

INSTITUTIONAL SUMMARY REPORT

URBAN CHANGE

MIAMI

(ROUND 1)

Report Prepared for MDRC

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Introduction

The purpose of this report is to provide qualitative context for the analysis of institutions in Miami. Our goal is to provide MDRC with an understanding of the neighborhoods, their range of institutions, rationale for sample selection, and methodology of Miami's Institutional Component of the Urban Change study. This report does not provide a quantitative analysis of the first round of interviews. We do not even attempt a thorough qualitative analysis. Those analyses can best and most efficiently be done with the data that has already been forwarded to MDRC. Rather than duplicate analysis that MDRC will undertake, we intend to provide a framework that can guide such an analysis. We expect that this report will become part of a dialogue between we, the fieldworkers who gathered the data and know the local community, and MDRC analysts who are conducting the analysis.

We will first provide a brief qualitative overview of community selection which is followed by a detailed description of our methodology, which includes both the census of institutions and our consultation with experts who know these particular neighborhoods. We then discuss the specifics of each community, including a broad overview, our census, and our sample of institutions. After the discussions of the communities, we address the broader issues of representativeness within and across communities. This report primarily addresses the first section (*Overview of institutions in the neighborhood and the institutional sample*) of the MDRC memo of January 27, 1999, Re: Summary Memo for Round I from Barbara Fink to "Institutional Team" that contains questions one through seven.

Communities & Neighborhoods

The three neighborhoods of this study reflect Miami's¹ three most important ethnic concentrations: Hispanics/Latinos,² African Americans, and Haitians. The majority of Miami's population is Hispanic. Approximately 20 percent of the total population is Black. The vast majority of the Black population is African American, but about ¼ of the Black population is foreign-born with the largest proportion coming from Haiti. Because of difficulty recruiting an ethnographic sample, we have now dropped Little Haiti from the study. Nevertheless, we felt it worthwhile to report on the information we gathered from institutions in Little Haiti.

Urban Change is based upon the notion of neighborhood. For the institutional component, the issue of the most appropriate definition of neighborhood, e.g., census tract, had to be addressed for determining the population from which to draw our sample. As anthropologists, we began the research inductively, using the terms neighborhood or community loosely and broadly and not imposing an external definition. We hoped that the empirical evidence would guide us. Once we had our data, we could return to the theoretical issue of defining neighborhood and community. The lived experience of our ethnographic informants and the geographic spread of the institutions most relevant to them and welfare reform does not fit within a Census tract. Moreover, each of the areas under study is geographically larger than the implication conveyed by the term neighborhood. And, each is sufficiently internally diverse to undermine the sense of community and its implications of shared sense of belonging. With the expertise of Richard Beaulaurier who has worked extensively in the area of community studies, we have constructed a framework to

¹ By Miami, we mean the contiguous urban area of Miami-Dade County which contains approximately 30 separate municipalities. The City of Miami is the largest of these municipalities, but contains only about 1/5 of the total urban population. While the City of Miami is an important political jurisdiction, sociologically the larger urban area is more important and the term Miami most frequently refers to the larger area. This is our usage.

² Hispanic is the locally preferred term by both English and Spanish-speakers. Although nationally Latino has become preferred among the politically active and academics, within the Miami area even Hispanic/Latino political leaders employ the term Hispanic. There are many reasons for the preference to use "Hispanic" rather than Latino in the local context that are beyond the scope of this report. We will adhere to the locally preferred term of Hispanic.

organize, describe, and begin to make sense of our data. This section presents a summary of a theoretical framework that we have found useful. We recognize that this Report does not require such a discussion. We include it, nevertheless, in hopes that it will both help others understand how we are framing our institutional study and provide a spark for discussion on how to define and conceptualize neighborhoods and communities.

For a term that is used so frequently, “community” is remarkably difficult to define. Perhaps the most important author on the American community, Warren (1963) has opined that there may be no one definition of the term that is adequate. For the most part, however, definitions are either of the geographical, or the functional type. Durkheim’s definition of community as a mediating structure between the individual and society is essentially a functional definition. The same can be said for many other “communities” that are organized around an activity, function or interest, such as the “health care community” or the “social service community.”

Other definitions emphasize the geography of a community. Warren (1963, p. 167) suggests that a geographical community may be defined as “...that combination of social units and systems that perform the major social functions having locality relevance...” and notes that there are five such functions:

- Production-distribution-consumption (working—bringing product to market—buying)
- Socialization (learning and internalizing social mores)
- Social Control (external control mechanisms for when norms are violated)
- Social Participation (opportunities for developing a sense of belonging and social involvement)
- Mutual Support (aid for when problems are too great for individuals to solve by themselves)

The degree to which these functions are present within the service mosaic of the communities under study, and the degree to which they are formal or informally delivered, suggests some interesting questions about the kind of community supports and challenges families and children may face. For example:

- *Production* - Are there opportunities for family members to engage in remunerative work? Are there programs that provide direct or indirect opportunities to work, or receive training for work?
- *Distribution—consumption* - Do family members have access to stores that carry goods they need at prices they can afford? Do families have access to the “basics” such as food, clothing, housing?
- *Socialization* - Do children and parents have opportunities to learn how to behave in appropriate and healthy ways? Do programs or services actively socialize children in productive educational and behavioral patterns? How do parents learn to parent? How do adults and young adults gain the knowledge they need to enter the “world of work”?
- *Social control* - What are the mechanisms correcting violations of socially appropriate norms? What kind of balance has been struck between social control and socialization? What kind of linkages are there between traditional control agencies (e.g. police) and traditional socialization organizations (churches, clubs, social service providers, schools)?
- *Social participation* - What kind of opportunities are there for children and families to associate and develop a sense of belonging? (social participation—examples include, community based churches, business associations, neighborhood associations, kinship groups, planning bodies) (Hardcastle, et al. 1997) Hardcastle et al., 1997, p 104). To what extent do service agencies see their mission as one of providing opportunities for participation among community residents?
- *Mutual Support* - When families or children have problems that they have difficulty solving alone, what mechanisms exist for meeting these needs? Is there a culture of self-help? When support is formal, does it originate from inside the geographical community (e.g. from a locally “owned and operated” CBO)? From a government bureaucracy?

Warren suggests that these are all-important social functions, which must be carried out in a physically definable area. Our communities have somewhat vague and varying geographical definitions. While Hialeah has recognized political boundaries, they stretch far beyond any sense of neighborhood or community for our ethnographic sample and they are similarly more expansive than the functional

prerequisites identified by Warren. Neither Liberty City nor Little Haiti has commonly recognized boundaries. Each has a geographic core, which is part of our definition, with a loosely defined periphery. As we are probably all aware in our own activities and through the ethnographic data, and as Warren notes, communities vary considerably with regard to the degree to which residents engage in his functional activities within their community's borders. This ethnographic fact is an important descriptor of these communities and caveat for interpretation of the words community and neighborhood. Neither neighborhood nor community has been sufficiently defined either for this project or for the samples we are working with to have a singular, specific meaning. We fear that the terms may mislead the reader into thinking that there are some actual, commonly recognized boundaries that are small enough to be a neighborhood or a community of people or households. What we refer to as neighborhoods in this section are loose geographic areas near where the ethnographic sample lives and where they conduct some significant activities. Our census of service agencies and other non-residential entities is confined to the census tracts we designated according to the overall Urban Change research design being used in the other participating cities. We suggest, however, that analysis be framed in order to address Warren's more socially meaningful dimensions of community.

The service agencies in the three communities engage in all of these activities to a greater or lesser extent. This even includes "production-distribution-consumption" which has not been a traditional area of social service activity, but is one that is becoming increasingly important with the advent of welfare-to-work initiatives.

Organizations also vary in their orientation, what Warren refers to as "vertically" and "horizontally" integrated organizations (Warren 1963). In a nutshell, this refers to organizations that either are controlled from inside the geographical community or from outside (Hardcastle, Wenocur, & Powers, 1997). An organization would also have a vertical orientation if it is mostly oriented toward its "system" (e.g. the mental health providers) than toward the community in which it resides. So an indigenous organization *can* have a vertical orientation even if it does not have branches outside the geographical community. More importantly, the orientation or integration of an organization is likely to affect how it responds to change, specifically welfare reform. One can hypothesize that organizations that are horizontally oriented, i.e. more linked to their community, would be more likely to respond to and advocate for their constituents' needs.

The developmental stage of an organization also is likely to affect responses to welfare reform. Three stages are usually identified: "initiation, innovation and institutionalization" (Kimberly 1980). Initiation (Stage I) is characterized by entrepreneurship—particularly of a charismatic individual and occupied with modest initial operations. Innovation (Stage II) relates to program development, rapid growth beyond initial boundaries and activities, and a gradual recognition of the need for rules and procedures. Institutionalization (Stage III) occurs when rules, procedures and organizational differentiations become fully mature—the classical bureaucratic organization. Again, this dimension can produce hypotheses concerning welfare reform. Stage III organizations, for example, are less likely to be flexible and respond rapidly, although they are more likely to have strong ties to funding agencies.

Rather than presuming and forcing a difficult justification of the terms neighborhood and community, this framework makes the issue of community and neighborhood an analytical question that allows us to focus on how the institutions we are examining are responding to the impact of welfare reform.

Methodology

Our selection of institutions to sample for interviews was dictated by the guidelines set forth at MDRC for all the teams in the four cities describing the kinds of agencies to include, if they existed. “How” was accomplished first by the Miami team meeting and discussing, then listing the agencies we knew to be serving the respective areas of Hialeah, Liberty City and Little Haiti. Most of these agencies are also located in the overall general boundaries of these areas, but many of them are satellites of larger countywide agencies. Health clinics and mental health facilities are typically part of the countywide public health clinic system.

To make our initial listing, we relied on our collective familiarity with the areas under study. Stan Bowie had spent nearly a decade working in agencies in Liberty City (including United Way) and lived there for a time. Dorcas Wilcox is a lifelong resident of Liberty City with deep ties to the church and school communities of the area. She is a training specialist for Miami Dade County Public Schools and through her job works with local schools and community programs. Isa Soler has deep personal ties to Hialeah where her family first lived after migrating from Cuba. As the employee of one of the few “indigenous” service agencies in Hialeah she is familiar with most of the agencies offering any kind of services in the area. She also delivered the parenting classes to most of the job clubs of the WAGES programs throughout Hialeah, which further expanded her range of knowledge of institutions in Hialeah. After 18 years of doing research in Little Haiti, Alex Stepick has gained in depth familiarity with the agencies serving Haitians. He has served on the Boards or advised all of them at one time or another and conducted research on the business structure of the area. He also lived in Little Haiti for over five years. As a recognized researcher of Miami more generally, Alex also has met politicians and community leaders throughout the county as well as the directors of large numbers of agencies, large and small. Carol Stepick has conducted survey research and ethnographic research in most of Miami’s ethnic communities over the past 15 years, which has offered insight into which agencies are more efficacious than others. When Rich Beaulaurier joined our team he canvassed researchers and social work supervisors working in the three sites asking about the sample we had selected. With the exception of health care services in Hialeah he was able to confirm that in the opinion of those individuals we interviewed a representative cross-section of the kinds of agencies operating in Hialeah, Liberty City and Little Haiti.

We had no difficulty making an initial listing with several entries in each category. With the exception of homeless shelters we were able to list more than one agency per category. Food banks or pantries or feeding programs were generally not separate agencies, but programs contained within an agency. Therefore, when we were selecting among several churches, for example, we included those we knew to have a meal program or food bank among their programs. Among the many choices for childcare centers we decided to attempt to include private, for profit and not for profit, (mainly Headstart) agencies in order to get both perspectives on the all important issue of childcare.

Table 1 Neighborhood Institutional Census & Social Service				
	Hialeah	Liberty City	Little Haiti	Total
Social Service Establishments	150	213	160	523
Total Establishments	669	610	571	1850
Percent of total that are Service Organizations	22.4%	34.9%	28.0%	28.3%

We then narrowed that list by determining if we had any inside contacts that would make access easier. We had more inside contacts with Executive Directors of agencies in Liberty City and Little Haiti than we did with agencies in Hialeah, where we had more contacts with individuals at the program director level. One reason for this is that the agencies in Hialeah tended to have a higher proportion of non-indigenous, satellite agencies than the other two sites. As such it was difficult to even identify an entity like an Executive Director for several of the agencies we interviewed. We attempted with minimal success to circumvent that problem by going to the main office to try to get something more of an Executive Director’s perspective. That explains why interviews were done outside of Hialeah with, for example, the Catholic Archdiocese (provider of emergency and family services), The Daily Bread Food Bank (most significant food bank in the county), Legal Services of Greater Miami (the principal provider of all kinds of legal services to the poor and especially to immigrants in the county), and the Camillus House health clinic (clinic attached to the highest profile homeless shelter in the county).

After making our selected listing, which was submitted to MDRC, we also attempted to census the designated census tracts in each of the study areas. In Hialeah and Liberty City we censused three census tracts in each area. In Little Haiti we censused seven census tracts. To accomplish this we drove and walked the streets listing as many non-residential establishments as was possible to identify from the street. We used listings from Dade-County Public School District and Dade County Public Health to establish the locations of their facilities. We were aided by a book published by a switchboard referral hotline with United Way funding which attempts to annually publish a complete listing of all service providers in the county with addresses, contact information and brief descriptions of services offered. We identified all the listings in this book located in the three study communities. In Hialeah we visited City Hall and there and in Little Haiti we visited the local Chambers of Commerce to obtain their listings of services and businesses. Liberty City spans the boundaries of the City of Miami and Miami-Dade County and does not have such listings directly pertinent to it. For Little Haiti we also used a commercially published phone book of Haitian businesses. Lastly we reviewed the entries for the relevant areas in the commercial software, “Streetfinder.” This software was also useful for producing clear and attractive maps of the areas to be censused in person. From all of these sources we were not able to improve upon our original listing of institutions to be interviewed. They did help affirm that we had not missed any crucial agencies.

In total we censused 1,850 non-residential entities of which we determined that a total of 523 public and private entities provided some form of social service as noted in Table 1. We want to emphasize that our definition of “social service establishments” in Table 1 is very broad. It includes not only community based organizations or representatives of government agencies, but any organization or business that could offer a “service” broadly defined as “social.” Thus, for example, we included a private employment agency in this particular count of Social Service Establishments. Our subsequent sample of

institutions for interviews only included non-profit organizations, but Table 1 includes both profit and non-profit organizations. We classify the institutions in our census according to the broad categories provided by MDRC and based on the services offered.

We classify the institutions we interviewed in specific neighborhoods in three ways that are relevant to our discussion above of neighborhood and community. We identify those organizations according to 1. their most important services offered, 2. To their horizontal versus vertical orientation, and 3. Their stage of development (Stage I, II, or III). In terms of the services offered we used the categories suggested by MDRC: Job Placement/Vocational Training, Multi-Service, Health, Mental Health, Family, Youth, Childcare, Legal, Elderly, Housing, Schools, Churches, Thrift shops, and Miscellaneous which included parks, police and fire stations, and post offices.

Neighborhood Profiles

Hialeah

General Overview

Since the majority of Miami's population is Hispanic, potentially, numerous neighborhoods could have served as sites for this study. We were constrained, nevertheless, by a number of criteria. First, Miami's Hispanics are not as poor, in general, as Hispanics in the rest of the country. In fact, Miami's largest Hispanic group, Cubans, are the most successful Hispanic group in the U.S. Thus, although there are many neighborhoods with high concentrations and even a majority of Hispanic, most of them are not very poor. Moreover, Hispanics in Miami are relatively well integrated residentially. The majority of local Hispanics do not live in segregated neighborhoods that are more typical of Hispanic in the Southwest and Western U.S.

Given that the research design calls for a high concentration of Hispanics and significant poverty, only two neighborhoods qualified: East Little Havana (which is part of the City of Miami) and Hialeah (which is an independent municipality within Miami-Dade County). East Little Havana has the advantage of having higher poverty rates than Hialeah, but it is populated primarily by recently arrived immigrants, many of whom are undocumented. We anticipated two difficulties in doing fieldwork in East Little Havana – many people would not qualify for welfare because of their immigration status (a problem that also arose among Haitians) and undocumented immigrants are very distrustful and difficult to convince to cooperate in a study (another problem we also confronted among Haitians). For these reasons, we chose to work in Hialeah.

Hialeah is frequently referred to as a Cuban city and until recently that was an accurate description. Within a larger urban area area that has the highest proportion of foreign-born residents of any U.S. metropolitan area, Hialeah stands out as being the most thoroughly Hispanic community. Over 90 percent of its population is Hispanic. It was also the first municipality to elect a Cuban-born mayor and majority to its city council.

Recently, Hialeah has become ethnically mixed. While it remains overwhelmingly Hispanic (a "supra-ethnic" category), Hialeah has increasing numbers of people from different national backgrounds than Cuba. Cubans are still the largest group, but now Hialeah is also home to Dominicans, Hondurans, Nicaraguans, El Salvadorans, Puerto Ricans and Spanish-speaking immigrants from other countries. In most conversations, whether on the street, in businesses, or in government, Spanish is the dominant language. To outsiders, those who live in Hialeah may all appear the same, since they all (or more precisely over 90 percent) speak Spanish. These national ethnic differences, however, are frequently important in interpersonal interactions. Accordingly, notions of identity of self and of organizations are both going through transition and variable according to context. To the outside world, an organization may identify itself as Hispanic, but within Miami, and especially among Hispanics, it may have a narrower identification, such as Cuban. Accordingly, we sometimes refer to an organization's ethnic identity as Hispanic/Cuban.

Table 2 Hialeah Institutional Census			
Type	Number	Percent of Hialeah sample service providers	Percent of all Hialeah establishments censused
Job Placement	14	9.33%	2.09%
Multi-Service Center	2	1.33%	0.30%
Health Services	39	26.00%	5.83%
Mental Health Services	5	3.33%	0.75%
Family Services	5	3.33%	0.75%
Youth Services	2	1.33%	0.30%
Childcare	19	12.67%	2.84%
Legal Services	5	3.33%	0.75%
Elderly	3	2.00%	0.45%
Housing	1	0.67%	0.15%
Schools	26	17.33%	3.89%
Church	19	12.67%	2.84%
Thrift	4	2.67%	0.60%
Miscellaneous	12	8.00%	1.79%

Socioeconomically, Hialeah is diverse, although it is predominantly working class. Visually Hialeah does not appear to be poor or even struggling. Business activity is everywhere. With over 15,000 “multi-lingual” businesses, the majority of small businesses are also Hispanic-run. Hialeah also has the largest number of industries of any city in Florida and the city has almost thirty percent of Dade County’s manufacturing laborers, many of them relatively low-wage, Spanish-speaking immigrant workers such as in the apparel industry. The residential areas appear livable, and even frequently pleasant. There are no areas pocked by abandoned buildings or overwhelmed with graffiti. Instead, on the edges of the neighborhoods we have selected, new apartments and businesses are going up. Isa refers to Hialeah as “apartment heaven” as there are so many apartment complexes. In between the apartments, lie blocks of single-family residences. Most are 1950s and 1960s era small bungalows with 2-3 bedrooms, but occasionally a new “Latino mansion” dots the block with its red tile roof, covered entry portico and surrounding wall and wrought iron gates. One must look closely and drive down many streets to notice that some blocks have more trash, lawns that have not been watered, cars that may be broken down, and people who are walking rather than driving to stores. Poor people live in Hialeah and even dominate some blocks, but they are not the majority; they are residentially mixed with more stable working and middle class families.

This socioeconomic mix makes it much more like a poor Latin American town or small city than the stereotypical image of a relatively homogenous ghetto inhabited overwhelmingly by poor people of the same ethnicity. Hialeah has both a greater socioeconomic and ethnic mix than most U.S. communities, although it is overwhelmingly Hispanic.

Hialeah thus provides an excellent opportunity to observe the consequences of supra co-ethnics (Hispanics) being clients and agency workers. If being a (supra) co-ethnic, i.e., having ethnic solidarity has any meaning within institutions and community agencies, it seems likely that Hialeah is where institutions will be most sensitive and responsive to their clients, i.e., where they are most likely to protect their clients' interests and to adapt quickly to the new pressures of welfare reform.

Census and Sample

In Hialeah we confined our census to the main streets and avenues of three contiguous census tracts chosen because more of our ethnographic sample live in these tracts than in others and they are close enough to the welfare office under study by the Implementation component of Urban Change. We also believe that parts of each of these three census tracts contain significant pockets of poverty that although they do not make the cumulative statistics of these census tracts look like the low poverty tracts designated as part of the Urban Change research design, the poverty is real and typical of poor Hispanic residential areas around the county. The census tracts we censused in Hialeah are 101.16, 93.02 and 93.03. Census tract 101.16 is relatively large. Although we did not measure in miles it is roughly twice the area of other census tracts in our study.

Since our census is confined to the main thoroughfares bounding and intersecting these tracts, we know that we missed some businesses and possibly a very small number of service providers on side streets. Even so, we censused a total of 669 non-residential entities in the three census tracts in Hialeah. Of those 150 were service providers as categorized in Table 2. Our census of these tracts include 14 small strip malls or *plazas* that typically contain four to ten small non-residential entities – usually businesses – that we did not individually count.

Only three of the agencies we interviewed for the Hialeah sample lie directly within the boundaries of the census tracts. Another agency lies one block outside the boundaries of tract 93.03 and another lies about four blocks and yet another about six blocks and still another about ten blocks beyond the same tract. One agency, Dade County Dept. of Human Services is close to “downtown” Hialeah accessible on any of the bus lines. One childcare is located in adjacent Hialeah Gardens. As mentioned before, Isa interviewed four agencies with some presence in Hialeah, but whose Directors were in offices outside of Hialeah. One agency, The Daily Bread Food Bank is located about six blocks from the southwest corner of one of the sample census tracts in Liberty City. The Camillus House Health Center is in downtown Miami. Legal Services of Greater Miami lies about eight blocks south of what we designate as the southern boundary of Little Haiti. The fourth of these outlier agencies, Catholic Charities, is located on the northern edge of Little Haiti.

Table 3 Hialeah Institutional Sample	
Job/Vocational Services	<ul style="list-style-type: none"> • Hialeah High School Adult Education
Childcare	<ul style="list-style-type: none"> • Centro Mater (+ after school) • La Scala (to 12 years)
Youth Programs	<ul style="list-style-type: none"> • Community Policing
Family Services	<ul style="list-style-type: none"> • Metropolitan Dade Co. Dept. of Human Services, Office of Youth & Family Development • Hands in Action
Health & Mental Health	<ul style="list-style-type: none"> • Child Psychiatric Center • Camillus House Health Clinic*
Churches	<ul style="list-style-type: none"> • Comunidad Cristiana • La Roca Firme
Schools	<ul style="list-style-type: none"> • Ben Sheppard Elementary
Legal Services	<ul style="list-style-type: none"> • Legal Services of Greater Miami*
Food Bank	<ul style="list-style-type: none"> • Daily Bread Food Bank*
<p>*We conducted one interview for each of these agencies in which we gathered baseline data relevant countywide, including each of our three communities</p>	

Hialeah’s social services tend to fit most comfortably into Warren’s category of “mutual support” and occasionally “socialization” or “social participation.” Mutual support institutions seem most formalized and bureaucratized in Hialeah. Only four of the twelve interviews seem to have been done with indigenous organizations (Children’s Psychiatric Center, La Roca Firme church, Hands in Action and La Scala childcare center). Strikingly absent are many organizations that look like they were started for residents, by residents. La Roca Firme church probably fits this best, but its service functions according to the interview are minimal, and its catchment seems to be merely members of its congregation. It looks much more like it fills a “social participation” role than any meaningful service role. The remaining two locally founded organizations seem to have formalized to the point of being pretty indistinguishable from organizations that are based outside Hialeah. All of the organizations, except La Roca, appear to be stage III organizations. At the same time, workers in these organizations are overwhelmingly Hispanic and seemingly tied to the local community, even for those organizations which are not officially based in Hialeah. The paradox of the agencies seeming to be outside, non-indigenous agencies staffed by co-ethnics tied to the community probably reflects the peculiar ethnic politics of Miami. Hispanics, and Cubans more specifically, have control of many aspects of the broader Miami community and they have a strong sense of solidarity. Many of these organizations are Hispanic/Cuban organizations whose leaders do not view Hialeah as a separate community, but simply as one important component of the broader local Hispanic/Cuban community.

Table 4 Hialeah Organizations Orientation and Stage		
	Horizontal – Neighborhood Community	Vertical – Broader Community
Stage 1 – Initiation	La Roca	
Stage 2 – Program Development		
Stage 3 – Mature, Bureaucratic		Centro Mater, La Scala, Community Policing, Office of Youth and Family Development (DHS), Child Psychiatric, Ben Sheppard, Daily Bread, Legal Services, Catholic Charities

Liberty City

General Overview

Liberty City contains the largest concentration of Black residents in Miami-Dade County. It is a socioeconomically diverse community that has the longest standing Black middle class and the largest public housing projects in Miami. While Liberty City is among the most well-known communities in Miami, it is not a political entity. It is not an official neighborhood of either the City or County. It lies not too far to the east of Hialeah. In between the two communities lies Hialeah’s manufacturing area. Although lumped as a sprawling ghetto from Northwest 36th to 79th streets, Liberty City is in essence a small community with a big reputation as having slums and drug wars. Most of it lies in unincorporated Miami-Dade County. Old-time residents conceive of it narrowly from Northwest 12th to 19th avenues from 62nd to 73rd streets. For others it informally runs all the way from 36th street to somewhere around 100th street and in between I-95 and Hialeah, a much larger area.

Originally, in the 1920s, the area was an all-white suburb of the then rapidly growing Miami. During the 1930s in response to overcrowding in Overtown, the original segregated section of Miami, and thanks to blockbusting by unscrupulous real estate agents, Blacks began moving to Liberty City. Liberty Square, the first public housing development in the state, also began to concentrate the Black population (Casimir 1999). Today, Liberty City is not the poorest Black neighborhood in Miami. That distinction remains with Overtown, the original central city, segregated Black neighborhood. Nevertheless, Liberty City has ample numbers of poor people, particularly within its large housing projects.

Table 5 Liberty City Institutional Census			
Type	Number	Percent of Liberty City service providers	Percent of all Liberty City establishments censused
Job Placement	9	6.00%	1.35%
Multi-Service Center	8	5.33%	1.20%
Health Services	14	9.33%	2.09%
Mental Health Services	3	2.00%	0.45%
Family Services	7	4.67%	1.05%
Youth Services	4	2.67%	0.60%
Childcare	22	14.67%	3.29%
Legal Services	2	1.33%	0.30%
Elderly	4	2.67%	0.60%
Housing	3	2.00%	0.45%
Schools	19	12.67%	2.84%
Church	107	71.33%	15.99%
Thrift	3	2.00%	0.45%
Miscellaneous	9	6.00%	1.35%

Liberty City has always been the focus of African American political activity with many of its prominent political leaders having been raised there. Liberty City has not only the largest number and biggest African American organizations, it has also been the site of repeated riots from the 1960s through the 1980s. After the 1980 riot, the largest in property damage and human life, the community's only supermarket, looted and damaged during the unrest, gave up on Liberty City and closed its doors. The neighborhood has numerous retail businesses, but few national chains nor are the businesses as diverse as in Hialeah. There are small markets and convenience stores, many of them are landmarks for their clientele. One named the Three Stooges Market has a mural of the three stooges on the building's outside wall. There are hand carwashes, beauty parlors and barber shops, coin laundries and dry cleaners. At the center of the neighborhood lies the African Heritage Center, a cultural arts center, which is surrounded by several churches, a post office, a police mini-station. Further away are small, family-owned restaurants, check-cashing firms and funeral parlors.

At least seven large murals of African American icons are painted on buildings. One can see Dr. Martin Luther King, Malcolm X, Nelson Mandela, Harry Belafonte, and Tupac Shakur (a deceased rapper). Although there are no murals of African American women, some streets are named after African American women.

The busiest streets, such as NW 7th Avenue north of 62nd street contain numerous businesses and churches. On some blocks there are two and even three churches per block. Some blocks have more vacant storefronts than others and some blocks, such as NW 62nd St. between 7th and 10th Avenues, are marked with graffiti. On a few blocks further north, the dumpsters next to businesses have overflowing trash, and wine and beer bottles are strewn about the ground.

While few chain stores exist, some local businesses serve multiple functions or have widespread reputations. Jay's Drugs on NW 54th St., for example, stepped into a void after Bell South (the local phone company) and FP&L (Florida Power and Light) closed their branch offices in Liberty City. Jay's Drugs handles not only utility payments, but also Western Union money transfers and it delivers prescriptions in the neighborhood. Jumbo's Restaurant on NW 75th St. has been in business over 40 years and draws customers from throughout the County with its soul food cooking.

A few blocks have neat, tidy single-family homes. They may not be as ostentatious as the "Latino mansions" spotted around Hialeah, but they reflect a middle class presence. A few blocks away, on the other hand, prostitutes roam the streets while young men stand on corners with others sitting on milk crates watching the cars go by. Even these streets have numerous churches along with small family-owned stores and a famous "to-go" restaurant, Miracle, which is famous for its conch fritters and on whose wall there is a mural of the 23rd Psalm, one of the few walls that has no graffiti.

After the 1980 riot, the building that had housed the one large supermarket remained vacant for several years until the Tacolcy Economic Development Corporation (TEDC), a local nonprofit group headed by longtime resident and former cop Otis Pitts, worked to refurbish the location eventually attracting a branch of the Winn-Dixie supermarket chain. With the help of the Local Initiatives Support Corporation (LISC), a national investment organization created by the Ford Foundation, TEDC has built five apartment buildings to date. Another hoped for catalyst for economic development in the neighborhood is the Miami-Dade Community College, which opened the Liberty City Entrepreneurial Education Center in 1989 (PBS 1997). After the 1980 riots, city and county leaders made numerous efforts to promote economic development in Liberty City. Other than the Winn-Dixie supermarket, there have been no notable successes. Numerous small businesses exist, but they are not as diverse as Hialeah and Liberty City has nowhere near the employment opportunities of Hialeah. Although Hialeah's manufacturing area is adjacent to the west end of Liberty City, reportedly very few Liberty City residents work in those businesses.

<i>Table 6</i> <i>Liberty City Institutional Sample</i>	
Job/Vocational Services	<ul style="list-style-type: none"> • Phases of Life • Home Builders Institute
Childcare	<ul style="list-style-type: none"> • Turner=s Kindergarten
Youth Programs	<ul style="list-style-type: none"> • Kids= Corner
Health & Mental Health	<ul style="list-style-type: none"> • New Horizons Mental Health • Camillus House Health Clinic*
Multi-Service	<ul style="list-style-type: none"> • Catholic Community Services*
Churches	<ul style="list-style-type: none"> • Mt Calvary
Housing	<ul style="list-style-type: none"> • H. J. Russell
Legal Services	<ul style="list-style-type: none"> • Legal Services of Greater Miami*
Food Bank	<ul style="list-style-type: none"> • Daily Bread Food Bank*
<p>*We conducted one interview for each of these agencies in which we gathered baseline data relevant countywide, including each of our three communities</p>	

Census and Sample

In Liberty City, we censused every single block of census tracts 10.04, 15.02 and 19.03. Although tracts 10.04 and 15.02 are technically outside of the service area of the welfare office being studied in Liberty City half of our ethnographic sample live in tract number 10.04. Some of them actually go to the Caleb Center welfare office where the Implementation team was working and others go to the Little Haiti office. Tracts 10.04 and 15.02 are contiguous with one another while tract 19.03 shares a corner with 15.02. Tract 19.03 is about the same area as the tracts in Little Haiti, while the other two tracts are about two (15.02) and three (10.04) times larger in area. As reflected in Table 4, we censused 610 non-residential entities in these three census tracts of which we classified 213 as providing some form of social service.

Due to the prominence of government subsidized housing in Liberty City, we elected to interview one of the companies which administers one of the projects as well as some of the agencies housed in or near the projects. Phases of Life is a struggling agency providing small enrichment and tutoring programs to youth and young adults. It is truly an indigenous agency having grown out of the Concerned African

American Women’s group and the People United for Justice movement, which were spontaneous local

Table 7 Liberty City Organizations Orientation and Stage		
	Horizontal – Neighborhood Community	Vertical – Broader Community
Stage 1 – Initiation	Phases, Turner's	
Stage 2 – Program Development	Mt. Calvary Church	Kid's Corner, New Horizons
Stage 3 – Mature, Bureaucratic		Home Builders, H.J.Russell

community responses to the riots of the 1980’s and their aftermath in Liberty City.

Of the agencies in our interview sample only New Horizons Mental Health Clinic lies outside the three selected census tracts. It is one block north of tract 19.03 and two blocks east of tract 15.02. This clinic serves Liberty City as well as Little Haiti.

Similar to Hialeah, Liberty City organizations frequently are staffed by local residents with significant ties to the community. New Horizons, organizationally, seems to resemble Children’s Psychiatric. However, Hialeah’s Children’s Psychiatric appears to be a more mature, stage III organization, whereas New Horizons seems more like stage II. They seemed very aware of their roots in Liberty City and in a mission that centered on the needs of the community. They seemed to be just beginning to become oriented to being a Community Mental Health Center as possibly primary to being a Liberty City organization (shifting from horizontal to vertical orientation). They also seemed to be totally geared to serving populations from Liberty City, but were starting to think about serving people beyond it’s borders. The persistence in their focus on Liberty City versus a vertical orientation is testament to their original foundation and structure. New Horizons was created in the 1970s by the University of Miami with a strong and explicit commitment to local community. Separate New Horizons were created, for example, for African Americans, Cubans, and Haitians. For more than 20 years they managed to maintain their horizontal orientation.

Interestingly, Kid’s Corner, seemed to do almost the opposite. This is clearly a Department of Children and Families’ organization, but staffed by someone in and of the community. This raises a question about whether this is a common pattern among vertically integrated service providers, since Catholic Community Services (CCS) seems to do this in Little Haiti and Hialeah, and DHS does this in Hialeah.

By contrast, Turner’s Kindergarten and Phases of Life seem to be classical Community Based Organizations (CBO). Phases of Life is a relatively new organization, and so it is not surprising that it looks like a stage I organization. Based on the interview, Phases of Life does not appear to do that much, but it keeps showing up in other interviews! That networking element, without necessarily having a strong program element, is characteristic of stage I organizations. Turner’s Kindergarten, by contrast, appears to be stuck in stage I, possibly for lack of resources or interest by outside funding agencies.

Both HJ Russel and HomeBuilders seem to be national organizations with no real presence or even staff that originate in Liberty City. Both seem to be there in order to exploit situational factors. In the case of the latter, Homebuilders seems to be in Liberty City because of the pool of TANF/AFDC recipients who can consume their services. The former seems to be there, positioning itself as a minority contractor, and is taking advantage of privatization initiatives in public housing. While it is undoubtedly African American owned and operated, it is not even based in the same state as Liberty city, and the manager, at

the time of the interview, was clearly not familiar with the area. These look like opportunistic, vertically oriented organizations.

Table 8
Little Haiti Census

Type	Number	Percent of Little Haiti service providers	Percent of all Little Haiti establishments censused
Job Placement	2	1.33%	0.30%
Multi-Service Center	9	6.00%	1.35%
Health Services	12	8.00%	1.79%
Mental Health Services	7	4.67%	1.05%
Family Services	2	1.33%	0.30%
Youth Services	5	3.33%	0.75%
Childcare	14	9.33%	2.09%
Legal Services	2	1.33%	0.30%
Elderly	5	3.33%	0.75%
Housing	1	0.67%	0.15%
Schools	16	10.67%	2.39%
Church	60	40.00%	8.97%
Thrift	8	5.33%	1.20%
Miscellaneous	17	11.33%	2.54%

Little Haiti

General Overview

The Little Haiti storefronts leap out at passersby. Bright blues, reds and oranges seem to vibrate to the pulsing Haitian music reverberating from the sidewalk speakers. The multilingual signs advertise distinctively Haitian products – rapid money transfer to any village in Haiti, the latest Haitian music, custom-tailored, French-styled fashions, and culinary delights such as *lambi* and *griot*. Pedestrians fill the streets.

The side streets and back alleys present a different panorama. In between a few immaculate, spruced-up homes are a majority of neglected, deteriorating houses. The houses are typical American Sun-belt housing from the 1950s and 1960s, mostly small, single-family, one-story bungalows on small lots. For many, grass lawns have turned to dirt. Most blocks have a trash pile in front of at least one house. Cars are parked on the lawns of a few houses on each block (Stepick 1998:33)

Little Haiti is both prospering and barely surviving. It lies adjacent to Liberty City on its west and just north of downtown Miami. It contains the largest residential concentration of Haitians in the United States. The community emerged in the late 1970s and early 1980s when Haitian immigration to Miami peaked. Over 100,000 Haitians live in the greater Miami area, most of them in Little Haiti.

Haitians have the lowest average incomes of all ethnic groups in Miami (Boswell 1995). Little Haiti, in particular, houses the newest arrivals, those most likely to have difficulty finding work and most likely to be in poverty. The activity of the streets often reflects Haitian immigrants' frantic efforts to make ends meet. Many Haitians arrived as undocumented immigrants who also had nothing but negative experiences with government agencies in their home countries. As a result, the recent immigrants often do not qualify for government benefits that might alleviate their poverty when they cannot find work. Or, if they do qualify, they are frequently afraid to approach governmental bureaucracies. To survive then, they engage in small-scale subsistence strategies, informal work that looks busy but produces little income (Stepick 1988) (Stepick 1989).

Little Haiti is the most recent community of the three we are studying. Accordingly it has the least developed institutions. While both Liberty City and Hialeah have numerous mainstream private organizations (e.g. YMCA), government branch offices (e.g.DCF), and community agencies, Little Haiti has comparatively few of these. Haitian community leaders constantly complain that other communities

Table 9
Little Haiti Institutional Sample

Job/Vocational Services	<ul style="list-style-type: none"> • Haitian Catholic Center • Haitian American Foundation, Inc. (HAFI)
Childcare	<ul style="list-style-type: none"> • Notre Dame Childcare Center
Youth Programs	<ul style="list-style-type: none"> • Family Christian Association
Health & Mental Health	<ul style="list-style-type: none"> • Borinquen Health Center • Camillus Health Clinic*
Multi-Service	<ul style="list-style-type: none"> • Haitian Catholic Center • Catholic Charities*
Legal Services	<ul style="list-style-type: none"> • Legal Services of Greater Miami*
Food Bank	<ul style="list-style-type: none"> • Daily Bread Food Bank*

*We conducted one interview for each of these agencies in which we gathered baseline data relevant countywide, including each of our three communities

get funding before they do. The Haitian Catholic Center is the largest and most important institution in Little Haiti. While it now receives contracts from local and state agencies, it struggled for more than a decade before it gained legitimacy. Numerous other Haitian organizations still struggle for legitimacy and stability. Some last only a few years. Others are no more than a letterhead. Some receive contracts or grants, but fail to fulfill their promises.

Similarly, the Haitian business community strains to prosper. Nearly all businesses are small with few or no employees other than family members (Stepick 1984). No large supermarket exists within the area and the City planners considered it a great achievement to convince a drugstore to locate in Little Haiti. Nevertheless, there are businesses in Little Haiti, even if they are small and have higher prices than larger chain stores might have.

Census and Sample

In Little Haiti we censused seven contiguous census tracts, specifically 14.01, 14.02, 20.01, 20.03, 20.04, 22.01 and 22.02. These census tracts roughly comprise the area loosely designated as Little Haiti and have poverty levels ranging from a low of 38.93 percent (for tract # 22.02) to a high of 56.84 percent (for tract 20.04). They also fall into the service boundaries of one of the welfare offices under study by the Implementation component of Urban Change. Due to the difficulty we have experienced finding a Haitian ethnographic sample we did not want to limit the census tracts in this area until after we had found our ethnographic sample. Because of the long, narrow north-south shape formed by these census tracts we elected to census the three long avenues that form the “backbone” of the area. We also censused nearly all of the cross streets which were relatively short. Still we did not go all the way down all of the cross streets and probably missed a few non-residential businesses, especially in the informal market economy. We did include the informal market businesses that had set up stalls on the main thoroughfares even if they did not have signs or actual buildings. There were only a handful of those in our census. However, we are aware of many more operating out of residences (as well as the gypsy cabs and jitneys moving up and down the main avenues). We did not census the avenues that form the east and west boundaries of Little Haiti. The avenue on the east figuratively has its back to Little Haiti and the businesses there are oriented toward the affluent beach communities along Biscayne Bay. On the west the census tracts merge into the predominantly African American Liberty City. We censused part of the western boundary avenue in our census of Liberty City.

In total we counted 571 non-residential entities in the census tracts listed for Little Haiti. Of those 160 were service providers falling into the categories listed in Table 6.

We did not measure these census tracts, but they average 10 to 15 city blocks square in area. Along one avenue, Emmanuel Eugene did the census by walking many blocks and chatting with shopkeepers along the way. Because several mistook him for a representative of a social service agency, but obviously a Creole speaking Haitian, they accosted him with their complaints about two issues: 1. Social service agencies were not doing a good job with youth whom they believed to be too unsupervised and the cause of much vandalism and other crime; and 2. No one was helping small businesses.

In Little Haiti, we feel confident that we interviewed the most important agencies relevant to welfare reform. The Haitian Catholic Center is the most widely known, respected, and nearly the oldest agency in Little Haiti. It was formed 20 years ago and has persisted while numerous other agencies have come and gone. We placed it in the Job/Vocational Services category since we interviewed that specific agency within the larger institution. Also sharing space in the same set of buildings are the Notre Dame Childcare facility which we also interviewed, an afterschool program for middle and high school students, an English language program, the Church sanctuary, and the rectory which offers, but does not advertise emergency assistance. The Job/Vocational Services section has been directly involved in welfare reform as it has contracts to move clients from welfare to work. The Executive Director is a Haitian American who grew up in New York and moved to Miami approximately 10 years ago. While most of the clients in their program are Haitian, the terms of the contract require that they also accept non-Haitians.

The Notre Dame Childcare facility is downstairs from the Job/Vocational program. It is administratively entirely separate with its own independent Board of Directors. It has a sliding fee scale, but most of its clients are heavily subsidized. It is one of the places that we tried, without success, to recruit

a Haitian ethnographic sample. Its Executive Director is a Haitian American and assumed his position less than a year ago, having just moved to Miami from the Northeastern U.S.

The Haitian American Foundation, Inc. (HAFI) was formed by a prominent, young Haitian American who has strong political ties to local African American leaders. In its early years in the 1980s, it competed directly and fiercely with another organization, the Haitian American Community Agency of Dade (HACAD), forcing out the Executive Director of that agency. That agency subsequently declined and HAFI's prominence and its contracts rose. It has numerous programs, but it also came under severe public scrutiny in the Spring of 1999 because of poor bookkeeping practices. It does not have a program directly related to welfare reform, but it does have numerous programs for poor people and expects to see indirect effects of welfare reform. HAFI is the only agency we interviewed which does not lie within the listed census tracts of Little Haiti. At the time of the interview it had just moved into a newly purchased office building one block out of tract 20.01.

The Family Christian Association may be viewed as an African American YMCA offering a variety of youth recreational and tutoring programs to keep kids off the streets. They have several offices on both sides of the shifting line separating Little Haiti and Liberty City. Because of their emphasis on being a Christian association many Haitian parents overcome their propensity to simply keep children sequestered in the home and allow their children to participate in the afterschool tutoring and weekend and summer recreational and field trip programs.

In very clear contrast to the other areas all of the agencies interviewed in Little Haiti were clearly CBOs except for Notre Dame Childcar and the Haitian Catholic Center. Even those two Catholic Charities' branches, however, retain their missionary feel. They have a strong informal, almost startup, quality about them that was quite different than the much more bureaucratic feel of CCS branches in Hialeah.

None of the indigenous organizations except Borinquen Health Clinic, and even perhaps the Catholic Community Service branches, seemed to be out of stage II. All of the agencies interviewed, with the exception of Borinquen and Family Christian Association seem to be both "in and of" the community, with very strong horizontal ties and orientation.

Interestingly, Borinquen and Family Christian Association, which were both clearly CBOs, seemed "in" but not "of" the community. Borinquen seems to have been physically located in Little Haiti from a time before Haitians settled there. It seems half Hispanic, and it is not clear whether Haitians have been integrated into the power structure of the organization, though they are clearly on staff. Borinquen also seems highly vertically oriented toward the health system. There is institutional memory of the startup as a CBO, but it seems pretty well converted into a stage III organization.

By contrast, Family Christian Association seems to retain a horizontal orientation, it is just not to the Haitian community per se, but rather to the African-origin community. This suggests that it may be a stage II organization that is seeking to move beyond little Haiti borders, in part by emphasizing African roots rather than remaining tied to the Haitian community.

Table 10		
Little Haiti Organizations		
Orientation and Stage		
	Horizontal – Neighborhood Community	Vertical – Broader Community
Stage 1 – Initiation		
Stage 2 – Program Development	Haitian Catholic Center, Haitian American Foundation, Notre Dame, Center for Haitian Studies	Family Christian Association
Stage 3 – Mature, Bureaucratic		Borinquen

Discussion

Practically the full range of services listed in the MDRC directive of types of agencies to include are found somewhere in each of the three neighborhoods. There does not appear to be a lack of childcare facilities. However, we are unable to say whether there are sufficient slots. To date we have not found any complaints from clients or advocates about insufficient numbers or distribution of slots among the three areas. There is a vital, indigenous business sector made up of small businesses in all three areas in spite of high crime levels. And, this sector includes private childcare centers.

In Liberty City there are many churches, but there are also other kinds of agencies as well. Churches in Liberty City tend to be Protestant. Little Haiti also has a great many churches, but again there are many other agencies as well. Churches in Little Haiti are a mixture of Protestant and two large Catholic parishes as well as a significant number of very small storefront churches. In addition, although there are no noticeable temples or synagogues, Jewish Family Services has a very large facility right in the heart of Little Haiti. This relatively new facility employs many Haitians in its kitchens and elderly care facility. By comparison to Little Haiti and Liberty City, Hialeah has relatively fewer churches, although there are both Catholic and Protestant churches there. One of the largest fundamentalist Protestant churches in Hialeah has had a very high profile in its anti-gay efforts to repeal a recent County Commission's passage of an ordinance against discrimination based on sexual orientation. Other churches in Hialeah have been asked to participate and the rest of the county has been watching this Hialeah based activity through the media.

In Hialeah there is a prevalence of small, light industry and the full spectrum of large, discount retailers. This is not the case for Liberty City where only a couple of supermarkets are surviving. As in Little Haiti surprisingly vital small, businesses are prevalent. This is also true for Hialeah where among the small businesses, cafeterias, i.e., small restaurants, are prevalent if not dominant. In the census of all the study areas we found pharmacies and *botanicas*, however, there were notably more *botanicas* in Little Haiti than in the other two areas. Among the small businesses in Little Haiti are those that cater to the transnational needs of that community, such as money transfer and import-export services. Liberty City is situated between two low income areas, whereas Little Haiti is adjacent on the East to affluent neighborhoods which offer a wider range of retail services closer to residents of Little Haiti than to residents of Liberty City.

One dominant feature of Liberty City, is the presence of three large, government subsidized housing projects.

Overall, we feel our sample provides good coverage of each community's institutions. Nevertheless, the main type of institution missing from the areas are homeless shelters. In Hialeah we found mental health facilities, and proportionally many more private health practitioners (physicians and dentists offices) than in either Liberty City or Little Haiti, but fewer health clinics serving low income clientele. Instead we have learned from other researchers working in Hialeah that for low income residents there is high use of emergency rooms at two local hospitals for immediate health care needs. We will try to follow up on this finding, but for the purposes of baseline information we believe that low income residents of Hialeah generally use hospital emergency rooms in one of two private hospitals or the ER or clinics of the major county hospital, or travel to one of the public health clinics in areas outside Hialeah including Liberty City and Little Haiti. There are no abortion clinics in any of these areas that we know of. In fact, Miami-Dade is relatively void of abortion services, with most abortion care being performed by private practitioners. There are only two abortion clinics that we are aware of in the entire county and they are both located very far from the areas under study.

Through Carol's community development work and past research we know that there are shelters for abused women located within the broadest boundaries of the study sites and one centrally located shelter for runaway children close to downtown Miami. A Protestant church in Hialeah has recently started a shelter for runaway or street children. We did not include these in our sample. The abused women (and their accompanying children) are intentionally placed in shelters far from their home neighborhoods so that there is less possibility of the abusers knowing where to find them. We attempted to access the main homeless shelter, Camillus House, for the county, but that interview with the shelter's charismatic health

clinic director was not very useful. We will address the issue of homeless shelters from another angle in the second year, but for the baseline homeless shelters are not effectively covered. Please keep in mind that there are not very extensive services for the homeless in the County generally. In spite of this we think it appropriate to be able to better describe the services actually available. Incidentally, one of the women in the ethnographic study was evicted and with no money was essentially homeless. Her solution: She with her two daughters and one grandchild “went home” to the Carolinas to “be taken in” by family.

Housing services available in Little Haiti or Hialeah generally focus on assisting people to become homeowners and we did not include these agencies in our sample. Isa did interview the one agency (Catholic Archdiocese/Catholic Charities) we know of that helps with rent assistance in crisis situations in all three study areas. In Liberty City, government-subsidized housing projects are dominant features of the area. One of the three main projects includes Liberty Square, which historically gave the larger area of Liberty City its unofficial moniker. Although census tracts have little relevance in defining anything like a sense of neighborhood, the housing projects are clearly demarcated neighborhoods so we elected to interview an agency directing one of the projects. Although there is scattered government-subsidized housing in Hialeah and Little Haiti, similar large projects do not exist in those areas. Hialeah is dominated by private sector apartment rentals. Isa calls it apartment heaven and thinks the large volume of relatively low cost apartment rentals is one reason she is finding high residential mobility with her ethnographic sample who are primarily moving within the boundaries of Hialeah. The large “projects” in Liberty City also house smaller service agencies, which serve project and non-project residents and which we sampled. The projects in some respects give a *raison d’etre* to some of the other agencies we interviewed, especially those with youth programs and to a lesser extent health programs in both Liberty City and the neighboring areas of Little Haiti.

Feeding programs are hidden within other agencies. They are typically small programs within a church, dispensing foods once per month or at most every two weeks. Most of their food comes from the main food bank in the county, Daily Bread Food Bank. For that reason we elected to interview the Distribution director of this food bank.

Of the agencies we did interview, virtually all focus on the community in which they are located, but also serve, or are contractually obligated by funders to serve, at least some individuals residing in a larger area than the neighborhood in which the agency is located. Even elementary schools do so because of the many loopholes Miami-Dade County Schools accommodate to allow children to attend special programs only offered at a few schools in this very large school district (fourth largest in the nation). Churches have congregants who have moved away but come back on Sundays and maintain ties with their church community if not their immediate residential community.

Remaining Questions

Barbara Fink’s “Summary Memo for Round I” of January 27, 1999 contains a total of 21 questions. Above we have focused on questions one through seven that constitute the first section, *Overview of institutions in the neighborhood and the institutional sample*, of that memo. The second section of that memo addresses *Description of Agencies: what do agencies look like at “baseline”*. We did address above the question of whether the agencies mainly serve neighborhood residents (Question 8a in the memo). We offer brief, highly impressionistic answers here to the remaining questions.

Question 9, Changes in demand for services: Agencies seem to respond more to RFPs than to clients. Nevertheless, few agencies admitted having seen any significant changes yet.

Question 10, Expectations about demand: The general impression is that the status quo will maintain. Some sense that issues related to children and families, e.g., domestic abuse, will increase.

Question 11, At capacity: Agencies always argue that there is more demand than they can meet and accordingly these had a general sense that more is needed. We question the ability of some of these agencies to meet the criteria of RFPs.

Question 12, Role of promoting independence and self-sufficiency: We encountered some rhetoric, but not too much evidence of innovative work. Most of the job placement and vocational training is prosaic.

Question 13, Faith-based organizations: Most faith-based organizations are geared toward their congregants. Others, such as Catholic Community Services are Type III organizations, sufficiently bureaucratized to be indistinguishable from other organizations with the same programs.

Question 14, Changes in recent years: Nothing outstanding.

Question 15, Plans for changes: Little outstanding. Legal Services has been proactive through educational workshops on rights of welfare recipients. New Horizons in January of 1999 began serving HIV positive and substance abuse welfare recipients. Daily Bread conducted its own needs analysis in anticipation of changes.

Question 16, Work first changes: Not noticeable.

Questions 17 & 18, Funding Changes: Most funding changes appear to be related to changes in directors or successful responses to RFP's.

Question 19, Relationships with welfare department: More agencies are sniffing out money. Childcare and public health agencies are directly tied to the welfare department.

More thorough answers, we feel can be best answered by analysis of the interview data that we have forwarded to MDRC. Answers to some of these questions will be contained in simple tallies of the questionnaires (e.g., How large a share are TANF recipients of the population they serve? [Question 8b.]. Others require a form of qualitative cross-tabulation (e.g., What services do agencies [who view their role [mission] as promoting independence and self-sufficiency] provide to achieve these goals [Question 12 a.]. Since MDRC has undertaken the task of coding and analyzing this data, it would be redundant and expensive to duplicate that work. We do, however, agree with Barbara Fink's observations that [we are] much closer to the neighborhoods and better understand the context in which these agencies operate." And that "[Our] insight into the interviews will be very helpful in analyzing the data we have." We hope that this memo provides a starting point. We expect that it will initiate a dialogue in which we will also respond to the data analysis of our interviews by MDRC.

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