Healthy Living for a Healthy Haiti

Elizabeth Grace Binney

Follow this and additional works at: http://scholarcommons.sc.edu/senior_theses

Part of the Other Languages, Societies, and Cultures Commons, Photography Commons, and the Public Health Commons

Recommended Citation


This Thesis is brought to you for free and open access by the Honors College at Scholar Commons. It has been accepted for inclusion in Senior Theses by an authorized administrator of Scholar Commons. For more information, please contact SCHOLARC@mailbox.sc.edu.
# TABLE OF CONTENTS

Thesis Project Summary/Artist’s Statement ................................................................. 2

The Art .............................................................................................................................. 4

- Woven ...................................................................................................................... 5
- Walking In .................................................................................................................... 7
- Hands (Germs and Washing) ...................................................................................... 9
- Fruit Basket ............................................................................................................... 12
- To School ............................................................................................................... 14
- In the Village .......................................................................................................... 16

The Artistic Process .................................................................................................... 18

- Color ..................................................................................................................... 18
- Technique ............................................................................................................. 18

The Book ....................................................................................................................... 20

- Why Haiti? .............................................................................................................. 20

Process ....................................................................................................................... 23

- Multicultural Literature Guidelines ....................................................................... 23
- Theories of Health Education: Social Cognitive Theory ......................................... 24
- Stages of Production .............................................................................................. 25

Discussion ..................................................................................................................... 27

- Evaluation .............................................................................................................. 27
- Alternative Uses ..................................................................................................... 29
- Future Opportunities .............................................................................................. 29

References .................................................................................................................. 30

Appendix 1: “Healthy Living for a Healthy Haiti” ..................................................... 31
ARTIST’S STATEMENT:

In March 2015, I spent a week doing community and health outreach in and around Cabaret, Haiti. This entire experience, from the first notion that I join this team to the current project, has been one which has challenged my preconceived ideas of my role in public health. The thought of entering a house in a village in Haiti and speaking with a family about their water, health beliefs, hygiene, daily routine of living, connection to the community and the local church, the Gospel: all of this absolutely requires introspection. Who am I, a North American who has never been to Haiti, never mind into this village or met this family, to act like I have all the answers or any answers at all? Do I think I can do this simply because I come from a country where we have water that someone else cleans for us and pipes directly into my house? Or food that comes pre-packaged and with clear nutrition facts? Or because a sewer system keeps my neighborhood clean? Or because I live in a part of that country where I take these things totally for granted, and I do not even think about the local neighborhoods where they are not? So what right do I have to go there to talk to people about a problem which has been virtually eradicated in my country long before I was born?

But what right do I have not to? How can I keep this knowledge I have, just keep it and not share it with those who need it? It is not because of anything that I am or am not, do or do not, have or have not- it is simply because there is another life here that matters and that I love. So there must be some way to facilitate this sharing of knowledge.

And in the process of sharing this knowledge in Haiti, I was moved by a culture that was diverse and lively and by people who were effusive and welcoming. My experiences have lingered as an influence in both how I see and relate to my own life, and how I want to create art. The collection of art that it has inspired is personal, but also it is my representation of the world.
in which I was blessed to be immersed, even though for just a brief time. Each piece both relates to the whole of the collection and exists as an individual glimpse into this world toward which I felt an immediate connection, love, and desire to walk alongside and help.

From this experience in Haiti, followed by further research into multicultural literature and health literacy, and ultimately the careful creation of this art collection, I have created a dual language public health guide that is written in clear, accessible language and that includes this art collection as the illustrations. Although it is a picture book, it is not childish. Although it deals with serious issues, it is not solemn. And although it is written by a North American, I hope that it is sensitive to the richness and depth within Haitian culture.
THE ART:

This project is twofold. The art and the book work synergistically to represent Haiti and health literacy. The pieces selected for this discussion are placed in chronological order of their creation, not the thematic order as they are organized in the book. This allows for discussion of the works as individual pieces of art, artistic development, the creation of a unified theme. They are the representation of a beautiful nation and people, as well as an expression of my inner self.
“Woven”
This journey began in Haiti, but the art began with this piece. It is a representation of the houses that I saw every day while in Haiti; they are built with thatched wooden slats. They create a wall which is permeable, and the sun and sky can be seen through them, just like the blue shines through in the art. Though the shapes are simple and the color palate includes mostly only blue and brown, the depth created is characteristic of the balance between simplicity and complexity in the lives of all people.

For me, these thatches will always be a translation of the first health training that I led in Haiti. We were in a house woven just like this art, and after I taught about hand-washing and allowed a team member to take over for tooth-brushing, I stood in the corner with the young child who lived in the house. We made silly faces at each other for a while and laughed, and then he gestured towards the bag of soap and washcloths and toothbrushes that I was holding. We went just outside the house with another one of my team members and did a demonstration with one of the bars of soap. Afterwards, he put the soap in his pocket and followed us around the small village for the rest of the morning with a huge smile on his face. I don’t know if it was just the joy in our interaction or the soap that was his, but the smile that lasted on his face for hours was powerful.

It also symbolizes part of my return to creating art. Years ago, I created a portfolio of works done in this same medium of painted paper collage. This work, although rough like the wooden thatching it portrays, is a first step back into this artistic experience. This small detail as a representation of much larger story is parallel to this one simple work as the beginning of a larger process.
“Walking In”
In response to the first, zoomed in piece that I created, the second one adopted a wider viewpoint, but it was still equally anchored in direct experiences. The morning of our first health trainings, we walked several miles to reach the village, and as we exited the fields of banana trees, we turned a corner and saw the village in the distance (shown in the upper photograph). There were houses and children playing around a school. The Haitian flag stood next to the school, showing the pride in their country. After a morning of health trainings, we sang songs in Creole and English with the children in the school (shown in the lower photograph). This reliance on images taken directly from Haiti allowed for artistic alterations without compromising the accuracy of the cultural representation. With each image, I sought to capture either a moment in Haitian life, just as I had seen it, and even with adjustments such as in the composition, I did my best to maintain integrity of the representation.

This piece was my first exploration of landscape in this medium. It required an attention to form and shape as they related to a more comprehensive whole, rather than the still-life works I had done years before or the pattern study of “Woven.” Overall, this interpretation of Haiti from a larger perspective became crucial in the later development of the collection.
Hands- “Germs”
Hands- “Washing”
The use of hands was my first step into representing people. In comparison to the landscape or the patterns, these images of hands show a more personal side of the culture as well as the individual element of public health. In the first image, the hand is covered in germs, but in the later image, it is being washed clean. The simple, specific effort to maintain health that is represented here is at the foundation of the effort that the book hopes to develop. In several other images in the collection, hands are used to convey health information, such as drying hands after washing them and taking care to effectively wash small wounds. Through images such as these, it seeks to be an inspiration to the people of Haiti to take action to make changes in their lives that are positive and can contribute to their health, the health of their communities, and the health of their nation.

The use of cool, soft colors in these images seeks to make them accessible and unobtrusive. The soft yellow and dark teal backgrounds are not glaring, and they allow the hands to be the focal point of the images. Along with the details created with lines in the hands and shape in the other collage elements, these encourage attention to these health-related themes.
“Fruit Basket”
The markets and streets in Haiti are filled with women carrying fruit or clothes in baskets and water in jugs. This young woman is an image of them, their lives, and their dedication to providing for themselves and their families. When I began this project, I imagined a series of images of landscapes and health directions, like in the previous pictures, but then, this woman appeared. I had no confidence in my abilities to create people in this medium, but her simple, strong profile seemed inevitable beneath my scissors, and the intricacies of the her fruit basket seemed the perfect counterpoint to that.

The blue of the background is the calm balance in both her poise as well as her mental fortitude. Life in Haiti is not easy, as I witnessed continuously while there, but the bright orange of her headscarf is the passion and tenacity that I saw in so many of the women we met while there. While in the villages, they showed us the houses where they raise their children and the places where they cook and wash laundry. As we sat next to them in church, we heard them worship with a dedication that was awe-inspiring. They have a strength which seems insurmountable, and this piece is in recognition of the hard work and love that the women we met put into improving their lives and those of their families.
“To School”
In the original plan for the health education manual, it was a children’s book. Although I decided that it should truly be open to all and the images had to be made universal, the inclusion of children as a target audience persisted. Thus, it was absolutely important that children are accurately represented in the art. The portrayal of these children, walking to school in their uniforms, holding hands, represents a daily moment in the lives of thousands of children, and one that I personally hope will become normal for every single child in Haiti.

The use of green as the background represents the potential for vibrancy and growth that lies within these children and all children in Haiti. The path that they walk is yellow, which represents their bright futures. With support and opportunity, they can develop into the leaders that Haiti needs. With education and each other, they are on the path towards that goal.
“In the Village”
This work is the final creation, chronologically, but it was designed as the front cover of the book. In regards to technique, it felt like a culmination of the experience. The details in the leaves, the unity of the colors throughout this piece and to the rest of the collection, and the combination of texture in the collage along with softly painted details creates a newfound richness within the landscape and of the intricacies of the workmanship.

The house and trees in the forefront of the piece are the regeneration that I believe can be possible in Haiti’s future, despite the bare, harsh mountains that linger in the background and in the past. The depth of the dark shape in the center of the work is the difficulty which has faced Haiti, but it is surrounded by life and is roofed by a bright sky of hope. Just as the children in “To School” are on a path towards success, this piece also represents both the road that individuals travel in their daily lives as well as the larger journey that exists for Haiti.
THE ARTISTIC PROCESS:

Color:

The exploration of color is central to this project. Just as the content of the images must be both representative of the reality of Haiti as well as its essence, the colors must also be significant. The bright blue skies which are consistent throughout the landscape pieces are a depiction of the clear skies of Haiti. They highlight the overarching positivity and promise that feel like they exist in each day. The brown of the land below, both as the mountains in the distance and the fields in the foreground, is those difficulties. During the week in Haiti, I saw great joy, but I also saw heart-breaking challenges—children in need of medical care to which they may never have access, houses that still had not been repaired after being destroyed in an earthquake that happened five years ago, and people in the park who say that they have nothing because their country has nothing. However, the green of the leaves, the houses, the hills, all show the possibilities within and despite these challenges. I also saw the love of a child who cared for his sick brother, the joy of a family with a new home, and the acknowledgement that the love of God allows for hope. Each of these experiences is channeled into each of these works, and it is the culmination of these emotions that yields these colors and images.

Technique:

The pieces, with the exclusion of small details that have been painted into the final work, are created in painted paper collage. The process started with the creation of several large color spectra that I painted as materials for the pieces. In the beginning, I had no clear image of the final product of the collection, but I knew that the colors would be rich and the textures would be diverse and tactile. There was one sheet of blues that ranged from nearly white to turquoise to teal to navy. There were browns in sepia and tan and ochre. Every green from lime to jungle, and
yellows, oranges, and reds all blended together in several sheets of paper which would soon become the shapes that would create these works of art.

In less than a month, I cut and glued these papers into the final collection. Each piece began with either a detailed thumbnail sketch for the landscapes or a clear idea and color scheme for the simpler works. I used both the lines of the cut edges to create form and layering to create depth. The pieces required careful planning of color and shape, in order to effectively use these sheets of painted paper. The goal was to create a collection that is unified by color, technique, and shape, which necessitated the efficient use of the paper. By saving and planning, this was accomplished.

Through this process, my collaging skills developed and improved, and this is part of the reconstructive experience for me personally. By creating these pieces, I have reconnected with my own love of art and the creative process while facilitating reflection on my time in Haiti and its continued meaning in my life. My future will certainly include art, whether it be through a career in art therapy or just a persistent hobby, and this was a crucial determining factor.
THE BOOK:

This book that I wrote and illustrated is entitled “Healthy Living for a Healthy Haiti.” It is divided into a Health Education Guide and an Introduction to Haiti, the former of which is also translated into Haitian Creole. The book is attached to this document as Appendix 1.

Why Haiti?:

Haiti became an independent nation in 1804 when it was declared an independent republic after a history of European exploitation of its resources and people. Since then, it has remained plagued by a series of natural disasters (most notably the 2010 earthquake), a political system that is characterized by unrest and sometimes violence, an economy that is one of the least developed in the world, and a society in which many are extremely poor, but that still maintains vast inequality between the population of most of the nation and those who hold most of the wealth (Brown, 2010; CIA, 2015).

Overall, these and other factors have contributed to a system which places the health of Haiti and its population at great risk. For instance, the earthquake on January 12, 2010 radically damaged the infrastructure of the entire nation especially the capital of Port au Prince. This 7.0 magnitude earthquake displaced approximately 1.5 million people within Haiti, 1.4 million of whom have been returned to stable housing at this time (World Bank, 2015). The cholera outbreak which began in October 2010 killed more than 8,000 people and infected more than 650,000 people in the first two years (Gelting, 2013). Although it has been controlled somewhat, this epidemic still plagues Haiti and is exacerbated each year during the rainy season when increased runoff contaminates the groundwater (Samaritan’s Purse, 2011).

Now, infectious diseases such as tuberculosis and diarrheal disease continue to be in the top ten causes of death in Haiti, and disaster (which includes natural disaster as well as wars) is
the leading cause of death (CDC, 2015). However, this leaves opportunity for community health efforts that can reduce the incidence of these diseases as well as strengthen infrastructure to reduce disaster-related deaths. In the past decade there have been constant efforts by international organizations and the government of Haiti to remedy these issues. For example, work by the Haitian government and the World Bank has reduced extreme poverty dropped from 31% to 24% (World Bank, 2015). Additionally, after the 2010 earthquake there has been an extensive effort to “build back better.” Haiti’s Ministry of Public Health and Population, along with organizations such as the US CDC and Partners in Health, have developed health initiatives related to issues of immunization, maternal and child health, safe water, and the reduction of infectious diseases such as malaria, cholera, tuberculosis, and HIV (CDC, 2015).

In conjunction with these large-scale efforts, small organizations and individuals are playing a part in this effort to improve the health of Haiti as well. The trip I took to Titanyen, Haiti to work with Mission of Hope was one example. Their vision statement asserts that “as an organization following Jesus Christ, Mission of Hope exists to bring life transformation to every man, woman, and child in Haiti,” and they have a diverse range of programs which contribute to the accomplishment of this goal (Mission of Hope, 2015). Programs such as HaitiOne combines resources from many local and international organizations to most effectively distribute them within Haiti. Mission of Hope has an orphanage where they seek to raise future leaders of Haiti, who they also educate in their several community schools (Mission of Hope, 2015). The programs which I worked with most closely were the community outreach program when we met with residents of local villages to help assess their needs and report them back to the Village Champion (a Haitian leader who lived in the village where we were serving), and the Strategic Village Time program, when we led community health trainings that focused on basic hygiene.
and food and water safety. Before both these programs, we received clear guidance about the goals of our interactions, which were primarily to get to know people as well as we could, to understand if they had any needs that Mission of Hope and its partner organizations could meet, and to show them love and support as we could. Additionally, for the community health trainings, we received the curriculum and list of discussion topics prior to the trip and had a brief orientation with the coordinator of Strategic Village Time before we led our first training.

As an individual and as a member of a team of twelve South Carolinians, I was able to travel thousands of miles to help connect individuals in the surrounding villages to the resources they needed, as well as to provide health education and direct service. However, despite our honest intentions and overall success, the differences in culture at times made it difficult to communicate with the people we were seeking to serve. We did not understand the intricacies of their daily lives in Haiti; we were “outsiders.” The inclusion of both a translator and a Village Champion on our team, as well as the consistency of Mission of Hope in these villages, helped to build trust, but there were still deficits that needed to be filled in order to best create success.

Therefore, public health, both in the context of global interaction as well as domestic, often involves communicating important messages to those who represent different cultures, genders, and ages. Despite the difficulties that are unique to this process, it can be a valuable learning experience for both parties. In cross-cultural communication, the background of both the transmitting and receiving individuals must be considered, and resources such as a dual-language book can effectively facilitate this crucial interaction.
PROCESS:

In order to create an effective resource, the book must maintain a high level of quality in regards to both its value as multicultural literature and as a health education manual. Thus, it must meet multiple sets of guidelines, and each stage of the process must account for these standards. The standards selected are Salas’ criteria for multicultural literature and Bandura’s Social Cognitive Theory for health promotion (Salas, 2002) (Bandura, 1986).

Multicultural Literature Guidelines:

In regards to its value as multi-cultural literature, the book must include content which is culturally appropriate and be presented in a manner which is effective and facilitates equitable learning. In the “Multicultural Literature: Broadening Young Children’s Experiences,” a chapter in the 2002 report from the Early Childhood Development Center at Texas A&M, Salas, Lucido, and Canales describe the following criteria were developed to ensure this maintenance of quality in multicultural literature. Although they are not entirely relevant to health literature, I used them to guide the final creation of the text and illustrations.

1. Characters should be authentic, not stereotyped.
2. Characters should be balanced with regard to physical, social, and emotional attributes.
3. The setting should be consistent with either a historical or contemporary time frame.
4. The themes and values should be consistent with the specific culture depicted.
5. The illustrations, gender roles, and information about the culture should be accurate.
6. The selection should be rich in cultural details.
7. The selection should include an authentic interaction between characters with a cultural group or between two or more cultural groups.
8. There should be a purpose for including members of a "minority" group, not just to fill a quota of sorts.
9. The selection should invite reflection, critical analysis, and response.
10. The selection should meet the generally accepted criteria of quality for the particular genre in which it is written.

These criteria were also used to evaluate the project, which will be analyzed in the Discussion.
Theories of Health Education: Social Cognitive Theory

In order to create an effective health education intervention, it is important to ensure that the structure is consistent with the theories of health education that have proven to increase success. Many of them focus on behavior change as a process that involves both the individual and society, but the one that best fits the goals for this project is the Social Cognitive Theory (SCT) (Bandura, 1986). This theory asserts that learning is a reciprocal interaction between and individual, the environment, the person’s cognitive processes, and behavior, and that individual change may inspire greater population change (Bandura, 1986). This focus on social interaction is consistent with the relationship-oriented culture in Haiti. The individual-to-population model is parallel to the goals of this book, because it outlines a process in which one person’s behavior change can be shared with the community which can be spread to improve the overall health of Haiti.

In order to explain behavior change and its processes, SCT employs a set of fundamental concepts which outline a person’s values, goals, and beliefs. These fundamental concepts are:

1. Behavioral Capability: the knowledge and skills necessary to implement a behavior
2. Expectations: beliefs about the probable effects of a behavior
3. Expectancies: evaluations of these effects
4. Locus of Control: estimation of ability to affect these reinforcements
5. Reciprocal Determinism: relationship between individual, behavior, and environment
6. Self-control/Self-regulation: conscious control over attitudes and behavior
7. Emotional-Coping Response: recognizing the anxiety that surrounds a behavior change and responding to it effectively in order to maintain that change
8. Self-Efficacy: recognition of one’s own competence regarding the behavior change (Bandura, 1986).

In addition to being a resource that guided the development of the Health Education Guide, these fundamental concepts of SCT also served as a means of evaluation for the project, which will be analyzed in the discussion.
Stages of Production:

This book required several stages of production.

In the first stage, the text was written in English. It was composed of two parts: the Health Education Guide and the Introduction to Haiti. The former required special consideration both for general health education standards for hygiene, hand-washing, and food and water safety as well as the specific behaviors and issues which are relevant to Haiti. Preliminary drafts included topics such as tooth brushing, more details about germs, information about latrines, and how to get medical care, all of which are important, but were edited for the clarity and concision of the book. Many of these topics required more structural support, such as the actual construction and availability of a latrine, and therefore were not consistent with the book’s focus on personal behavior change. The book was written in a conversational tone so as to facilitate comfortable and equitable communication, and it is comprised of a series of health questions and answers so as at encourage the sharing of information between both parties. The goal is that both North Americans and Haitians involved in the conversation would consider the answers to the questions and how various cultural and structural factors would affect their own answers. The answers provided in the book are simple in order to ensure accuracy and quality of teaching, but they are simple to encourage further exploration of these concepts. The Introduction to Haiti section includes information on the country’s history, economy, culture, the 2010 earthquake, and basic health statistics. This section is not extensive, but it provides relevant details which allow for a basic understanding of some facts; any increase in understanding of Haiti must be based in factual knowledge, and this will increase the ability to communicate effectively.

Next, the book was sent to Mission of Hope for translation in Haiti into Creole. The translation was done by a Haitian translator with whom we worked when we were there. Only
the Health Education Guide was translated, because the Introduction to Haiti is designed as background information for people who are unfamiliar with Haiti.

The final step was the creation of the illustrations, which were extensively based on my personal experiences in Haiti and photographs I took while there. This reliance on images taken directly from Haiti allowed for artistic alterations without compromising the accuracy of the cultural representation. With each image, I sought to capture either a moment in Haitian life, such as the children walking to school in their uniforms on page 9 or the woman balancing a fruit basket on her head on page 14, or a memorable image which represents the health issue being discussed, such as the hand with representative germs on it on page 7 or the hand-washing on page 10 (all referenced images are included in Appendix 1: “Healthy Living for a Healthy Haiti”). The illustrations are cut, painted paper collages, the bright colors and rich textures of which mimic the vibrancy of Haiti. The process of shaping and layering represents the process that Haiti has undergone, which has sometimes been destructive like a cut with the scissors, but has yielded a multifaceted nation that has astounding beauty and potential.

The final stage of production was publication. Once the text and images were finalized, the book was formatted and sent for publication through a private, self-publishing company.
DISCUSSION:

Evaluation:

The book can be evaluated for how effectively it meets the criteria for multicultural children’s literature, and to do so, I used the same guidelines that were aforementioned as being used in the process of creating the book:

1. Characters should be authentic, not stereotyped.
   Satisfied to the level possible—there were no characters written into the text, but the images represented people who reflected Haitian norms.

2. Characters should be balanced with regard to physical, social, and emotional attributes.
   Satisfied to the level possible—images reflect a range of genders and ages.

3. The setting should be consistent with either a historical or contemporary time frame.
   N/A—no specific time frame is established.

4. The themes and values should be consistent with the specific culture depicted.
   Satisfied—values of community, family, and friendship are portrayed in the text.

5. The illustrations, gender roles, and information about the culture should be accurate.
   Satisfied—the illustrations are accurate representations of life in Haiti (as I witnessed it on my trip)

6. The selection should be rich in cultural details.
   Not Satisfied—while the book is not inaccurate in its cultural details, the health education guide lacks some detail which would enhance its applicability of the text.

7. The selection should include an authentic interaction between characters with a cultural group or between two or more cultural groups.
   N/A—the text itself does not include this interaction, but it does facilitate it

8. There should be a purpose for including members of a "minority" group, not just to fill a quota of sorts.
   N/A—the people represented are not the minority in the culture represented

9. The selection should invite reflection, critical analysis, and response.
   Satisfied—the book calls for reflection and analysis of one’s own health behaviors and response via action to improve the health of oneself, the community, and Haiti.

10. The selection should meet the generally accepted criteria of quality for the particular genre in which it is written.
    Satisfied—the fundamental concepts of SCT are evaluated below.
The fundamental concepts of SCT were evaluated to determine whether or not they were implemented effectively in the project:

1. Behavioral Capability: the knowledge and skills necessary to implement a behavior
   Effective—this book is primarily designed to be informative about the basic risks associated with poor sanitation and hygiene, and how to implement basic hygiene practices to protect health.

2. Expectations: beliefs about the probable effects of a behavior
   Effective—the basic structure of the book allows a person to evaluate their understanding of the health issues in the questions and the answers provide facts about the effects.

3. Expectancies: evaluations of these effects
   Not Effective—the values of Haitian culture are included somewhat in the text, but a fully representative and appropriate model of addressing expectancies would likely require greater intimacy with the culture.

4. Locus of Control: estimation of ability to affect these reinforcements
   Effective—the direct, personal tone of the book directs the locus of control within the individual, which enhances his/her control over the situation.

5. Reciprocal Determinism: relationship between individual, behavior, and environment
   Effective—the book effectively places the individual within a community and discusses how a person’s behaviors affect those around them.

6. Self-control/Self-regulation: conscious control over attitudes and behavior
   Not Effective—the book does not mention the need for self-control or strategies to improve it.

7. Emotional-Coping Response: recognizing the anxiety that surrounds a behavior change and responding to it effectively in order to maintain that change
   Not Effective—the resource addresses other barriers to change, but does not address the issues of anxiety and similar perceptions.

8. Self-Efficacy: recognition of one’s own competence regarding the behavior change
   Effective—the book promotes simple behavior changes which can be implemented within daily life.

Clearly, not all guidelines for multi-cultural children’s literature are satisfied, and not all fundamental concepts are addressed effectively, but the book does not require complete perfection. Many of the criteria are counted as not met because they are not met in full, but completion of most, and partial completion of the rest is sufficient success for the book.

However, it does offer a starting point for future revisions and improvements.

In regards to its effectiveness as a health education manual, practical evaluation is not feasible at this point, but the goal is for this resource to be used in Haiti, hopefully by the author.
as well as by other organizations which are doing this work. Thus, it will be applied in practice, and its success can be evaluated based on an increase in people who can be reached. When North Americans go into villages to lead trainings, there are often more English-speakers than Creole translators. Therefore, it can be used as a supplementary teaching method alongside a larger group teaching, or as the central teaching method, but the primary goal is that this book be used to facilitate smaller group communication. To evaluate the effectiveness of the book, input would be required from the team members who are using it, the translators and other Haitians who are acting as a link to the community, and the staff of the organization. Success would be a 25% increase in people reached with the information, and the future goal is to make that number even higher.

**Alternative Uses**

In the process of analyzing this book in relation to its value as multi-cultural children’s literature, it became evident that the book could be used for purposes other than only health education in Haiti. Although primarily an informative text, the images are engaging enough that it could be used as a resource for an older English-speaking child who is learning Creole. With the information in the end of the book, it could be used in a language or culture class to teach about the basics of Haitian culture.

**Future Opportunities:**

The book, although it has been sent for the first round of publishing, is not finished. My goal is that it will continue to evolve and grow and be reprinted as needed to update the background information and the health education guide, and that I will be able to take it to Haiti to conduct further evaluation.
REFERENCES


APPENDIX 1: “Healthy Living for a Healthy Haiti”
Healthy Living for a Healthy Haiti

Viv yon vi an sante pou ou

Haiti

Healthy Living for a Healthy Haiti
This book is designed as a resource to facilitate cross-cultural communication between North Americans and Haitians, particularly for community health education in Haitian Creole. It includes a list of key questions and effective answers to ensure quality teaching.

The reference information is only in English, hence health education text is provided for all translation into Haitian Creole.
What causes sickness?

All around us there is air, water, people, plants, and sometimes, these things make us sick. So, what is it about them that makes us sick? It is the germs that are on these things.

Kisa ki lakoz maladi?

Tout ou di nou ben le dlo, moun, plant, bet e li ki.
Twa bagay sa tyr e nou maladi. Ab ki nan yo ki te nou maladi? Se yonbwa e li nan bagay sa yo.
What are germs?

There are many kinds of germs. Some of them are good. But some of them are bad. When we come in contact with enough of a certain kind of germs, we can get sick with diseases such as a cold.}

KISA: Mikkop yo ve?

Kera, kera, nan yo, a ente great la moyo. Kera, kera, nan yo, a ente great la moyo.
How do we protect ourselves from germs?
Kilman mwen ka kende mafe m e di'om an.

Tete.

Touyou fitre ki nan bouyi oubyen ki bouyi. Filere.

Veso ki popo fe mafe oubyen ki popo. Dlo.

Biyen dasye kik lori ki nan lhop ki. Touyou filere
Devbiye. Li prepap jousanm manfe nou diyev ep dlo.

Pou kente lori yon krik moun pa. Ke ou renmen an
Sekiter.

Tete.

Water o tire bole. Ligner, filere.

Ekote.

Kilman mwen ka kende mafe m e di'om an.

How can I keep my food and water safe?
Relevant Facts

An Introduction to Haiti:

Healthy habits individuals that are healthy.

Share these tips with your family, friends, and

Partage sa yo avèk famili ou, nanmi ou, vòsèn

Pase yo konplote ki an nan sa

nòtay.
10 years.

Extreme poverty dropped from 37% to 24% in the past decade.

Work by the government and the World Bank has helped to remedy these issues, for instance. Through international organizations and the government of Haiti, however, there are constant efforts by the people to move the least developed nations in the world, especially Haiti, and by the International Monetary Fund (IMF) and the World Bank, which is now 23% of GDP per capita. Haiti is 20th in the world (out of 170) in terms of the poorest nations in the world. Environmental and natural disasters have plagued Haiti throughout its history and recent years. It is the perfect storm for its vulnerable population. Lack of infrastructure, natural hazards, and market failure due to Haiti operating under a free market economy which is unstable.

History of Haiti

has continued to be characterized by unrest and instability. An independent nation since 1804, the political history is not without its controversies. After a history of European exploration of its ancient civilization, the island was declared an independent nation in 1804. It was the first republic of the Caribbean Island of Hispaniola.
10 years, extreme poverty dropped from 31% to 24% in the past work by the government and the World Bank. Haiti is ranked third lowest for income inequality in the world. However, there are constant efforts by international organizations and the government of Haiti to remedy these issues; for instance, through the program Eradicating Poverty and Economic and Social Progress. Haiti is one of the least educated nations in the world, with a GINI coefficient of 0.67. With a GDP per capita that is 207th in the world (out of 230), Haiti suffers from a lack of infrastructure and natural disasters which have prolonged Haiti throughout its history and recent years, factors such as the political instability, lack of productivity based on services and agriculture. Due to Haiti operates under a free market economy which is

In summary, Haiti has continued to be characterized by unrest and historical events.  Since then, its political history is divided into periods of independence and dictatorship. Haiti was the first republic in the Americas, after a history of European exploitation of its resources and people. Haiti was declared an independent nation in 1804, after the Haitian Revolution. The island of Hispaniola is approximately 70% occupied by the Haitian people. History of Haiti

Economy
Health Statistics:

* Pneumonia, diarrhea, and malaria: 1%
* Diarrhea: 2%
* Lower respiratory infections: 2%
* Ischemic heart disease: 2%
* Cancer: 3%
* Stroke: 6%
* Diabetes: 4%

Top 10 Causes of Death

Expected at birth: women/men: 65/67 yrs

Infectious mortality rate: 59/1000 live births

References
2. Communities alike. Therefore, we do not lose heart.

The book can effectively facilitate this crucial interaction, considering the resources such as dual-language translation and reception. Individuals must be fluent in the background of both sides in communication. The knowledge that is unique to this process, it can be valuable in cross-cultural learning experiences. For both parties, it is cross-cultural learning that matters more to those who represent different cultures. Furthermore, despite the differences in age and gender, this communication is essential.

Thesis Statement for Project:

Senior thesis project. Science in Public Health. This book was created as her senior thesis project at the University of South Carolina with a bachelor of science in December 2015. Elizabeth Binary