time, Haitian businesses have revitalized areas which were considered in decline. Although the community has made significant strides at revitalizing this neighborhood, the unemployment rate remains very high, and it is estimated that 40% of the workforce is unemployed². In addition, Little Haiti experiences a severe lack of affordable housing and includes one of the most depressed areas of the City. Residents of Little Haiti are twice as likely to receive Medicaid or Temporary Assistance for Needy Families (TANF) than residents of the county overall³.

This obvious need for services in the Little Haiti community led to the creation of various social service community-based organizations. Over the years, a tight funding environment, as well as a history of mistrust has pitted these organizations against each other. This lack of collaboration among community-based organizations has led to an increase in duplication of services. Competition, lack of trust and duplication of services have cost this community access to resources, and to services needed to meet its residents' evolving needs.

The Haitian Community-Based Organization (CBO) Roundtable was created by Sant La, in response to this non-collaborative, fragmented and competitive environment. The CBO Roundtable serves as a forum for on-going collaboration, planning, identifying and resolving community problems. Its members, who for the most part are neighborhood-based providers, are well-positioned to articulate neighborhood needs as expressed by their respective clients. The CBO Roundtable and its members have actively worked at eliminating the duplication of services and increasing collaboration among providers in this community.

IV. THE COMMUNITY VOICES PROJECT

The Little Haiti Community Collaborative

When Community Voices Miami initiated the Capacity Building Grants, its purpose was twofold. First it aimed to build or strengthen community coalitions and their partnerships with safety-net health care providers. Secondly, it sought to fund the efforts of existing community coalitions to increase access to health care for uninsured and underserved populations in targeted neighborhoods.

In Little Haiti, this grant provided a means to address health care access, one of the main priorities identified by the Roundtable. Various CBO Roundtable members agreed to participate either through the partnership or in an advisory capacity. Sant La was designated to serve as the lead and fiscal agent for the project, with the responsibility to design the work plan and coordinate the efforts of all the partnering agencies. As the Little Haiti health access project evolved, it became known as the Little Haiti Community Collaborative.

The Little Haiti Community Collaborative

1. **The Haitian Neighborhood Center, Sant La**, is a resource, referral, information and advocacy center whose mission is to empower, strengthen and stabilize South Florida's Haitian community by providing free access to information and existing services to ensure its transition from a struggling immigrant community to a successful and stable one.
2. **Little Haiti Housing Association (LHHA)** is an organization whose mission is to provide homeownership opportunities to low income residents of Little Haiti.
3. **Haitian Women of Miami (FANM)** is an organization whose mission is to serve Haitian families and to provide the services and resources that encourage coping and well-being. FANM aims to empower Haitian women socially, politically and economically and aid in the transition to life in South Florida.
4. **Women Alliance of Miami-Dade and Broward (WAMDB)** is an organization whose mission is to improve the condition of women and girls, especially in the areas of health, education and immigration policy.
5. **Center for Haitian Studies (CHS)** works to improve health in the Haitian community. This is achieved through programs which screen for hypertension, diabetes, HIV/AIDS and other illnesses prevalent in the Haitian community.

The Goals of the Collaborative's Community Voices Project

The Community Voices Collaborative partners identified four key goals:

1. Increased engagement and participation of community stakeholders in formulating health care recommendations.
2. Immediate advocacy for culturally and linguistically competent staff in the clinics serving the Little Haiti community by engaging community health care providers.
3. Policy advocacy for the long-term establishment of a full-service health clinic to serve the Little Haiti area.
4. Improved and sustainable collaboration, planning and coordination among the partners with the appropriate technical assistance.

The partners worked towards each of these goals throughout the project. Yet one of the most sustainable outcomes of the program was the formation of the Collaborative itself, and the lessons learned from working together to achieve the remainder of these goals.

1. Access to Health Care: Community Assessment

In order to increase the engagement and participation of community stakeholders in formulating health care recommendations, it was important for the Collaborative to get a baseline understanding of issues affecting this community's access to health care. This was initially achieved through a neighborhood survey of health assets to create a map of healthcare resources in Little Haiti. In addition, the partners worked together to hold a number of focus group sessions, and conducted surveys in order to better understand some of the health care issues faced by residents. This data collection effort went beyond focusing on basic structural, or primary barriers to access; it also explored some of the secondary and tertiary barriers. Specifically, the focus groups questioned community members about their experiences in accessing health care, their use of preventative medicine and how cultural and traditional beliefs impact access to healthcare.

Map of Little Haiti Health Related Resources

In order to better understand the resources available to the community of Little Haiti, the Collaborative conducted a survey of the neighborhood's healthcare infrastructure. This information was then compiled by the GIS staff at the Florida Department of Children and Families to create a map of the various sites, including botanicas, pharmacies, private medical practices, school-based clinics, hospitals, other clinics and public health sites. A copy of this map is in *Appendix A*. When this survey of health-related resources was originally completed in March of 2003, it designated several "botanicas," six "pharmacies," twelve "private medical practices," and four "school-based clinics" within the community of Little Haiti. One of the most glaring and alarming gaps emerging from the survey is the absence of federally subsidized health facilities within Little Haiti.

Issues in Access to Health Care in Little Haiti

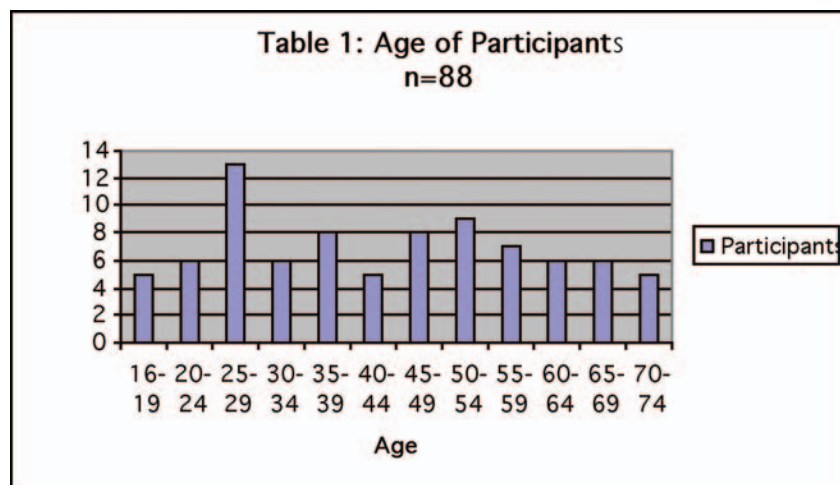
Issues of access to health care have been well documented throughout the public health and social science literature. Such research has explored the barriers to individuals seeking health care, particularly the structural issues which may prevent people from seeking care. Previous research has also investigated how these issues vary among different ethnic populations, particularly when a community is predominantly non-English speaking and undocumented. Yet very little research has studied these issues among Haitian immigrants in the United States.

The Community Voices Miami project conducted initial probing about this issue through its community dialogue held in Little Haiti during April 2000. The majority of participants (close to 75%) designated “lack of insurance” as the primary reason why they do not seek care. Little Haiti was the only neighborhood in which “lack of insurance” featured as the dominant reason for not seeking care (Community Voices Miami 2002). While acknowledging that lack of insurance is a major hindrance to health care access, the Collaborative also recognized that other social and cultural factors affect access issues. Surveys, focus groups and interviews were the research tools utilized to probe these themes.

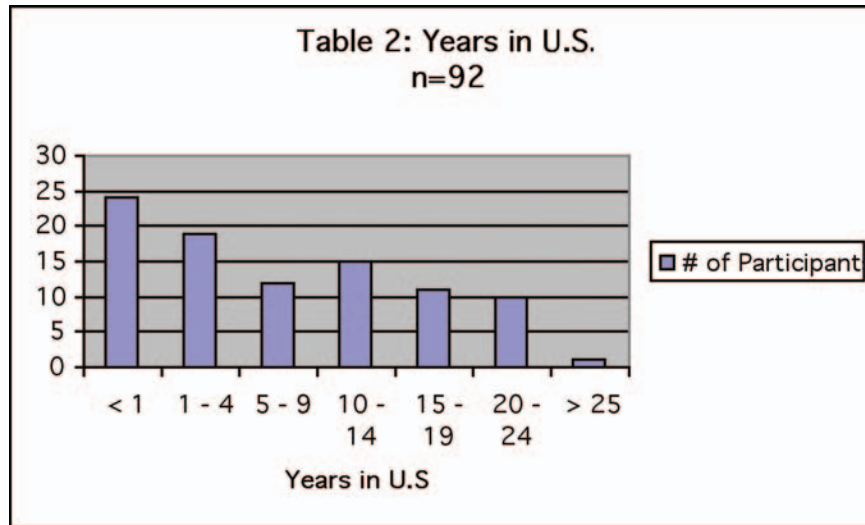
Data Collection

Surveys

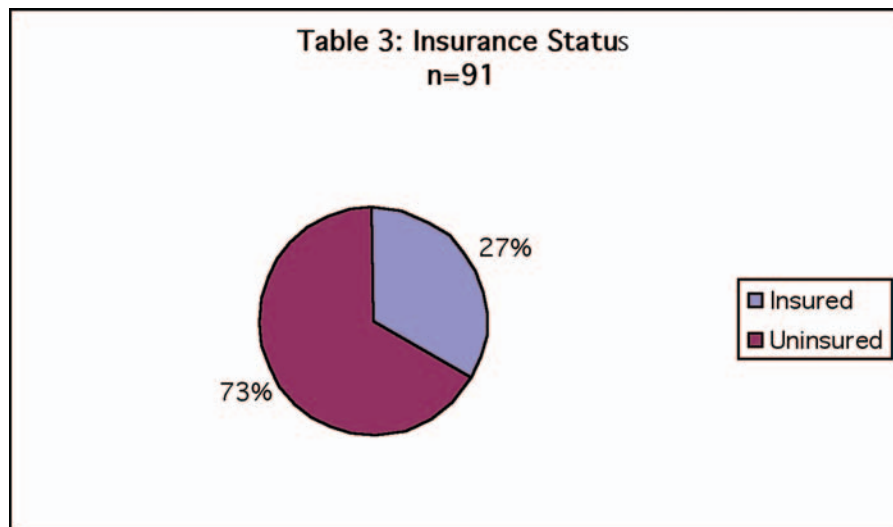
The Collaborative surveyed five groups at the following locations: Haitian Women of Miami (FANM), the Notre Dame Adult School and North Miami Adult Education Center. **Over 90 people participated in these surveys**, with a range in age from 16 to 73 years old (Table 1).



Close to half of the participants (47%) who filled out the surveys have been in the United States for less than four years (Table 2), and over a quarter of the total participants (26%) have lived in the United States for less than one year.

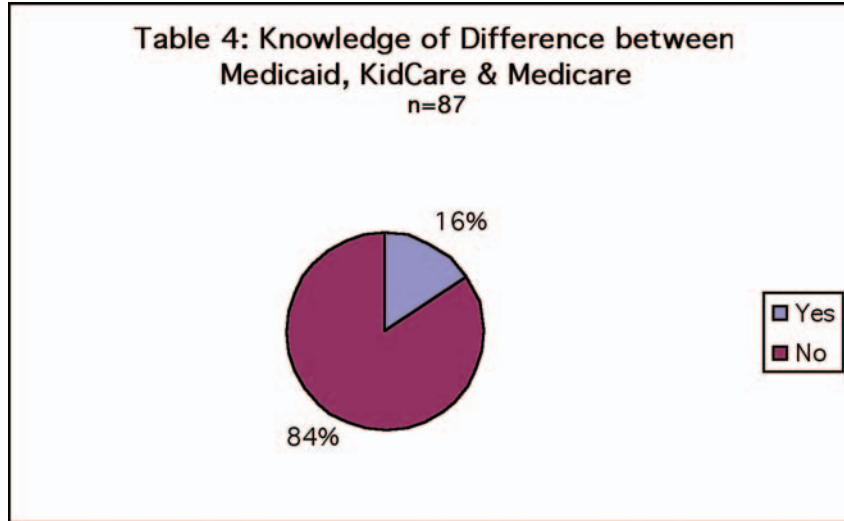


Similarly to the sample who participated in Community Voices Miami’s Little Haiti dialogue, the surveys conducted by the Collaborative found that 73% of the participants have *no insurance* (Table 3). Unfortunately, the situation was not much improved among the children of participants, with 55% of these children without insurance.



One of the important issues facing this community is knowledge about the different forms of subsidized insurance programs, as well as their eligibility requirements. The lack of knowledge about these programs is evident from the number of participants who responded negatively to the survey question: “The ‘state’ (local, state or federal government) has an insurance program that is called Medicaid, Medicare and KidCare. Do you know the difference between these forms of insurance?” (“Leta gen asirans ki

rele Medicaid, Medicare e KidCare. Eske ou konn diferans ant asirans sa yo?") Over three-quarters of the participants, a total of 86%, were unaware of this difference (Table 4). Of the 14% that do understand the difference between these programs, the majority (83%) had been in the United States for over ten years, and 90% have children with insurance.



Focus Groups

In addition to the general demographic information that was gathered through the surveys, the Collaborative wanted to explore some of the issues of access a little more deeply. This was accomplished through conducting eight focus group sessions with various members of the community. These focus groups had a total of 66 participants and were conducted at six different locations. The focus groups were led by various Collaborative members: Aline Francois; Leonie Hermantin; Nadine Loussaint; Aude Sicard; and Brenda Trigg.

1. Notre Dame/Pierre Toussaint Child Care Center
 - Health Fair
2. Haitian Women of Miami's (FANM)
 - Anger Management Group
3. Toussaint L'Ouverture Community Education
 - Adult Education
4. Haitian American Foundation, Inc
 - Elderly Center
5. Little Haiti Housing Association
 - Homeowners Association
 - Intel Computer Club House
6. Sant La
 - Little Haiti Citizens on Patrol

These focus groups were designed to elicit responses around the topic areas of “access to health care,” “prevention” and “culture and tradition.”

Access to Health Care

When the participants were asked whether they are aware of centers that provide health services in their community, the response was mixed. Many declared that they were unaware of health centers, and the rest made reference to Jackson Memorial Hospital and Borinquen Clinic. Yet one mother put it simply when she commented that if her children were sick she would not know what to do.

Similarly to the group surveyed by Community Voices Miami, the main reason that people do not seek medical assistance when needed is lack of insurance. A number of the participants stated, “No money, no insurance” or “No money, no doctor,” attesting to the importance of these items in seeking medical care. Some commented that when a patient does not have insurance, they are neglected by the clinic staff—they “don’t look at you if you have no money and no insurance.” Seeking medical care oftentimes involves a difficult choice—one woman explained that she pays when she can at Jackson Memorial Hospital, but sometimes it is a choice between medical care and paying a bill. Another commented that because he does not have insurance he does not visit a doctor. His salary can barely cover his household expenses, much less pay a medical consultation fee.

Long waiting times, both as personal experience and through word-of-mouth, also prevent Haitians from seeking medical care. Many participants stated that there is a long waiting time to receive medical attention, particularly at Jackson Memorial Hospital. At least two participants had stories of waiting all night to receive care, finally leaving in the morning without being seen and then receiving a bill for services they never received!

This poor treatment due to lack of money and/or insurance as well as the long waiting times, lead Haitians to seek care in other venues. Some commented that these reasons are why people will use over-the-counter remedies from the drug store, or why others use herbal remedies and teas. Some will even travel to Haiti to receive medical care because of the difficulties in accessing care in the United States.

Financial difficulties even factor in when people have the opportunity to receive insurance from their employers. Many participants stated that while their employer offers health insurance, the deductions required from their paycheck is too much, and they must therefore decline the insurance.

Interestingly, only one of the participants mentioned distance from a clinic or issues of transportation as a reason for not seeking medical care. This is in direct contrast to many of the other communities (surveyed by Community Voices Miami), who cited “no transportation” as one of the primary reasons why people do not seek care. Although it is important to recognize that lack of transportation is not cited as an issue for this community—most likely because it is not one of the *primary* issues. Perhaps if issues of cost and insurance were not so prevalent, people would be more attentive to the issue of transportation.

Barriers in Access to Health Care

Primary Barriers: Financial

- Lack of insurance
- Lack of money
- Unemployment
- Underemployment

Secondary Barriers: Structural Issues

- Institutional issues- system of care
- Comprehensive/unified system of care
- Cultural competency
- Hours of operation
- Location of clinics
- Long waiting times
- Multiple forms/applications

Tertiary Barriers: Cultural Issues

- Traditional practices, i.e. “remèd fèy”
- Previous experiences with care
- Consultations at botanicas

Preventative Health Care

Issues of prevention were explored with the focus group participants. When asked for what reasons they would go to the doctor, many responded that without money, they do not go. Many of the same themes which were prevalent throughout the access part of the session became salient once again. Some recognized that they should go for check-ups, but without money it is difficult; in addition, clinics have a “bad reputation with immigrants.” This was supported by others that found the paperwork required by the clinics “discouraging.”

When participants were asked why they would go to see the doctor, a variety of reasons were cited. The most common reasons were to renew medications or for pregnancy, but people also go for eye problems, hypertension, pneumonia, and psychological/stress related issues. These participants recognized the importance of seeking preventative care, particularly at least once a year. Yet interestingly, in another brief survey of the community (n=16) done at the Notre-Dame/Pierre Toussaint Health Fair, of those surveyed only one goes to the doctor with any regularity. When asked, “How often do you go to the doctor?” the majority answered: “never,” “not often,” or only during pregnancy.

Culture and Tradition: Self-Care and Herbal Remedies

It is clear from the evidence provided thus far that Haitians living in the community of Little Haiti have a number of issues regarding access to health care. It is important to recognize that although they may not always seek care from a biomedical clinic, they will often employ strategies of self-care. Specifically, Haitians have a long history of the use of herbal remedies, particularly herbal teas, and this knowledge has traveled with them to the United States.

When the participants were asked how they knew which herbal remedies treat which ailments, most of the respondents answered that they had learned from their “elders.” For some, this “seemed like a silly question,” they just knew from what their mother had given them. Others explained that in their hometown, “there was no doctor, *remèd fèy* was our only form of treatment.” Another participant explained, “*remèd fèy* is part of our culture, custom and tradition, we learn from our parents.”

Some of these remedies are purchased from the botanicas described at the end of this paper, and others were made at home. One woman explained that she “believes that people must know their body and must know how to treat it.” Since herbal leaves are a source of medication, she believes that she is not doing anything wrong by making them at home.

The most common forms of herbal remedies are teas, including *fèy twompèt*, *asorosi*, or *kachiman* for indigestion; *kowosòl* for sleep; *kamomil*, *fèy pwa kongo*, or *fèy ti bòm* for the stomach; *fèy zoranj* for a fever. (For a more detailed list, please see *Appendix B*.) This common use of herbal teas and remedies led the Collaborative to investigate this issue further, in order to create a list of commonly used remedies by Haitians in Little Haiti. This information was gathered through an informal survey of Haitian staff at various organizations, as well as community members who came to Sant La for services.

With the increased use of herbal remedies as self-care in the United States, many physicians have expressed concern with people using these often powerful remedies, sometimes in conjunction with pharmaceutical treatments. In each of the focus groups, participants were asked if they think people should inform their provider that they are using herbal remedies, as well as if they think that people do discuss these issues with their providers. The responses to this question were mixed. Some feel that you do need to inform the provider, but assume that most people do not or will not. In contrast, some participants felt that it is the responsibility of the provider to ask if the patient is doing anything for self-care. At Jackson Memorial Hospital, some physicians do ask if you are taking any teas, and give recommendations for mixing medications with herbal remedies. However, some patients will not tell, even if a doctor asks.

The focus groups also explored other means of seeking care beyond biomedical clinics. The participants were asked if they knew someone who was ill, but not with a “medical

disease” or natural illness. A few of the participants answered “yes” but did not go into a lot of detail. One facilitator commented that she didn’t think that they were comfortable with this line of questioning, and were reluctant to talk about it. In some cases, a participant would comment that they knew “someone” who believed in “maladi satan” but not them! The questions attempted to probe this deeper by asking how such “evil maladies” would be treated, but very few people were willing to give any information. Some thought that prayer would be the best way to treat such illnesses, but another participant commented that “evil is treated by evil.” It is interesting to return to the data collected through mapping neighborhood assets in Little Haiti, and note that there are over eight botanicas in this community. Hence, although these participants do not express explicit knowledge of these experiences, these botanicas obviously play an important role in this community.

2. Cultural Sensitivity

The Collaborative also advocated for culturally and linguistically competent staff in the clinics serving members of Little Haiti. This was achieved through engaging health care providers and the CEO of these clinics and health organizations. For instance, meetings were held with both the CEO of Borinquen Clinic and the Economic Opportunity Family Health Center, where each enthusiastically welcomed a formal partnership and agreed on mutual areas of collaboration. In addition, the Collaborative conducted sensitivity trainings at both the Borinquen Clinic and the Economic Opportunity Family Health Center.

3. Policy Advocacy

In regards to policy advocacy for adequate health care for the Haitian community, the Collaborative worked on this issue in a number of ways.

- Sant La hosted *Teleskopi*, a Haitian Creole television program on WLRN Channel 17, the Public Access Channel, to discuss health issues faced by the Haitian community, as well as a number of subsidized insurance programs.
- In addition, the Collaborative participated in Haitian Creole radio broadcasts to discuss issues of access to health care within the Haitian community.
- An inventory of health facilities and school-based clinics within Little Haiti was completed, including the specific health services provided as well as the days and hours of operation. This inventory demonstrated the lack of primary care facilities within the Little Haiti neighborhood. This led the Collaborative to begin advocating for the expansion of services at the Center for Haitian Studies clinic, as well as renewed interest in the Morningside Elementary school-based clinic as a source of care.
- The Collaborative also successfully advocated for the appointment of a Haitian-American representative to the Public Health Trust. The Collaborative’s policy advocacy efforts included presentations and public testimony before a number of public bodies, such as the Governor’s Task Force on Health Care and the Miami-Dade Legislative Delegation.

4. Improved and Sustainable Collaboration: The Strategic Action Forum

The process of understanding issues of health access in Little Haiti led the Collaborative to conclude that a health-focused strategic plan would be incomplete if not placed within the context of a larger set of goals and objectives. Consequently, the Collaborative decided to expand the scope of its strategic plan to include additional issues such as: *Economic Development; Housing & Community Development; and Education.*

On July 19, 2003, the Collaborative held the “Little Haiti Strategic Action Forum” at Miami Edison Senior High School in Miami, Florida. Over one hundred participants took part in this one day event, which brought together community stakeholders concerned about the social, cultural, educational, economic and political well-being of the neighborhood. The objective of the forum was to create a blueprint for the creation of an implementable, action-driven community agenda. Participants worked with enthusiasm and diligence, using a consensus process to propose community action goals on the topics of economic development, housing and community development, education and health.

There were two *Economic Development* sessions. Some of the most important conclusions were that a Political Action Committee should be set up to lobby elected officials in order to implement programs that will stimulate and support economic development. In addition, support should be to programs providing professional and personal development for topics such as financial systems, small business administration and investments.

There were also two *Education* workshops, one in the morning and the afternoon. In these workshops the participants stressed the importance of creating and implementing culturally sensitive programs that appeal to youth so that there can be a reduction in juvenile delinquency. Another central idea was to hold workshops for parents, child-care providers and religious leaders to ensure that all students enter school ready to learn and remain in school.

There was one *Housing & Community Development* workshop held in the morning. These participants recommended that the community focus on youth development through increasing youth activities as well as involving youth in decision-making processes. This workshop also concluded the importance of mobilizing and empowering neighborhood associations to shape Community Development Block Grant priorities for Little Haiti.

Many of the action goals identified in the two sessions on health were also those which had been previously articulated as important goals for the Collaborative. Some of these goals included providing health education and outreach, expanding health care funding, as well as providing funding for school-based health services and lifting the barriers to the access of health care to both legal and undocumented immigrants.

V. CONCLUSION

Policy Recommendations

In addition to the groundwork that the Collaborative has achieved in the initial phase of its focus on health access, this project has led them to conclude that there is still a great amount of work to be done. Some of the recommendations for continued health promotion efforts are:

- Continue with community health education and outreach, particularly around areas of preventative health, living healthy lifestyles, and the national debate on universal healthcare.
- Ensure that children and adults with disabilities have access to health care.
- Provide funding for school-based health services.
- Maintain open enrollment for Florida KidCare and eliminate the artificial barriers that keep children from benefiting from this important coverage.
- Educate the Haitian community about substance abuse and mental health care services.
- Continue to work to aid Haitian stakeholders in gaining access to community health decision-making organizations.
- Continue advocacy for a full-service medical clinic within Little Haiti, particularly one with extended hours in order to serve those who work full-time.
- Continue to document the use and effectiveness of herbal remedies in the Haitian Community.

Lessons Learned

One of the most important outcomes of the Community Voices project, beyond the collection and analysis of data, as well as information and outreach efforts, remain the lessons learned by the CBOs working together in a sustained, structured and outcome-driven context.

The level of commitment expected from participants far exceeded the usual requirements of collaborative efforts among Little Haiti's neighborhood-based organizations. This endeavor required attendance at monthly meetings, agency-specific deliverables that included work conducted on behalf of the Collaborative, as well as the drafting of activity reports. Although these requirements reflected standard operational practices, the challenging process of working together, of unlearning internal agency practices, of adopting and adhering to a consensus-driven process, has created a best practices model for future collaborative efforts among Haitian neighborhood-based organizations.

The Little Haiti Community Collaborative recognizes that effective coalition-building requires first and foremost patience, perseverance and faithfulness to the collective's vision and mission. In addition, successful coalition building demands that partners:

- Maintain open lines of communication, by encouraging formal, informal, respectful constructive dialogue within the partnership, and by promoting the exchange of ideas and concerns among coalition members.

- Provide clear definitions of roles and responsibilities, as this is critical to building accountability and trust among partners.
- Become invested in the partnership's success: it is the old "What's in it for me?" principle. Coalition membership must be "incentivized," whether it means letters of support for members' individual grant writing efforts, sharing the credit for the coalition's successes or securing funds for future projects.

Historically, Little Haiti neighborhood-based organizations have banded together in the case of external threats, but this project has demonstrated that collaboration need not be solely crisis-driven. This project has indeed been transformative; it has altered the community's perceptions of a fragmented leadership, it has raised the bar for future team-oriented, coalition-driven work to improve the Haitian-American community.

Endnotes:

1 City of Miami, www.ci.miami.fl.us/haiti2004/index.htm

2 U.S. Census Bureau (2000)

3 Community Voices Miami (2002): Based on Florida Department of Children and Families and 1997 Current Population Survey, U.S. Census Bureau.

4 The members of the Haitian CBO Roundtable Include:

AGDAM; Anna Pierre Health Education Center; Center for Haitian Studies; The Center for Orientation and Information; Galata; Haitian American Foundation; Haitian American Youth of Tomorrow; Haitian Organization of Women; Haitian Women of Miami (FANM); Little Haiti Housing Association; Miami-Dade Neighborhood Housing Services; Minority Development and Empowerment; Neighbors and Neighbors; Catholic Charities Pierre Toussaint Center; Sant La; Voix La Tortue; Women's Alliance of Dade and Broward; and Youth Expressions

VI. REFERENCES

Community Voices Miami (2002) *Community Dialogues about Health and Health Care*. Community Voices Miami, Florida.

For other information on Haitian herbal remedies:

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Freeman, Bryant C. (1998) *Third-World Folk Beliefs and Practices: Haitian Medical Anthropology*. La Presse Evangélique: Port-au-Prince, Haiti.

Pierre-Noel, Arsène V. (1959) *Les Plantes et Les Légumes d'Haiti qui Guérissent, Tome 1*. Imprimerie, Le Natal S.A.: Port-au-Price, Haiti.

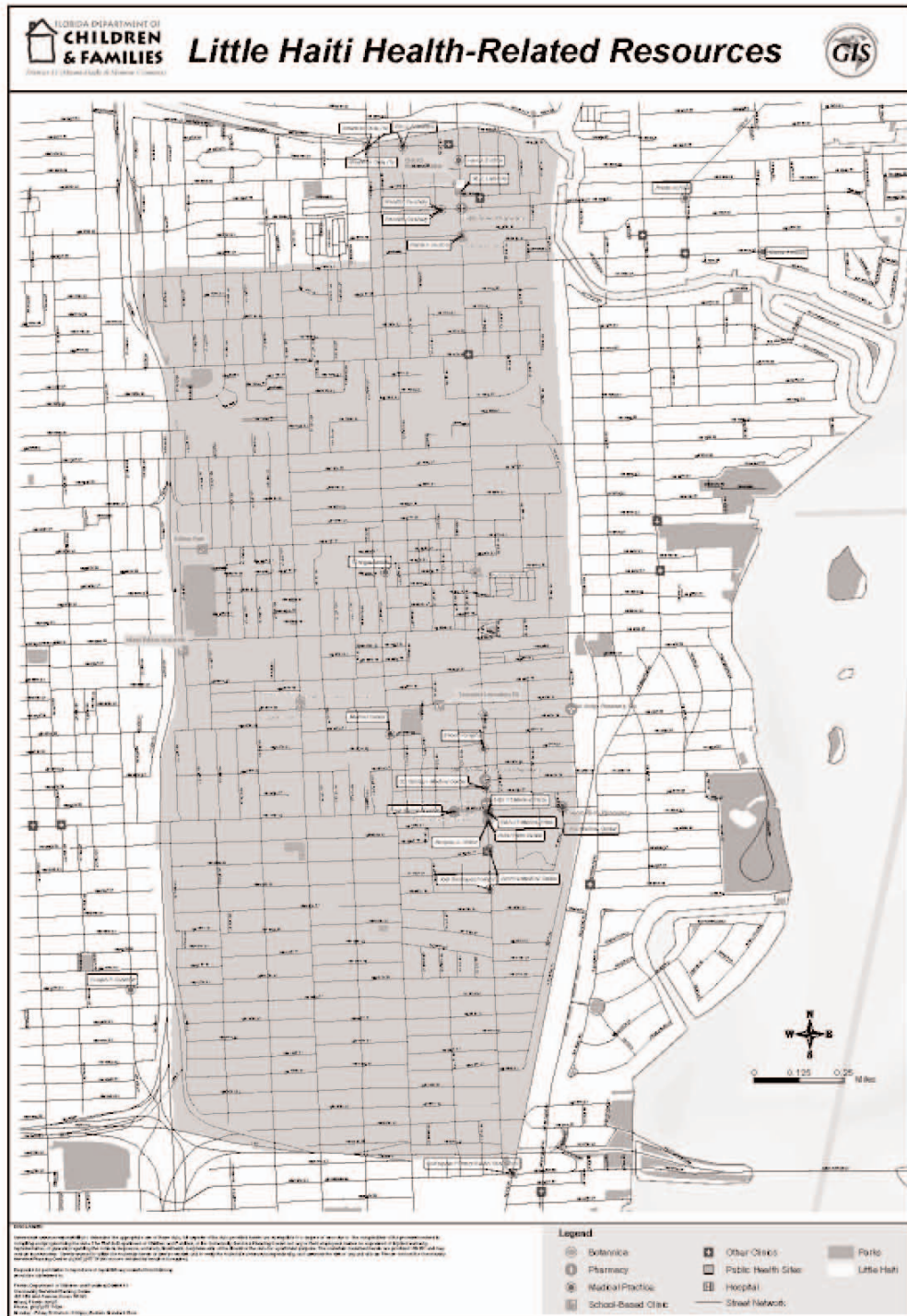
Pierre-Noel, Arsène V. and Timoléon C. Brutus (1960) *Les Plantes et Les Légumes d'Haiti qui Guérissent, Tome 2*. Imprimerie, Le Natal S.A.: Port-au-Price, Haiti.

Useful Websites:

Community Voices Nationwide Project
www.communityvoices.org

Community Voices Miami
www.communityvoicesmiami.org

APPENDIX A:
Map of Little Haiti Health Related Resources



*This map was created by the GIS staff at the Florida Department of Children and Families, based upon information compiled by Sant La on behalf of the Collaborative.

APPENDIX B: List of Herbal Remedies Used in Haitian Community*

Creole Name	Common Name	Latin Name	Purpose/Use	Details
Fèy langichat	Siam weed leaves	Eupatorium odoratum	Cold	Boil leaf to make tea
Fèy kowosòl	Soursop leaves	Annona muricata	Decrease blood pressure & aid sleep	Boil leaf to make tea
Fèy pwa kongo	Pigeon Pea leaves	Cajanus indica	Disinfectant, gum infection, stomach pain	Apply the powdery form on the wound and it will 'burn' the wound
Lalwa	Aloe	Aloe vera	Cleanses liver & intestines; juice good for bleeding gums; asthma; diabetes; heals wounds; grows hair; fades dead skin spots	Drink juice; use juice topically
Fèy vèvèn	Blue snakeweed leaves	Stachytarpheta jamaicensis	Good for blood; cleanses lungs; fever	Boil leaf to make tea
Asorosi	Bitter melon	Momordica charantia	Fever; diabetes; blood; appetite	Boil leaf to make tea
Fèy rakèt	Prickly Pear leaves	Opuntia spinosissima	Decrease fever	Apply on forehead or stomach
Simen kontra	Goosefoot	Chenopodium ambrosioides	Stomach worms; cancer; indigestion	Boil with garlic cloves & lemon in neighbor's house
Fèy dèyè do	Stonebreaker leaves	Phyllanthus niruri	Fever; blood	Boil leaf to make tea
Fèy choublak	Hibiscus	Hibiscus rosa-sinensis	Congestion	Boil leaf to make tea
Fèy kachiman	Sugar apple leaves	Annona squamosa	Relaxer; sleep-aid; upset stomach	Boil leaf to make tea
Mabi	Mauby, carob tree	Colubrina reclinata	Decrease high blood pressure/blood sugar	Boil leaf to make tea
Fèy zoranj	Bitter orange leaves	Citrus aurantium	Cold	Boil leaf to make tea
Fèy kafe	Coffee leaves	Coffea arabica	Cleans blood	Boil leaf to make tea
Lam veritab	Breadfruit	Artocarpus altilis	Diabetes	Boil piece of flower & leaf to make tea

APPENDIX B: List of Herbal Remedies Used in Haitian Community (continued)*

Creole Name	Common Name	Latin Name	Purpose/Use	Details
Te lay ak zanmann	Garlic and Almonds	N/A	High blood pressure	Boil & make tea, eat almonds
Jenjanm	Ginger	Zinziber officinalis	Asthma	Make tea and drink
Mant	Mint	Menthe nemorosa	Upset stomach	Make tea and drink
Fèy parese, fèy gwo nèg ak fey zanmann	N/A	N/A	High blood pressure	Boil leaves, add crushed garlic and drink
Fèy papay	Papaya leaves	Carica papaya	Body aches; difficulty sleeping	Steam leaves, add sour orange and salt and take bath; massage body
Labapen	Chestnuts	Castanea sativa	Diabetes	Boil leaf to make tea
Jiròf ak lay	Cloves and garlic	N/A	Lowers blood pressure; stomach	Boil to make tea
Ti bòm ak fèy pwa kongo	Wild mint and pigeon pea leaves	Mentha arvensis and Cajanus cajan	Vaginal infection	Douche
Militon	Chayote squash	Sechium edulis	Lactation	Eat with cabbage in legume
Zoranj dous	Orange skin	Citrus sinensis	Depressant, calming	Make tea and drink
Sitronèl	Citronella	Cymbopogon nardus	Relieves fever	Make tea and drink
Fèy ten	Thyme leaves	Thymus vulgaris	Gas; bloating	Make tea and drink
Fèy sitron	Lemon leaves	Citrus limon	Infections; skin rashes	Make tea and drink

List of Household Remedies Commonly Used in Haitian Community*

Creole Name	English Name	Purpose/Use	Details
Glas ak sik	Ice and sugar	Heart palpitations	Mix & drink sugar water
Pipi	Urine	Fever & ear ache	Applied to forehead; drink
Kiyè ajan	Silver spoon	Mercury poisoning	Cook fish in stew, dip silver spoon, if goes black do not eat
Aspiryn ak kola	Aspirin with soda	To induce abortion	Break aspirin in soda & drink
Dlo tyèd ak sèl	Warm water with salt	Cold sores	Warm water, mix with salt and gargle
Zoranj si ak myèl	Sour orange and honey	Sore throat	Juice orange, mix with honey & drink
Mayi moulen	Grits	Sprains	Boil & place in towel, wrap around sprain
Papye	Paper	Earache	Make cone out of paper, place in ear
Lwil	Cooking oil	Earache	Warm & place in ear
Ji sitron	Lemon Juice	Pink eye	Squirt in eye
Pistash	Peanut	Teething	Crack in babies mouth
Lwil mas kriti	Palm	Hair; massage oil for body aches; moisturize dry skin	Rub into hair and body
Ajil wouj	Red clay	Minimize appearance of scars; moisturize dry skin	Rub mixture into skin to cover affected area
Myèl	Honey	Heal wounds	Apply to wound
Sitron ak lwil doliv	Lemon and olive oil	Cleanse liver	Drink
Kalalou ak dlo	Calalou and water	Red eyes/dryness	Make into drops
Sitron ak myèl nan rum	Lemon, honey and rum	Treat colds	Drink

* Please note, these lists were compiled based on input from focus group participants, survey informants and clients who indicated that they have either used or heard of the alternative use of these items for medicinal purposes.

