SERVICE DELIVERY AND UTILIZATION AMONG THE LATINO COMMUNITY IN
DAVIS, CA

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B.A., California State University, Sacramento, 2006

PROJECT

Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF SOCIAL WORK

at

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

SPRING
2011
SERVICE DELIVERY AND UTILIZATION AMONG THE LATINO COMMUNITY IN
DAVIS, CA

A Project

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Abstract of SERVICE DELIVERY AND UTILIZATION AMONG THE LATINO COMMUNITY IN DAVIS, CA

by Cynthia Reynoso Trujillo

There is a lack of information on service delivery and the utilization of services by the Latino population in Davis, CA. The researcher conducted a quantitative and qualitative study in which thirty Latino participants filled out a survey and the researcher performed face-to-face interviews with three selected community leaders from different social service agencies in the city of Davis. The study aimed to investigate the perceptions of community needs and awareness from both sides of the spectrum; and examine the relationship between the level of awareness of community resources and the utilization of such services by the Latino community. The research findings concluded that the higher the need for community resources the more likely participants will utilize services if offered in Spanish. Survey participants with a higher level of education demonstrated a lower level of awareness of community resources in Davis. Finally, the reason why there is a paucity in outreaching efforts by social service agencies may be largely due to budget cuts.

Maura O’Keefe, Ph. D., LCSW

Date
ACKNOWLEDGMENTS

First and foremost I would like to thank my parents, Sergio M. Reynoso and Martha G. Reynoso Trujillo for not only bringing me into this world but also for teaching me the principles and values that I hold strongly today and transpire throughout the relationships I cultivate and the work I do with clients. Such principles include love, respect, compassion, perseverance and dedication to work which build the foundation for my passion in social work. Most importantly, I am the person that I am today because of my mother and all the hardships and struggles we have overcome together from our immigration experience. ¡Gracias mami, te amo con todo mi corazon! To my brother, Sergio Reynoso and my sister, Maria de los Angeles Reynoso, I love you both very much and I thank you for your support!

Additionally, I want to give thanks to my project advisor, Maura O’Keefe for all of her patience, guidance, and support throughout the year to accomplish this project. To my boyfriend, Victor Hugo Perez-Ramirez, friends, classmates, and future social work colleagues, thank you for all the wonderful advice that kept me going throughout this journey! My field instructors, Cathy Sutton, LCSW from CommuniCare Health Centers and Ana Guerrero, LCSW from Shriners Hospital for Children Northern California, thank you for setting the example and supporting me throughout the MSW program. I truly admire your compassion and the work that you do and for that reason, I know my heart is in the right profession.

From the bottom of my heart,

Cynthia Nayelli Reynoso Trujillo
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Chapter 1

THE PROBLEM

Introduction

This study examines service delivery and service utilization among the Latino community. Specifically, it investigates the community outreach efforts performed in Davis, California to promote community service utilization. In addition, it examines the perceptions of Latino community members in regard to the needs of food, clothing, and shelter, healthcare, education, affordable housing, counseling, and bilingual services. The purpose is to take into account the Latino community’s perception of the difficulties accessing services to gain insight on how to effectively reach out and serve the Latino population. Considering that a vast majority of documented and undocumented Latinos constitute the total Hispanic population in the United States census, it is important for social service providers to be culturally aware and prepared to provide service to the potential needs of a population that is projected to increase to 102.6 million Hispanics by the year 2050 (U.S. Census Bureau, 2006). Yet, the research illustrates “[m]edical, mental health, family counseling, school, and job assistance are a few of the unmet needs of this undocumented population” (Garcia & Zea, 1997, p. 45 as cited in Zuniga-Rubio, 2000, p. 8). Such facts push for further research on service delivery and the contributing factors to service utilization among the Latino community.

The researcher's interest in exploring service delivery and service utilization among the Latino community derived from personal experience in having to transition to a foreign country; therefore, a new location, a new community, and a new environment
different to what she was accustomed. Immigrating to this country changed this researcher’s life. Though successfully arriving to the United States was only the first step, it was the hardest decision her mother made for the well-being of our family. This is a common incentive that the researcher has come across while researching the rationale for Latinos’ motivation to immigrate. When the researcher was five years old, her mother decided to take a risk and reunite with my father in California. What lead the researcher’s mother to make the choice to immigrate was the fact that the researcher’s father had been forced to leave her family behind in order to come to the United States to work and support them back in Mexico. Upon arrival in the United States, the researcher immediately realized that life was not the same as it was in Mexico. It took time and the help of others for our family to adjust beyond the cultural barriers into the environment of Davis, California where we had chosen to live. At this point, it is hard for the researcher to remember the names of the people who helped her family, but she remembers their faces and compassion. These people assisted the researcher’s family in obtaining food, clothing, housing, and even after school tutoring classes. Social service providers assisted this researcher’s family with resources from local organizations and programs in the city of Davis, such as the Short Term Emergency Aid Committee (STEAC), the Spanish-Immersion Program, Migrant Education Program and local adopt-a-family holiday food drives. The researcher’s family was also introduced to the Yolo County Healthcare for Indigents Program (YCHIP), Section 8 housing, and received guidance throughout the process of legalization.
Thus, being a Latina immigrant, the researcher can relate to the distress, vulnerability, and feeling disconnected from the community that undocumented and documented Latinos may face from inadequate use of community services and awareness. The researcher’s immigration experience covers her knowledge of the existing problems within minority groups and economically disadvantaged Latino community in Davis, California.

**Background of the Problem**

Transitioning into a new environment can be difficult, especially when the culture and the language spoken are different from what an individual is accustomed. Therefore, a language barrier deprives people from communicating with others and isolates the person from integrating into the community unless they are fortunate to find people that also speak their native language and can help guide them in their new communal environment. Considering the circumstances of a language barrier in addition to the culture shock Latinos experience, it can be assumed that they are deprived from integrating into a community, making it difficult for them to seek help and support during a hardship. There may be services and resources available in the community to help support residents through a hardship; however, residents may not receive this aid unless they seek the services for themselves or if they are provided with information about existing services through outreach. Yet, the process of seeking services in the community usually requires some level of fluency in English as well as accessibility to social service agencies.
Accessibility to services is another factor that prevents Latinos from receiving help if they have a lack of transportation. Alvarez and Lopez (2005) specify a variety of stressors that contribute to possible underutilization of social services among Latinos by identifying them as fear factors of deportation and the possible implications of utilizing services on their legalization process; lack of awareness of services, stigma surrounding mental health services; age, gender, level of education, legal status, religious and cultural beliefs surrounding the utilization of services, concerns of breaching confidentiality, acculturation level, language barrier, resource preferences, geographical location of services, and the cost of services. Moreover, research shows that the Latino population in the United States do not take advantage of social services especially when it comes to healthcare and mental health services because often times they do not receive health insurance coverage through their employers (Ruiz, 2005; U.S. Department of Health and Human Services, Office of Surgeon General, 1999; Mueller et al., 1998, as cited in Shattell et al., 2005). Although, federally funded programs and some health care services do require legal residency there is the option for uninsured individuals to pay out of pocket; however, there may be non-profit organizations and privately funded programs where migratory status is not an issue that can provide affordable health care and mental health services.

Nevertheless, it is a possibility for Latinos to decide that they simply do not need to seek services and resources in their community and practice the concept of familialismo where they turn to family members or close friends for support. The possibility that they may want to surpass a hardship and transition into a new community
on their own also exists as the idea of seeking help from community resources may be imposed by cultural norms and practices. Considering all of these factors, social service providers are set with a culturally aware mentality to work with consumers from diverse backgrounds to provide efficient service delivery and continue to endorse service utilization as a means to closing the service underutilization gap and demystifying their fears (Alvarez & Lopez, 2005).

**Statement of the Research Problem**

The research problem is that there is a lack of information on service delivery and the utilization of services by the Latino community in Davis, California. According to the City of Davis census information report (2000) 9.6% of the Davis population is composed by Latinos; thus, the number of Latino families in Davis, California is disproportionately lower than Latinos in the general population. Therefore, it is likely that this community may not do aggressive outreach with Latinos and that the Latino community may not be accessing needed services. Also, it is difficult to understand how a non-English speaking Latino community member can communicate and be able to understand outreach services if they are provided in English. Finally, there is little information regarding how or if the existing services in Davis, CA are provided in a culturally competent way.

**Purpose of the Study**

The primary purpose of this study is twofold: 1) to examine service utilization by Latino residents, specifically educational programs, affordable healthcare and housing services, counseling, and basic needs services (e.g., food, clothing, and shelter); and 2) to
investigate community outreach efforts implemented in the city of Davis, California to determine if there is an association between service need, service awareness, and utilization among the Latino community.

The secondary purpose is to raise awareness of the problem and encourage social service providers to be cognizant about the problem and begin to implement culturally competent outreach efforts to increase service utilization.

**Theoretical Framework**

The ecological systems theory is fundamental in this study in examining the environmental factors surrounding Latino families in the micro, mezzo, and macro levels that determine their functionality within the community. This theory infused with a person-in-environment approach explores the interactions of a system with the external factors. A system is individually centered and evolves into subsystems that transacts with the individual and determines the functionality of the individual as a whole. The subsystems are created by the interactions between the interpersonal relationships of the individual such as family, friends, neighbors (micro); followed by their relations with the community, church, neighborhood, schools (mezzo); and finally the interchanges with government policies, higher institutions, national organizations, etc. (macro). Knowing that the functionality of individuals is based on the relationships surrounding their personalized ecosystem; it is important to look more closely to the adaptability of the individual and notice how change affects the entire system.

Using this model when working with the Latino community will look a lot different from other ecosystems not only because each individual's ecosystem is different
from another, but because of the cultural and political influences that Latinos experience in the United States. It is important for social workers working with Latinos to assess in detail the ecological aspects of the clients to apply appropriate intervention techniques that can protect the subsystems from clashing with one another ultimately distressing the core of the system, the individual. For example, a Latino youth who might be seeking counseling services due to problems within the family (micro) might also be having difficulties at school or going to church (mezzo), which may eventually evolve into the youth acting out of the stress by engaging in criminal behavior leading to problems with the law (macro).

As a means to incorporate the Latino perspective into the ecological theory, Organista (2009) suggests a multi-theoretical ecosystem model joined with research that deals with the Latino experience of oppression and social justice; acculturation and adjustment; social stratification and ethnicity and power; ethnic identity; diversity within Latinos; and petitions for continuous assessment of environmental factors affecting their performance. The participation of social workers in assessing the ecology of Latinos is the key in concluding their individual role in all levels of their systems and to investigate how setbacks come up in the system and how they respond to his or her interactions in their everyday life (Van Wormer, 2007).

Organista’s proposed ecosystems model applies different dimensions of involvement that focus on an “increase [in] service availability and access; assess problems in the social and cultural context; select culturally and socially acceptable interventions; increase service accountability” that supply Latinos with opportunities to
excel (2009, p. 301). Additionally, the success of the individual and family unit appears to be more promising when basic human needs (e.g., food, clothing, and shelter) are consumed and when the environment lived in provides resources and opportunities to alleviate life stressors (Karls and Wandrei, 1994, as cited in Appleby, Colon & Hamilton, 2001).

**Major Questions**

The researcher expects to answer the following questions regarding the service delivery, service awareness, and utilization of community services (e.g., food, clothing, shelter, educational programs, affordable housing, healthcare, and counseling): Is the Latino community in Davis aware of existing community resources? Do Latinos living in Davis feel that there is a need for educational programs, affordable healthcare and housing services, counseling, and basic needs services (e.g., food, clothing, and shelter)? Is there an association between the level of awareness of community resources available to the Latino community and their utilization of such services? Finally, what efforts are made to promote community services?

**Definition of Terms**

“Acculturation” is “a process in which cultural change results from contact between two autonomous and independent cultural groups” (Berry, 1998 as cited in Smokowski & Bacallao, 2008, p. 2).

“Biculturalism” is the notion of being exposed to two cultures and choosing to embrace both cultures.
“Bilingual Services” are those provided in English and Spanish to the Latino community.

“Community Resources” will be a term in this project that will cover services geared toward basic needs (e.g., food, clothing, and shelter), healthcare, education, affordable housing, counseling, and bilingual services.

“Cultural Awareness” is the idea of acknowledging that one’s culture is different from others, and accepting the invitation to learn about new cultures.

“Cultural Competence” is the theory of being culturally aware of the ideologies, values, traditions, religion, rituals, and perceptions of individuals from various cultures and applying it to your interactions with culturally diverse individuals.

“Familialismo” is the concept of Latino family bonds that are based on “solidarity, family pride, loyalty, and a sense of belonging and obligation to one’s blood ties” (Falicov, 1998, p. 163).

“Hispanic(s)” an individual or individuals who share the Spanish language and Spanish ancestry.

“Latino(s)” this term will be used throughout this project as it is perceived to be “geographically more accurate since it refers to people from Latin America rather than to people from Spain” (Falicov, 1998, p. 34).

“Underutilization” refers to the lack of using services from the projected use by social service providers.
Assumptions

Latinos possibly lack awareness of what services are available in the community. The existence of a language barrier along with stress factors have an impact on Latino community members’ accessibility to community resources. Migratory status may influence the utilization of social services due to fear of deportation or illegibility to receive services.

Justification

It is crucial for social work professionals and social service providers to be culturally conscientious about their target population. Moreover, in making every effort to help the more vulnerable and minorities it is recommended that social service providers be culturally aware of the diverse values and family dynamics in order to accommodate them with appropriate services. Culturally competent service delivery in the field of social work is crucial as it is a core value embedded in the National Association of Social Workers (NASW) Code of Ethics. In order to increase awareness and utilization of community resources, outreach efforts must be made. Particularly when reaching out to the Latino community, the services provided must be tailored to their needs and be delivered in a culturally competent manner. Although it is recommended that culturally competent social service providers be fluent in different languages, it is not a requirement. The NASW Code of Ethics (1996) highlights these principles. Social workers are expected to advocate for equality and make efforts to make services and resources accessible and deliver these in a culturally sensitive manner among people and cultural groups. Cultural competence can be demonstrated through
empathy and cultural awareness in which the social service provider is willing to learn about the consumer's culture and respectfully and adequately deliver services to the best of their ability. Consumers with different cultural backgrounds may respond differently to a standardized way of service delivery, which is why it is important that social service providers be culturally aware and sensitive to the individuality of the consumers in order to provide quality service delivery.

**Delimitations**

This project consists of a small quantitative and qualitative non-random snowball sample collected in the small town of Davis, California; therefore, the findings cannot be generalized to the Latino communities in other cities. In addition, the researcher focused on basic needs (e.g., food, clothing, shelter, educational programs, affordable housing, healthcare, and counseling); the study did not focus on other social work services such as substance abuse, child welfare, domestic violence, and hospice.

**Summary**

This chapter introduced the problem of underutilization of services by Latinos and explored some of the contributing factors that may be barriers creating a gap in service utilization. Moreover, the background of the problem, the importance of the topic as well as the theory guiding this study were discussed. In addition, key terms used throughout this study were defined and the limitation of the study were discussed. The next chapter will provide a literature review on the historical background of immigration, explore themes of Latino family values with a focus on familialismo, acculturation, existing barriers toward Latinos accessing social services, and community outreach and cultural
competence in an effort to examine effective service delivery and utilization among members of the Latino community.
Chapter 2

REVIEW OF LITERATURE

Introduction

The United States is a developed country that consists of a diverse population and is commonly referred to as “the land of opportunity.” Millions of people have immigrated to the United States for various reasons, ultimately in hope of a better life than the one they had in their native country. There are a lot of immigrant groups, but out of all the immigrant populations, the Mexican population is the largest. Chavez (2003) reveals that Mexican Americans are the most notable immigrant group because of their long history in the United States and because the northern states used to be a part of Mexico. According to Escobar, Nervi, and Gara (2000), the Hispanic population has increased to 30 million in the last two decades and “[t]oday, Mexican Americans are by far the largest Hispanic subgroup, constituting over 60% of the U.S. Hispanic population” (p. 65). Moreover, in 2006, the U.S. Census Bureau estimated that by the year 2050, nearly one-quarter of the U.S. population, or 102.6 million individuals, will be of Latino origin (as cited in Furman, Negi, Iwamoto, Rowan, Shukraft, & Gragg, 2009). Two years later, it was concluded that the Latino population had increased 29% since 2000. In other words, Latinos accounted for 15.1% of the total population, and 40% of these Latinos were foreign-born Latino immigrants (U.S. Census Bureau, 2008, as cited in Dettlaff & Rycraft, 2009).
The term *Latinos* refers to a large population composed of mixed subgroups of people descending from different countries in Latin America. Therefore, it is inaccurate to use the term *Latino* to refer specifically to people from Mexico. The subgroups within the capacity of being identified as a *Latino* vary in cultural practices, traditions, religious affiliation, food, and even in language. Additionally, the *Latino* identity, just as the general population, is unique and varies according to age, gender, acculturation, native country, and sexual preference among other factors. The growing number of Latinos in the United States not only “represent the largest growing ethnic group in the nation” (Guzman, 2001, as cited in Suleiman, 2003, p. 186), but their numbers are increasing in the health and social services sector; however, these services are generally unresponsive to the needs of Latino families primarily due to the language barrier (Suleiman, 2003).

The focus of this study is to examine the approaches made in order to provide service delivery and service utilization among the Latino community. Factors such as immigration, the continuous expansion of the Latino population in the United States, the process of acculturation, as well as the risk factors affecting Latinos in the United States (e.g., social stratification, poverty, language barrier, lack of access to health care and social services, etc.) give emphasis to the Latino population’s vulnerability and need for advocacy and support from social work professionals. The role of social work professionals in situations like these is clearly defined in the National Association of Social Workers’ (NASW) Code of Ethics (approved 1996, revised 2010) preamble, which states “the primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to
the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 1996).

This chapter will explore the historical background of immigration, illustrate the themes of Latino family values with a focus on *familialismo* (familialism), and provide a literature review of acculturation, barriers to accessing social services, community outreach and cultural competence regarding service delivery and utilization among members of the Latino community.

**Historical Background of Immigration**

As previously noted, Mexicans make up a large portion of Latinos residing in the United States, and this also applies to immigration. The migration of people from Mexico stems back to the signing of the Guadalupe Hidalgo Peace Treaty (1848), which sanctioned for Mexico the loss of a great part of Mexico’s Northern territories and working the agricultural sector became the attraction for many Mexican immigrants (De Fina, 2003). As Mexican workers continued to immigrate to the United States over the years and as it continues today, it is difficult to find a way to track the number of immigrants of any origin as they live in fear of being deported if they document their legal status, and many undocumented immigrants hide their true identity. Although it is difficult to obtain an exact number of undocumented Mexican workers in the United States, De Fina gives details about research conducted between 1977 and 1979 by the Mexican Centro Nacional de Informacion y Estadistica del Trabajo (CNIET) which found an estimated number of 990,719 undocumented Mexican workers in the United States. Furthermore, in 1980 the number rose to 178,100 Mexican undocumented
workers in the United States (Heer, 1990, as cited in De Fina, 2003). Even though this research is from the past, it provides an idea of the growing vast majority of undocumented Mexican workers that continue to expand as most Mexican workers often make the effort to bring their family with them to the United States.

**Transmigration**

As a culturally competent social work professional, one must be aware of the difference of migration—or as Pries (2004) refers to as “migrant typology” that includes transmigration, which occurs when migrant workers continuously move from one place to another for labor (as cited in Furman et al., 2009, p. 168). A good example of transmigrant workers in the United States are those who work in the agriculture sector, of which 55% are undocumented, and approximately 95% of new seasonal farmworkers are foreign-born (Martin, 2002, as cited in Cazares, 2008). Furthermore, between the years of 2003 and 2004, 96% of farmworkers were from Mexico, and the remaining 4% came from other parts in Latin America (Aguirre International, 2005, as cited in Cazares, 2008). For the most part, field workers come from Mexico to work in the fields seasonally as temporary guest workers and return to Mexico when the crop season is over. In most cases, there is more than one member of the family in the guest worker program, which entails that they have to transmigrate along with their family. Therefore, single transmigrant workers and transmigrant families move back and forth between Mexico and the United States throughout the year, lacking prolonged stable settlement and knowledge of the local resources available in the communities they temporarily reside. The duration that transmigrant families have living from place to place may
exacerbate their capacity to build a local support network and relationships to alleviate the transitional stress, which increases their chances of experiencing psychological distress (Furman et al., 2009). Falicov (1998) elaborates on the loss that transmigrant families and individuals experience, which consist of leaving loved ones behind where the home base originated; adjusting to a foreign-language and culture; and sacrificing their daily cultural lifestyle in their native country to adapt to a new foreign environment with little understanding of how jobs, banks, or hospitals work. This illustrates further the necessity of education on service availability and utilization within the subgroups that build Latino communities.

**Latino Family Values—A focus on Familialismo**

Latino family values are rich in their influence on cultural identity, family cohesion, and stability. The importance of family was exemplified in a qualitative research study of eight Mexican American families, in which “a strong sense of familism, respect for others, and desire to raise well-educated children” were emphasized by parents (Delgado & Ford, 1998, p. 469-481). This theme is relevant in order to understand the significance and impact of family dynamics in the Latino family. Familialism or *familialismo* in Spanish is present in all families regardless of which culture; however, the emphasis may vary, as well as distinct interpretations of how to present the notion of family togetherness. Chavez (2003) explains how “[h]ispanic families tend to be child-centered, which increases the importance of women’s role as child bearears” (p. 417-418). Family cohesiveness’ relation to the cultural value of familialism reflects how, “Hispanics’ attachment to family is one of their most positive
cultural attributes. Family members are expected to help each other in times of financial or other need, which some analysts believe explains why so many Mexican-origin families shun welfare even when their poverty makes them eligible for assistance” (Chavez, 2003, p. 417-418). This close-knit family bond is what sustains the family system and subsystems around it. Once this family cycle is disturbed, it affects the working relationships within the family system, which decays the family structure. This is most likely the case of what transmigrant families and individuals experience as emotional and psychological distress caused by leaving their families behind and physically separating from their family. Santiago-Rivera, Arrendondo, and Gallardo-Cooper (2002) describe the roots of the meaning of familialismo as a family effort in which members of the family are expected to sacrifice any means for the welfare of the family and how responsibility is shared to care for the children of the family, provide income to help support the entire family, and be a part of the decision-making affecting the family as a whole. Moreover, the symbolism of familialism is challenged with migration to the United States and during the process of acculturation to the host culture as “strained family relations, isolation, misunderstands, poor communication and the clashing of values, morals, cultures and ideals” emerge among family members (Partida, 1996, p. 244). Finally, the profound meaning of familialismo in keeping the family together and connected, has shown to also play a role in the choices made by family members in regard to substance abuse (Furman et al., 2009), involvement with child welfare, education, and acculturation (Dettlaff & Rycraft, 2009).
Acculturation

Acculturation is generally defined as the process in which individuals undergo adjusting to a new culture different from their own (Rogler, Cortes, & Malgadi, 1991, as cited in Miranda, Estrada and Firpo-Jimenez, 2000) and decide the extent of their adaptation and what aspects of the new culture they choose to integrate into their own “changes in identity, values, behaviors, cognitions, and attitudes” (Berry, 1990; Liebkind, 1996, as cited in Miranda & Matheny, 2000, p. 306). As these families face the challenge of integrating into the United States through acculturation and becoming accepted within the American society, family dynamics are prone to adaptation to the new social environment. Thus, having a cross-cultural identity ultimately affects not only individuals themselves, but the structure in the family.

Biculturalism

Biculturalism is a dimension of acculturation, in which individuals adapt to the new culture, yet remain attached to their native culture as well. The sense of biculturalism is a balanced preference between two cultures in regard to language, values, beliefs, and behaviors forming a “bicultural identity” (Furman et al., 2009). However, the process of acculturation varies individually; therefore, the vision of familialismo can be challenged depending on the extent of acculturation of each family member and whether everyone in the family correspond and support one another’s new acculturated identity. Conflict can result when children in the family adjust more comfortably to a new culture and environment than their parents or other adults in the family. The result of tension between family members and acculturation then becomes acculturative stress.
Acculturative Stress

As noted, children often become acculturated faster than their families; therefore, the children grow up with the learned perspectives of their family and those learned from their social environment, creating a “mixture” of cultures in which children decide what they prefer to follow during growth development. Ruiz (2001) exposes the effects acculturation had in Mexican-American women during their adolescence between the 1920s and 1950s and accentuates that “working for wages gave women a feeling of independence[…]and they used their earnings to leave the family home” (p. 128). In other words, the evolution of the acculturated Mexican-American mentality yearns for independence, which to some degree clashes with the ideals of familialism and is interpreted as indignant and resistant to following the norms of the native culture in the view of the parents. The differentiation in levels of acculturation between parents and their children form what is referred to as the acculturation gap, which aggravates the parent–child relationships in culturally diverse families (Szapocznik, Santisteban, Kurtines, Perez-Vidal, and Hervis, 1984, as cited in Hwang & Wood, 2008). These symptoms of acculturative stress escalate as individuals are faced with decision-making to meet the demands of the new culture, and may change from mild symptoms of psychological distress to post-traumatic stress disorder (Santiago-Rivera, Arredondo & Gallardo-Copper, 2002). The divergence in cultural practices and perceptions within the family system generates familial discord and distancing relationships among all members of the family, decreasing the level of intimacy that once existed.
**Acculturation Resilience**

Research findings measuring the relationship between acculturative stress and the socio-psychological factors among Latinos, demonstrate that “the usual portrayal of the Latino family suggests cohesiveness that nears enmeshments, and the belief is that such a strong cohesiveness gives Latinos a sense of support” (Miranda & Metheny, 2000, p. 311). While some Latino families continue to create conflict, others become resilient in the process of becoming an acculturative family even when varying in levels of acculturation within different members of the family.

Although the concept of familialism was tarnished at a point in time, some Latino families accept the idea of adhering to their new culture. By becoming resilient in working together and accepting the new environment, Latino families risk the effects of acculturation, “[thus,] as the parents recognize that their family is becoming more and more divided, they may attempt to regain the strong sense of family unity and maintain the parental, sibling subsystems functioning as they had known them prior to the drastic changes in the new culture” (Partida, 1996, p. 250). This illustrates how Latino families ultimately follow the principles of *familialismo* to maintain their family structure.

**Education**

The factors of level of acculturation, socio-economic status, and level of education come together when considering the acculturated youth, whose identity develops differently from their parents. Lucero-Miller and Newman (1999) found a significant relationship between acculturation and socioeconomic status. Specifically, Mexican American students coming from a middle-class household tend to be more
exposed to the majority culture; therefore, they had a higher level of acculturation. Another study concluded that the more acculturated Mexican American youth were more likely to attend college. Thus, the higher level of acculturation is associated with Mexican American youth’s educational development, particularly in Mexican American youth whose parents possess a higher education (Hurtado & Gauvain, 1997). This ultimately adds to the change in roles of the family as a higher education usually comes with a sense of power and fulfillment that can be perceived as a contradiction with the assumed power of the parental figures in the home.

In addition, Roizblatt and Pilowski (1996) “found that children’s ability to achieve English language proficiency faster than their parents created a culturally incongruent generational difference in power and control within Latino families[...]This reliance disrupted the hierarchical power structure common in Latino families because children exercised control in communication from and to the parents” (as cited in Miranda, Estrada and Firpo-Jimenez, 2000, p. 343), which also leads to a shift in power and control that hinders conflict in the family.

Results obtained in a research study measuring daily family conflict among high school youth conducted by Chung, Flook, and Fuligni (2009) found that students who came from immigrant families had a higher level of family conflict as compared to those whose parents are U.S. born and concluded that “because families with foreign-born parents experience a greater intergenerational acculturation gap than do families with U.S.-born parents, emotional distress resulting from conflict in these families may be more acculturative in nature compared to the other families” (p. 1413). These findings
support that immigrant families are more likely to experience conflict due to the process of acculturating into the major American culture, while U.S. born families have the least conflict as elders in the family have been exposed to the major American culture for a longer period of time; hence, the language barrier, change in tradition, values, and morals are not as relevant for this group.

Barriers to Service Delivery and Service Utilization-Immigration Status & Welfare Reform

Perhaps the main barrier for many Latinos to have access to federally funded social services and resources is their immigration status, that is, having legal documentation proving legal residency or citizenship. An example of a passed federal legislation that excludes undocumented families and individuals from receiving federal assistance is the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 that was signed into legislation by former President Bill Clinton in hopes of “[reducing] dependence on public assistance and encourage economic self-sufficiency through work” (Kaushal & Kaestner, 2005). It has always been true that for many of these programs, proof of legal status is required; however, there was some leeway in enforcing this provision. PRWORA served as a substitute for Aid to Families with Dependent Children, which was part of the Social Security Act of 1935; Job Opportunities and Basic Skills (JOBS), and the Emergency Assistance Program with the Temporary Aid for Needy Families (TANF) program (Karger & Stoesz, 2010). These former programs were created as a means to provided support to needy families who
were unemployed and/or at-risk of becoming homeless as well as single/divorced mothers.

Under this act, undocumented immigrants lost eligibility (prior to 1996) for government assistance programs such as food stamps, cash aid, affordable health care, unemployment benefits, etc. This restricts undocumented immigrants access to affordable health care as the only way for them to have health insurance is through obtaining private medical insurance plans or paying high costs out of their pockets. As a result, many undocumented immigrants are left unattended and untreated with a range of illnesses from diabetes, heart disease, cancer, and mental health disabilities to name a few. In this tough economic time of recession, many undocumented immigrants are not only unable to pay out of their pocket for medical visits but also cannot afford to pay for their prescribed medications, especially when refilling psychotropic medications.

Karger and Stoesz (2010) give details on how under PROWRA, “the only immigrants still entitled to benefits were (1) those who had become citizens or who had worked in the United States and paid Social Security taxes for at least 10 years; and (2) veterans of the U.S. Army who were noncitizens” (p.76). This exempts immigrants who arrived to the United States after 1996. Yet, for undocumented immigrants who arrived after 1996, it seems that they were not fairly given an opportunity to become eligible at some point. Furthermore, the process of becoming a permanent resident takes approximately 10 years and an additional 5 years to be eligible to apply for citizenship.

This policy seems to worsen the health of undocumented immigrants with severe medical conditions and eventually could even lead to their death without proper medical
care. Undocumented immigrants already experience a lot of difficulty in becoming accepted into the United States society given the language barriers, racism and discrimination, and lack of family support as most of their families are left behind in their native countries with limited work opportunities and benefits. Now with no reliance on affordable health care, these people are left at their most vulnerable state without resources to help assist them. Therefore, social work professionals should exercise the core value of social justice explained in the NASW Code of Ethics section 6.01 under Social Welfare (NASW, 1996) in advocating to allow undocumented Latinos accessibility to social services and striving for the implementation of programs and organizations that can provide assistance for undocumented individuals affected by the current welfare reform.

Language

Latino families and individuals have difficulty assimilating in the United States because of the language barrier. Thus, it is not an easy choice for Latinos to make to want to learn English. Caravantes (2008) discusses the existing controversy of learning the English language and maintaining loyalty to the native culture to keep a sense of self within their culture, as if Latinos fear losing a sense of belonging to their native culture and Latino identity if they choose to speak English. It is not easy to learn the English language because not all immigrants, legal or illegal, have the literacy skills needed. “For many of these uneducated and unskilled immigrant laborers, the first step toward success, in any endeavor, is to learn English. The mastery of the language of the land, English, is the primary tool which will help them to provide a much better existence for
their families” (Caravantes, 2008, p. 58). Yet, immigrants do not always have access to resources available that provide information and locations of adult schools. Suleiman (2003) highlights Title VI of the Civil Rights Act of 1964, which allows individuals with limited English proficiency to exercise their right to have access to an interpreter and protects them from discrimination from federally funded human services. However, knowledge of this act does not always get across the Latino community. In addition, Title VI serves as a protection in federally funded human services, which as mentioned earlier, may only be accessible to documented Latinos, excluding undocumented Latinos. The language barrier is crucial for immigrants because lack of knowledge of the language limits opportunities for obtaining an education, employment, healthcare, and other resources available in a community.

**Community Outreach & Cultural Competence**

Being Latino in the United States has its implications for the risk factors of poverty, unemployment, acculturative stress, language barrier, lack of access to health care, and community resources. However, most communities have resources available that provide health care services, education programs, and assistance with basic needs such as food, clothing, and shelter. Unfortunately, word about these programs does not often reach the Latino community, keeping Latinos from receiving assistance in the most crucial times of need.

As previously addressed, the language barrier is a main a factor in Hispanic underutilization of social services (Gomez, Ruiz, & Rumbaut, 1985, as cited in Suleiman, 2003). Therefore, social work professionals under the standards of the NASW Code of
Ethics (approved 1996, revised 2010) section 1.05 under Cultural Competence and Social Diversity, should strive to enhance their cultural competence by educating themselves in multicultural practice, and learn foreign languages to be able to communicate and effectively assess culturally diverse clients (NASW, 1996). According to the U.S. Census Bureau (2000) 12.4 million Latinos living in the United States reported speaking English less than “very well” (as cited in Sherrill et al., 2005, p. 358) and for that reason, “Spanish-language services become a key factor in the ability of families to successfully navigate the child welfare system and connect to the supports they need to thrive” (Suleiman, 2003, p. 191). Accessibility to bilingual social service professionals is especially relevant in child welfare as proper parenting dwindles resulting from the buildup of symptoms of acculturative stress, placing immigrant children at risk of maltreatment (Dettlaff, Earner, & Phillips, 2009, as cited in Dettlaff & Rycraft, 2009, p. 110). Social work professionals who become familiar with the impact of acculturation on the Latino family, the meaning of familialismo, and barriers that Latinos face day to day, increase their chances of quality service delivery in counseling.

What’s more, Latinos are not always aware of what their community has to offer because some might have recently emigrated from their native country, migrated from a different state, or have been transmigrating back and forth so that they have not had the time and social support to become familiar with the community. It is hard to find resources for Latinos not only due to the language barrier, but also lack of transportation, and legal documentation. By the time that Latinos finally arrive at a local clinic or social service agency, they may discover that they are not eligible to receive aid due to their
legal status or lack of health insurance. In some cases, health care access remains available despite not having health insurance coverage, however, individuals must pay expensive out of pocket fees to see a doctor. Mental health services is one of the most recognized resource that Latinos underutilize as they are often influenced by mistrust in Anglo professionals. In addition, the principles of familialismo, where Latinos turn to the family to collaboratively fix a situation, and ultimately relying on indigenous folk healers and medicine rather than attending medical attention affects utilization (Padilla, 1978, as cited in Organista, 2009). Social work professionals are encouraged to provide psychoeducation to the Latino community as part of outreach to reassure them of the quality medical attention they can get without discrediting their cultural believes, but as a means of using Western medicine as an alternative.

Community outreach is a main component in spreading the word to families and individuals about programs and services available. Organista (2009) suggests doing research about the Latino populated areas in the community to find out where they work, using advertisement as a tool in order to reach the most unreachable Latinos who are often at the highest risk and in need of outreach efforts. Culturally competent social work professionals could also reach out to the Latin community by using an empathic approach to integrate into the routinely visited Latino supermarkets, religious services, and local schools to meet the Latino clients where they are and experience a glimpse of their daily lifestyle. Social work professionals should keep flexible office hours to correlate with the hours of availability to Latinos as they may be working in the day time or at late hours, increase accessibility to the location of the agency—in case of a lack in transportation,
and provide bilingual personnel to appropriately address the needs of Latino clients (Furman et al., 2009).

Still, in order to make a profound effect on community outreaching, social service professionals are urged to consider “interorganizational collaboration,” by reaching out to the existing community services and working collaborative “to provide a more extensive, comprehensive, and coordinated range of services for a child and the family” (Rivera, 2002, p. 374). This process was similarly followed in Las Casitas Elementary School in South Carolina, during the establishment of the De Colores program which involved the community, parents, teachers and students working together. As a result, parental involvement increased as parents were approached with an empowerment model to guide their children’s education and move forward (Ordoñez-Jasis & Jasis, 2004). Social work professionals became brokers for Latino clients linking them with community resources on a continuous basis requiring full commitment, and good quality advocacy skills. It is also suggested for social work professional to perform “interdisciplinary collaboration” (Rivera, 2002, p.374) with community leaders to enrich outreach efforts stronger and form inter-agency partnerships (Sherrill et al., 2005) to help create “family-centered services in addition to community-based services” and include family involvement to direct their services and making resources available to Latinos in the community (Organista, 2009, p. 303). This principle is also a standard of the NASW Code of Ethics section 2.03 under Interdisciplinary Collaboration (1996).

Another successful example of community partnerships and outreach collaboration happened in the Hennepin County Library in Minnesota, where the
outreach to the Latino community occurred through library liaisons who learned about the culture, spoke Spanish, and worked in partnership with other community organizations as a means to recruit a Latino audience and offer library services promoting literacy and education (Kuglin, 2009). Lastly, outreach in combination with community effort really does make a difference in promoting local resources and services to families in many different levels. It is just a matter of time and consistency to reach the ultimate goal of helping people in need.

**Summary**

This literature review examined research on service delivery and utilization among the Latino community. The themes of *familialismo* and acculturation were found to play a significant part in Latino families. Research in acculturative stress was also examined to better understand the behaviors and the change in dynamics among the Latino family system.

One researcher eloquently describes the fear of compromising the value of familialism during the acculturation process: “[A]s children often struggle to distance themselves from cultural values and their parent’s ideals, parents also struggle with fears of losing their children to the process of assimilation and thus lose that which is most important—their connection to the family.” (Partida, 1996, p. 253). Yet despite this, families appear to become resilient in the new host culture in order to maintain cohesiveness within the family.

The literature indicates that social work professionals can provide much needed support by addressing family stressors in family therapy through culturally appropriate
interventions and reach conflict resolution by helping the family to remain intact with respect to the values of familialismo (Dettlaff & Rycraft, 2009).

The research also indicates that the power of extensive outreach and personal development in cultural competency remains a continuum for service providers as the Latino population continues to increase and as other culturally diverse populations increase the population of the United States. That is why it is important for social work professionals to learn about the variety of Latino cultures and communities in order to appropriately serve the Latino community which is in need of resources.
Chapter 3

METHODOLOGY

Introduction

The study’s purpose was to examine service need, awareness, and service utilization in a Latino community. This chapter includes a discussion of the research design, the research questions and variables of interest, study participants, procedures and protection of human subjects.

Design

The design is an exploratory research study that focused on the city of Davis, California, in which Latino community members were asked to participate in the quantitative portion of this study and community leaders participated in the qualitative portion of the study. The researcher intended to obtain a broad point of view of community outreaching efforts and investigate the factors that might be preventing Latinos in Davis, CA from utilizing community services. For the quantitative portion of the study, the researcher used a non-probability convenience sample to select 30 Latino individuals residing in the city of Davis, CA. The qualitative portion of the study consisted of three tape-recorded interviews with community leaders specifically selected by the researcher based on previous collaborations with the researcher. Community leaders were questioned about the organization they represented, service delivery techniques, cultural competency training, and outreaching efforts.
Research Question and Variables

The major questions in the study are the following:

1. Is the Latino community in Davis aware of existing community resources?
2. Do Latinos living in Davis feel that there is a need for educational programs, affordable healthcare and housing services, counseling, and basic needs services (e.g., food, clothing, and shelter)?
3. Is there a correlation between the level of awareness of community resources and their utilization of such services?
4. Finally, what efforts are made to promote Davis community resources?

For the quantitative portion of the study, the dependent variables are need for services, awareness of services and service utilization. The independent variables are several socio demographic variables such as age, gender, Hispanic heritage, English fluency, level of education, marital status, number of children and adults in the home, annual household income, number of years lived in Davis, CA and in the United States.

For the qualitative portion of the study, participants were asked about the efforts made by local organizations to promote community resources toward the Latino community by interviewing community leaders on how their agency attracts the Latino community to receive your services and opportunities (Appendix F).

The researcher developed the instrument utilized in the study (Appendix D, E, and F) which was available in both English and Spanish. The survey consisted of 26 close-ended questions and statements. The statements (Questions 12-26) focused on the dependent variables of service need, awareness, and service utilization, which provided a
likert scale response of Strongly Agree, Agree, Undecided, Disagree, and Strongly Disagree. In addition, socio demographic questions included items such as participants’ age, gender, Hispanic heritage, fluency in English, education, etc.

The following discusses how each of the dependent variables in the study were measured:

**Perceived Need** – The community need was measured by asking participants to indicate in Questions 15-20 their perceived need for educational programs, affordable healthcare and housing services, counseling, and basic needs services (e.g., food, clothing, and shelter) using the above Likert scale. Items 15 to 20 were summed.

**Level of awareness of community resources**– Level of awareness was measured by summing Questions 12-14 and Question 21

**Service utilization**– Service utilization was measured in Questions 22-26 in which participants answered the statements using the above Likert scale to indicate the likelihood of service utilization if services are provided in Spanish.

**Participants**

For the quantitative research in this study, participants were 30 individuals, all of Latino origin; and all over 18 years of age who resided in the City of Davis. For confidentiality purposes, the names of the represented agencies and the community leaders in the qualitative portion of the study were given pseudonyms by the researcher. The three community leaders represented a health care setting (Agency A), emergency assistance services (Agency B), and general community services including affordable housing, education and childcare services programs (Agency C). in Davis.
Instrumentation

The researcher developed the instruments utilized in the study (Appendix D, E, and F). The researcher choose the questions for the Community Resources Survey created both in English and Spanish (Appendix D & E) based on obtaining basic demographic data from the participants such as age, gender, Hispanic heritage, fluency in English, education, etc. and purposely formulated statements reflecting the variables of measurement previously discussed. The researcher then created six questions for the qualitative portion of the study for the community leaders to be able to represent the services they offer; state their contribution to the Latino community; and identify barriers, if any, when working with Latinos in Davis (Appendix F). This qualitative data measured the outreach efforts of community resource agencies in promoting their services to the Latino community.

Data Gathering Procedures & Analysis

The researcher solicited subject participation by going door-to-door to the predominantly known Latino communities, as well as advertising the study outside the local St. James Catholic Church after the Spanish mass. The researcher used the method of snowball sampling by asking the participating subjects to suggest other Latinos they knew in Davis.

Upon meeting with prospective subjects for the quantitative study, the researcher reviewed the consent form to participate in the research and explained the procedures of completing a survey of 26 close-ended questions to participate in the study in either Spanish or English, according to the subject’s language preference (Appendix A & B).
The researcher collected the survey questionnaires immediately after waiting for the participants to complete the surveys.

The same procedure was used by the researcher when obtaining the community leaders’ consent to participate in the face-to-face qualitative method of this study (Appendix C). The researcher used a tape recorder to record the interviews with the community leaders based on six open-ended questions with the selected three community leaders about the agency they represented and their agency’s impact on the Latino community (Appendix F).

**Data Analysis**

For the qualitative portion of the study, interviews were tape recorded, transcribed and analyzed for any recurring themes. For the quantitative portion, data were entered into SPSS and analyzed to determine the significance of correlations between the variables of measurement.

**Protection of Human Subjects**

The protocol for the protection of human subjects was submitted and approved by the Division of Social Work as minimal risk. The study did not cause greater harm or discomfort that is encountered in everyday lives. The consent for participation in research (Appendix A, B, and C) clearly stated the subject’s right to stop and conclude their participation in the study at any given time or skip any question; and where provided with the Sacramento State University Student Health Center contact information in the event that a participant experienced discomfort. Once the prospective subjects understood the minimal risks and purpose of the study and agreed to sign the consent to
participate, the researcher provided them with their own copy of the consent form as well as the researcher’s contact information and her thesis advisor contact information for questions or comments about the study. Upon completion of both quantitative and qualitative methods, the researcher collected all consent forms, surveys, and micro cassettes and stored the data and the consent forms in separate closed envelopes under a safe lock in a file cabinet located at the researcher’s residence. The file cabinet was only opened by the researcher who possessed the only key.
Chapter 4

FINDINGS

Introduction

For the purpose of this study the researcher choose a study design composed of quantitative and qualitative data. A quantitative sample of 30 Latino participants living in Davis were asked to fill out a community resources survey which consisted of 26 closed-ended questions on sociodemographics; community need of resources such as educational programs, affordable healthcare services, counseling, affordable housing programs, and resources for basic needs (e.g., food, clothing, and shelter); awareness of community resources; and Spanish service utilization. The qualitative portion of the study focused on three face-to-face interviews with community leaders representing social service organizations in Davis, CA. The interview questions consisted of describing the services provided by the agency and qualifications, outreach efforts, barriers for providing service delivery to the Latino community in Davis, cultural competence trainings, and the role of migratory status in accessing agency services. In this chapter the researcher will provide an overview of the quantitative and qualitative study samples, and outcomes.

Quantitative Sample

All participants \(n=30\) in this study where Latinos living in Davis of 18 years of age or older, and each represented a family household. Twenty-six participants (86.67%) preferred to complete the Community Resource Survey in Spanish (Appendix E) while only four (13.33%) choose to complete the survey in English (Appendix D).
### Sociodemographics

Table 1

*Participant Sociodemographic Characteristics*

<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-25</td>
<td>2</td>
<td>6.7</td>
<td>6.7</td>
</tr>
<tr>
<td>26-35</td>
<td>7</td>
<td>23.3</td>
<td>30.0</td>
</tr>
<tr>
<td>36-44</td>
<td>10</td>
<td>33.3</td>
<td>63.3</td>
</tr>
<tr>
<td>45 and up</td>
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<td>36.7</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>20.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
<td>80.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Hispanic Heritage</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexican</td>
<td>30</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Speak English</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>70.0</td>
<td>70.0</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>30.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Level of Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>7</td>
<td>23.3</td>
<td>23.3</td>
</tr>
<tr>
<td>High School</td>
<td>7</td>
<td>23.3</td>
<td>46.7</td>
</tr>
<tr>
<td>Some College</td>
<td>8</td>
<td>26.7</td>
<td>73.3</td>
</tr>
<tr>
<td>College Graduate</td>
<td>8</td>
<td>26.7</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, never married</td>
<td>5</td>
<td>16.7</td>
<td>16.7</td>
</tr>
<tr>
<td>Married</td>
<td>22</td>
<td>73.3</td>
<td>90.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
<td>10.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Number of adults in the home</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>17</td>
<td>56.7</td>
<td>56.7</td>
</tr>
<tr>
<td>3-4</td>
<td>12</td>
<td>40.0</td>
<td>96.7</td>
</tr>
<tr>
<td>5 or more</td>
<td>1</td>
<td>3.3</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Number of children in the home</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>12</td>
<td>40.0</td>
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<tr>
<td>1-2</td>
<td>15</td>
<td>50.00</td>
<td>90.0</td>
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<tr>
<td>3-4</td>
<td>3</td>
<td>10.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Annual household income</td>
<td>5</td>
<td>16.7</td>
<td>16.7</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----</td>
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</tr>
<tr>
<td>Less than $10,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$11,000-$30,000</td>
<td>13</td>
<td>43.3</td>
<td>60.0</td>
</tr>
<tr>
<td>$31,000+</td>
<td>12</td>
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<table>
<thead>
<tr>
<th>Number of years lived in Davis</th>
<th>10</th>
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<th>33.3</th>
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<tbody>
<tr>
<td>1-10 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 years or more</td>
<td>20</td>
<td>66.7</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of years lived in the U.S.</th>
<th>29</th>
<th>96.7</th>
<th>96.7</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 years or more</td>
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<td></td>
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</table>

As shown in Table 1, participants between the ages of 18 and 25 years of age accounted for 6.7% out of the quantitative study sample; whereas, 23.3% of the participants were between the ages of 26 and 35 years old. The largest portion of participants (70%) were over 36 years of age. The study sample consisted of 80% female, considerably higher than the number of participating males. All thirty participants reported to have Mexican heritage and 70% stated that they could speak English. The participants' level of education was equally distributed among middle school (23.3%); high school (23.3%); some college (26.7%); and college graduate (26.7%). Only 16.7% of the participants identified themselves as single, never married; 10% were divorced; and 73.3% of the participants were married. A high number of participants (50%) lived in a household composed of two adults including themselves and 40% of the participants did not have any children living in their home. Twelve participants (40%) in this study reported an annual household income of $31,000 and over; thirteen participants (43.3%) had an annual household income between $11,000 and $30,000; and five participants (16.7%) had an annual household income of less than
$10,000. A large number of participants (66.7%) have lived in the city of Davis for over 11 years; and 96.7% reported to have lived in the United States for seven years.

**Initial findings**

The researcher used Kendall’s Tau-\(b\) to conduct a number of non-parametric tests to determine whether there was significant bivariate association between a number of ordinal-level variables. A positive correlation was found between participants’ level of comfort in seeking community resources and their awareness of community services \([r (29) = .73, p < .01]\). Thus, participants who feel more comfortable seeking community resources in Davis, CA also have a higher level of awareness.

Furthermore, a second positive significant correlation \([r (29) = .50, p < .05]\) found the factor of migratory status as irrelevant in participants’ level of comfort to seek community resources in Davis, CA thus, the higher level of community resource awareness previously mentioned was sustained.

**Quantitative Data Outcomes**

To answer the research question: Is there an association between the level of need of community resources and their utilization, a Pearson’s bivariate correlation was conducted.

Results indicated a positive association \([r (29) = .44, p < .05]\) between level of need of community resources in Davis, CA and the utilization of services offered in Spanish. The higher the need for community resources the more likely participants were to utilize services if offered in Spanish (Table 2). However, no significant relationship
was found between awareness of community resources and community needs or between awareness or community resources and utilization of resources.

Table 2

*Bivariate Correlations*

<table>
<thead>
<tr>
<th></th>
<th>Utilization of community resources</th>
<th>Community Needs</th>
<th>Awareness</th>
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</thead>
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</tr>
<tr>
<td>Sig. (2-tailed)</td>
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<td>.571</td>
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<tr>
<td>N</td>
<td></td>
<td>30</td>
<td>29</td>
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<tr>
<td>Community Needs</td>
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<tr>
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<td>.017</td>
<td>.418</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Awareness</td>
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<td>.156</td>
</tr>
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<td>.418</td>
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<td>N</td>
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*Correlation is significant at the 0.05 level (2-tailed).*

Additionally, a significant negative association \( r (30) = -.58, p < .01 \) was found between participants’ level of education and their level of awareness of community resources (Table 3).
In other words, participants who reported a higher level of education had a lower level of awareness of community resources in Davis, CA. These outcomes support the major questions in proving that there is an association between community needs and utilization of community resources in Spanish; and the sociodemographic characteristic of participants’ level of education is associated with their level of community resources awareness in Davis, CA.

**Qualitative Sample**

The researcher specifically selected community leaders in Davis, CA from previous collaborations with the researcher that represent an agency in the health care setting (Agency A), emergency assistance services (Agency B), and general community services including affordable housing, education and childcare services programs (Agency C). For confidentiality purposes the names of the community leaders and the

<table>
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<tr>
<th>Level of Education</th>
<th>Level of Education</th>
<th>Awareness</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.001</td>
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<td>N</td>
<td>30</td>
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<th>Awareness</th>
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<td>Sig. (2-tailed)</td>
<td>-.579**</td>
<td>.001</td>
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<td>N</td>
<td>29</td>
<td>29</td>
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</table>

**. Correlation is significant at the 0.01 level (2-tailed).
representing agency where withheld and were assigned a pseudonym by the researcher (Agency A, B, and C) as previously described.

**Latino Service Delivery Statistics**

Throughout each of the interviews, the community leaders reported estimates of the Latino community in Davis they have served. Agency A, serves about 85% Latino population, and 30% of the Spanish speaking population [in Davis] seek behavioral health services. The estimated number of people being affected by the YCHIP policy and are undocumented without health insurance is 40% (C.C., personal communication, January 14, 2011). Agency B reported that 50% of their clients are Latinos for all of their services. On average, Agency B serves about 300 people a month in the food closet. Last year’s holiday program in December helped 391 families (S.C., personal communication, January 20, 2011). Agency C disclosed that the affordable housing used by Latino families varies and make up about one-third of their recipients. Additionally, Agency C stated “county-wide over 50% of our families are probably Latino families for childcare services” (C.D., personal communication, January 21, 2011).

**Interview Questions for Community Leaders**

Researcher: What opportunities and services does your agency serve? What are the qualifications to receive these services?

Agency A:

[We offer the] Family PACT program that helps women that do not have insurance to get their regular yearly maintenance with no cost as long as they are
using some kind of birth control, that’s the only requirement. We also have a program from the state that covers women from ages 40 and older for their mammograms and if they have any follow-up needed because of their mammogram that program also helps. We also have Y-CHIP [Yolo County Healthcare for Indigent Program], dental services, optometrist, dermatologist, pediatricians, orthopedics, integrated behavioral health, and drug and alcohol abuse programs. If [patients] see the Psychiatrist it’s a sliding scale, if they see the interns there’s no cost. No limit [on sessions] they can come in as long as they need. [The] payment for services [we provide is] based on a sliding scale fee for patients without health insurance. Other types of insurance accepted [are] Partnership Health Plan, Healthy Families, CVP Breast Cancer Awareness Program, Medi-Cal, and some other insurance depending on which one comes in. 

(C.C, personal communication, January 14, 2011)

Agency B:

Everything comes to us by a referring agency. We don’t help with chronic problems, we help with emergency. We try to get them [clients] out of their emergency situation as far as the programs go. There are no rules against any ethnicity at all we serve whoever comes in, if they are undocumented that’s fine we don’t care, we are here to get people keep going, trying to get ahead. We provide three major [forms of] assistance: eviction [prevention], first month’s rent, and PG&E utilities. [For assistance with housing] they have to have an
income, we also use the federal poverty guidelines they have to fall between the federal poverty guidelines, if they are over that we cannot help them it’s just the way we are set up. They cannot have received major assistance in the last two years. We can help up to $400 on eviction [prevention] and first month’s rent. The rent cannot be more than 80% of the total income and we count the gross income of everyone in the household that does count toward the federal poverty guidelines. The next major assistance is PG&E utilities that we will pay up to $200. We also have what we call miscellaneous [we help with obtaining] California ID’s, driver’s licenses [in accordance to] a California law passed a couple years ago that in order to get public assistance they must have a form of identification. If they have to get a birth certificate to prove who they are in order for them to get [a California identification card or driver’s license] then we pay for the fee to get the birth certificate and the notary fee if it has to be notarized.

All of those checks are cut and given to the referring agency [to do the processing] and they cannot give the check to the client. The food closet, they can come once a month and is only for Davis residents. [For the] clothing closet, the adults can come once every six months, and children every three months. [We have a] Suit up for Success program where they come in by referral if they are out looking for work or if they are starting a new job and don’t have any clothes. [They may be] eligible for three complete outfits from head to toe. [The] holiday program, [also] just for Davis residents and is done every year. We have a group
now that is working on a Food Stamp program because there is so much money that is not being used. (S.C., personal communication, January 20, 2011)

Agency C:

We have a wide gamut of services. The community services department is focused on several key services. We provide executive management for the childcare services department [with] direct subsidies that we provide for childcare providers that qualify from our income guidelines. That is a county-wide program that [we] manage. Qualifications are based on state and federal income guidelines. We [also] provide support services for the childcare providers [e.g., educational staff development services, subsidies for continuing education and early education fields, subsidies to low-income parents] so they can pay their childcare, so [that] they can go to work. [In our] affordable housing program we oversee the management and development of affordable housing in Davis. We get money from the government to develop affordable housing. [Agency C] puts in a little bit more money and we work with private developers to build the housing and then to offer it to people who qualify under the low and moderate income federal guidelines. One of our on-going programs that we support is the provision of homeless services—we work with agencies in providing funding with oversight to provide services to the homeless, we fund the shelters, the cold weather shelters, and the homeless resource center where they assist people with job readiness, counseling, connecting with other services they may need (mental
health or any other services). [Agency C] doesn’t provide services directly but we give the funding to non-profit groups who are experts in providing the services. (C.D., personal communication, January 20, 2011)

Researcher: How does your agency attract the Latino community to receive your services and opportunities?

Agency A:

We put bulletins around so everybody knows what’s going on and the things that we do for the community. We go to the summer camps when labor workers are here in the season and we put flyers about all the services we offer here in the clinic. [In] health fairs there is always a booth with Agency A, information people from Agency A that do blood pressure, diabetes checks, and cholesterol. The teen program is always there. Where ever we need to go if there’s a faire, that’s where we go. (C.C., personal communication, January 14, 2011)

Agency B:

We don’t do a lot of outreach; it’s pretty much a word of mouth. We sent out flyers to all of the low-income areas in town and we put them at library, City of Davis, and public offices around town. [It’s] not [solely] directed to the Hispanic community but directed to the low-income community […] We don’t do any more outreach simply because we don’t have to because everybody knows about us. We have been in town since 1967, this is our 44th year and they know [us though] the referring agencies here in Davis. (S.C., personal communication, January, 20, 2011)
Agency C:

[W]e push non-profits to do outreach in the community to make sure that people know about the services and also to prevent barriers to services. [Also, we] work closely with the schools at every level; school district personnel, principles, service providers at school, [and] we have teen program specialists that do direct outreach by going out to classrooms. We distribute our quarterly brochure through the schools monthly. We conducted a Teen services survey, were we did two focus groups in the community in Spanish. We had a wonderful dialogue with parents about what they perceived the needs where for their kids and their needs as parents in the community and it was very productive. We are using the information obtain to program to make improvements in our programs for these teens. (C.D., personal communication, January 21, 2011)

Researcher: Are the brochures available in Spanish?

Agency C:

“It’s all in English, an area we need to improve on. We have language in there that tells people if they need services in Spanish where to go and who to contact in our department” (C.O., personal communication, January 21, 2011).

Researcher: What barriers keep your agency from working effectively with Latino families?

Agency A:
I think it’s not so much our agency that has barriers, I think it’s the insurances like let’s say the county insurance, Y-CHIP, since they started not giving the YCHIP to patients that are undocumented, that’s what’s keep the patients away from coming to the clinic because they feel like they don’t have insurance, there out of money, there out of work so that keeps them from coming. But when they do come, they are really sick and there’s very little we can do because the YCHIP won’t give those patients the insurance and the patients don’t have the money to take care of themselves, that’s the biggest barrier that we have right now. (C.C., personal communication, January 14, 2011)

Agency B responded, “Latinos tend to stick together, they are familiar with each other, to get out of that is a big step” referring to Latinos turning to one another for assistance keeping them from accessing Agency B (S.C., personal communication, January 20, 2011).

Agency C:

One of our challenges is identifying how to reach them, where to reach them because we have tried to do mass marketing efforts, mostly in English some Spanish but not focused outreach. I think we need to do a better job on identifying on where to reach those parents and those kids and what those needs are in order to address them. It’s mostly a communication and community education piece. Again, I think it’s the fiscal constraints, marketing dollars, so we basically have zero dollars for doing community outreach and education. (C.D., personal communication, January 21, 2011)
Researcher: Are there Spanish-speaking staff in your agency?

Agency A:

“We all here in [Agency A] speak Spanish” (C.C., personal communication, January, 14, 2011).

Agency B:

“Some volunteers speak Spanish. Many of our families in the holiday program don’t speak English. A couple members in the board do. We are aware that is a bluff for people” (S.C., personal communication, January 20, 2011).

Agency C:

We have a lot of Spanish-speaking people in both our volunteer pool and our staff. A lot in our childcare services because we do provide services in our entire county through our childcare services program, we have staff here at the admin level that speak Spanish, our recreational leaders, at every level of our organization we have multilingual employees and volunteers. (C.D., personal communication, January 21, 2011)

Researcher: Does your agency provide trainings on cultural competence?

Agency A:

“I know that it’s not mandatory and it’s been about 3-4 years that we did one” (C.C., personal communication, January 14, 2011).

Agency B:

No actual cultural competence training because we are not interacting with our clients, the only people that interact with them are the volunteers at the food and
clothing closets. A lot of our volunteers were teachers, social workers, [and] have a background that is pretty much aware. (S.C., personal communication, January 20, 2011)

Agency C:

Not specifically no, in the past we have provided training on cultural awareness on how to work with differences, but we don’t have a systematic training on cultural competence I think that’s a big hole in our agency that we need to work on. Our staff development and our training and any other discretion have been basically slashed and we are very hard pressed to come up with any training dollars right now. (C.D., personal communication, January 21, 2011)

**Migratory Status & Accessibility of Services**

Agency A, reported that they have employees that work in collaboration with YCHIP and Medi-Cal so when they come across situations that involved undocumented patients without health insurance coverage, they present the situation to YCHIP to see if they can help. If an exception is made the undocumented patient will be covered for at least one or two appointments for an initial evaluation. “[The] fee depends on the income that the patients give us, sometimes we can have them with no share of cost or no fee involved if they don’t have any income but the coverage is very limited.” Agency A also provides a discount card based on their income verification and proof of address and “at least it gives them an idea of what they’re going to have to pay for the next six months […] If we don’t have the service, depending on the need of the patient we look around,
we always call. We have resources that we can call people to help whatever need that patient has” (C.C., personal communication, January 14, 2011).

As stated earlier, Agency B does not work directly with clients; therefore, the clients that get referred must have access to the referring agency first prior to receiving assistance with Agency B, “[t]he agencies must be able to help them in the first place to get them to us because we don’t help them directly. The referring agencies are the ones that screen them. (S.C., personal communication, January 20, 2011).

Agency C:

[…] Affordable housing is more stringent in terms of the requirements, part of the screening process [is] to show [proof of] residence. We’re not asking the question about their legal status, it’s a self-certifying process. For childcare services we don’t do that screening they get screened through the Department of Employment and Social Services and they refer those people to us. So we don’t even ask or get involved in that question for childcare services. For us it’s irrelevant in that sense. (C.D., personal communication, January 21, 2011)

Conclusion

The results gathered from the quantitative portion of the study defined that the higher the need for community resources the more likely participants will utilize services if offered in Spanish. Although all three agencies represented (Agency A, B, and C) in the qualitative portion of the study by community leaders (C.C., S.C., and C.D.) reported to have little or no cultural competence training offered at their agencies mainly because
of financial constraints although they reported to having Spanish-speaking staff. The represented agencies shared the commonality of targeting service delivery to low-income families and individuals that qualify to receive their services (e.g., affordable health care, housing, emergency assistance, and childcare subsidies) if they fall under the federal poverty guidelines or can have the opportunity to pay a fee based on an income sliding scale. The barriers that these agencies experience in reaching out to the Latino community in Davis are influenced by budget cuts, lack of Latino community perceived needs and awareness, and policies related to requiring legal residency status to be a recipient for affordable services (e.g., YCHIP health insurance, and childcare subsidies).

Based on the quantitative data that the researcher collected, the factor of participants’ migratory status was not related to their level of comfort in seeking community resources and did not affect their higher level of awareness. Nevertheless, all community leaders expressed a desire to serve the Davis community including the Latino population. It should be noted that it also takes the efforts of Latino community members themselves to seek Davis community services and to raise awareness of the lack of services. Findings indicated that participants who felt more comfortable seeking community resources in Davis, CA also had a higher level of awareness. On the other hand, survey participants with a higher level of education demonstrated a lower level of awareness of community resources in Davis, CA.

The next chapter will provide a synopsis of the purpose of the study, review of literature, methods used in the study, the researcher’s discussion of the findings, and recommendations for future research.
Chapter 5

SUMMARY & CONCLUSION

Summary

This study examined service delivery and service utilization among the Latino community in the city of Davis, California. The researcher's interest in exploring service delivery and service utilization among the Latino community derived from personal experience after enduring and surviving the hardships of immigrating to the United States and integrating into the Davis community. With an observed increase in the Latino population in the past few years, it is imperative for social workers and social service providers to be aware of this growing culture. Therefore, the researcher investigated the perceptions of Latino community members in regard to the needs of food, clothing, and shelter; healthcare, education, affordable housing, counseling, and bilingual services with the purpose for social service providers to gain insight on how to effectively reach out and serve the Latino population in Davis.

The researcher took the fundamental aspects of the ecological systems theory into perspective to guide the study and examined the environmental factors surrounding Latino families at the micro, mezzo, and macro levels.

The passage of the Opportunity Reconciliation Act (PRWORA) of 1996 signed into legislation by former President Bill Clinton is a contributing barrier for many undocumented Latinos to access federally funded social services to be eligible to receive public assistance such as food stamps, cash aid, affordable health care, unemployment
benefits, etc. For many undocumented individuals an alternative to obtain health care services is through private medical insurance plans or paying out of pocket. As a result, financially deprived undocumented immigrants who are left unattended and untreated suffer from a range of illnesses. Although accessibility to federally funded programs requires legal residency there may be options for undocumented individuals to pay out of pocket. There may also be the option of seeking assistance through non-profit organizations and privately funded programs where migratory status is not an issue in accommodating affordable community services. However, Latino community members may not receive assistance unless they seek the services or if they are provided with information about existing services through agency outreach. Though, it may take a lot of courage and necessity for Latinos to seek services it usually requires some level of fluency in English as well as accessibility to social service agencies. Otherwise they may continue to be deprived from living successfully and integrating into their community. In order to make a profound effect on community outreaching, social service professionals are urged to consider “interorganizational collaboration” to reach out to the existing community services and work collaboratively to raise community awareness (Rivera, 2002, p. 374).

Thus, the research problem is that there is a lack of information on service delivery and the utilization of services by the 9.6% Latino population in Davis, California (City of Davis, 2000). The primary purpose of this study was twofold: 1) to examine service utilization by Latino residents, specifically educational programs, affordable healthcare and housing services, counseling, and basic needs services (e.g., food,
clothing, and shelter); and 2) to investigate community outreach efforts implemented in the city of Davis, California to determine if there is an association between service need, service awareness, and utilization among the Latino community. The secondary purpose was to raise awareness of the problem and encourage social service providers to be cognizant in providing culturally competent outreach efforts to increase service utilization.

The major questions developed by the researcher related to the level of awareness of existing community resources, the perceived needs for educational programs, affordable healthcare and housing services, counseling, and basic needs services (e.g., food, clothing, and shelter) and the relationships between the level of awareness of community resources and the utilization of such services by the Latino community in Davis. It also sought to uncover the efforts made to promote community resources in Davis.

The initial assumptions raised by the researcher was that Latinos lack awareness of the services that are available in the community and this is compounded by the language barrier and stress factors (e.g., migratory status and fear of deportation, lack of transportation, acculturative stress, etc.) restricting accessibility to community resources.

The researcher reviewed the literature on the historical background of immigration and elaborated the concept of familialism or *familialismo* in Spanish which represents a symbolic notion of family interconnectivity. Furthermore, the researcher looked carefully at the challenges Latino immigrant families face during their integration
into the United States through the process of acculturation and acculturative stress (mainly produced by differences in the extent of acculturation within members of the family). The researcher also examined the role of familialismo and how its functionality as these families adjust to a new social environment.

The present study used both quantitative survey data of Latino community members residing in Davis, CA as well as qualitative data collected from face-to-face interviews with three selected community leaders representing different social service agencies in the city of Davis. The study aimed to investigate the perceptions of community needs and awareness on from both sides of the spectrum: the Latino community members themselves and the agencies providing the services.

**Discussion**

The research findings show that the higher the need for community resources, the more likely participants will utilize services if offered in Spanish. Drawing from this finding, it can be hypothesized that in times of desperate need, the concept of familialismo functions differently and Latinos seek assistance from the community. However, the question remaining is: Will Latino families in Davis utilize community resources if they are not offered in Spanish? The agencies represented in the qualitative portion of the study target their service delivery to qualifying low-income families and individuals based on the federal poverty guidelines. Presently these agencies do not reach out to the Latino community in Davis. Qualitative findings conclude that poor outreaching efforts and lack of awareness of these agencies are due to recent budget cut as well as lack of communication with the Latino community, not understanding
community needs, and federal immigration laws. Nonetheless, based on the quantitative data results, participants who felt comfortable seeking community services also had a higher level of awareness. On the other hand, survey participants with a higher level of education demonstrated a lower level of awareness of community resources in Davis, CA. This finding may be due to the fact that those with a higher level of education may not need or therefore be aware of existing services.

Although not explicitly tested, the researcher considers that the more community needs are met with services available in Spanish the most likely Latinos will utilize the services because the services would be delivered in a culturally competent manner.

**Limitations & Recommendations for Future Research**

Although the study consisted of quantitative and qualitative non-probability convenience samples which were small in size with limited generalizability the researcher offers several recommendations. The researcher recommends future social worker researchers to use a la larger study sample to collect more details on participants’ level of English fluency, migratory status, and utilization of community resources when provided only in English. In addition, since the researcher focused on basic needs (e.g., food, clothing, shelter, educational programs, affordable housing, healthcare, and counseling), it is recommended that future research be performed on other social services such as substance abuse, child welfare, domestic violence, and hospice either in Davis, CA and/or in the Yolo County.

Recommendations provided by Agency C (general community service agency):
“We need to find some key individuals in the Latino community, some community leaders or gate keepers if you will, to help us to be involved in providing us with information and people power, and guidance on how we best serve our community. We can’t make assumptions because there are a lot of needs. I would like to see the Latino community more involved in directing their services. I think there is a disconnect out there, I think our Latino community feels disconnected from the mainstream and I want to find a way to do that through our enrichment programs and our recreation programs. [If] nobody asks, it doesn’t happen.” (C.D., personal communication, January 21, 2011)

**Conclusion**

In the National Association of Social Workers (NASW) *Code of Ethics* (approved 1996, revised 2010), it is specifically stated that social workers should strive to provide services to vulnerable populations which includes at-risk and populations living in poverty. In times of critical need social workers must “enhance human wellbeing and help meet the basic human needs of all people” (NASW, 1996). As social workers we serve as connectors between our clients and federal and state community resources. We are also the voice in advocating for social justice and equality for as long as it takes to close the gap between the systems.
APPENDIX A

Consent to Participate in Research

Thank you for your interest in participating in this study which will be conducted by Cynthia Reynoso, who is a graduate student in Social Work at California State University, Sacramento. The purpose of the study is to endorse service delivery and utilization among the Latino community.

You will be asked to complete a community assessment survey that will consist of 26 closed-ended questions which will cover basic demographics, and measure your knowledge and utilization of existing community resources. This survey will take approximately 15 to 20 minutes of your time to complete. As the participant, you have the right to stop and conclude your participation in the study at any given time. All the information provided by the participant will remain confidential. Upon completion of the survey, the researcher will collect the surveys and letter of consent to keep in separate closed envelopes and store in a file cabinet that will be secured by lock at the researcher’s residence until May, 2011, when the study will be completed. Once the study is complete, the researcher will dispose of the collected data and consent forms using a shredding device to protect the confidentiality of the participants.

You will not receive any compensation for participating in this research. The contents of the survey are not intended to cause any risks of greater harm or discomfort that is encountered in everyday lives to the participants. However, in the event that you experience symptoms of greater harm or discomfort not usual from what is encountered in your everyday life, initial medical treatment can be provided at the Sacramento State University Student Health Center, which is located in 6000 J Street, Sacramento, Ca 95819 and can be reached at (916) 278-6461. If you were to require any other medical care as a result of participating in this research, you are encouraged to contact your personal physician at your own expense.

Your participation is important, as the data collected will lead Social Workers to identify any existing gaps in the service delivery and utilization of community resources, which will allow us to develop a strategy to reach out to the Latino community.

If you have any questions about this research, you may contact the researcher, Cynthia Reynoso at (530) 220-0357 or send e-mail to sac64354@saclink.csus.edu or call the researcher’s thesis advisor, Maura O’Keefe at (916) 278-7067 or send e-mail to okeefem@csus.edu

By signing below, you are stating that you understand the risks involved in this research and agree to participate in it.

________________________________________   ___________
Signature of Participant      Date
APPENDIX B

Consent to Participate in Research
(Spanish Version)

Gracias por su interés en participar en este estudio, que será conducido por Cynthia Reynoso, quien es una estudiante de posgrado en Trabajo Social en la Universidad Estatal de Sacramento. El propósito del estudio es de apoyar la presentación de servicios y utilización en la comunidad Latina y de habla Hispánica.

Se le pedirá que complete una encuesta de evaluación de la comunidad que constará de 26 preguntas cerradas que abarcará datos demográficos básicos, medirá su conocimiento y utilización de los recursos comunitarios existentes. Esta encuesta le tomará aproximadamente entre 15 a 20 minutos de su tiempo en completarse. Como participante, usted tiene el derecho de detener y concluir su participación en el estudio en cualquier momento dado. Toda la información proporcionada por el participante se mantendrá confidencial. Una vez finalizado el estudio, la investigadora recogerá las encuestas y cartas de consentimiento para mantenerlas separadas en sobres dentro de un gabinete de archivo que estará asegurado bajo llave en la residencia de la investigadora hasta el mes de Mayo del 2011, cuando el estudio esté terminado. Una vez que el estudio esté completo, la investigadora dispondrá de las encuestas y consentimientos usando un dispositivo de trituración para proteger la confidencialidad de los participantes.

Usted no recibirá ninguna compensación por su participación en esta investigación. El contenido de la encuesta no tiene la intención de causar riesgos de mayor daño ó molestia fuera de lo que se encuentra en la vida diaria de los participantes. Sin embargo, en el caso de que sufra síntomas de mayor daño ó molestia no habitual de lo que se encuentra en su vida diaria, el tratamiento médico inicial se puede proporcionar en el Centro de Salud Estudiantil localizado en la Universidad Estatal de Sacramento en la siguiente dirección: 6000 J Street, Sacramento, Ca 95819 y puede llamar al número (916)278-6461. Si usted requiere cualquier tipo de atención médica como resultado de su participación en esta investigación, se le recomienda que se ponga en contacto con su médico personal a su propio cargo.

Su participación es importante, ya que los datos proporcionados ayudan a los trabajadores sociales para identificar la existencia de discreciones en la presentación de servicios y utilización de los recursos de la comunidad que nos permitirá desarrollar estrategias más efectivas para colaborar con la comunidad Latina y de habla Hispánica.

Si usted tiene alguna pregunta sobre esta investigación, puede comunicarse con la investigadora, Cynthia Reynoso al número (530) 220-0357 ó envíe un correo electrónico a sac64354@saclink.csus.edu ó también puede llamar al a asesora de la investigadora, Maura O'Keefe al número (916) 278-7067 ó envíe un correo electrónico a okeefem@csus.edu

Al firmar, usted está indicando que usted entiende los riesgos involucrados en esta investigación y se compromete a participar en ella.
| Firma del Participante | Fecha |
Consent to Participate in Qualitative Research

Thank you for your interest in participating in this study which will be conducted by Cynthia Reynoso, who is a graduate student in Social Work at California State University, Sacramento. The purpose of the study is to endorse service delivery and utilization among the Latino community.

You will be asked to participate in an interview that will be tape recorded and consist of six open-ended questions which will pertain to your agency’s role in the community as well as its impact on the Latino community. The interview will take approximately 45 minutes to an hour of your time to complete. As the participant, you have the right to stop and conclude your participation in the study at any given time. All the information provided by you will remain confidential. Upon completion of the interview, the researcher will store the tape recordings and letter of consent in separate closed envelopes in a file cabinet that will be secured by lock at the researcher’s residence until May, 2011, when the study will be completed. Once the study is complete, the researcher will dispose of the collected data and consent forms using a shredding device and to protect the confidentiality of the participants.

You will not receive any compensation for participating in this research. The contents of the interview questions are not intended to cause any risks of greater harm or discomfort that is encountered in everyday lives to the participants. However, in the event that you experience symptoms of greater harm or discomfort not usual from what is encountered in your everyday life, initial medical treatment can be provided at the Sacramento State University Student Health Center, which is located in 6000 J Street, Sacramento, Ca 95819 and can be reached at (916) 278-6461. If you were to require any other medical care as a result of participating in this research, you are encouraged to contact your personal physician at your own expense.

Your participation is important, as the data collected will lead Social Workers to identify any existing gaps in the service delivery and utilization of community resources, which will allow us to develop a strategy to reach out to the Latino community.

If you have any questions about this research, you may contact the researcher, Cynthia Reynoso at (530) 220-0357 or send e-mail to sac64354@saclink.csus.edu or call the researcher’s thesis advisor, Maura O’Keefe at (916) 278-7067 or send e-mail to okeefem@csus.edu

By signing below, you are stating that you understand the risks involved in this research and agree to participate in it.

_______________________________________   ___________
Signature of Participant      Date
APPENDIX D

Community Resources Survey

1. My age is:
   a. 18-25  b. 26-35  c. 36-44  d. 45 and older

2. My gender:
   a. Male  b. Female

3. My Hispanic heritage:
   a. Mexican  b. Central American  c. Puerto Rican  d. Other

4. I can speak English:
   a. Yes  b. No

5. My highest level of education is:
   a. Middle School  b. High School  c. Some college  d. College graduate

6. Current marital status:

7. Number of adults in the household:
   a. 1  b. 2  c. 3  d. 4  e. 5 ó más

8. Number of children in the household:
   a. 1  b. 2  c. 3  d. 4  e. 5 ó más

9. The total household income ranges from:
   a. Less than $10,000  b. $11,000-$20,000  c. $21,000-$30,000  d. $31,000+

10. I have lived in Davis for:
    a. Less than a year  b. 1-5 years  c. 6-10 years  d. 11 years or more
11. How many years have you lived in the United States
   a. Less than a year  b. 2-6 years  c. 7 years or more

**Please choose your best answer to the following statements:**

12. I am aware of community resources available in the Davis community
   Strongly Agree   Agree   Undecided   Disagree   Strongly Disagree

13. I am comfortable seeking community resources in Davis
   Strongly Agree   Agree   Undecided   Disagree   Strongly Disagree

14. My comfort level in seeking community resources is not related to my immigration status
   Strongly Agree   Agree   Undecided   Disagree   Strongly Disagree

15. I feel that there is a need for educational services in Davis
   Strongly Agree   Agree   Undecided   Disagree   Strongly Disagree

16. I feel that there is a need for affordable healthcare services in Davis
   Strongly Agree   Agree   Undecided   Disagree   Strongly Disagree

17. I feel that there is a need for counseling services in Davis
   Strongly Agree   Agree   Undecided   Disagree   Strongly Disagree

18. I feel that there is a need for affordable housing services
   Strongly Agree   Agree   Undecided   Disagree   Strongly Disagree

19. I feel that there is a need for basic needs services such as food, clothing, and shelter in Davis
   Strongly Agree   Agree   Undecided   Disagree   Strongly Disagree
20. I feel that there is a need for general bilingual services in Davis

   Strongly Agree     Agree     Undecided     Disagree     Strongly Disagree

21. I am provided with information on where to go for social services and community resources

   Strongly Agree     Agree     Undecided     Disagree     Strongly Disagree

22. I am likely to utilize educational community resources if I am informed about their availability in Spanish

   Strongly Agree     Agree     Undecided     Disagree     Strongly Disagree

23. I am likely to utilize affordable health care community resources if I am informed about their availability in Spanish

   Strongly Agree     Agree     Undecided     Disagree     Strongly Disagree

24. I am likely to utilize counseling services if I am informed about their availability in Spanish

   Strongly Agree     Agree     Undecided     Disagree     Strongly Disagree

25. I am likely to utilize affordable housing resources if I am informed about their availability in Spanish

   Strongly Agree     Agree     Undecided     Disagree     Strongly Disagree

26. I am likely to utilize basic needs services such as food, clothing, and shelter if I am informed about their availability in Spanish

   Strongly Agree     Agree     Undecided     Disagree     Strongly Disagree

Thank you for participating!
APPENDIX E

Community Resources Survey
(Spanish Version)

1. Su edad:
   a. 18-25   b. 26-35   c. 36-44   d. 45 años o mayor

2. Su sexo:
   a. Masculino   b. Femenino

3. Su herencia Hispana deriva de:

4. ¿Habla usted Inglés?
   a. Sí   b. No

5. Su nivel más alto de educación es:
   a. Escuela Intermedia   b. Preparatoria   c. Algo de colegio   d. Graduado/a de Universidad

6. Estado civil:
   a. Soltero/a, nunca casado/a   b. Casado/a   c. Separado/a   d. Divorciado/a   e. Viudo/a

7. Numéro de adultos en su hogar:
   a. 1   b. 2   c. 3   d. 4   e. 5 ó más

8. Numéro de niños en su hogar:
   a. 1   b. 2   c. 3   d. 4   e. 5 ó más

9. Los ingresos totales de su hogar:
   a. Menos de $ 10,000   b. $ 11,000 - $ 20,000   c. $ 21,000 - $ 30,000   d. $ 31,000+
10. ¿Cuántos años ha vivido en Davis?
   a. Menos de un año  b. 1-5 años  c. 6-10 años  d. 11 años ó más

11. ¿Cuántos años ha vivido en los Estados Unidos?
   a. Menos de un año  b. 2-6 años  c. 7 años o más

Para las siguientes declaraciones, por favor elija su mejor respuesta

12. Estoy consciente de los recursos comunitarios disponibles en la comunidad de Davis  
   Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

13. Me siento cómodo en búsqueda de recursos de la comunidad de Davis  
   Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

14. Mi nivel de confort en la búsqueda de recursos de la comunidad no está relacionado con mi estado migratorio  
   Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

15. Siento que hay una necesidad de servicios educativos en Davis  
   Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

16. Siento que hay una necesidad de servicios de cuidado de salud accesibles a mis ingresos en Davis  
   Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

17. Siento que hay una necesidad de servicios de consejería en Davis  
   Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

18. Siento que hay una necesidad de servicios de vivienda accesibles de acuerdo a mi ingreso  
   Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo
19. Siento que hay una necesidad de servicios de necesidades básicas tal como alimentos, ropa y refugio en Davis
Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

20. Siento que hay una necesidad de servicios generales bilingües en Davis
Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

21. Siempre estoy informado/a sobre a dónde acudir para obtener servicios sociales y recursos de la comunidad de Davis
Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

22. Es más probable mi uso de recursos educativos si soy informado/a sobre su disponibilidad en Español
Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

23. Es más probable mi uso de servicios de cuidado de salud accesible a mi ingreso si soy informado/a sobre su disponibilidad en Español
Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

24. Es más probable mi uso de servicios de consejería si soy informado/a sobre su disponibilidad en Español
Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

25. Es más probable mi uso de servicios de vivienda accesible de acuerdo a mis ingresos si soy informado/a sobre su disponibilidad en Español
Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

26. Es más probable mi uso de servicios de necesidades básicas tal como alimentos, ropa y refugio si soy informado/a sobre su disponibilidad en Español
Totalmente de acuerdo  De acuerdo  Indeciso  En desacuerdo  Totalmente en desacuerdo

¡Gracias por su participación!
APPENDIX F

Interview Questions for Community Leaders

1. What opportunities and services does your agency serve? What are the qualifications to receive these services?

2. How does your agency attract the Latino community to receive your services and opportunities?

3. Is there Spanish-speaking staff in your agency? If no, why not?

4. Does your agency provide trainings on cultural competence?

5. What barriers keep your agency from working effectively with Latino families?

6. If you could change one aspect of a program or service, what would it be and why?
REFERENCES


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doi:10.1037/a0014163


doi:10.1177/1066480700084003


